Wiltshire Health and Care LLP Board Papers

PART I

5 May 2023

![Wiltshire Health and Care logo]

Wiltshire
HEALTH AND CARE

Wiltshire Health and Care Board Meeting
Agenda - PART I

Venue:	Board Room, Jenner House
Date:	Friday 5 May 2023
Time:	10:00-13:00 (Part I 10:00-12:00 approx)

WHC Board Members

Name	Role	Initials
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
Shirley-Ann Carvill	Executive Member, Managing Director	SAC
Sara Quarrie	Executive Member, Director of Quality, Professions and Workforce	SQ
Lisa Hodgson	Executive Member, Chief Operating Officer	LH
Nikki Rowland	Executive Member, Interim Director of Finance	NR

Other attendees

Name	Role	Initials
Gemma Kelly	Corporate Governance Lead and Company Secretary	GK
Becky Watson	Corporate Officer (minutes)	BW
Victoria Hamilton	Director of Infrastructure	VH
Mandy Waldon	Consultant Practitioner (observer)	MW

Item No.	Agenda Item	Presenter	Verbal/ Paper	Published/ Unpublished	Information/ Discussion/ Decision/ Approval	Timings (approx.)
0.	Patient Story	-	Paper	Summary published	-	10:00
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	10:00
2.	Declarations and Conflicts of Interests	Chair	Paper	Published	Information	
3.	a) Review Part I Minutes b) Review Action Tracker	Chair	Paper	Published	Decision	10:30
4.	Chair's Update	Chair	Verbal	Published	Information	
5.	Managing Director's Update	SAC	Verbal	Published	Information	
Governance /Scrutiny						
6.	Risk Report 15+	SQ	Paper	Published	Discussion	10:45
Strategy/ Delivery						
7.	Quality, Workforce, Performance, Finance and Infrastructure Highlight Report Accompanied by: a) Quality, Workforce, and Performance Dashboards	SQ/ NR/ / LH/ VH	Paper	Published	Information/ Discussion	10:55

	including dashboards for high profile services b) Finance Dashboard					
8.	Delivery Plan 2022-2025 Refresh (including Q4 update for information)	SAC/GK	Paper	Published	Decision	11:20
9.	Staff Survey Results and Recommendations	SQ	Paper	Published	Decision	11:35
Highlight Reports						
10.	Highlight Report from Quality Assurance Committee	AH	Paper	Published	Information	11:50
11.	Highlight Report from Audit Committee	MB	Paper	Published	Information	
12.	Key points to Member Organisations	SAC	Verbal	Published	Discussion	
13.	Any other business	Chair	Verbal	Published	Information	

Date of next meeting: To sign off accounts
Friday 23 June 2023
10:00-11:00
MS Teams

Date of next Full Board Meeting:
Friday 8 September 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

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 1

Welcome, Introductions, and Apologies

VERBAL

Working in partnership
Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust

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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 Review Part I Minutes
3b Review Part I Action Tracker

PAPER

Wiltshire Health and Care Board Meeting
DRAFT MINUTES – Part I

Venue:	Board Room, Jenner House
Date:	Friday 3 February 2023
Time:	10:00-13:00

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 Thomas	Non-Executive Member, Nominated by Salisbury NHS Foundation Trust (SFT) Board	LT
Andrew Hollowood	Non-Executive Member, Nominated by Royal United Hospitals NHS Foundation Trust (RUH) Board	AH
Douglas Blair	Executive Member, Managing Director	DB
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

Victoria Hamilton	Director of Infrastructure	VH
Gemma Kelly	Corporate Governance Lead and Company Secretary	GK
Becky Watson	Corporate Officer (minutes)	BW
Jon Bishop	Emergency Preparedness Resilience & Response Manager (item 9 only)	JB
Louisa Watson	GMTS Student (observer)	LW
Marie Martin	Inspection Manager, Care Quality Commission (observer)	MM

Item No.	Agenda Item	Actions
PART I		
0.	**Patient Story** Two team members from a Community Team attended to share the story regarding contracture management for a patient in a care home (the patient had since passed away), with permission from the next of kin. The team talked through the main challenges that were experienced in the provision of care to the patient, the mitigation put in place as well as learning outcomes that resulted. The resolution of the challenges saw upskilling to therapy staff, additional training for care home staff and joined up working arrangements in care plans. The family of the patient gave the team members positive feedback regarding the care that had been provided. Questions/comments from Board: SL asked how the learning could be shared to other care homes. The team members confirmed that training and drop-in sessions for other care homes had been offered although staff capacity had been an issue in uptake. LH confirmed that she would be looking at the model from care-coordination and would follow this up with the team members.	

| | RB feedback that it was a good presentation of a challenging case which gave a good as possible outcome. He asked how they knew that the patient understood and was happy with the care plan. The team members explained that they relied on the carers to indicate the patient's feelings based on the facial expressions that they knew from experience with the patient. Communication was difficult but facilitated well using the team members previous experience and knowledge of the patient. In response to the question whether there was anything the patient enjoyed that the team members provided, the team members expressed that they had facilitated a TV in the room and a soft toy that brought comfort to the patient.

FTD asked what was the key learning that was taken away (team members and learning to other colleagues). The team members said mainly interim management and that specialist equipment orders could take 2-3 weeks, which meant the patient didn't get the specialist cushions as they passed away before it arrived; the team members used a folded up pillowcase instead as it made a small difference. The team members want to give the staff the confidence to be creative and try new things. There have been more referrals for contractures since this matter.

AH asked if other groups such as voluntary or community groups have been investigated to help to keep people mobile? The team members said they link with Active Health (Wiltshire Council) who do programmes, but house bound patients miss out. The team members were making sure that Bank staff were aware of the schemes.

DB thanked the team members for attending | |
|---|---|---|
| 1. | **Welcome, Introductions and Apologies**
The Chair welcomed the members to the meeting, introducing new Board member Andrew Hollowood and observers Marie Martin and Louisa Watson. No apologies were received. | |
| 2. | **Declarations and Conflicts of Interests**
No new declarations were received. | |
| 3. | **a) Part I Minutes**
The Part I minutes of the previous meeting were reviewed with the following amendments:
• Item 9 Finance section 'KPMG would remain as WHC auditors for the next financial year' should read 'KPMG would remain as WHC auditors for the **current** financial year'
• Item 9 Infrastructure section 'SFI' should read 'PFI'.

Approval of the Part I minutes were proposed by MB and seconded by RB; there were no objections.

DECISION: The Board Members approved the Part I minutes of the previous meeting held on 4 November 2022 as an accurate record of proceedings, subject to the above amendments.

b) Action/Decision Tracker: The action tracker was reviewed and updated. | |
| 4. | **Chair's Update** | |

	SL gave a brief update advising that AC would be leaving WHC as the Director of Finance at the end of March 2023 and that interviews for her replacement were taking place later that day. SL advised that the WHC Members Board met with applicants for the Managing Director post and confirmed that an appointment had been made.	
5.	**Managing Director's Update** DB gave a brief update informing the Board that the Heart Failure service had been accepted as an early adopter site, one of 10 across England used for support and remote monitoring. Becky Hyland, a Heart Failure Nurse Consultant Practitioner had received a Special Recognition Award for demonstrating an overwhelming passion for improving patient care, from 'Pumping Marvellous Foundation'.	
Governance / Scrutiny		
6.	**IPC Board Assurance Framework** SQ introduced the paper to provide assurance regarding compliance with the Infection, Prevention and Control Board Assurance Framework. Against the present standards, WHC had 92 standards rated green, 8 standards rated RAG rated and 0 rated red (4 were deemed not applicable), being tracked via the Safety Service Policy Oversight Group (POG). The paper was noted by the Board.	
7.	**Risk Report 15+** SQ introduced the risk register to the Board reporting a stable position. The Board noted that it was assured with the management of risks.	
8.	**Risk Appetite Statement** GK introduced the risk appetite statement that had been subject to its annual refresh. GK advised of one change relating to the WHC position in terms of opportunities for integration. The risk appetite had been increased to 'seek' in line with NHS priorities for system working. WHC would seek opportunities to integrate and / or provide services in a joint way with health and social care partners. SL raised a question regarding when the system was under pressure should the risk appetite change or the tolerance to it? LT thought the risk appetite was correct and it was the tolerance that should change. RB asked if things were getting worse then what will WHC just not accept and set a red line? Time was required for the Board to reflect on it and LT suggested a looking at it again later in the year. **ACTION: Risk appetite to be added to the September agenda for Board to reflect on risk tolerance.** Approval of the Risk Appetite Statement was proposed by MB and seconded by RB; there were no objections.	

	DECISION: The Board approved the Risk Appetite Statement for 2023.	
9.	**Emergency Preparedness Resilience and Response Annual Report** JB joined the meeting to present the EPRR annual assurance report which described the emergency planning and business continuity activities of WHC during the period between March 22 and January 23. JB shared some slides with highlights of work completed and the 23-24 work plan. JB explained that there were now 15 members on the on-call manager rota for inpatients / MIU / Flow and 11 members on the Community rota. The EPRR policy had been published. The Arctic Willow exercise took place as well as some tabletop exercises which went well and created some good learning. JB advised that iRespond was now included in the corporate induction so all staff would be aware. WHC were given the rating of 'substantially compliant' against the NHS England core standards for EPRR (compliant on 54 of 55 standards). JB confirmed that the non-compliant standard was now in place so WHC would be fully compliant next year. The plan for 23/24 includes so far: • Major Incident Cascade Exercise involving the setup of WHC's Incident Coordination Centre in the Training Room at Chippenham Hospital • Moving iRespond to Sharepoint / Teams (trial early next month). The move would give the organisation greater resilience and also mean the those on call would be able to access iRespond on phones. • iRespond Awareness Sessions • LRF / LHRP Exercises • Loggist Training • LRF / LHRP - Focus, sharing learning and understanding The Board congratulated JB on the work completed and thanked him for attending.	
Strategy/Delivery		
10.	**Quality, Workforce, Performance, Finance and Infrastructure Highlight Report** **Quality:** SQ summarised the quality report to the Board and highlighted the massive work from inpatients to get root cause analysis reports completed on time. She also highlighted the learning around the insulin administration which will sit on the delivery plan. AH asked if there were further details about the insulin administration issue. **ACTION: SQ to send AH the PSIRF review paper.** MB asked regarding the letter received from Dorset & Wiltshire Fire & Rescue Service to NHSPS relating to some outstanding fire safety concerns at Chippenham Community Hospital. SQ confirmed that there were no risks and the letter had been sent due to new staff in the Fire service not having the relevant knowledge of the building.	

	ACTION: MB, SQ, JW to meet regarding the letter received from Dorset & Wiltshire Fire & Rescue Service to NHSPS, and to update at the March Audit Committee.	
	Finance: AC summarised the key points of the Finance section of the report and noted that the most likely forecast outturn as at M9 was a £32k surplus The main focus was on next year's financial planning and challenges. AC hoped that the long-standing financial matter regarding estates would be closed down before year end. AC alerted to the Board that WHC had taken part in an ICS wide procurement exercise for the provision of internal audit, external audit, and counter fraud services (from 1st April 2023) which was concluding imminently. There would be an expected risk that future provision would significantly increase in cost.	
	Performance: LH introduced the performance section and drew the Board's attention to the following: System flow was good in terms of patient discharges that had been maintained over the past month, despite that and relatively flat ED attendance figures, non criteria to reside numbers remain static.	
	Responding to SL's query as to why an increase in care home beds wasn't impacting positively, LH responded that workforce numbers have not increased in line with this rise.	
	DB explained that the issue was regarding the total number of beds in the system and this could mean that flow was slower through a higher number of beds. There was a planned piece of work within the Wiltshire Integrated Care Alliance to model staff time, social care and therapy hours and expected length of stay to support decision making on the 'sweet spot' of bed numbers.	
	LH advised that in preparation for the forthcoming industrial action WHC was seeking to support both in-reach and the care coordination centre on the strike days.	
	Infrastructure: VH summarised the infrastructure section of the report, which was noted by the Board.	
	The Board noted the reports.	
11.	**Delivery Plan 2022-2025: Quarter 3 update** DB introduced the quarter 3 update to the Board, the summary grid showed the split on achievement. DB explained why two objectives (24 and 31) would not be achieved by the end of the financial year, and the risk that some of the 15 amber objectives may slip at the next review.	
	FTD asked if objective 24 (EPR) was linked to the risk register and VH confirmed it was and that the score was likely to increase.	

	MB asked if objective 31 (Trowbridge HC) had incurred cost for WHC. VH confirmed that WHC had not, it was the wider health community that had. The Board noted the quarter 3 update.	
12.	**Planning Update** DB presented the update and the emerging planning priorities for the next year, which included some national guidance that set out three main tasks for the coming year. There were two main objectives for community services; consistently meet or exceed the 70% 2-hour Urgent Community Response standard and reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals. There were a range of other objectives that were also relevant to WHC, and the presentation set out the current position in relation to these. DB noted, in particular, that although WHC were not included in system limits on agency spend, the rate of agency spend was in excess of the new national target. The Board was also advised that the digital maturity assessments were likely to demonstrate that EPR for inpatient wards must be a focus. Going forward DB proposed that the delivery plan be kept to the same format and all plans would merge into one delivery plan (green plan, people plan), and to reduce the overall number of objectives where possible. DB shared some emerging thoughts and priorities in relation to each theme on the delivery plan, which were noted by the Board. He also shared the financial planning timeline and process. MB thought it was excellent and agreed with the rationale but was anxious regarding the levels of investment required in relation to the 'tools to do the job' theme given the contractual status. DB/VH confirmed that objectives related to this theme would only be signed off in relation to available investment. VH advised that the Board would be made aware of anything that couldn't be done due to financial reasons (if it was an essential objective). LT advised that it would be good to see outcomes of what is required, at the moment it states what WHC were doing only. FTD suggested reflecting the need to deliver new objectives and linking to the BAF. She also agreed that consolidation was a useful focus for 2023-24. SL commented that WHC needs to get the commissioners involved regarding lack of services supporting people with autism.	
**Highlight Reports (note: the Audit Committee did not take place in Jan)**	
13.	**Highlight Report from Quality Assurance Committee**	

	RB highlighted that the Quality Assurance Committee heard from the Long Covid Service and received deep dives from the Orthopaedic Interface Service and a Therapy Review. AH would take over as Chair of QAC from March. The Board noted the highlight report.	
14.	**Key points for Member Organisations** • Delivery Plan • Planning update and emerging priorities	
15.	**Any other business** None	

Date of next Meeting: To review financial plan
Friday 24 March 2023
10:00-11:00
MS Teams

Date of next Full Board Meeting:
Friday 5 May 2023
10:00-13:00
Bevan Board Room, Jenner House

Wiltshire Health and Care
Board Action Tracker - Part I

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

No	Date Entered	Action	Assigned to	Status	Due date	Date closed	Notes
158	03/02/2023	Risk appetite to be added to the September agenda for Board to reflect on risk tolerance	BW	Open	08/09/2023		
159	03/02/2023	MB, SQ, JW to meet regarding the letter received from Dorset & Wiltshire Fire & Rescue Service to NHSPS, and to update at the March Audit Committee.	SQ/MB	Can be closed	29/03/2023		Update received
160	03/02/2023	SQ to send AH the PSIRF review paper	SQ	Can be closed	03/02/2023		SQ sent the paper to AH

Wiltshire Health and Care ("WHC")
Board Meeting

Item 4

Chairs Update

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Item 5

Managing Directors Update

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Item 6

Risk Report

PAPER

Wiltshire Health and Care Board	For discussion
Subject: Risk report – 15+	
Date of Meeting: 26 April 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 4 2022/23.

2   Discussion

2.1   Risk Register Overview
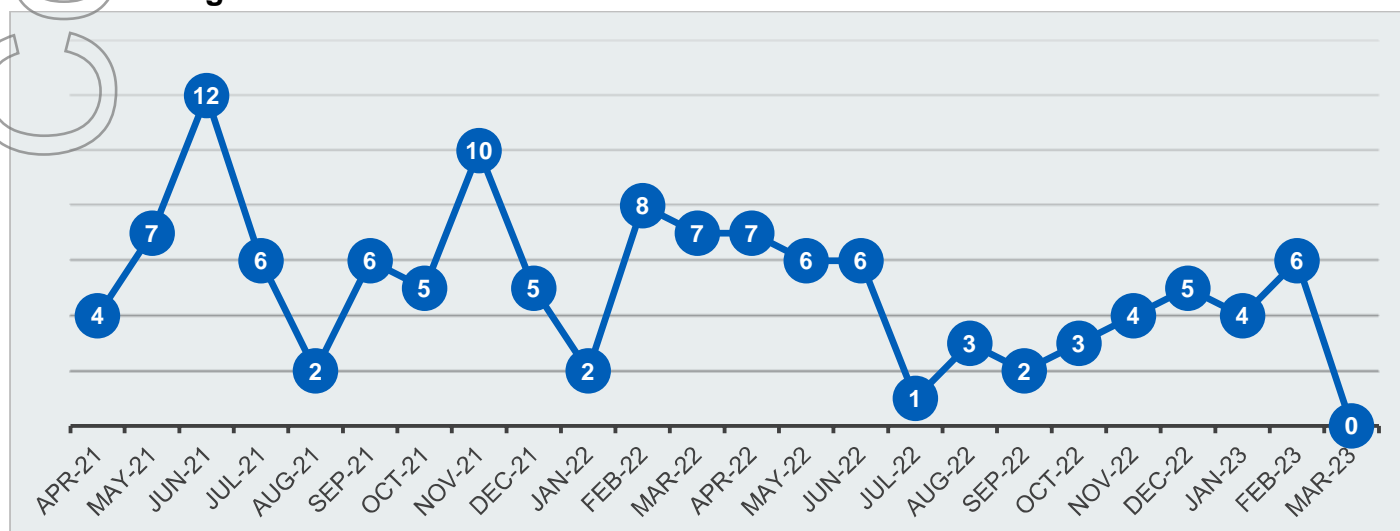
Figure 1. Risks reported by month

During Q4, 10 new risks were reported and 0 were closed. Currently the percentage of overdue risk review is 56% and the percentage of risk with overdue actions is 44%. To continue the trajectory of improvement in managing risks 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.
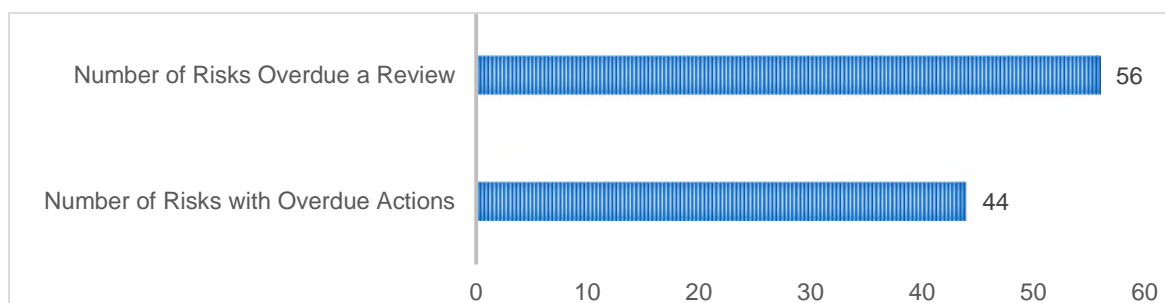
Figure 2. Percentage of overdue risks for review and overdue actions

2.2 Risk Profile for 15+ risks

This section provides data on 15+ risks currently open on the risk register: in Quarter 4:

  (i)   there were five 15+ risks on the risk register
  (ii)   there was no risk movement reported of 15+ risks

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

Risk profile	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Trend
Number of 15+ risks currently open	2	2	2	3	5	5	↑
Aggregate risk score of 15+ risks:	2x15	2x15	2x15	3x15	5x15	5x15	↑

Figure 3. Risk profile for 15+ risks

The figure below identifies where the 15+ risks currently score on the likelihood v impact matrix. So the committee can be sighted on the consequence and likelihood scoring of each 15+ risk.

Consequence		Rare	Unlikely	Possible	Likely	Certain
5	Catastrophic	5	10	15 [331][335][337]	20	25
4	Major	4	8	12	16 [303] [291]	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5
Likelihood		1	2	3	4	5

Figure 1 1   Likelihood vs impact matrix - 15+ risk scoring

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

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
1 [291]	1 [303]	3 [331] [335]	1 [337]	0	0	0
15+ Risks aligned with WHC Delivery Goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People

Including our 'Safer Staffing Programme' | Supporting our patients and services with good IT | Supporting our patients and staff with physical infrastructure that better meets need | Providing services in an efficient and sustainable way | Ensuring everything we do has a quality focus | Involving and engaging our patients and the public in developing our services |

Figure 2 2   15+ Risk links to BAF

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	April – Risk Workshop update
291	**Risk of unforeseen or unpredictable surges in demand or loss of supply** **Owner: Lisa Hodgson** **Service: Operational** 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)	Implementation of additional beds has to be agreed at directors level once the system is confirmed to be critical incident 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 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	**16** **Likely** **Major**	**1445 W**HC actively participating in BSW system winter planning including establishing of surge capacity due30th of November	28/04/2023	J Bishop L Hodgson	ML will be meeting with LH before 19.04.2023 to update all actions
				1545 Implementation 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.	28/04/2023	R Green	

		circumstances					
		Use of field hospital arrangements used in severe extremis as part of extreme system incident response.					
		MDOS used to score community teams capacity					
303	**Workforce Capacity** **Owner: Niamh Hughes** Service: Workforce If our workforce does not meet our commissioned demand, then staff well being (i.e. stress), workforce skill mix, organisational regulation and patient safety are adversely affected	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 factor Apprenticeships for nursing and podiatry workforce are in place.	**16** **Likely** **Major**	**1541** Implementation plan for succession planning. Create implementation plan for succession planning which will take place through 23/24.	31/05/2023	N Hughes	Scoping to form part of a Recruitment proposal which will be reviewed in April, which will include the phasing of succession planning through 23/24. This action will be included in the Workforce 23/24 objectives.
		5 year workforce risk assessment has been completed which identifies where our priorities areas need to be based on workforce data Use of our CPD budget as per CPD tracker Apprenticeship levy use as per apprenticeship levy tracker Health and wellbeing		**1542 -** Improvement of recruitment/ onboarding process. To review how NHS Jobs can be better utilised to improve the recruitment/ onboarding process and to reduce time to hire.	31/03/2024	N Hughes	Training sessions in the diary throughout April and May to review capability of NHS Jobs and how improvement could be implemented
				1543 - Retention proposal to be developed to	31/05/2023	N Hughes	Scoping underway and this will include data from

		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 Invested and recruited into diversifying our workforce (Consultant Practitioners, ACPs, Nursing Associates, Registered Nurse Degree Apprenticeship)		consider rewards, wellbeing and flexible working in order to reduce natural turnover or retirement time.			leavers, staff survey and benchmarking of offerings from other organisations
				1544 - Future re-analysis of workforce risks to track changes in the emergent themes and potential risk	31/03/2024	N Hughes	Recruitment is to focus on areas/roles with highest risk and will form part of the Recruitment plan. As part of this, discussions will take place with leads of high risk areas to understand if there have been any changes.
				1517 - Recruitment to vacancies	28/08/2023	R Green	Recruitment processes are ongoing
				1552 Risk assessment been completed for lymphoedema service due to long standing vacancies which are an issue with RTT and resilience of staff.	28/02/2023	N Hughes	Awaiting for updates from Claire Checkley – Tissue Viability Lead.
				1631 Recruitm	30/04/2023	N Hughes	Proposal to be submitted to WFDG and Executive meeting.

				1594 Clarity required regarding inreach offer to our partners.	28/04/23	J Meacham	Action newly added
331	**Lack of Inpatient EPR** **Risk Owner :** **K Smith** **ICT Infrastructure** **Non clinical/ operational** WHC does not have an Electronic Patient Record in use on its inpatient wards and currently relies on a limited electronic Patient Administration System (PAS) which does not offer the required level of functionality. Clinical noting is largely still via paper medical records. The CareFlow product provided by GWHFT under contract is due to be phased out within three years and GWH are currently engaged in an active re-procurement exercise which does not include WHC in scope. As a result, a real-time view of BSW bed state is not possible,	**Controls** **786** Access to ICE Pathology System **787** Care Centric Integrated Care Record **788** Shared Excel Spreadsheets **790** Collection and analysis of activity data, population health data and clinical audit data is difficult and in many cases reliant on complex spreadsheets or analysis of paper notes. **794** Collection and analysis of activity data, population health data and clinical audit data is difficult and in many cases reliant on complex spreadsheets or analysis of paper notes **Gaps in controls** **791** Electronic inpatient transfers are not possible resulting in patient records being photocopied	**15** **Almost certain** **Significant**	**1553** Development of an Outline Business Case	28/04/23	K Smith V Hamilton	Risk workshop reviewed discussion about patient harm caused by a lack of EPR on the wards. SAC asked for a paper highlighting this harm.
				1636- Paper to SAC (Managing Director) outlining the harm caused by lack of EPR for escalation	30.04.2023	Rachel Green	**New action**

	limiting discharge planning and management of patient flow and bed state. A real-time view of patient medication is not available to ward staff, impacting medicines reconciliation. Electronic prescribing and orders are not possible from within the existing system. CareFlow should be considered to be a 'burning platform' with a limited lifespan. WHC has explored joining the Acute Health Alliance procurement (which GWH is part of) but has had to rule out this option due to cost. There is a risk that WHC will be unable to implement and maintain a supported EPR unless significant investment is made. Currently the level of investment required is considered to be beyond WHC's means.	and sent over with transferring patients with the accompanying Information Governance risks. **792** Currently the level of investment required is considered to be beyond WHC's means. This may lead to compromises in patient safety, poor information sharing with other stakeholders in a patient's care, poor CQC rating, failure to meet national reporting standards and failure to comply with national guidelines on digital maturity and information sharing. **793** Record keeping is inconsistent, and data is siloed, limiting data sharing and negatively impacting clinical decision making.	(red)				
335	**Storage and sharing of WHC-derived medical imaging** **Risk Owner: Kelsa Smith / Rebecca Hyland**	**15** **Almost certain**	**1637 –** To clearly articulate the digital pathway modelling to	30/06/23	Jo Meacham Lisa Hodgson	Discussion in risk workshop, scoring agreed. Challenges

clinical/ operational In the past WHC has relied on third party Radiology Departments or specialist imaging services to produce patient imaging (e.g. RUH, GWH, SFT) with images being stored in local acute trust Picture Archiving and Communications Systems (PACS) and vendor neutral archives (VNA), forming part of the electronic patient record and shareable via PACS to PACS transfer or regional image sharing systems such as Image Exchange Portal (IEP). Most acute EPR systems integrate with the local PACS to ensure all single view of relevant clinical information relating to a patient. As WHC develops services, staff are increasingly using networked medical equipment or camera-enabled technology to capture clinical images (e.g. Electrocardiograms (ECG) Echocardiograms, diabetic foot photographs, tissue viability and ulcer photographs, images taken using slit lamps and physiotherapy ultrasound images). In order to track progress or support the assessment of the effectiveness of treatment these images should be available to other stakeholders in a patient's care to prevent repetition of investigations or procedures and support clinical decision making. Three key areas have been identified as part of this risk: • WHC does not have an appropriate system for the storage, management, analysis or sharing of clinical imaging (usually a PACS or Cardiology Mini-PACS) to track retention or aid retrieval of archived images or flag to clinicians that relevant imaging is available. SystmOne is not well suited to the long term storage of large-size or multi-study/complex imaging. • WHC does not have any identified resource with responsibility for the safe management of clinical imaging, sending of our imaging into image sharing products such as IEP (image exchange portal), overseeing archiving or safe identification of imaging to the correct patient, managing and correcting images filed in error etc. Usually this is a role performed by	**Significant**	enable clinical pathway needs to be met		Kelsa smith	about the digital enablement's to be discussed with KS. Controls and gaps needed to be identified so full actions can be identified and separated out for this risk. ML to schedule meeting with JM, LH and KS to complete controls, gaps and actions. New action established.

	a PACS Manager. • PACS is generally designed to compress and automatically archive image files to ensure they are stored in a cost-effective way which meets legal retention requirements. Currently WHC's file storage is based around using W:\ drive network folders hosted in Microsoft Azure which is not optimised for compression, de-duplication or long time archive of studies. Costs of cloud storage utilised in this way will quickly become prohibitive. Images may have a retention period of 7, 25 years or the lifetime of some patient groups e.g. cancer patients. Storage using memory sticks or on physical network storage will require backup, appropriate physical security and indexation to ensure images can be located. Local storage may lead to the creation of inaccessible silos of information.						
337	**Inadequate Patient Transport Services via contract** **Risk Owner R.Green** **Clinical /Operational**	**Controls**	**15** **Almost certain** **Significant**	**1555-** Alert ICB as holders of contact ICB to be appraised of risk and potential harm to patients	20/03/23	R Green	Discussion in risk workshop regarding scoring, LH and RG to meet with ML to review scoring and controls and gaps against risk management policy tables on risk scoring to ensure risks across the organisation are scored consistently. ML to arrange for incidents relating to this risk to be linked to the risk so patient harm can be collated.,
				1556 Recording and reporting of incidents involving transport. In the event of patient harm, safeguarding alert to be submitted. In the event of delay to care, datix to be submitted . Summary of incidents to be made available for ICB to review	20/03/23	R Green	

3 Recommendation

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

Wiltshire Health and Care ("WHC")
Board Meeting

Item 7

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

www.wiltshirehealthandcare.nhs.uk

Working in partnership
Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust

Wiltshire
HEALTH AND CARE

NHS

| **Wiltshire Health and Care Operating Board** |
| **For information** |
| **Subject:** **Quality, Workforce, Finance, Performance and Infrastructure Report** |
| **Date of Meeting:** **5 May 2023** |
| **Author:** **Caroline Wylie, Niamh Hughes, Netty Snelling, Nikki Rowland, Lisa Hodgson, Victoria Hamilton** |

1. Purpose

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

2. Issues to be highlighted to the Board

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

Quality	
Advise	**Influenza season 2022-23:** The staff influenza vaccination programme ended on 31.03.2023 and as of the 13.12.2022 Flutrack reports 77% of WHC workforce has had or booked a vaccination or declined (opt out) a vaccination, of these 75.8% are frontline staff.
	Incident management: Within Q4 there has been continued work to reduce overdue incident investigations. This has been effective, but continues to require focus
	CQUINS: CCG14: Assessment, diagnosis and treatment of lower leg wounds: compliance remains low, 14% for Q3. Tissue Viability lead is utilising the Lower Limb Champions to roll out further training in the hope to improve compliance for Q4.
	The 23/24 CQUINs have been reviewed and WHC will participate in the same CQUINs as detailed below. It is brought to the attention of the Board that the target percentages for 23/24 have been adjusted to the following:
	• Staff flu vaccination target has dropped from 90% to 80%.
	• Assessment, diagnosis and treatment of lower leg wounds target has remained unchanged at 50%.
	• Assessment and documentation of pressure ulcer risk target has increased from 60% to 85%
	• Malnutrition screening in the community target has increased from 70% to 90%.
	Patient Experience: Teams are encouraged to continue to offer the option to patients for short survey feedbacks or the use of Family and friends' cards available in every service. WHC is receiving between 50 – 100 compliments per month In March 57 compliments were received which is significantly low in contrast with the patients' seen in total in every service. In Q4 WHC received 9

	complaints and were either responded to within timeframe or the timeframe has been extended with the complaints knowledge to ensure a comprehensive response.
Alert	Nil
Action	Nil

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

Workforce	
Advise	**Band 2/3 Review:** Still awaiting information from Unions regarding how they would like to proceed with the Band 2/3 review and potential uplift. **iLearn (Learning Management System):** The new system went live on April 12[th.] Feedback regarding staff experience has so far been positive. **BSW Academy:** WHC are contributing 100 places to social care as part of clinical skills for care. This may bring in additional income. **Recruitment and Retention Strategy:** This has been drafted for 23/24 with focus on high risk areas.
Alert	Nil
Action	Nil

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

Finance	
Advise	**Financial position M12, February 2023 and forecast outturn:** The financial position for end of the financial year 31st March 2023 is forecast to be a surplus of £4k and an adverse variance of (£24k) against the planned surplus of £30k. There is not expected to be any change to the current position although this is subject to final end of year audit. The financial position is supported by significant by non-recurrent funding, slippage in community services that offsets inpatients and MIU, as well as lower than expected non-pay costs. The system wide ICB financial position and forecast outturn remains challenging and again is supported through non-recurrent means. **Longstanding financial matters – Estates**: Confirmation has now been received via email from the ICB finance team that the financial settlement proposal put forward by us for outstanding financial matters for 2019/20-2021/22 has been agreed. Agreement in principle is also in place for 2022/23, however we are subject to cost estimates from NHS Property Services for additional premises space, which is unlikely to be fully known at the end of the financial year, so a final adjustment is likely in 2023/24. The expectation is that this will be incorporated in the block contract in 2023/24 as the position is now settled. **2023/24 Financial planning:** The planning process for 2023/24 is well underway with expectation that 2023/24 will be extremely challenging, with national funding uplifts not meeting inflationary pressures and with continued challenge due to enhanced care and agency costs. Bi-weekly discussions are taking place with the ICB in respect of the income for Wiltshire Health & Care, however the context for the ICB is a significantly challenged position and therefore it is not anticipated that there will be any additional funding over the core and known service areas. The focus therefore will need to be that efficiency plans are developed at pace. **Internal audit, External audit and Counter Fraud:** All the arrangements following a re-tendering exercise have now been completed and we will

	continue with our existing provider for internal audit and counter fraud. However External Audit has been awarded on a system basis so this will be a new auditor to us.
Alert	A number of options are being explored in relation to delivery of savings and management of unfunded cost pressures, which will be picked up in more detail in the financial plan paper in Part 2.
Action	Nil

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

Performance

Advise	**Patient Flow:** Flow was challenging over the Easter period due to availability of care and a backlog of referrals sent immediately prior to the BH weekend. In developing the recovery plan work was undertaken to model the daily discharge run rate, this is detailed in table 1 below.

	P1		P2		P3	P0		P1-3
	Daily (7 days) Rate	Weekly	Daily (7 days) Rate	Weekly	WEEKLY Rate	Daily (7 days) Rate	Weekly	7 Day Average Target
RUH	3	21	2	14	3	25	175	(5.4) 5
GWH	3	21	1	7	1	16	112	(4.1) 4
SFT	2	14	2	14	2	25	175	(4.3) 5
Total	**8**	56	**5**	35	6 c.1 a day	**66**	462	**14**

This work does not differentiate across services and is based on 7 days a week. To address the backlog a target of 14 discharges per day is required. Recent changes to the service model for discharge to assess and intermediate care services service run by WCC has resulted in a much tighter criteria for the now termed hub beds. There is a view that this may result in more pathway two patients been aligned to community hospital beds. This is particularly relevant with RUH referrals with a significant rise in referrals to community hospitals. Work is ongoing to ensure we place people on the right pathway as timely as possible.

Home First: There is a live review taking place relating to the efficiency of home first services across Wiltshire. This is a combined service delivered by WCC and WHC. Whilst this is viewed as largely positive it is important the data WHC submits accurately reflects the work of staff. This is challenging as currently it is not possible to provide a robust productivity marker.

Community Teams: Increased demand for long term condition management in Malmesbury area has resulted in a requirement to source capacity from a third party supplier which the CHC process is undertaken. This is an ongoing challenge as the demand for ongoing long term care grows. It is crucial WHC foster joint strategies with primary care the CHC teams within the ICB to ensure community services do not become overwhelmed and able to deliver safe and effective care.

Leg Ulcer CQUIN compliance remains low at Q3, we have amended the S1 process and have improving engagement with Lower limb champions being released from teams to attend training.

NHS @Home (Virtual Wards) Currently reporting amber.

Key metrics are:
1. Southwest capacity 692
2. Southwest occupancy 336
3. Southwest occupancy rate => 49% (national aim is 80%) to meet by Sept
4. Wiltshire at 50% Occupancy in March.

% Occupancy, at most recent point in the month

	2022 October	2022 November	2022 December	2023 January	2023 February	2023 March	2023 April
BaNES-RUH	40%	64%	76%	72%	60%	56%	
BaNES-HCRG	0%	0%	0%	0%	0%	0%	
Swindon	12%	20%	40%	12%	16%	17%	
Wiltshire	0%	0%	60%	20%	28%	50%	
BSW	24%	42%	58%	38%	35%	40%	

Focus on increase our key metric - occupancy rate.

- **Utilisation rates** ICB expect clarity how WHC are going to achieve the required utilisation rates consistently, step out plans (plan on a page) have been developed and shared with the ICB and partners, more focus is required with Acute partners to ensure plans are fully support by clinicians.

Service: North Locality
- 11 beds open 3 beds utilised.
- Open to both step down and step ups.
- Plan on a page -Actively been visiting and contacting the PCNs, GP practices, acute care colleagues (ED, AMU and Geriatrician consultants alongside the Older Persons and SDEC ACPs) work with CCHub and the NHS@Home navigator

Service: South Locality
- 11 beds open 10 utilised
- Meeting with SWAST to enable direct call clinician to clinician as currently No direct referrals from paramedics either from the stack or on scene, this links with DoS/MIDoS update profile
- Visits to GP practices, a PCN meeting covering 7 practices with 2 further meetings booked in with GP practices in the next week to introduce the service.
- Collation of case-based studies/ patient stories and patient/Carer experience ongoing.

Service: West Locality
- 10 beds Open 5 beds utilised
- Engage with In-reach
- Place in Navigation hub weekly – rotate
- Each CP aligned to a team in West to build internal relationships
- Meet with CIL social prescribers at Devizes
- Attend CTPLD forum

Recruitment: The service is now 48% recruited with further recruitment cycles planned.

Service Risks and Issues
- Low Utilisation-Targeted sessions underway with partners underway
- Low utilisation means not able to test levels of workload vs capacity as well as team//patient experience. Locality plans are in place to mitigate this.

- Require Safer staffing model for Virtual Wards Measuring/monitoring acuity/dependency at 180 beds (currently have capacity measured for 60 beds
- Mixed response from GP colleagues. Themes emerging around increase in workload, being responsible for blood results, envisaging high level of tasks to action.
- Concerns raised re the governance around reviewing people in the acutes prior to accepting referrals. SOP been developed to mitigate.
- Pathology access has now been an established as a standalone workstream within the programme to mitigate. An additional £20k has been agreed by commissioners to support WHC whilst we agree the process with partners.

MIU's: Shift cover across both sites improving with new recruits in post. Chemical burn incident in TCH MIU managed well, several learning points identified and acted upon (helipad location / destruction of chemical container/ decontamination of dept)

Inpatients: There is a long standing Psychology vacancy on Mulberry ward which is impacting on the quality of patient experience and impacting on length of stay. Support is been requested to work with AWP to source the appropriate skill set.

Following a number of reported incidents relating to the unreliability of EeZec an escalation process has been agreed by the ICB to fund alternative short notice journeys as required.

LTC and Specialist Services: First contact physio's. Two PCNs have given notice or reduced contract and1 PCN is yet to resign. There continues to be significant competition from private providers and PCN's are requesting the WHC overhead costs are removed. The Head of Operations is reviewing the viability of the service in line with efficiency savings work.

Planning the reduction in BSW Community Services Waiting Lists: This plan includes review of physiotherapy, Speech and language therapy (SLT), Dietetics and Orthotics services

RTT Compliance (%) Current position and plans for 23-24

Service	Current (Mar 23)	Q1 23-24	Q2 23-24	Q3 23-24	Q4 23-24
Physiotherapy	87%	89%	91%	93%	96%
SLT	100%	100%	100%	100%	100%
Dietetics	95%	96%	98%	100%	100%
Orthotics	72%	80%	90%	100%	100%

Physiotherapy Service (including MSK and OIS)
The current position is 4985 waiting of which 671 are over 18 weeks, which is 13%. The planned trajectory above is to achieve 96% compliance by end of Q4 23-24. There have been significant improvements over the past year in recruitment for the physiotherapy services, and the pipeline continues to be positive. There have also been new initiatives which have supported a reduction such as the hip and knee elective recovery programme and USGI. This has reduced onwards referral to secondary care and supported a reduction in waiting lists. Extension to these services has not yet been confirmed and this positive trajectory may be impacted if these services do not continue into 23-24.

Speech and Language Therapy: The current position is 100% compliance with RTT within the SLT service. We aim to maintain this position throughout 23-24. However, there is a small risk that an 18 week breach may occur, if there is an

	increase in rate of referrals or if any staffing capacity issues arise. This is a small team with several fixed term maternity vacancies which remain unfilled, and locum availability to support has not been available in this area.
	Dietetics: The current position 344 waiting of which 16 are over 18 weeks, this is 5%, these are generally low risk paediatric referrals.
	The team has had vacancies and increases in referrals which have impacted on overall capacity, recruitment is in place with waiting list reviews and validation occurring. The team have been reviewing methods of delivery of care and have been providing where appropriate self-management advice and group sessions to manage demand. The planned trajectory shown above will to have 100% compliance with RTT by end of Q3 23-34. This is based on current referral rates and staffing capacity. As before the lists are dynamic and so caution is needed depending on where overall waiters are reduced from. This plan is still covering three Q periods as there are lower priority patients under 18 weeks who may feed through to an 18-week breach, this will be dependent on clinical staffing capacity.
	Orthotics: The current position total waiters 364 of which 102 are currently over 18 weeks this is 28% of total waiters (no breaches over 52 weeks). The planned trajectory shown above will to have 100% compliance with RTT by end of Q3 23-24. The lists are dynamic and so a % may not be the best measure if we end RTT for people below 18 weeks but hopefully we do take from longest waits at a consistent rate. Clock stops in orthotics are at first fit or supply and not at initial appointment. First fit is mostly footwear but will include complex AFO's and KAFO's. Coming to the end of the first year with our new orthotic provider and the position over the last 12 months has been an improving one.
	Currently there are significant numbers of devices in production which will require fitting, and this will slow the RTT reduction due to capacity.
	Work with the orthotic provider continues to temporarily increase clinic capacity to increase fitting appointments, this has been limited by trying to align workforce resource and room availability. The waiting profile is seeing patients being offered their first appointment earlier in the journey which will positively improve the overall RTT. Risks related to improvement will be clinical staff availability especially through up and coming Bank Holidays.
	EPRR: Chippenham Power Outage Debrief report is now published, WHC received positive feedback in terms of the leadership and response. Actions to be followed up in the next 2 weeks. Mighty Oak Exercise was held with good learning, creating an organisational 'Plan on a Page' for WHC.
Alert	Nil
Action	Nil

The following issues are highlighted in relation to infrastructure

Infrastructure	
Advise	**Cyber Security Audit:** There has been confirmation that the minimum investment required to address the highest risks has been approved for 23/24 and work is progressing to take forward the necessary improvements.
	West Wiltshire Health Centre: BSW ICB is in the process of reviewing options to upgrade the estate in Trowbridge following the delay of approval of the Full Business Case for the West Wiltshire Health Centre. The Department of Health has indicated that the circa £16m approved at outline business case stage is still available but the current cost for the same scheme now sits at around £20m. WHC is contributing to the options appraisal.

Alert	**Cyber Attack:** WHC suffered a Cyber attack on the evening of 18/04/23. Monitoring software flagged suspicious activity and swift action was taken to isolate the server involved. An incident report is available in Datix and it was reported to the ICO. The source of the attack was network wide printing software, and we are following up with the vendor on timelines. Remediation was undertaken and printing was restored across the site by late afternoon on 21/04/23. Lessons learned and PIR will be undertaken.
Action	Nil

1. Recommendation

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

Wiltshire HEALTH AND CARE

Finance Dashboard - Year ending 31st March 2023

Income & Expenditure

£000s - I&E Surplus/Deficit by Month

Legend: Planned, Actual
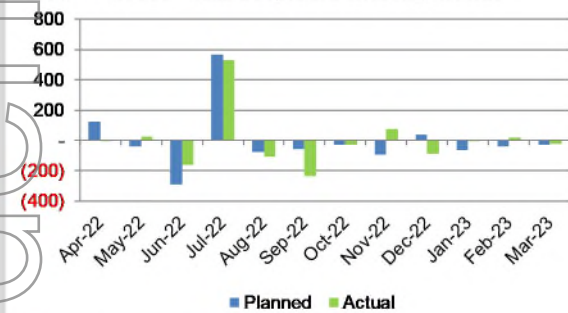
Pay Expenditure - £ - Total

£000s - Total Pay Expenditure by Month

Legend: 21/22, 22/23
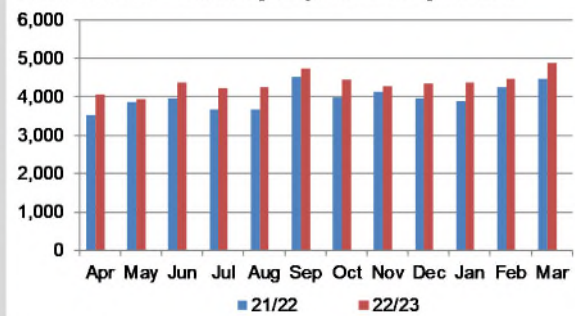
Pay Expenditure - £ - Employment Type

£000s - Planned vs. Actual - Employment Type

Legend: Planned, Actual (Bank, Agency, In post)
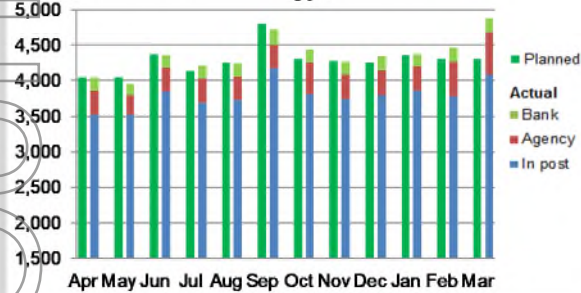
Pay - WTE

WTE - Actual - Employment Type

Legend: Planned, Actual (Bank, Agency, In post)
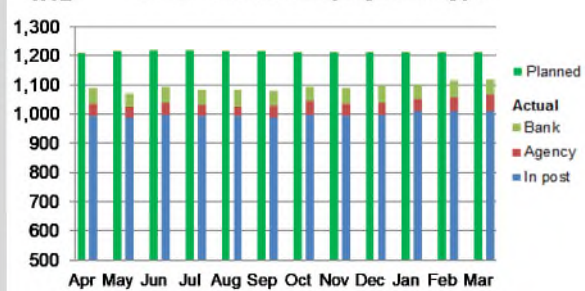
Cash

£000s - Cash Flow by Month

Legend: Actual, Estimate (excl Estates), Planned, Cash Tolerance
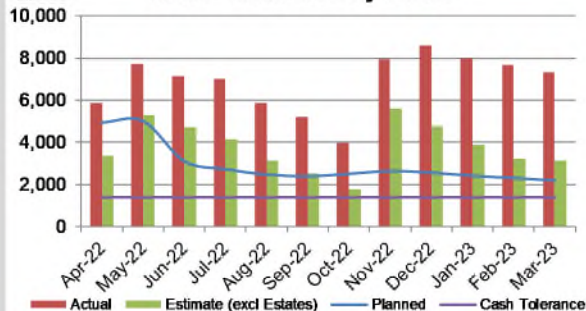
Best Practice Payment Code (BPPC)

BPPC % of bills paid in target	Current Month	Previous Month	Movement
By number	98%	96%	2%
By value	98%	98%	0%
Average number of days to pay an invoice			
Days	12	14	(2)

Year to date position - March 2023

	Year to date Mar		
	Plan £000s	Actual £000s	Variance £000s
Operating Income			
NHS ICB Income	63,312	62,578	(734)
Other income	5,058	5,562	504
Total income	68,370	68,140	(230)
Operating Expenditure			
Pay	51,343	52,312	969
Non-Pay	17,027	15,824	(1,203)
Total Expenditure	68,370	68,136	(234)
Surplus/(Deficit)	0	4	4

NHSEI Reporting

Metric	Definition	YTD Ratio or %	Score
Liquidity rating	Days of operating costs held in cash and cash equivalents	(6.51)	2
I&E margin rating	I&E surplus or deficit / total revenue (in month)	-0.38%	3
I&E margin: distance from financial plan	YTD actual I&E surplus or deficit compared to YTD plan	0.01%	1
Agency rating	Distance from YTD budgeted spend	60.83%	4

Cost Improvement Plan (CIP)

	YTD March (Cumulative)			Annual Plan
	Plan £000s	Actual £000s	Variance £000s	£000s
WH&C 2022/23 Savings				
Income	83	0	(83)	83
Pay	1,130	795	(335)	1,130
Non-Pay	426	835	409	426
Total	1,639	1,630	(9)	1,639

Commentary

Overall: The financial position for the full year to March (M12) reports a surplus of £4k which is (£4k) favourable to the planned break even position.
The position reflects prudent assumptions pending final agreement of the historical Estates cost and funding review. The ICB and WHC teams have agreed the position for financial years up to and including 21/22, and are aiming to finalise the position on 22/23 before the end of Q1 23/24.
Positives: The financial position continues to report a small actual surplus, despite the pay award, enhanced care and inflationary cost pressures as well as the unallocated efficiency target.
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.

Wiltshire Health and Care ("WHC")
Board Meeting

Item 8

WHC Delivery Plan Refresh

PAPER

Wiltshire Health and Care Board　　　　　　　**For decision**

Subject:	**Delivery Plan 2022-2025**
Date of Meeting:	**05 May 2023**
Author:	**Shirley-Ann Carvill, Managing Director**

1. Purpose

The purpose of this paper is to seek Board approval to the Wiltshire Health and Care (WHC) Delivery Plan for 2023 and recommendations to revisit our planning approach.

2. Background and Discussion

2.1: Why we have a Delivery Plan and how we use it

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

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

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

2.2: What period does the Delivery Plan cover?

The Board agreed, in April 2022, a three year plan covering the period 2022-2025. This plan set out detailed objectives for year 1, with an outline approach set out for years 2 and 3. The plan has previously been updated each year on a rolling basis.

However the proposed plan on which approval is sought covers the period 2023 only.

2.3: How we developed the Delivery Plan

Previously the Executive Team has developed the Plan with the support and involvement of our staff including subject matter experts and leads, to ensure the proposed objectives align with:

- the objectives set out in the NHS Long Term Plan and Operational Planning Guidance published in December 2022;
- the priorities of the BSW ICS and the Wiltshire Integrated Care Alliance
- the set of strategic priorities signed off by the Members Board in November 2022

In addition, a high level summary was shared as part of the March all colleague briefing at which feedback was encouraged and received. At that time it was believed that the plan presented to the Board was taking into account the wider strategic priorities of the system and the NHS, whilst addressing the needs of WHC to ensure it is an organisation fit for purpose to deliver community care in 2023 and beyond.

As last year, we have not produced a narrative plan, as the simplicity of the grid plan has worked well during the last two years. During this year's review, we have sought to reduce the total number of objectives to ensure the plan is realistic and deliverable. In particular, we have looked to avoid generic statements of priorities and to define specific objectives and wherever possible, timescales have been attached to key performance indicators. The objectives have been developed alongside investment planning to ensure that they are reconciled to the financial plan.

2.4: Tracking against objectives in the 2022/23 version of the plan

The table below sets out the final position of the 43 objectives that were included in the 2022/23 version of the plan and indicates where objectives have been rolled forward into the future plan. This is to ensure an audit trail against the previous plan and provide context on the number of objectives in the new version of the plan which are to a greater or lesser extent a continuation of ongoing priorities.

	No of objectives	Notes
Completed at Q4 and closed	8	Objectives from 2022-2025 plan: 11, 13,18, 19, 21, 22, 26, 30
Specific/initial objective extended/revised/related objective included in refreshed plan	31	Objectives from 2022-2025 plan: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 15, 16, 17, 20, 23, 24, 25, 27, 28, 33, 35, 36, 37, 38, 39, 40, 41, 42, 43
Not due in 2022-23 and / or removed	4	Objectives 29, 31, 32, 34
	43	

2.5: Sharing our Delivery Plan

We already share our Delivery Plan in a number of ways:

- **Patients and the public –** Our current Delivery Plan is on our website, so that it can be viewed by our patients and the public. We have a page of narrative ahead of the gridded text, to explain - in accessible terms - the purpose of the document, how it was created, how feedback/ comments can be sent to us in relation to us.

- **Team members and volunteers** – Similarly the Delivery Plan is on our intranet for all staff and volunteers to see with the narrative described above. We also produce a "Delivery Plan on a poster" to encourage colleagues to display in the areas where they work – as they have done in previous years.

- **ICS and stakeholders** – Our Delivery Plan is shared with our ICB.

2.6: Reshaping our Delivery Plan

Moving forward we are looking to introduce an annual planning cycle and to create an Annual Operating Plan and a Strategic Plan. This approach is supported by our senior leaders and will enable us to improve on our current Delivery Plan identifying more succinctly focused and streamlined annual set of objectives that triangulate our planned activity and performance, financial plan and workforce to deliver the commissioning commitments coupled with extrapolated 23/23 objectives from the agreed Delivery Plan ensuring continuity and building a more holistic view upon which we can monitor and measure.

We are also looking to refresh the longer term objectives in the Delivery Plan to create a separate WHC Strategic Plan. We are beginning with a Strategic workshop in May 23 to set out our longer term ambition to achieve 'Aim for Outstanding'. Additionally we will align with the BSW ICS Strategic Aims as set out in the recently produced BSW Integrated Care Strategy and five year Joint Forward Plan. Our Strategic Plan will consider population health needs and Health Inequalities and we will be looking at co-production to ensure we have reflected the voice of our communities for whom we deliver Services.

As part of the BSW Integrated Care Programme a number of ICS led strategic workshops have been held recently with WHC clinical representation and input from wider system partners delivering community services for Children and Young People (CYP) and adult population. Our strategic workshop highlighted at 2.4 will consider the outputs from theses initial discussions and consolidate within the WHC Strategic Plan.

We will build on our existing channels to engage, shape and share our new look Strategic Plan. Our Patient and Public Involvement Group will be actively involved to support co-production and agreed long term objectives.

3. Recommendation

The Board is invited to consider and approve the Delivery Plan 2023. It is also asked to support the proposed planning approach to create an Annual Operating Plan and Strategic Plan that will incorporate the content from the existing Delivery Plan 2022-2025 and provide improved and refreshed objectives and outcomes.

Impacts and Links

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

NHS

Wiltshire Health and Care

Delivery Plan 2023

Wiltshire
HEALTH AND CARE

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Wiltshire Health and Care Delivery Plan: 2023

Type of objective key:				
		↪	An objective from 2022/23 that will continue into 2023/24 (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	2023				2024-25		25-26	Objective KPI
				Q1	Q2	Q3	Q4	H1	H2		

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.

#	Objectives	Lead	Type	Objective KPI
1.	**NHS@Home**: establish new model and implement first wards.	Chief Operating Officer (Lisa Hodgson)	◀	• Detailed project plan to increase utilisation and occupancy agreed in Q1 • Resource plan / agreed investment in Q1 • Initial Phased implementation of national specification Q2 onwards. • Continue to have conversations with commisioners regarding care requirements and impacts on community teams. • Plan to increase to 56 beds (62%) by July, 90 beds by Sept (90%) 135 beds in three localities by Dec 2023 (100%), 80% occupancy is acceptable. Long Term Conditions: • By Q1 pathway for step out to be agreed and operational. • Agreed model of care which describes how we manage LTC, patients in care homes and priority case loads by Q1 and fully mobilised by Q2. • This to triangulate with infrastructure capacity.
2.	**Home is Best**: capacity boost	Consultant Practitioner (Sam Olden) Head of Operations – Community Teams (Heather Kahler)	↪ 💡	• Define internally, the delivery models for planned and unplanned work in community teams, including intermediate care. • Demand / capacity system modelling available Q1 • Agree system investment Q1 • Be an active participant in the pathway 1 review at ICA. • Scope potential for Band 4 roles in HF pathway Q2 • Improve utilisation of pathway 1, target to be confirmed, increase discharge at weekend. • Continually improve utilisation of pathway 1 – targets to be agreed. • Mobilise therapy cover for new intermediate care beds and agree internal model by Q1. • Explore criteria for and delivery model for community hospital beds by Q3.
3.	Improve **outpatient** services and **reduce waiting** times for longest waiting services (Orthopaedic Interface Service, MSK, Diabetes and Podiatry) and link to NHE plan.	Head of Operations – Long Term Conditions/MSK (Julie Irlam)	↪ 🧑‍🎨 ◀	• Expand use of Patient Initiated Follow Ups (PIFU) • Reduce waiting times in longest waiting services • Release capacity to ensure patients can access services as and when required. • Reform patient communication • Continue to embed virtual appointments • Improve accuracy of waiting list data • Make processes paper light
4.	**BSW Urgent and Emergency Care Strategy**: to include MIUs, Care Coordination and enhanced care in care homes.	Chief Operating Officer (Lisa Hodgson)	◀	• Explore potential of extending MIUs to include injury and illness in collaboration with Trowbridge PCN by end Q1. • Implement workforce plan for MIUs as described in BSW improvement approach. • Mobilise Care Coordination once business case approved. • Increase utilisation of care home MDTs and care coordination linked to objective 1. Improve uitilisation fo UCR – target to be agreed.
5.	Establish **new model for 'in reach'** to acute sites to support discharge	Chief Operating Officer (Lisa Hodgson)	💡	• Develop model to align inreach, NHS@Home and Urgent Crisis Response by Q1. • Develop an agreed business case for permanent funding.
6.	**Address remaining historic commissioning gaps in services:** • Respiratory / Oxygen • Stroke rehabilitation	Chief Operating Officer (Lisa Hodgson)	◀	• Work with commissioners to quantify and develop options for addressing opportunities by Q2
7.	Meeting the **health needs** of people with a **Learning Disability** and/or **Autism** in Wiltshire	Team Manager CTPLD (Reuben Collings)	🧑‍🎨	• Work with Integrated Care Board to develop a service specification to include working with autistic people • Engagement with LeDeR reviews and quality assurance process with learning in action • Clear restraint reduction policy and pathway for Community Team for People with Learning Disabilities • 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 • IT and estates to support the team
8.	Develop an offer for further integration at neighbourhood with **Primary Care Networks and l**ink to ICA plan.	Chief Operating Officer (Lisa Hodgson)	🧑‍🎨 ◀	• Continue to explore options for integration through the neighbourhood teams work (ICA / ICB). • Discuss and develop options for closer alignment to each PCN by end of Q2
9.	Review efficacy of **Cardiac Diagnostics** being delivered by WHC in light of infrastructure challenges.	Chief Operating Officer (Lisa Hodgson)	◀	• Q1: deep dive into specification including a gap analysis. • Q2 onwards: actions to be confirmed following Q1 findings.

#	Objectives	Lead	Type	2023				2024-2025		25-26	Objective KPI
				Q1	Q2	Q3	Q4	H1	H2		

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.

#	Objectives	Lead	Type	KPI
10.	**Take care of our teams:-** • **Enable the accessibility awareness and uptake of health and wellbeing offerings by employees.** • **To support engagement and retention across the organisation.**	People Lead (Niamh Hughes)		• KPIs implementation of the communication plan that increases awareness of health and wellbeing initiatives. • Utilisation of the health and wellbeing forum to create a collaborative approach which ensures that interventions align with employee needs. • The achievement mechanism will be improved staff survey scores over the next 2-4 years. • The development of organisation and local level engagement action plans to provide interventions with support the retention of staff. • Creation of a retention programme aimed at HCSW within WHC which will look at the needs of the workforce to ensure staff feel trained supported and equipped to undertake their roles. • Learning culture: just learning culture to be implemented into HR processes and policies starting with the conduct policy.
11.	**Develop and grow our workforce** • **To increase the talent pipeline across the organisation to reduce the vacancy factor.** • **Review of equity and transparency of Continuing Professional Development (CPD) process.** • **Professional nurse (and Allied Health Professional supervision) advocates to be introduced in line with contractual obligations at a ratio of 1:20, by 2025.** • **Develop the skills of our leaders.** • **To support WHC to develop a strategy to deliver new roles and apprenticeships during 2023/24.**	People Lead (Niamh Hughes)		• To review and scope international recruitment and the requirements for implementation within the organisation. • Development of targeted methods to increase awareness of roles within the organisation this includes increased use of online platforms, integration at a system level and local campaigns. • Identify TOR of CPD meeting and financial oversight of process by end of Q1. • With SME/Managers/HR and L&D review CPD policy by end of April 23 and include audit parameters. • Develop implementation and support plan of PNA role in Q1 inc quality indicators. • Increase number of PNA's across organisation to 16 by March 2025. • Leadership programme for all bands will be further reviewed and developed to offer all staff the opportunity to build leadership skills which builds on the success of aspiring leaders by Q4 23/24. • Identification of training roles and budget for apprentice roles (within current establishment) • Ensure organisational governance in place to clarify scope and expectations of advanced and consultant practitioners to ensure that development of new services meets the needs of patients and development of staff is embedded in service development Q1 2023/24
12.	**Improve our approach to Equality, Diversity and Inclusion for Staff and Patients** (Quality Priority 9)	People Lead (Niamh Hughes) Managing Director (Shirley-Ann Carvill)		• Recruit a reflective workforce at all levels and implement a fair and just organisational culture • Provide services that meet the diverse needs of our communities • Tackle health inequalities and strengthen the system approach to population / place-based health and care management.

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.

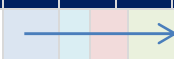| #	Objectives	Lead	Type	KPI
13.	**Adapt** to new ways of working and use of space	Deputy Chief Operating Officer (Jo Meacham)		• Draft agile working policy and associated workplan and handbook in Q1 • Implementing workplan by Q4
14.	Redesign use of **SystmOne** in community teams	Clinical Information Officer (Chris Bailey)		• Scope of 'to be' by Q1 • Implement workplan by Q4
15.	Delivery and optimisation of use of **cloud based telephone system** for Wiltshire Health and Care	Head of IT (Kelsa Smith)		• Complete implementation by Q1 2023 • Optimising use of telephone system to take place between Q1-Q3
16.	Maintain engagement with Graphnet ICR **integrated** care record	Deputy Chief Operating Officer (Jo Meacham)		• Continue to engage with ICR programme group. • Scope additional use cases by Q3. • Maintain exisiting levels of utilisation by clinical staff.
17.	Agree new **electronic patient record** to support inpatient wards	Director of Infrastructure (Victoria Hamilton)		• Present Business Case in Q1 • Secure system funding and agree timeframes subject to community review.

![Wiltshire Health and Care logo] NHS
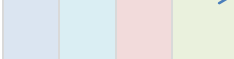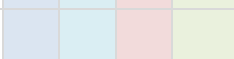
#	Objectives	Lead	Type	Q1	Q2	Q3	Q4	H1	H2	25-26	Objective KPI
				2023				**2024-2025**		**25-26**	
18.	Maximise use of **Office 365 tools** to improve collaboration and efficiency	Head of IT (Kelsa Smith)									• Move pilot sites into Sharepoint by end of Q3 • Continue to engage with ICS discussions re future use of Sharepoint. to support collaborative working.
19.	Complete **pathology and radiology** requesting access.	Deputy Chief Operating Officer (Jo Meacham)									• Pathology and radiology requesting for community teams and ACPs rolled out.
20.	Define future **data warehouse strategy** in collaboration with ICS wide initiative.	Head of IT (Kelsa Smith)									• Plan the move of WHC data into new system data warehouse in line with (to be determined) system project • Develop access to and skills to use Power BI as principal data analysis tool
21.	Work with system to **deliver new/improved accommodation in Trowbridge**	Director of Infrastructure (Victoria Hamilton)									• Obtain WHC approval for the updated Business Case for the West Wiltshire Health Centre Q1 • Support BSW gaining approval from NHS England for the updated Full Business Case for the West Wiltshire Health Centre Q2 • Q3 onwards, Support BSW to deliver the updated Full Business Case for the West Wiltshire Health Centre
22.	Improve accommodation in Chippenham Community Hospital	Director of Infrastructure (Victoria Hamilton)									• Agree plan in Q1 • Implement plan Q2-4
23.	Scope solution to image storage issue	Deputy Chief Operating Officer (Jo Meacham)									• Agree resource, and timeframes in Q1 • Define scope and requirement - Q2 onward.
24.	Inpatient digital improvement programme	Deputy Chief Operating Officer (Jo Meacham)									• Review of digital skills and access to digital tools for inpatient clinical staff. • Develop action plan to support.
25.	Implement Cinapsis Advice & Guidance system	Clinical Information Officer (Christian Bailey)									• Roll out A&G tool to WHC clinical staff • Agree scope of phase 2 – provision of A&G via Cinapsis
26.	Review SystmOne Configuration for MIUs	Clinical Information Officer (Christian Bailey)									• Review of existing process and scoping of future process into specification • Delivery of specification
27.	Implement Cyber Security Audit recommendations (including SSO and MFA)	Head of IT (Kelsa Smith)									• Implementation of Single Sign On solution by Q3 • Implementation of Multi-Factor Authentication by Q3 • Implementation of Cyber Security Vulnerability Dashboard (IT Health) by Q2 • Completion of annual penetration test by end of Q2

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.

#	Objectives	Lead	Type	Q1	Q2	Q3	Q4	H1	H2	25-26	Objective KPI
28.	**To review Decontamination Lead arrangements within WHC to ensure compliance with the Health & Social Care Act IPC Code of Practice by 30/06/23** (Quality Priority 1)	Head of Safety Services (Jo Woodward)									(1) Understand the requirements for Decontamination Lead for Community Providers (2) Designate a Decontamination Lead for WHC by 30/09/23 (3) Ensure competence of the WHC Decontamination Lead by 30/09/23 (4) Development of a Decontamination Action Plan to ensure broader compliance with Health & Social Care Act standards by 31/12/23
29.	**Robust, proportionate implementation of PSIRF.** (Quality Priority 2)	Head of Clinical Governance (Caroline Wylie)									• To improve the safety of care we provide for our patients. • To improve the experience for patients, their families and carers wherever a patient safety incident or the need for a PSII is identified. • To improve the use of valuable resources. • To improve the working environment for staff in relation to their experiences of patient safety incidents and investigations
30.	**Pressure ulcers audit action.** (Quality Priority 3)	Head of Clinical Governance (Caroline Wylie)									• The KPIs will be determined following the publication of the BDO audit.
31.	**Inpatients - Missed medication incidents. To ensure patients receive their medication at the prescribed time.** (Quality Priority 4)	Head of Pharmacy (Louise Byrne-Jones)									• Missed medicines audit completed in Feb 2023. • Actions and learning to be shared with inpatient team. Completed by 30.06.2023. • Ensure that the omission code used accurately reflects the reason why the medicine dose has been missed. • Ensure that if a patient refuses a medicine, this is assessed, escalated, and addressed promptly as required, particulary if regarded as a critical medicine. • Ensure that staff escalate medicines omitted for review by a prescriber. This may result in stopping the medication, prescribing an alternative or adding it to the 'when required' section of the chart if it no longer required on a regular basis. • Reduce the number of 'critical' medicines omitted. To be completed by 31.03.2024

#	Objectives	Lead	Type	2023				2024-2025		25-26	Objective KPI
				Q1	Q2	Q3	Q4	H1	H2		
32.	**Community - Reduction of harm caused by insulin, safe administration and management of insulin.** (Quality Priority 5)	Head of Pharmacy (Louise Byrne-Jones)		→							• QIP - Insulin developed with actions from Insulin RCA. • Review Training around diabetes and insulin management/administration. To be completed 30.09.2023 • Develop an insulin policy to cover administration and management of insulin. • Ensure appropriate management of caseloads for insulin patients. • DSNs to provide more support to practices/PCNs to enable improved management of patients at practice level. • Improved communication with care home staff to reduce the risk of medication incidents relating to insulin and missed visits. • To be completed by 31.03.2024
33.	**Implementation of Liberty Protection Safeguards (LPS)** (Quality Priority 10)	Safeguarding Lead - Adults (Sean Collins)		→							• Continue with the LPS steering Group • Awaiting publication of the draft Code of Practice and regulations. • Stay connected to the local, regional and national forums planning for implementation • Final implementation date is awaited from DHSC.
34.	**Expand** our engagement with **Patients and Carers** regarding delivery of our services	Corporate Governance Lead (Gemma Kelly)		→							• Finalise and launch the Patient Engagement Strategy by the end of Q1 2023-24. • Work to improve the number of Family and Friends Test responses across all WHC services, to provide a richer picture from a more diverse population.

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.

#	Objectives	Lead	Type	Q1	Q2	Q3	Q4	H1	H2	25-26	Objective KPI
35.	Release a minimum **2.5%** of our resources to **reinvest** in services	Director of Finance (Nikki Rowland)		→							• Cost improvement plans in place and their quality impact assessed by mid Q2.
36.	Introduce **salary sacrifice scheme** to support lease of electric cars	Director of Finance (Nikki Rowland)		→							• Procurement process complete by end of Q1.
37.	All pool cars **hybrid or electric**, with associated infrastructure	Director of Finance (Nikki Rowland)		→							• All leased pool cars will be hybrid by June 23 (22 out of 23 current vehicles will be hybrid by March 23)
38.	Improve our **analysis of cost**	Director of Finance (Nikki Rowland)									• Develop inhouse costing capability during 2023/24
39.	**Reform** our budget management support	Director of Finance (Nikki Rowland)			→						• Increase finance management support available • Establish budget management principles and monthly meetings • Increase management accounts capacity within finance team • Budget monitoring and finance plan will be available in Q1
40.	To reduce the environmental and carbon impact of our estate, services and activities.	Director of Infrastructure (Victoria Hamilton)									• Engaging with our landlords and providers of estates and facilities services to encourage and support minimising waste, improving energy efficiency, and improved recycling. • Increasing awareness and engagement with the green agenda across our workforce. • Working with our procurement team and suppliers to reduce carbon emissions from our supply chain. • Reducing travel and carbon emission from travel when it is necessary.

Wiltshire Health and Care Board   **For information**

Subject:	**Wiltshire Health and Care, Delivery Plan 2022-2025 – Quarter 4 Tracker Progress Update**
Date of Meeting:	**05 May 2023**
Author:	**Shirley-Ann Carvill, Managing Director**

1. Purpose

The purpose of this paper is to keep the Board appraised 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 4 is:

RAG rating	Category	Number
Blue	Objective KPI achieved.	5
Green	Objective KPI on track to be completed by target quarter.	19
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.	17
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
	TOTAL	**43**

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

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 ("WHC")
Board Meeting

Item 6

Board Assurance Framework

PAPER

Staff Survey Report 2022

Organisational Highlights

Overview

Timing: Wiltshire Health and Care launched the 2022 NHS Staff Survey for a period of 8 weeks, between 10th October 2022 and 9th December 2022.

Themes: We asked employees questions on 7 themes, including their team, health and well-being and management.

Below is an illustration of staff who completed the survey compared with WHC Diversity data.

Organisation Highlights

> **63% engagement** ↑ 1% **31% response rate** ↓ 22.5%

Our Strengths

- More employees agree that 'Care' is seen as a top priority for WHC.
- Employees feel able to make improvements happen in the work area.
- Employees feel better able to meet all the demands on their time
- Employees feel they have enough freedom in how they do their work
- Employees agree they have adequate supplies/equipment to do their jobs.
- More employees said they never or rarely feel worn out at the end of a shift/working day.

Our Watch Out's

- 59% of employees feel empowered to make suggestions in their team, but only 52% feel involved in the change and implementation of these ideas.
- 75% of staff feel able to discuss flexible working with their managers, but only 57% of employees consider they can achieve a good work-life balance.
- An overall decrease in the number of employees who are considering leaving WHC in the next 12 months, but an increase in the number considering leaving the NHS to work elsewhere in healthcare.
- 58% of employees said that WHC takes positive action on Health & Wellbeing.

Our Opportunities

- 29% of employees are satisfied with pay.
- 4% less employees look forward to going to work compared to last year.
- Less employees enjoy working with their colleagues in their team.
- A decrease to 54% of employees being aware of their development options.
- 57% of employees consider that teams work together to achieve their objectives.
- 41% of employees often or always feel worn out at the end of the working day.

Themes

Your Job – decrease - score 56%

- 92% agree they make a difference to patients service.
- 72% feel enthusiastic about their jobs
- 59% feel empowered to make team suggestions
- 29% satisfied with pay.

People in Your Organisation – stable score 75%

- 81% agree employees show appreciation to each other.
- 57% felt teams work well together to achieve objectives (decrease).

Your Managers – stable score 73%

- 77% agree managers encourage them at work
- 76% agree managers are interested in listening to employees.

Your Team – stable score 71%

- 63% increase in employees agreeing they have enough freedom in how they work.
- 60% agree that team disagreements are dealt with effectively (decrease).
- 77% feel valued within their team.

Your Health, Wellbeing & Safety – overall increase - score 58%

- 58% agree that WHC takes positive action on H&W.
- 4% decrease in the number of staff who come to work despite feeling unwell.
- 25% work additional unpaid hours.

Your Personal Development – stable score 56%

- 81% employees had an appraisal in last 12 months (85% target).
- 41% feel it gives them clear objectives in their role.
- 70% agree they have challenging work.

Your Organisation - 67% stable

- Overall decrease in employees who are considering leaving WHC
- 77% feel happy to recommend WHC to family/friends.
- 77% feel that WHC would act on patients concerns

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What are people saying?

"I appreciate the pay rise however with the cost-of-living crisis it does cost me a lot of money to do this job I adore."

"Overall, better communication is needed, both in regard to who to provide feedback to, as well as disseminating new information related to the services."

"There is good caring authentic leadership. I do feel listened to and supported."

"I would like Exec Co to be more visible on the shop floor & in particular better engagement with non-clinical staff".

"Teams are struggling to recruit and retain staff due the stress from the working day, and this is only going to get worse with teams not growing in staffing levels."

There needs to be more emphasis on retention of staff members, looking into why staff leave the organisation."

"I am exhausted due to working with staff shortages for the last year."

"The volume of referrals and length of waiting lists for our specialist service has increased dramatically over the last few years, but the number of clinicians working within the team has not increased to reflect this."

"I feel flexible working is less available for band 7 and over. I feel career progression is hindered if you wish to work part time at a band 7 or over."

Confidential

Wiltshire
HEALTH AND CARE

Working in partnership

Great Western Hospitals NHS Foundation Trust

Royal United Hospitals Bath NHS Foundation Trust

Salisbury NHS Foundation Trust

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Wiltshire Health and Care ("WHC")
Board Meeting

Item 10

Highlight Report – Quality Assurance Committee

PAPER

Wiltshire Health and Care Board	For information
Subject: Quality Assurance Committee Highlight Report	
Date of Meeting: 05 May 2023	
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 9 March 2023, which it is considered should be drawn to the attention of the full Board.

2   Advise

2.1   Insulin RCA: The committee was provided with an update to the deep dive undertaken in October 2022 on increased incidents relating to insulin, and the improvements made. An update to the quality improvement plan was expected at the May meeting.

2.2   Deep dives for next meeting: three topics were decided on for the next deep dives; Virtual Wards EQIA (as a new service), MIU and Prescribers, and do we have enough, Safeguarding Training Compliance

2.3   System Risk: The Chair and LH discussed risk across the system and would have further discussion outside of the meeting.

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 18 May 2023.

Wiltshire Health and Care ("WHC")
Board Meeting

Item 11

Highlight Report – Audit Committee

PAPER

Wiltshire Health and Care Board	For information
Subject: Audit Committee Highlight Report	
Date of Meeting: 05 May 2023	
Author: Martyn Burke – Chair of Audit Committee	

1 Introduction

The Audit Committee (AC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. This paper summarises the key issues considered by the Audit Committee at its meeting on 29 March 2023, which it is considered should be drawn to the attention of the full Board. The meeting due to be held on 24 January 2023 was cancelled due to the continuing operational pressures in January.

2 Advise

- **Engagement of Audit Services**: MB advised that auditor services for WHC were approved by the Audit Committee member and he would gain approval from the Board.

- **Significant increase of risk profile (12+ risk)**: New risks had been added to the register which MB thought should be highlighted to the Board.

- **Deep dive on Wellbeing**: Niamh Hughes (Head of People) attended to present the deep dive, she had rated the wellbeing services offered by WHC as Amber, and listed some actions to take forward.

- **Internal Audit Annual Plan approved**: The Committee approved the internal audit annual plan, agreeing the following three audits:
  - Payroll
  - Board Governance Effectiveness
  - Risk management

- **External Audit Annual Plan approved**: The Committee approved the external audit annual plan.

- **Counter Fraud Annual Plan approved**: The Committee the Counter Fraud annual plan.

3 Alert

3.1 There are no alerts.

4 Action

4.1 There are no actions

5 Date of next meeting

5.1 The Audit Committee next plan to meet on 13 June 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 13

Any other business – PART I

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Date of Next Meeting

To sign off accounts
Friday 23 June 2023
10:00-11:00
MS Teams

Full Board Meeting:
Friday 8 September 2023
10:00-13:00
Bevan Board Room, Jenner House

www.wiltshirehealthandcare.nhs.uk