

Wiltshire Health and Care LLP Board Papers

PART I

8 September 2023



Wiltshire Health and Care Board Meeting Agenda - PART I

Venue:	Board Room, Jenner House
Date:	Friday 8 September 2023
Time:	10:00-13:00 (Part I 10:00-12:00 approx)

WHC Board Members		
Stephen Ladyman	Chair of Wiltshire Health and Care (Chair)	SL
Richard Barritt	Non-Executive Member, Patient Voice	RB
Martyn Burke	Non-Executive Member, Finance and Audit	MB
Simon Wade	Non -Executive Member, Nominated by Great Western Hospitals NHS Foundation Trust (GWH) Board	SW
Lisa Thomas	Non-Executive Member, Nominated by Salisbury NHS Foundation Trust (SFT) Board	LT
Shirley-Ann Carvill	Executive Member, Managing Director	SAC
Sara Quarrie	Executive Member, Director of Quality, Professions and Workforce	SQ
Lisa Haywood	Executive Member, Chief Operating Officer	LH
Nikki Rowland	Executive Member, Interim Director of Finance	NR

Other attendees		
Gemma Kelly	Corporate Governance Lead and Company Secretary	GK
Becky Watson	Corporate Officer (minutes)	BW
Victoria Hamilton	Director of Infrastructure	VH

Apologies		
Andrew Hollowood	Non-Executive Member, Nominated by Royal United Hospital NHS Foundation Trust (RUH) Board	AH

Item No.	Agenda Item	Presenter	Verbal/ Paper	Published/ Unpublished	Information/ Discussion/ Decision/ Approval	Timings (approx.)
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	10:00
2.	Declarations and Conflicts of Interests	Chair	Verbal	Published	Information	
3.	a) Review Part I Minutes b) Review Action Tracker	Chair	Paper	Published	Decision	
4.	Chair's Update	Chair	Verbal	Published	Information	
5.	Managing Director's Update	SAC	Verbal	Published	Information	
Strategy/ Delivery						
6.	Quality, Workforce, Performance, Finance and Infrastructure Highlight Report Accompanied by: a) Quality, Workforce, and Performance Dashboards including dashboards for high profile services.	SQ/ NR/ LH/ VH	Paper	Published	Information/ Discussion	10:20

	b) Finance Dashboard					
7.	Delivery Plan 2023: Q1 Update	SAC	Paper	Published	Information/ Discussion	10:45
8.	Winter Plan Update (sign off in Nov)	LH	Verbal	Published	Information/ Discussion	11:00
Governance /Scrutiny						
9.	Risk Report 12+	SQ	Paper	Published	Discussion	11:10
10.	NHS England WT&E Provider Self-Assessment	SQ	Paper	Published	Discussion	11:30
AOB						
11.	Key points to Member Organisations	SL	Verbal	Published	Discussion	11:45
12.	Any other business	Chair	Verbal	Published	Information	
For information						
a) Easy Read Quality Accounts						
b) NHS@Home Case Study						
Date of next Full Board Meeting: Friday 3 November 2023 10:00-13:00 Bevan Board Room, Jenner House						

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

Item 1

Welcome, Introductions, and Apologies

VERBAL

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

Item 2

Declaration and Conflicts of Interests

VERBAL

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

Item 3

**3a 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 5 May 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
Shirley-Ann Carvill	Executive Member, Managing Director	SAC
Lisa Hodgson	Executive Member, Chief Operating Officer	LH
Sara Quarrie	Executive Member, Director of Quality, Professions and Workforce	SQ
Nikki Rowland	Executive Member, Interim Director of Finance	NR

Also In Attendance		
Victoria Hamilton	Director of Infrastructure	VH
Gemma Kelly	Corporate Governance Lead and Company Secretary	GK
Becky Watson	Corporate Officer (minutes)	BW
Mandy Waldon	Consultant Practitioner (observer)	MW
Netty Snelling	Safeguarding Lead, Children (for patient story item only)	NS
Gavin Tulk	Lead Investigator CQC	GT

Item No.	Agenda Item	Actions
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PART I

0.	<p>Patient Story</p> <p>NS joined the meeting to share a patient story. The story centred around a patient on an inpatient ward with a complex medical history where the patient's spouse was the only person trained to provide care. At a discharge planning meeting the patient commented to a nurse that they were not being listened to and that the relationship with her spouse was 'broken'. It had also been reported behaviours that were considered controlling and coercive, particularly in light of the dependant nature of the relationship. Adult social care had dismissed the matter as a 'domestic' issue but the nurse discussed the case with the safeguarding team and was advised to carry out a Domestic Abuse Stalking and Honour Based Violence risk assessment (DASH). Following the assessment, the nurse was able to challenge Adult social care regarding risk, which was consider High/Medium (for domestic homicide). The patient was referred to FearLess – the local domestic abuse support charity. The discharge home was delayed and the ward supported in finding a new placement.</p> <p>NR asked if the near miss by the adult care team was being picked up by the safeguarding board. NS advised that more could be done by Wiltshire Council.</p> <p>FTD asked if there was any reflection from the practitioner that could be shared. NS suggested that staff should be better prepared, and to have supervision afterwards.</p>	
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	NS confirmed that the training was refreshed (level 3). NS was unsure if the patient was still an inpatient or if the husband was visiting the ward. NS would let SAC know.	
1.	Welcome, Introductions and Apologies The Chair welcomed the members to the meeting and highlighted that it was SAC first meeting. No apologies were received.	
2.	Declarations and Conflicts of Interests MB advised that he had completed some one-off work for the Legal Aid agency, although he was confident it did not create any conflicts.	
3.	<p>a) Review Part I Minutes The Part I minutes of the previous meeting were reviewed, and an amendment was made to section 7.</p> <p>Approval of the Part I minutes were proposed by MB and seconded by LH; there were no objections.</p> <p>DECISION: The Board Members approved the Part I minutes of the previous meeting held on 3 February 2023 as an accurate record of proceedings, subject to the above amendment.</p> <p>b) Action/Decision Tracker: The action tracker was reviewed and updated.</p>	
4.	Chair's Update SL advised that his updates were already on the agenda.	
5.	<p>Managing Director's Update SAC shared some slides and gave an update on the recent CQC inspection carried out on 18-20 April (Well-Led inspection announced for 23-24 May to cover leadership, management and governance). The slides included the services visited on each of the three days and the feedback received at the end of each day, including identified areas of improvement.</p> <p>SAC expressed thanks for SQ and team that ran the inspection hub so well. All staff displayed the values and behaviours of WHC.</p> <p>There were no immediate concerns but there was an issue regarding a complaint from patients relative on Longleat Ward that was sent directly to CQC. It was felt it had been applicably resolved but would wait for due process to take place. Also further questions were asked regarding safeguarding, resus bags and pressure ulcers; all of which were answered and closed.</p> <p>MB asked if CQC covered all areas within WHC, SQ confirmed that they did and that all areas were on high alert due to no forward indication of where CQC would visit.</p> <p>SQ confirmed that an action plan would come through the Quality Assurance Committee (QAC), and Board if further escalation was required.</p>	

	ACTION: CQC update slides to be shared with Board.	
Governance / Scrutiny		
6.	<p>Risk Report 15+</p> <p>SQ introduced the risk register to the Board reporting a stable position. There had been an increase in 15+ risks with any 12+ going through the risk workshop for further scrutiny. The three new 15+ risks were:</p> <ul style="list-style-type: none"> • Risk 331: Lack of Electronic Patient Record for inpatients – Score 15 • Risk 335: Storage and sharing of WHC-derived medical imaging – Score 15 • Risk 337: Inadequate Patient Transport Services via contract. (LH confirmed that the risk score would decrease due to resolving an issue via BSW) <p>FTD offered help regarding risk 337. It was suggested that an overview be written up for a future QAC.</p> <p>ACTION: GK to provide a paper regarding Risk 337 Inadequate Patient Transport for a future QAC</p> <p>MB asked regarding the Business case for EPR. VH explained that it had been to WHC Executive Committee, there were no affordable options. It would now go to BSW to ask for funding.</p> <p>NR advised that a finance 15+ risk would be added soon to the risk register.</p> <p>The Board noted that it was assured with the management of risks.</p>	
Strategy/Delivery		
7.	<p>Quality, Workforce, Performance, Finance and Infrastructure Highlight Report</p> <p>Quality: SQ summarised the quality report to the Board and highlighted the good work from the teams regarding Flutrak, 75% on front line staff vaccinated. SQ advised that the CQUIN was 90% but was not met by any other organisation, next year it would drop to 80%. SQ would be monitoring incidents and would triangulate safety issues with audit and patient feedback.</p> <p>Workforce: There had been lots of good feedback around the new learning management system.</p> <p>MB noted that there had not been any patient complaints in MIU since October 2022 which was good. He also asked regarding the increase in acuity in falls since last month and whether it was anything to worry about. SQ would come back to MB on the falls question.</p> <p>ACTION: SQ to feedback to MB (and Board) regarding the increase in acuity in falls</p>	

Finance: NR summarised the key points in the finance section of the report and noted landing a £4,000 surplus, which had only been achieved via non-recurrent means, so it would be challenging for 2023/24. It was agreed that WHC could reinvest the surplus back to WHC, subject to Members Board approval

DECISION: The Board approved for the £4,000 surplus to be reinvested back into WHC, subject to Members Board approval

NR reported that the historic estates challenge had been concluded, and that new internal auditors and counter fraud provisions had been found, conversations regarding cost were still ongoing regarding external auditors.

Performance: LH introduced the performance section and drew the Board's attention to the following: system flow had been challenging over the Easter period due to availability of care and a backlog of referrals sent immediately prior to the bank holiday weekend. Due to move up to 40 beds in NHS@Home once at 70% utilisation. Pathology access now established as a standalone workstream within the programme and an additional £20,000 had been agreed by commissioners to support WHC whilst the process agreed with partners.

LH confirmed that all partners had been committed decreasing numbers on criteria to reside. LT asked that going forward if data could be triangulated.

ACTION: LH to share NHS@ Home trajectory in Board report.

A discussion took place around criteria to reside and bed availability in care homes

ACTION: LH to bring an NHS@Home case study to September Board

Infrastructure: VH summarised the infrastructure section of the report highlighting the cyber-attack which took place on the 18/04/2023, the source of the attack was network wide printing software. Remediation was undertaken and printing was restored across the site by late afternoon on 21/04/23. A lessons learned and PIR would be undertaken. Team

Ockenden Report Self-Assessment: for information. AH asked that the report be shared at the Quality Assurance Committee (QAC). RB was confident that 'warts and all' was shared at the QAC and that nothing was hidden. He also said that WHC were getting to a place where WHC really listen and involve patients but there was along way to go. SQ confirmed that a quality action plan was being created and would be shared at QAC.

ACTION: SQ to bring the Ockenden Report Self-Assessment to the Quality Assurance Committee

ACTION: SQ to share the Quality Action Plan at Quality Assurance Committee

8.	Delivery Plan 2022-2025: Refresh SAC introduced the refreshed delivery plan and advised of plans to improve and capture more strategic objectives, using sharper and focused SMART objectives lining to business-as-usual activities. SAC confirmed that an operational plan would be ready by the end of May and the strategic plan by October. The delivery plan and future plans were noted by the Board.	
9.	Staff Survey Results and Recommendations SQ introduced the report and recommendations highlighting that less staff were thinking of leaving, but if they do its to outside of NHS. There were usual comments around pay and staffing levels and the impact of health and wellbeing remained high as suspected. MB couldn't see anything regarding bullying and harassment or whether staff felt confident to take action. SQ find out. ACTION: SQ to obtain further information around bullying and harassment regarding the staff survey and report back. SAC confirmed that the Head of People was looking further into whether staff felt listened to and the trend regarding staff not enjoying coming to work. She was also looking into Freedom to Speak Up as number had risen and more had been received in April than in the past year.	
Highlight Reports		
10.	Highlight Report from Quality Assurance Committee AH introduced the report and again thanks RB for chairing in the interim, he express that he had taken over a healthy committee which produced good reports. The Board noted the highlight report.	
11.	Highlight Report from Audit Committee MB introduced the report and thanked the Board for support around the engagement for audit services. He advised regarding the internal audit topics which included Board governance. The Board noted the highlight report.	
12.	Key points for Member Organisations <ul style="list-style-type: none"> • CQC Update slides • Refresh of Delivery Plan • £4,000 surplus • Safeguarding patient story 	
13.	Any other business None	
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 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	Can be closed	08/09/2023		On agenda
163	05/05/2023	GK to provide a paper regarding Risk 337 Inadequate Patient Transport for a future QAC	GK	Can be closed	14/09/2023		21/08/23 LH: Risk resolved, new process in place & funding stream with ICB.
164	05/05/2023	SQ to feedback to MB (and Board) regarding the increase in acuity in falls	SQ	Open	08/09/2023		
165	05/05/2023	LH to share NHS@ Home trajectory in Board report	LH	Can be closed	08/09/2023		In report
166	05/05/2023	LH to bring an NHS@Home case study to September Board	LH	Can be closed	08/09/2023		On agenda
167	05/05/2023	SQ to bring the Ockenden Report Self-Assessment to the Quality Assurance Committee	SQ	Can be closed	14/09/2023		On QAC agenda
168	05/05/2023	SQ to share the Quality Action Plan at Quality Assurance Committee	SQ	Can be closed	14/09/2023		On QAC agenda
169	05/05/2023	SQ to obtain further information around bullying and harassment regarding the staff survey and report back	SQ	Open	08/09/2023		
170	11/07/2023	NR to keep the Board updated regarding the External Audit procurement	NR	Open	Ongoing		
172	27/07/2023	SAC to send out proposal that would strengthen and improve upon existing governance, accountability and reporting to give assurance to Members Board, Operating Board and ICB. Proposal to be issued to Board this week with comments to be returned by email early next week	SAC	Can be closed	01/08/2023		Complete
173	27/07/2023	Circulate the Workforce Dashboard, the Bank and Agency usage, and the Recruitment & Retention slides Board Members	BW	Can be closed	01/08/2023		Complete
174	27/07/2023	SAC to send out communications to staff regarding the non-consolidated pay award	SAC	Can be closed	04/08/2023		Complete

**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

Quality, Workforce, Performance, Finance & Infrastructure Highlight Report

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

Extraordinary Wiltshire Health and Care Operating Board

For discussion

Subject: Financial Position and Efficiency Plans
Date of Meeting: 31 August 2023
Author: Nikki Rowland, Interim Director of Finance

1 Purpose

The purpose of this paper is to provide an update on:

- The financial position
- Efficiency Plans
- Non-consolidated award
- Cash position
- Utilisation of Agency
- Debtors and Creditors

2 Context

As indicated in the report shared with the Operating Board at its extraordinary meeting on the 25th of May 2023, Wiltshire Health and Care faces a significant financial challenge, with efficiency plan target set in the opening budget of £3.059m, however acknowledging that only £1.02m of schemes had been identified at that time on the 5th May 2023.

Additional schemes were subsequently identified, some of which were reported to the Board at the meeting on the 25th albeit recognising the relative newness and therefore confidence levels of those schemes.

At the time of reporting to the Board unplanned expenditure in MIU and Inpatients of £2.8m was also being incurred, with an offset of £1.4m from Community and Specialist Services.

A range of other risks were also identified to the Board, including the continuation of those already referenced above, which can be seen here as well as a current assessment:

Risk Area	100% Value £	Mitigations	Likely Position	July 23 Forecast
Enhanced Care (Bank and Agency)	1,200,000		1,200,000	1,200,000
Agency (MIU)	400,000		400,000	400,000
Other Agency (not Enhanced)	1,200,000		1,200,000	1,200,000
Community and Specialist Vacancies ⁽³⁾		(1,400,000)	(1,400,000)	(894,000)
Undelivered Efficiency Programme	3,059,000	(1,424,000)	1,635,000	1,452,000
Additional ICB Income		(692,000)	(692,000)	0
NHSPS Utilities & IT ⁽²⁾	808,081		808,081	755,250
Other non-pay inflation ⁽¹⁾	100,000		100,000	0
SUBTOTAL	6,767,081	(3,516,000)	3,251,081	4,113,250
Non-consolidated pay award	2,200,000	(2,200,000)	0	0
TOTAL	8,967,081	(5,716,000)	3,251,081	4,113,250

⁽¹⁾ Still assumed as a risk, however no specific areas currently identified, so removed from forecast assumptions.

⁽²⁾ Inclusion of IT, previously only Utilities. Estates/Utilities £445k and IT £310k.

⁽³⁾ Potential double-count on underspend for community and Recruitment Lag Efficiency programme – therefore have dropped the underspend by the targeted saving for Community Teams of £306k, from the current forecast outturn position excluding NHS@Home of £1.2m.

3 Latest Financial Position

The financial position for period ended July 2023 is shown in the Finance Board Report tabulated file and is a reported deficit of -£1,260k, forecast outturn -£4.03m. (M3 -£1,117k, -£4.47m).

The forecast outturn is not a straight extrapolation of the YTD position due to VAT benefit being included in M4, but is only a one off, thus would provide too high a benefit if extrapolated and assumption that agency is understated YTD and therefore for forecast position have retained at M3 cost. Messages will be disseminated to staff to ensure that e-roster is kept up to date to enable more accurate forecasting of agency and bank.

The key forecast outturn movements in month are:

- Increased VAT income of +£112k.
- Removal of a rent-true up accrual as this is agreed to manage as a risk, due to a credit in prior years +£205k.
- Removal of accrued costs for LD Integrated Management as confirmation that this has now ceased +£95k.

This position will however hopefully improve during the financial year to reflect that the efficiency programme is budgeted in equal twelfths throughout the year but many of the schemes did not or will not commence from the 1st of April, further detail is provided in section 4 of this report.

It should be recognised that the position for MIU and Inpatients remains at the run-rate from 2022/23 with an overspend YTD of £0.9m, forecast overspend of £2.8m. Again, this is offset by the under-spend in Community and Specialist YTD of £0.7m, forecast outturn of £2.1m, this does include a significant underspend on NHS@Home (virtual wards) which has a £0.3m under-spend YTD, which is offset by reduction in ICB Income due to challenges in recruitment.

It should be recognised that the under-spend on community is currently being treated as non-recurrent for 2023/24 and it is anticipated that a service model linked to the new Community Services Safer Staffing Tool could be implemented for 2024/25 which if agreed would rebase the current budgets, it is hoped this will lead to recurrent savings, however this cannot be confirmed until the work is undertaken and impact understood.

Work is not yet concluded with the ICB on the implications on the unfunded element of the consolidated pay award, with local assessment being a £773k cost pressure.

The cash position is reported in section 6 of this report; however, it should be noted that whilst the cash position is £4.4m, this is outweighed by the creditors position of £8.9m. We are currently operating with a net asset ratio of 0.83:1.

4 WHC LLP Efficiency Plans

Contained within Appendix 1 of this report is the detailed position on the efficiency schemes, and these have been rag rated in relation to confidence levels.

PMO support has now been put in place in August to support delivery, reporting and monitoring of the efficiency programme. Each of the schemes will have a project owner, a plan on a page and the PMO will support the development, quantification, and implementation of the schemes.

Each scheme will be risk assessed using the corporate risk assessment framework so that any schemes that have a low impact rating will continue to progress without the need for an EQIA, with the aim to be able to progress those schemes at a faster pace.

A programme board has also been set up utilising the existing Senior Leadership Team (SLT) forum with the Senior Responsible Officer (SRO) being the Interim Finance Director.

More complex projects/Schemes have been put into a different category recognising that these will require an option appraisal, with the preferred option(s) being taken forward to full PID and EQIA. These schemes are likely to be areas such as service changes in MIU, Inpatients and Community Teams.

It is worth highlighting the largest changes since the last update to the Board, namely:

- Additional opportunity - to release income deferred in 2022/23 relating to Virtual Hub, subject to agreement with ICB, circa £291k.

Recruitment lag which is our largest identified scheme across all budgets of £790k, is yet to be fully scoped and it is anticipated that the additional PMO support will lead to a clear position. The biggest area of concerns in reaching delivery without incurring additional costs such as agency or bank are MIU and Inpatients which are already in an over-spent position, as well as ensuring that we don't double-count the under-spend in Community Teams with the recruitment lag efficiency.

The level of savings currently identified for 2023/24 now stands at £1.607m, leaving a further £1.452m unidentified to deliver in line with the opening plan.

This excludes schemes required to either offset or impact the overspends in MIU and Inpatients.

NB: Whilst there is still a scheme to be worked through to convert underspends in Community and Specialist, the underspend is currently reported in the month 4 position and therefore is provided as a footnote to the savings calculations to avoid double-counting.

5 Non-consolidated pay award

As previously reported, there is a risk that WHCLLP will have to fund the non-consolidated pay award which has been estimated at a cost of £2.2m.

Information has been provided to the Members including an EQIA and decision tree to help inform a decision on whether to pay or not linked to the legal risk of challenge which would incur a significantly higher cost per employee.

We are also at risk of local Industrial Action in relation to the non-payment particularly from the Nurses unions who have already balloted their members.

6 Cash position

The cash position for beginning of August (end of July) shows a balance of £4.39m in the bank as per Appendix 2. This shows a deterioration of £438k against the projection and a movement in month of £1.135m, due in part to being ahead of plan by £400k last month.

There are several reasons behind the movement which include:

- £0.56m less cash received from ICB due in part to incorrect phasing, however the majority links to some income streams being charged on an actual cost basis with the main one being

virtual wards which is over £300k behind plan YTD and work that needs to be completed in respect of Estates.

- £0.16m additional costs for pay including pay deductions in the main linked to an underestimation of the impact of the consolidated pay award.
- Catch up on payments for NHS providers, which were under plan in June by £179k but over plan by £156k in July.
- Catch up on Nutricia as £0 cash paid in June, £184k in month against a plan of £85k.
- £0.2m to NHS providers due to phasing of projection as invoices raised and paid later than assumed.

It is anticipated that the cash position will balance out in line with the projection for the year, however, will need to be continually reviewed.

The cash position does not include payment of the non-consolidated pay award, which will have a significantly detrimental impact on the position if paid without funding to support.

Without the non-consolidated and based on current planned cashflows WHCLLP will run out of cash in December 2024. If the non-consolidated is included but remains unfunded this will shift the point to May 2024.

7 Agency Position

WHC is currently spending circa £400k per month on agency, with most of the expenditure sitting within the Inpatient Wards as identified below. There are challenges in staffing Savernake as noted previously.

It is anticipated that with implementation of no off-framework agency usage in MIUs that a reduction will be seen in future months.

Service Area	Apr-23	May-23	Jun-23	Jul-23	Grand Total	Full Year (estimate)
	£	£	£	£	£	£
Savernake Hospital Ailesbury Ward	133,536	127,023	131,604	151,846	544,009	1,632,028
Warminster Hospital Longleat Ward	54,569	74,476	68,006	43,510	240,561	721,683
Chippenham MIU	46,822	32,505	32,226	41,874	153,427	460,281
Chippenham Hospital Cedar Ward	29,392	34,250	29,220	34,469	127,331	381,994
Chippenham Hospital Mulberry Ward	35,143	28,597	38,966	23,578	126,284	378,853
Community Team Malmesbury	17,190	11,060	16,207	25,798	70,255	210,764
Community Team Melksham and BOA	16,600	19,758	15,780	16,770	68,908	206,724
Medical Inpatients - WHC3038	13,929	13,929	25,537	11,608	65,003	195,008
Trowbridge MIU	13,860	9,225	7,362	9,090	39,538	118,614
Community Team City Team	885	500	7,870	26,382	35,637	106,910
Community Team Wilton	6,750	8,063	8,003	6,953	29,768	89,303
Community Team Trowbridge	5,600	6,755	8,340	6,960	27,655	82,965
Community Team Amesbury	4,528	7,071	4,385	2,226	18,210	54,630
Community Team Marlborough	2,790	3,760	4,750	3,900	15,200	45,600
Intensive Rehabilitation Service	4,650	3,840	540		9,030	27,090
Community Team Warminster	1,624	1,484	798		3,906	11,718
Managing Director			1,425	2,138	3,563	10,688
Dietetics	2,430				2,430	7,290
Inpatient Physiotherapy & Occupational Therapy			2,363		2,363	7,088
Bank				-	-	-
Grand Total	390,298	382,296	403,382	407,100	1,583,076	4,749,228

It should be noted that whilst there is agency expenditure in community teams, there are significant underspends in those budgets which includes these costs.

Off-framework agency usage (Thornbury Nursing Services) is shown below, which clearly demonstrates that most of the use is within MIU:

Service Area	Apr-23	May-23	Jun-23	Jul-23	Grand Total	Full Year (estimate)
	£	£	£	£	£	£
Chippenham MIU	17,974	11,034	17,672	18,298	64,978	194,933
Warminster Hospital Longleat Ward	2,317	2,838	2,157	1,035	8,346	25,039
Trowbridge MIU	1,485	1,450	767	1,287	4,990	14,969
Chippenham Hospital Cedar Ward	599	1,860		2,084	4,543	13,629
Savernake Hospital Ailesbury Ward	958	2,171		1,042	4,171	12,513
Chippenham Hospital Mulberry Ward	1,477	1,220			2,697	8,091
Community Team Malmesbury			1,481		1,481	4,443
Grand Total	24,811	20,573	22,077	23,745	91,206	273,617

8 Debtors and Creditors

Debtors

Aged Debtors for the end of July have a balance of £2.2m. The key large items that make up this balance are:

- ICB for £1.46m for Estates costs in April 2020. This should be resolved, so is being followed up with the ICB to settle the invoice, which would also benefit our cash position.
- ICB for £0.24m in June 2023 and £0.13m in July 2023 in respect of recovery and virtual wards.
- £0.16m for RUHB and GWH in relation to reception services, which are under review with partners to ensure all parties agree on the costs due.
- Wiltshire Council for £0.08m for Home First in July 2023.

Creditors

Aged Creditors for the end of July have a balance of £3.3m of which £1.8m is not yet due or less than 30 days old.

In respect of Creditors, the key items are:

- £2.6m relates to NHS Property Services, of which £1.48m was due before end of July.

Transaction Date Year	Outstanding Amount £	Number of Invoices
2019/20	- 21,784	6
2020/21	- 13,855	2
2021/22	- 136,050	7
2022/23	- 620,049	9
2023/24	- 1,826,957	7
Grand Total	- 2,618,696	31

A dispute process has been entered into with NHS Property Services, with concerns raised with them in relation to Savernake PFI and our concerns about the safety of the Estate. Invoices are being held until these issues are resolved, which account for many of the old year invoices.

9 Recommendation

- Members of the Operating Board are asked to note the report.

10 Appendices

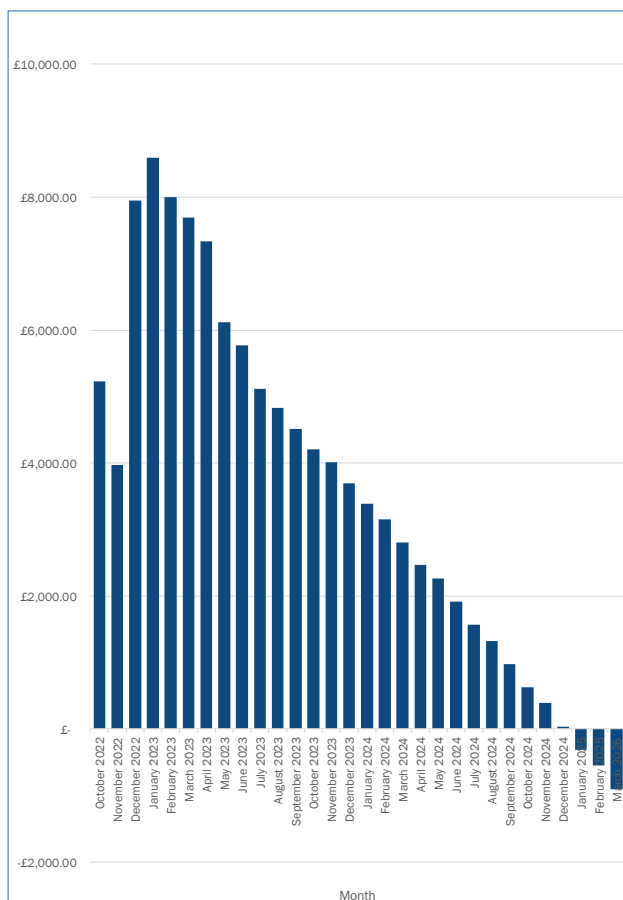
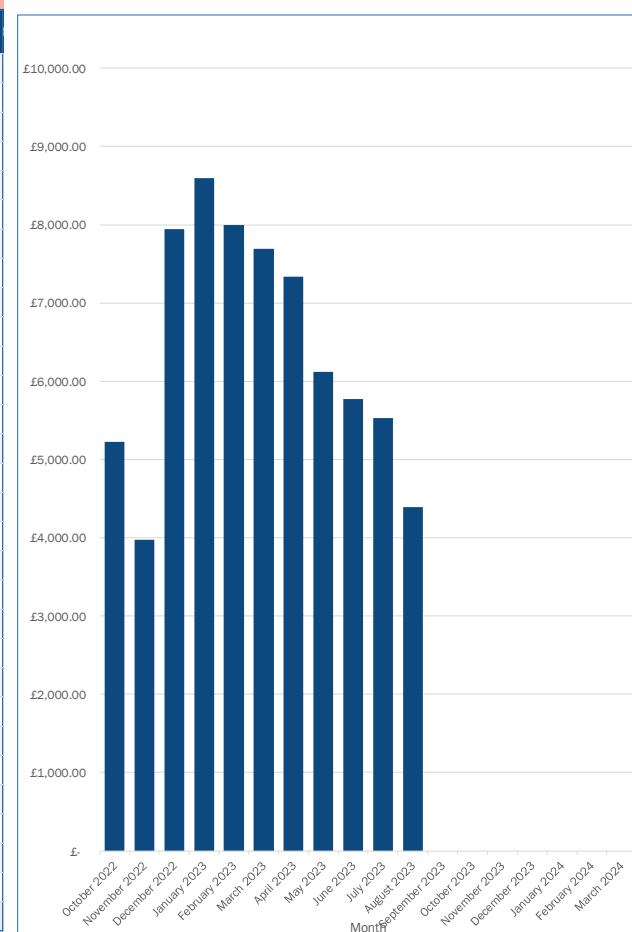
Appendix 1

Efficiency Programme	Per Board report 05.05.23		Per Extraordinary Board report 25.05.23		Latest Position - July 2023		
Category	RAG	Total 2023/24 £000s	RAG	Total 2023/24 £000s	New RAG	Total 2023/24 £000s	FYE Total 2024/25 £000s
Income		50		742		394	179
WHC008 Overhead from additional funding sources		50		50		59	77
WHC010 Seek additional 1.2% from ICB based on an equitable basis to other providers				692		0	0
WHC019 Training Income						2	2
Other Income Opportunities, including release of deferred income						333	100
Pay		807		1,211		1,056	1,143
Recruitment lag - 1.5%		790		790		775	790
Inpatient leadership review		17		17		17	17
OPS - Geriatrician PAs supplied by SFT drop from 10 to 3				91		91	91
OPS - Stroke Consultant duplication SLA				64		64	64
OPS - Cease arrangements for paid chaplaincy				9		7	9
OPS - Cease Agency Medical Cover - Savernake				204		79	136
OPS - Hospitality (Tea and Coffee)				8		6	8
OPS - Serve notice on FCP Contract				28		16	28
OPS - Reduction in Inpatient Beds						0	0
OPS - MIU reduction in Hours						0	0
Non Pay		163		163		157	373
FYE 2022/23 Insurance premium reduction		12		12		0	0
Mattresses		0		0		0	0
Wheelchair procurement		70		70		35	70
Reduction of Mileage Reimbursement rate (back to 45p per mile)		43		43		11	43
Provider to Provider contract savings - old year accruals		0		0		0	0
Postage saving 10% based on 22/23 FOT £60k spend		6		6		6	6
Telephony System and Mobile Phones		22		22		0	20
Datix		10		10		18	18
CPD - To remove all non mandatory and non essential training				0		0	0
To review Occupational Health and Agile working policies				0		0	0
Procurement contract savings						5	5
Information and Technology						40	73
Estates						42	139
Total Identified Schemes		1,021		2,117		1,607	1,695
Unidentified		2,038		942		1,452	1,364
2023/24 savings target		3,059		3,059		3,059	3,059
Don't report through efficiency currently as underspend is showing in reported position for Community and Specialist							
Slippage on Community and Specialist Services						191	21
OPS - Convert 50% of underspend in Community and Specialist to Inpatients, residual to efficiency				682		512	682

Appendix 2

WILTSHIRE HEALTH AND CARE LLP
Cash flow forecast (updated for actuals to end July 2023)

PLAN RUN-RATE	
Month	Cash on hand at beginning of month
October 2022	£5,225.49
November 2022	£3,973.44
December 2022	£7,943.31
January 2023	£8,596.83
February 2023	£7,999.06
March 2023	£7,693.94
April 2023	£7,334.56
May 2023	£6,121.32
June 2023	£5,769.28
July 2023	£5,116.22
August 2023	£4,828.09
September 2023	£4,513.73
October 2023	£4,205.70
November 2023	£4,007.11
December 2023	£3,693.15
January 2024	£3,385.55
February 2024	£3,153.63
March 2024	£2,806.34
April 2024	£2,465.42
May 2024	£2,265.35
June 2024	£1,911.84
July 2024	£1,565.33
August 2024	£1,327.31
September 2024	£973.80
October 2024	£627.28
November 2024	£389.68
December 2024	£36.59
January 2025	-\$309.51
February 2025	-\$547.11
March 2025	-\$900.21

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Wiltshire Health and Care Operating Board

For information

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

Date of Meeting: 8 September 2023

Author: Sara Quarrie, Director of Quality Professions and Workforce, Nikki Rowland, Director of Finance (Interim), Lisa Haywood, Chief Operating Officer, Victoria Hamilton, Director of Infrastructure

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

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

ADVISE

Please note that Quality Assurance Committee (QAC) for Quarter 1 data is scheduled for 14th September 2023 due to the timing of these meetings if there are urgent issues or concerns that need escalation from QAC to the Board this will take place in between boards.

2.1 Patient Safety

2.1.1 Incidents

Incident reporting culture is good with high numbers reported (compared with Benchmarking) of low harm (majority low or no harm caused - see **Error! Reference source not found.**). Outstanding incidents investigations is at 238 overdue in July. Managers have been asked to review the outstanding incidents to support investigation completion within 14 working days of incident occurring. The Director of Quality, Professions and Workforce has sent prompting emails to areas with 10 or more overdue incidents investigations, and thanked investigators and leaders for all the efforts so far to reduce overdue investigations.

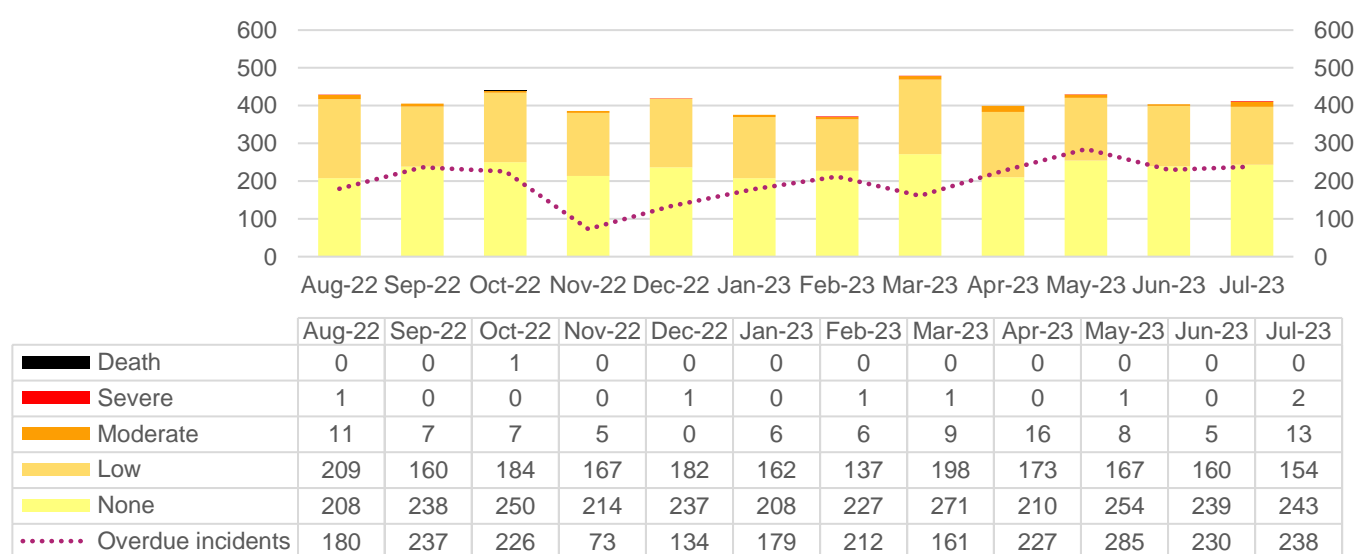


Figure 1 Incident reporting by harm - rolling year

Falls and medications incidents are higher in July than June reporting. Specifically, an increasing trend has been noted of Controlled Drugs incidents on Inpatient Units, particularly but not limited to Cedar. There have been several interventions put in place immediately to support the staff and ward managers. A paper was provided to Executive

Committee [23.09.2023] to assure on actions undertaken to mitigate and control the risks associated with this trend. Key actions implemented across all wards are:

- Consolidation of CD registers. Ward managers to undertake daily check of CD book completion (Monday-Friday). Any errors to be reported on Datix.
- All medication incidents on wards will be reviewed by the PIR Team (as well as the Pharmacy Team - as usual); they will then liaise with the pharmacy team as to whether it needs go to PIR. All CD incidents – will be investigated immediately and the ward manager will meet with the pharmacy team to review, complete, identify actions and close Datix as appropriate.
- The pharmacy team to meet with all ward managers individually monthly to discuss incidents, share learning from incidents, review audit results and actions.
- Head of Pharmacy will regularly attend monthly Senior Ops meetings on a regular basis.
- Staff undertaking medication rounds to start wear tabards. To be communicated at safety briefing/handovers. Staff to be advised not to disturb anyone wearing the tabard.
- One month trial of 'do not disturb signs' on drug room door.
- Ward manager to ensure all regular night staff have completed mandatory training, and competencies.
- Ward managers to check that all registered nurses have completed the Medicines Administration Checklist.
- Ward managers to ensure all staff undertake any overdue mandatory training.
- Risk 304 on Medicines Governance risk register "If there is insufficient pharmacy capacity (inpatient wards), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HPCPC) regulation will be adversely affected" for review and update accordingly considering increased occurrence.

To support open and transparent management of this situation a new risk (risk 336 Safe administration of Controlled Drugs | current score 12) has been added to the risk register - See risk report for details.

2.1.2 Serious Incidents and Internal Root Cause Analysis investigations

WHC serious incident reporting aligns with NHS benchmarking (0.86) and utilises internal root cause analysis to learn from incidents of concern (that do not fit SI criteria). As a snapshot learning from completed RCA investigations, July 2023 data recognised: (i) Comms and pathways need to be clearer and to be disseminated to all staff promptly to avoid omission in care; (ii) To re assess clinical and treatment pathways and identify gaps in system processes; (iii) Use the WHC risk register to manage the risks about the lack of secondary care pathways in patients with foot ulcers that are not diabetic; and (iv) Share investigations outcome with teams to ensure and recognise the value of the multi professional approach in supporting complex patients – with reference to the Team Manager and the Neurology Specialist Nurse.

An area that WHC has been focusing is improving performance in overdue investigations which have reduced month on month from a peak of 11 in April to 8 in July 2023 with overdue reports scheduled for presentation in upcoming months Harm Free Care meeting.

2.1.3 Patient Safety Incident Response Framework

WHC are working towards the implementation of the new Patient Safety Incident Response Framework (PSIRF) and the new Learning from Patients Safety Events (LFPSE). The implementation plan has been slightly delayed due to WHC's CQC inspection in April and May 2023, however positive progress has been made and we are aiming for PSIRF launch in mid-October 2023.

2.1.4 Mortality

Inpatient deaths remain stable, and patients have been supported to die in their place of choice. The Learning from Deaths Report indicated that the expected death of a patient on Savernake ward who had no known Next of Kin has identified a gap in WHC processes in relation to the Funded Funerals Policy (adopted from GWH). Work is underway to ensure the deceased gentleman and his estate are dealt with appropriately and action will be taken to ensure processes are in place to deal with future similar situations in a timely manner.

2.2 Clinical effectiveness

2.2.1 Safeguarding

Level 3 children's and Level 3 adults safeguarding training safeguarding is still below contractual requirement. A deep dive paper to be presented to QAC in Sept (delayed from April 2023).

The target to acknowledge that Child protection information sharing (CPIS) is 100% WHC has been unable to achieve this target and shows further decline in July 23. The decline in Trowbridge may be due to reliance on agency staff who may not be familiar with record. The compliance rate for asking the 'safety question' in MIU is 80% - the data identified a fall in compliance in Q1. It is likely to align with agency use and we need to ensure that this staff group have appropriate induction. Both performance issues have been and will continue to be highlighted to the senior clinical lead/service manager and staff every month. A paper requested from the MIU lead for Safeguarding POG (Sept 2023) to gain assurance that material actions are being taken to improve this performance.

2.2.2 Safety services

A review of policies for OH and H&S equipment provision and assurance requested by the Executive is outlined in the paper titled 'Specialist Equipment for Display Screen Equipment requirements' was submitted to Executive Committee 23/08/2023. This paper identified robust processes are in place to assure WHC is providing equipment to support staff as per legislative requirements and good use of public purse. Additionally, MSK Health Services have agreed with HR to reinstate regular meetings to support staff with MSK conditions. Please note that the remedial works on the newly installed fire doors on Savernake Ward have been completed and replacement doors are on order for installation.

2.2.3 Medicines optimisation

Data indicates that although teams have been working hard to improve training on Safe and Secure Handling of Medicines Training compliance, they are still below the 85% target. All service leads have been reminded to ensure that teams continue to work hard to reach the target threshold.

Area	Total assignment count	Requires Training	Trained	Compliance %
Corporate Service	23	7	16	69.57%
Inpatients, MIU and Flow	206	56	150	72.82%
Long Term Conditions and MSK	233	37	196	84.12%
Community and Core Teams	548	104	444	81.02%

Table 1 Safe and Secure Handling of Medicines Training compliance – July 2023 data

2.2.4 Regulators

A CQC inspection of WHC services was notified during April 2023, and subsequently an inspection of both clinical and corporate services was undertaken. The draft report was anticipated to be received at the beginning of July to enable WHC the opportunity to review for factual accuracy. The draft report was received by WHC on 31st July was reviewed with 30 pages being returned to the CQC for factual accuracy response. WHC awaits the final report - please see paper drafted by the Managing Director for more details.

2.3 Patient experience

In July WHC received 52 compliments the majority were for the Community teams in Salisbury and Chippenham, Neurology and respiratory services, and few for the wards. Friends and Family test (FFT) return rates dropped slightly in July 2023 (n=581), in comparison to July 2022 (n=691), but this is a 113.6% increase and follows the seasonal trend. Overall, 96.0% of respondents rated their overall experience "Very good" (n=484) or "Good" (n=74). 96% of people who responded to the FFT would recommend our services. Complaint rates and response performance remain stable and within targets. From complaints data review the Quality Team have requested a trend analysis of the 19 complaints year to date relating to clinical care by the Safeguarding Adults Lead, if a trend is identified this will be escalated to Post incident Review for MDT discussion and decision if further investigation is warranted.

ALERT

Nil to alert Board

ACTION

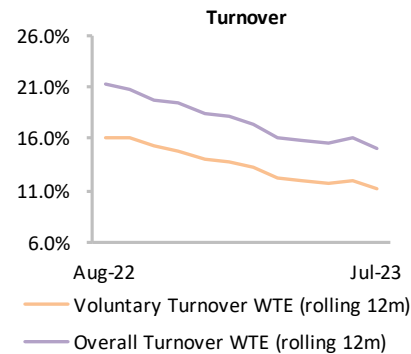
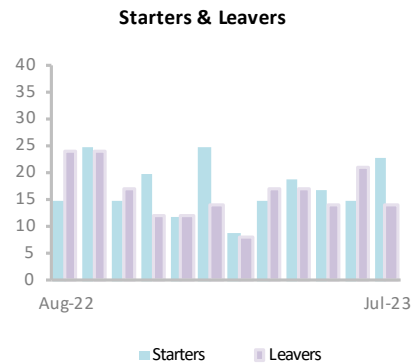
Nil action required for Board

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

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

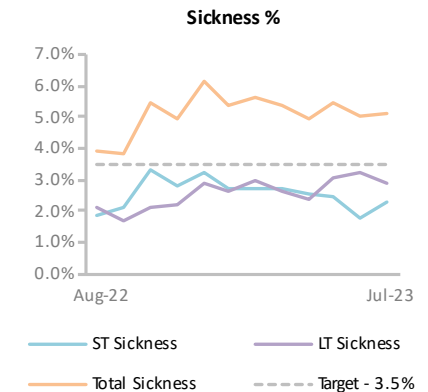
ADVISE

2.4 Workforce KPIs



Leaving reasons
Rolling 12m (if >5% of total)

Work life balance	22.2% ▲
Promotion	14.6% ▼
Relocation	9.1% ▲
Education/training	7.6% ▲
Flexi retirement	7.1% ▲
Lack of opportunities	6.1% ▼
Retirement age	6.1% ▲



Recruitment KPI's	Target	WHC	Trend (monthly)	Average	IN&F	COMM	SPS	CORP
Offer to Pre-emp. Checks Complete	<= 21	29 ●	-5 ▼	31	39	28	30	11
Offer to Start Date	<= 70	61 ●	3 ▲	57	64	65	63	32
RAP to Start Date	<= 100	94 ●	15 ▲	89	84	107	98	53

Sickness reasons
(if >5% of sickness)

Anxiety/stress/depression	27.1% ▲
Tumours, cancers	13.4% ▲
Other musculoskeletal problems	11.6% ▼
Gastrointestinal problems	9.7% ▼
Chest & respiratory problems	7.3% ▼
Heart, cardiac, circulatory	6.7% ▲
Genitourinary, gynaecological	6.5% ▲

June 2023 WHC had more leavers than starters, turnover continues on a downward trajectory, slight increase in total sickness with anxiety, stress and depression increasing as the primary sickness reason. Recruitment KPIs continue to improve since the investment of a recruitment lead. WRES and WDES analysis will be presented to WFDG in September 2023, Executive Committee and Board will then follow. To support our leaders the Safer recruitment eLearning will be included in 'Managing to inspire' programme and will be available in September 2023. Standard processes collate key themes of leavers which highlight that work life balance (22.2% upward trend) is the primary reason for leaving WHC.

2.5 Agency usage

Average HCA Enhanced Care requested and approved by month

	Apr-23	May-23	Jun-23	Jul-23
Savernake	5.73	4.52	5.70	6.00
Cedar	4.00	3.94	3.77	2.06
Mulberry	3.73	2.16	2.13	2.39
Longleat	4.37	6.52	4.30	1.26
Total	17.83	17.13	15.90	11.71

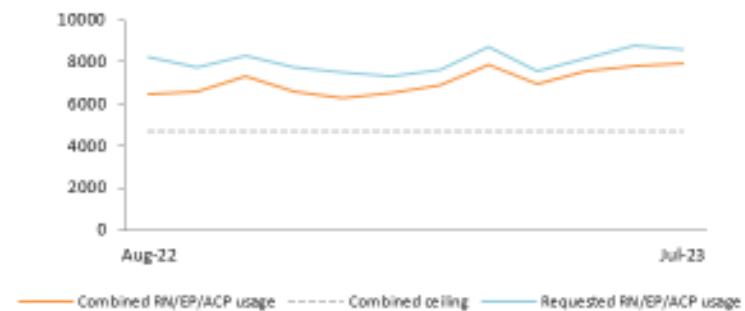
HCA agency usage summary



Top 5 Areas for Agency Usage

RN/EP/ACP			
1	Savernake Inpatients	1440.5	▲
2	Longleat Ward	656.6	▲
3	CT City	597.3	▲
4	CT Malmesbury	580.0	▲
5	Cedar Ward	484.5	▼

Combined bank & agency RN/EP/ACP usage



Overall bank and agency usage is increasing with notable increases in Registered Nurse usage in Community teams (Sailsbury City and Malmesbury) and Savernake Ward and Longleat ward. Notable decrease in Mulberry ward and a slight decrease in Cedar ward usage. Work has been ongoing to reduce high-cost agency use across services.

Usage of agency is driven by:

- Vacancy for Registered Nursing
- Enhanced care needs on inpatient wards for Health Care Support Workers

2.6 Learning and Development KPIs

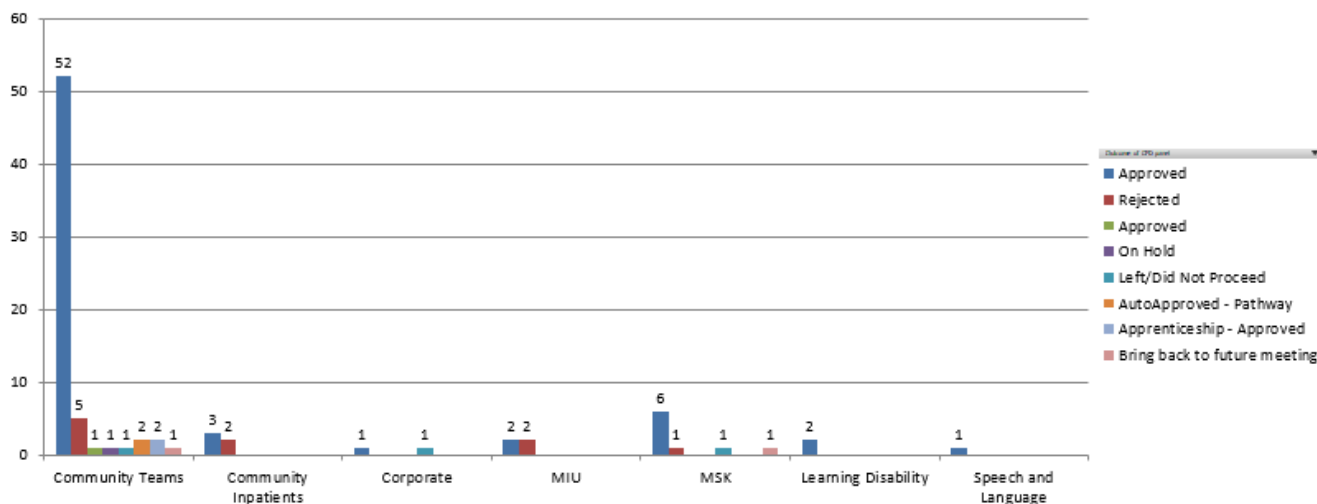


Figure 2 Apprenticeships applications by department WHC 2023/24

Apprenticeship levy is being spent as per Figure 2 and the remaining £128,542 is being aligned to high-volume, low-cost posts i.e. HCSW, as well as responding to new services (new service apprenticeships are more expensive and will use more of the levy). WHC has a robust process to access Apprenticeship Levy transfer is we utilise all of our current funding.

WHC has a range of initiatives to support and develop our workforce specific examples are:

- are working with the BSW Preceptorship programme which is being prepared for launch and will include training, a paper scoping this programme will come to WFDG in October 2023.
- New College (used for AP training) has received a 'requires improvement' Ofsted report (not regarding the AP course specifically) a paper outlining how WHC will seek assurance from New College was approved by WFDG.
- CPD budget is being used (see Figure 3) to support WHC staff training needs related to their job descriptions and currently has £116k remaining in the budget.

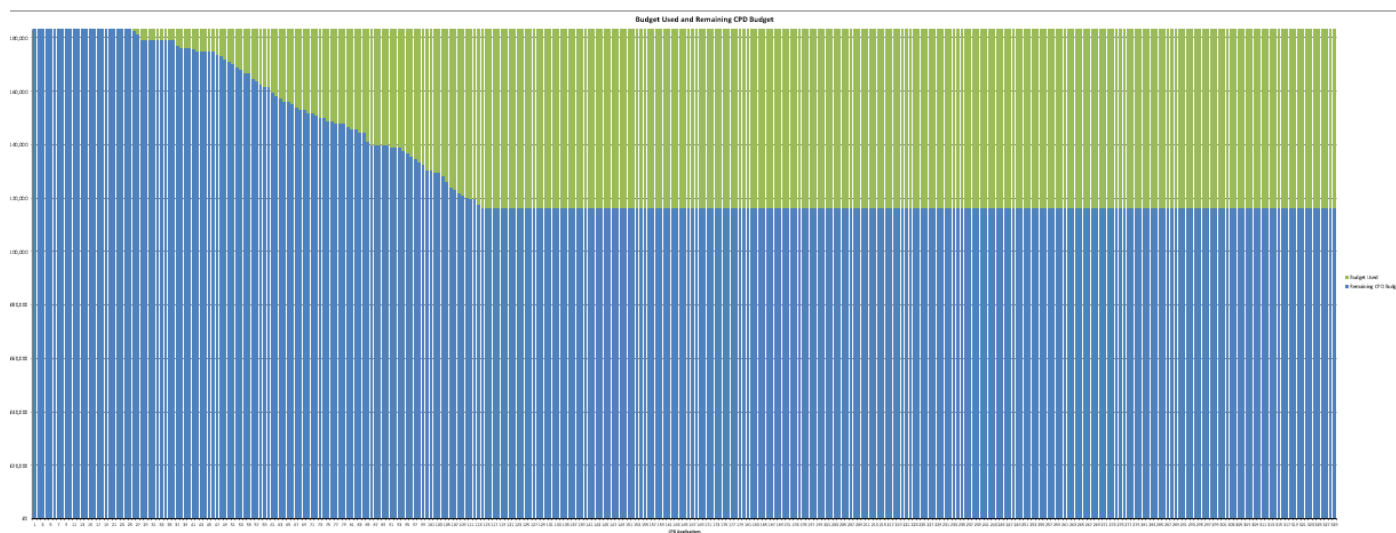


Figure 3 CPD budget use – 2023/23 year to date

ALERT

Nil to alert

ACTION

Learning and Development request that the NHS England SLEV assessment is approved by Board for submission.

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

ADVISE

Separate finance Board paper is written.

ALERT

Separate finance Board paper is written.

ACTION

Separate finance Board paper is written.

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

ADVISE

2.7 Staff Morale:

From informal feedback it is apparent that staff morale is low and as described in the workforce section sickness is increasing. Leaders are making themselves available to working from key sites, we have also reinstated breakfast and lunch with Lisa and the ask Lisa email to enhance communication with staff.

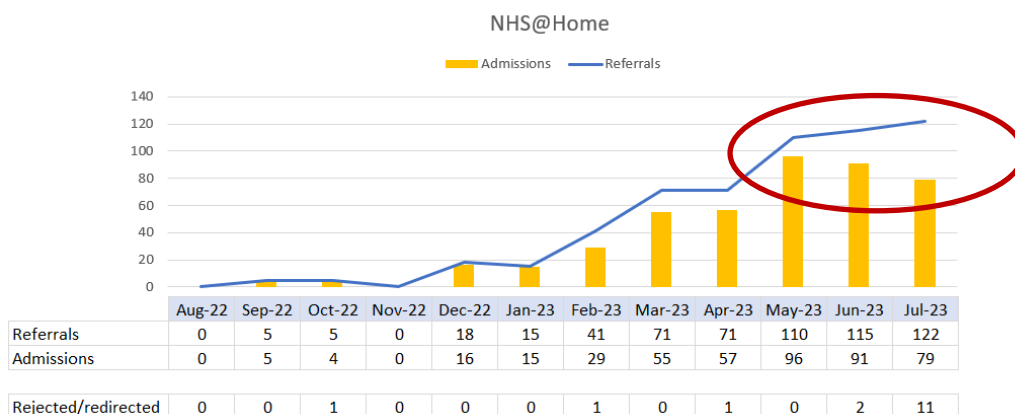
2.8 Patient Flow:

South Newton Hospital has now stopped taking patients on behalf of BSW ICB, all patients have now been discharged.

Non Criteria to Reside (NC2R) is tracking under the NHSE plan but not delivering 30% target reduction. P1 remains the highest NC2R numbers for Wiltshire (SFT 30, RUH 16, GWH 15) Wiltshire NC2R Recovery Plan funding has been approved and will focus is on P1 complex cases. Wilts council and WHC have agreed process with operational leads. Priority is been given to SFT 16 complex cases are being sourced by brokerage and community hospital cases, creating flow from acute by creating community hospital beds

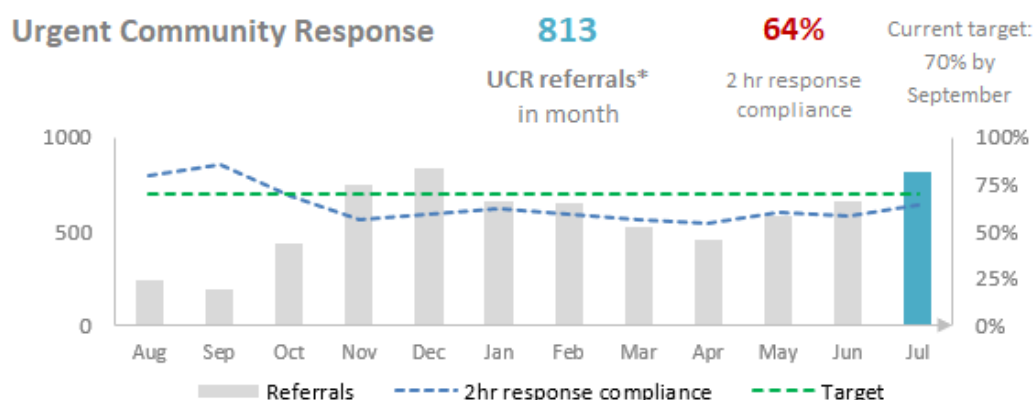
2.9 NHS@Home

There is a widening gap between the number of referrals and the number of admissions to NHS@Home that is not accounted for by rejections – this is likely to represent an under-recording of admissions which will impact the measures reported including our occupancy data which has appeared to drop recently. Actions to address this are in hand, with data being reviewed and amended by the care navigators.



2.10 Urgent Community Response

2-hour compliance rates continue to increase. Highest compliance since volume of UCR referrals increased. The initial planning target for this service is to meet 70% compliance in 2-hour response by September.



2.11 MIU

The process for ad hoc closures has been refreshed and agreed by the ICB, a business continuity event is been recorded each time such a closure is required.

Attendances at Chippenham MIU remain relatively high, although not exceptional for the summer months.

4-hour arrival-to-departure performance is back above the 95% target in month. Data still showing notable downwards variation as recent performance has been lower than our historic mean, however performance generally exceeds contractual requirements.

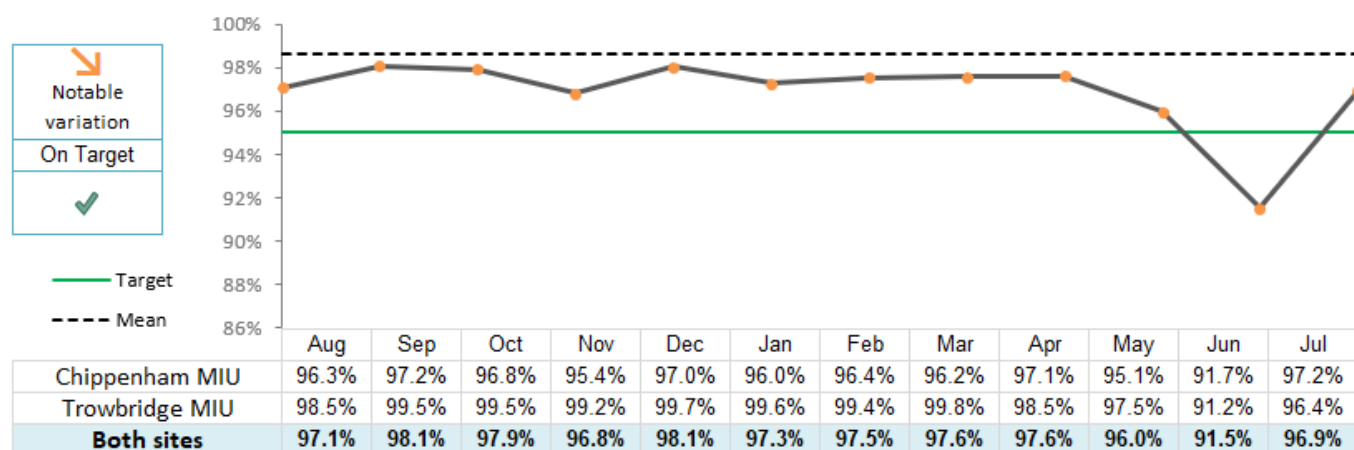


Figure 4 4-hour arrival to departure compliance (both sites)

Triage performance against the 15-minute standard also saw a slight improvement in month but is still a considerable way off the 95% target (see chart below). Transfers to acute continue to run at approximately 8% of attendances, in excess of the target 4.7%.

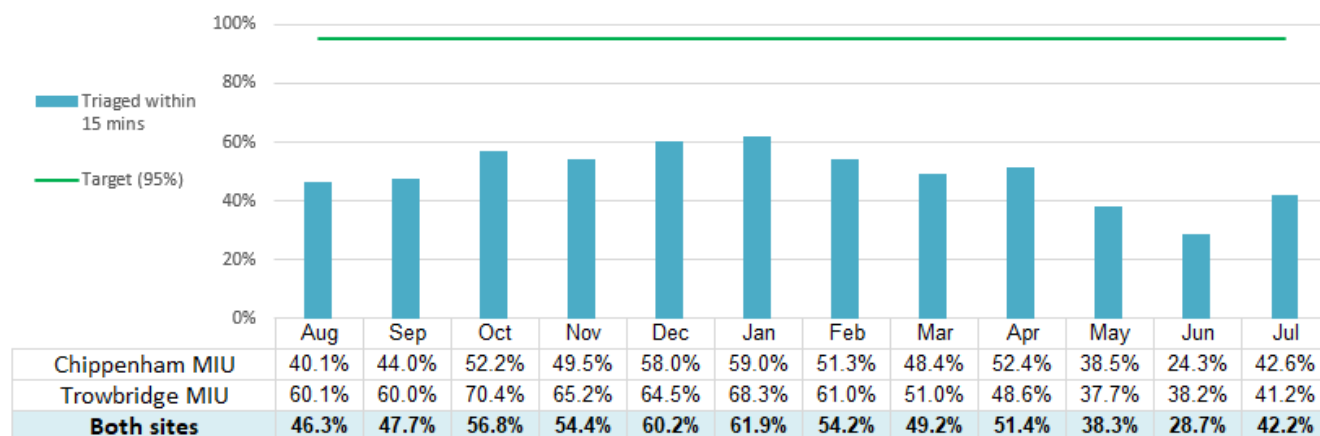
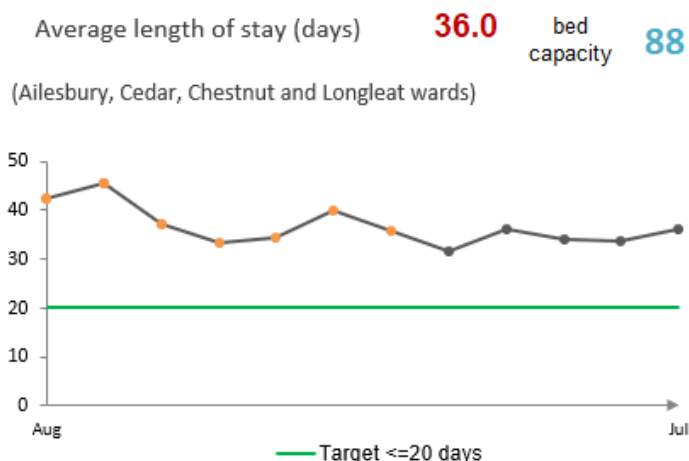


Figure 5 15-minute triage compliance (both sites)

2.12 Inpatients

Average length of stay across the non-Stroke wards has stabilised from the highs seen 6-12 months ago but is still well above target. (For context, the contractual 20-day target has never been achieved during regular ward operating. We have, however, previously been nearer to the community benchmarking comparison of 28 days average LoS.)



Inpatient assessment data continues to be of concern, assurance has been given that assessments are been undertaken and an action plan is been developed.

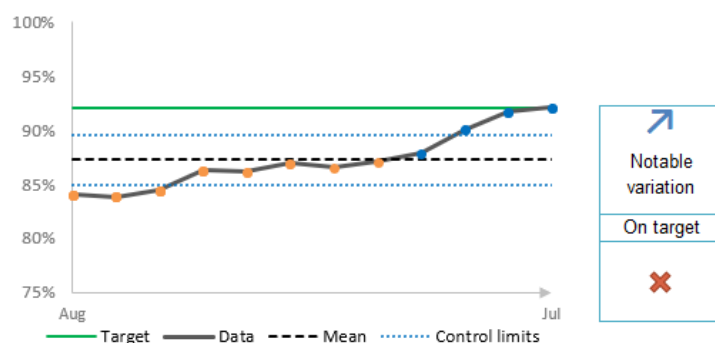
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
MRSA	98%	97%	97%	99%	91%	97%	97%	93%	99%	91%	98%	76%
VTE	78%	70%	68%	75%	70%	67%	75%	73%	74%	73%	68%	68%
VTE prophylaxis	100%	95%	98%	92%	83%	92%	100%	90%	96%	81%	96%	78%
MUST	86%	89%	67%	84%	88%	68%	94%	80%	82%	78%	86%	73%
PURAT	90%	92%	88%	95%	87%	86%	84%	86%	96%	85%	83%	78%
Falls	98%	93%	97%	91%	85%	90%	91%	91%	94%	86%	84%	73%
NEWS2	93%	96%	95%	97%	91%	92%	96%	96%	81%	80%	82%	63%
Dementia	98%	96%	92%	90%	79%	92%	84%	92%	83%	84%	86%	84%

2.13 RTT

RTT position continues to improve, with the percentage waiting under 18-weeks at the end of July a smidge above our 92% target. The dashboard will continue to show this as not being 'on target' until our running-mean is on target too, but this is the first time in well over a year that we have met this target in-month, and the sustained improvement is evident. Diabetes is a bit of an outlier in terms of recovery.

RTT % waiting under 18 weeks – snapshot position at end of Jul-23 (against 92% target)

	Total waiting	% under 18 weeks
Cardiac Diagnostics	149	100%
Community Teams	916	91%
Continence service	456	90%
Diabetes Specialist Nursing Service	314	76%
Heart Failure Management	94	99%
Lymphoedema	84	89%
Neurology Therapy	98	100%
Nutrition and Dietetics	458	89%
Orthopaedic Interface Service	1859	100%
Orthotics	274	86%
Outpatient Physiotherapy	5245	93%
Podiatry	1320	80%
Respiratory Services	122	100%
Speech and Language Therapy	168	99%
Tissue Viability	31	97%
Wheelchair service	153	93%
All Services	11741	92.1%

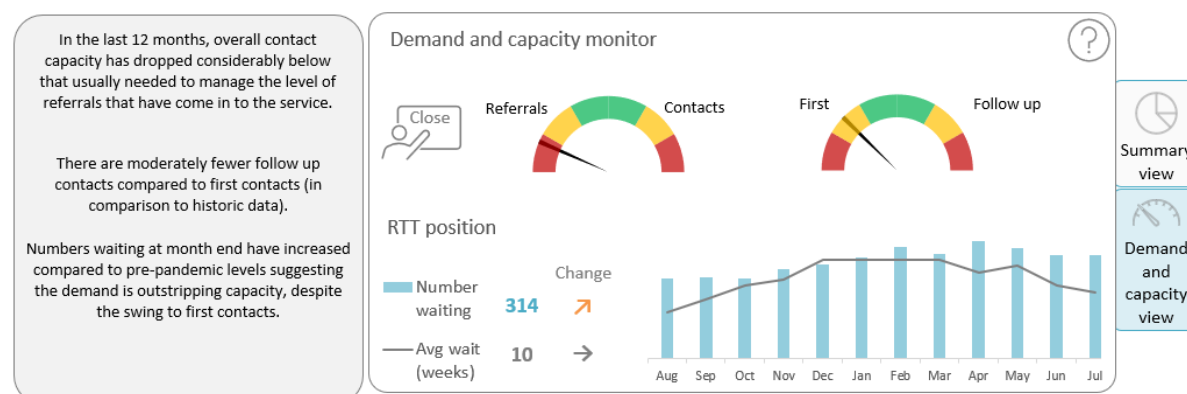
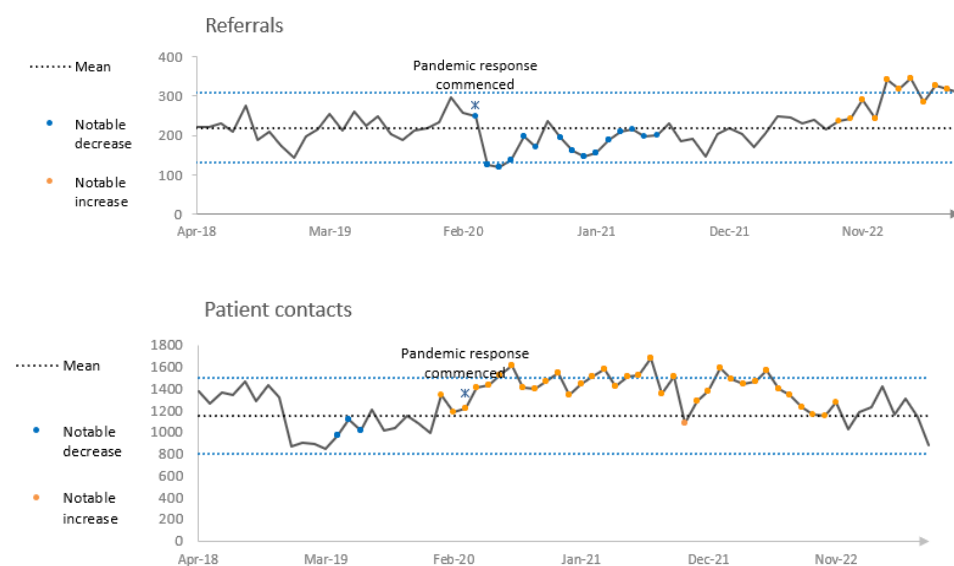


2.14 Activity:

Please refer to the 'Activity summary – charts' section of the dashboard which will help illustrate these points.

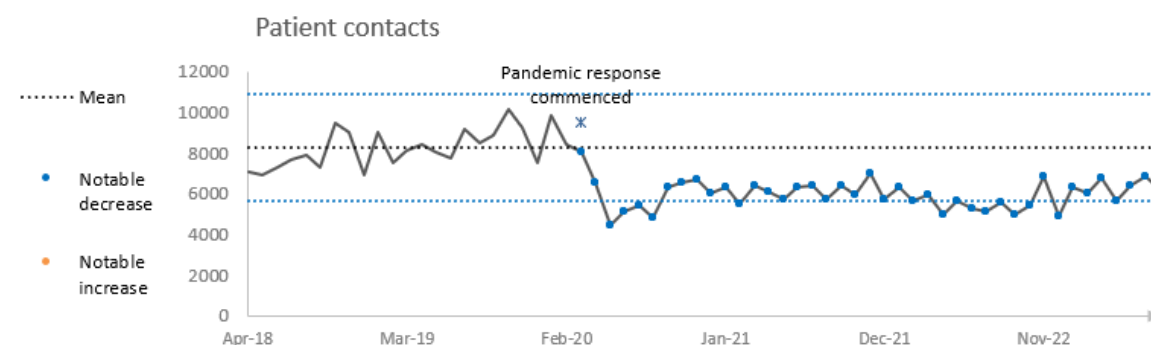
2.14.1 Diabetes service

A shift in activity over the last 9 months to a decrease in appointments, and an increase in referrals. Some of the referral increase will be an artefact of trying to clear legacy caseloads and a move to incorporating an Advice and Guidance pathway, however there is only a slight swing to first contacts and this is likely to not be enough to meet the demand generated by these new referrals.



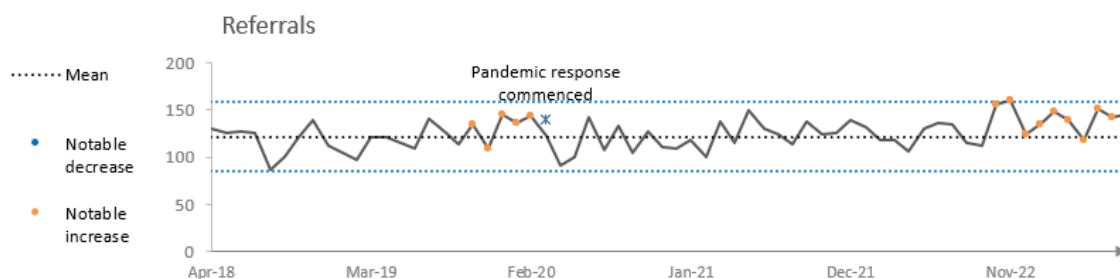
2.14.2 Outpatient Physio

Contact numbers are yet to return to pre-pandemic levels. Whilst there is also a drop in referral numbers, this is not on the same scale as the drop in capacity. However, there has been a significant swing to first contact capacity (instead of follow-ups) and this capacity appears to be sufficient at present to meet referral demand. The dashboard does not monitor demand for follow-up appointments and so you may need to gain reassurance of this from the service.



2.14.3 Speech and Language Therapy

Contact capacity still running below pre-pandemic levels, and a recent increase in referrals. This has not yet resulted in excessive growth in numbers waiting, but we are seeing an increase in waiting times for this service – one to watch.



ALERT

Nil

ACTION

Nil

Infrastructure - The following issues are highlighted in relation to infrastructure.

ADVISE

Nil

ALERT

Nil

ACTION

2.15 West Wiltshire Health Centre

BSW continues to develop the short form business case for an Integrated Care Centre in Trowbridge. The BC now includes moving the WHC Community Team, virtual consultation spaces and specialist services administration and hot desks to County Hall. A group from WHC visited County Hall and confirmed that the space identified would work well. BSW have confirmed that approval timeframes for the BC are as follows:

- Submit draft Short Form Business Case to BSW Executive Team 21st September 2023
- Submit draft Short Form Business Case to BSW Finance & Investment Committee 25th September 2023
- Submit draft Short Form Business Case to BSW ICB Board 5th October 2023
- Submit final Short Form Business Case to NHS England (following BSW ICB approval) 20th October 2023
- NHS England approval of Short Form Business Case 31st January 2024
- Contract agreement with NHSPS and Tilbury Douglas (P22 contractor) 29th February 2024
- Start on site 31st March 2024
- Completion of the Trowbridge Integrated Care Centre 31st May 2025

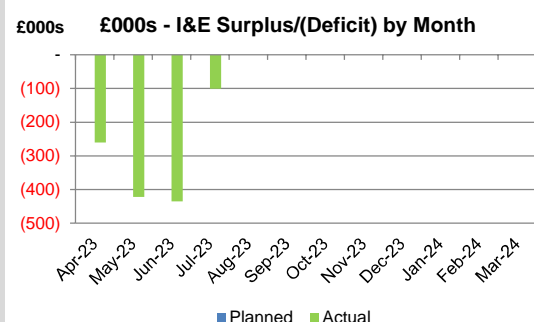
WHC has asked for confirmation regarding when it's Board will be required to sign off the Business Case. It is likely to be at some point during October 2023. Please can the Board confirm if it is happy to approve the Business Case by circulation or whether it would need to come to a meeting, which may require an additional meeting to be convened.

It has been highlighted that the WHC Board will need certainty about the availability of the required estate at County Hall and overall affordability in order to be in a position to support the Business Case.

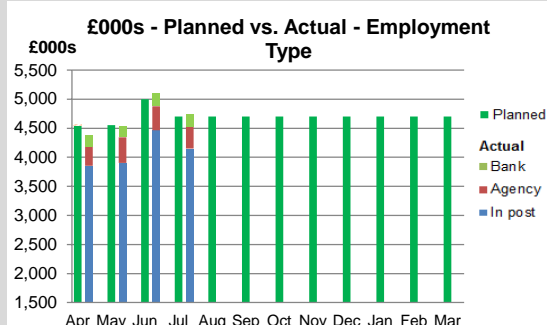
3 Recommendation

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

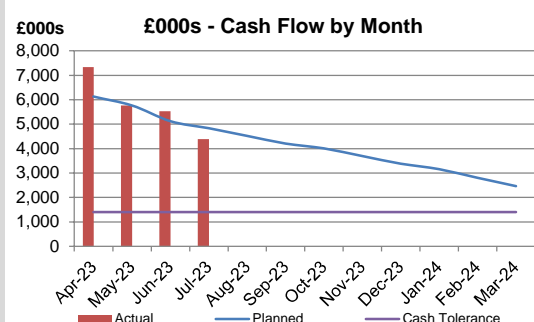
Income & Expenditure



Pay Expenditure - £ - Employment Type



Cash



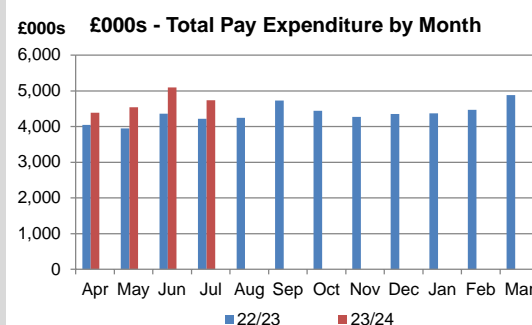
Year to date position - July 2023

	Year to date Jul		
	Plan £000s	Actual £000s	Variance £000s
Operating Income			
NHS ICB Income	21,918	21,829	(89)
Other income	1,682	1,677	(5)
Total income	23,600	23,506	(94)
Operating Expenditure			
Pay	18,811	18,761	(50)
Non-Pay	4,788	5,962	1,174
Total Expenditure	23,600	24,723	(1,124)
Surplus/(Deficit)	0	(1,218)	(1,218)

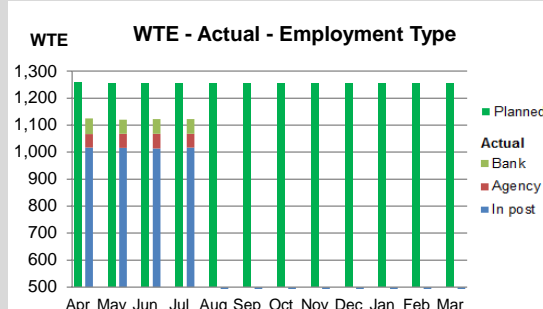
Cost Improvement Plan (CIP)

	YTD Jul (Cumulative)			Annual Plan £000s
	Plan £000s	Actual £000s	Variance £000s	
WH&C 2023/24 Savings				
Income	17	24	7	50
Pay	269	29	(240)	808
Non-Pay	41	8	(33)	164
Subtotal	327	61	(265)	1,021
Unidentified	510	0	(510)	2,038
Total	836	61	(775)	3,059

Pay Expenditure - £ - Total



Pay - WTE



Best Practice Payment Code (BPPC)

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

NHSEI Reporting

Metric	Definition	YTD	
		Ratio or %	Score
Liquidity rating	Days of operating costs held in cash and cash equivalents	(11.88)	3
I&E margin rating	I&E surplus or deficit / total revenue (in month)	-1.68%	4
I&E margin: distance from financial plan	YTD actual I&E surplus or deficit compared to YTD plan	-5.18%	4
Agency rating	Distance from YTD budgeted spend	66.38%	4

Commentary

Overall: The financial position for the 4 months to July (M4) reports a deficit of £1,218k which is (£1,218k) adverse to the planned break even position.

Pay: Vacancies are partly covered by temporary staffing (bank and agency). Enhanced care requirements across the wards and MIU staffing shortages mean that agency usage continues across those areas and exceed planned expenditure levels. The agency spend for the year to date is 8.3% of the total pay bill.

Non-Pay: The plan for the year included efficiencies of £3,059k which were assumed to be evenly spread throughout the year - totalling £1,197k for the 4 months to July. These are more likely to be realised later in the year.

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

Item 7

WHC Delivery 2023: Q1 Update

PAPER

Wiltshire Health and Care Board

For information

Subject: Wiltshire Health and Care, Delivery Plan 2023 – Quarter 1 Tracker Progress Update

Date of Meeting: 08 September 2023

Author: Shirley-Ann Carvill, Managing Director

1. Purpose

The purpose of this paper is to keep the Board apprised of the progress being made by Wiltshire Health and Care against the delivery objectives approved by the Board for 2023.

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 40 delivery objectives; the position at the end of Quarter 1 is:

RAG rating	Category	Number
Blue	Objective KPI achieved.	0
Green	Objective KPI on track to be completed by target quarter.	30
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.	7
Red	Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of target financial year.	3
Grey	Delivery milestone not due to be commenced until 23/24 or later.	0
	TOTAL	40

The Board will note that **Objective 6** (Address remaining historic commissioning gaps in services: Respiratory / Oxygen / Stroke rehabilitation), **Objective 9** (Review efficacy of Cardiac Diagnostics being delivered by WHC in light of infrastructure challenges), and **Objective 26** (Review SystemOne Configuration for MIUs) are unable to progress and are unlikely to be achieved by the end of target financial year.

4. Recommendation

The Board is invited to note the status update of Wiltshire Health and Care's progress against its delivery objectives for 2023 and confirm whether it is content with the current status, or whether it wishes to direct the Executive to take further action(s).






Wiltshire Health and Care







Delivery Plan 2023

Q1 UPDATE



Wiltshire Health and Care Delivery Plan: 2023


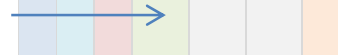

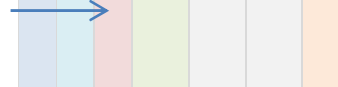
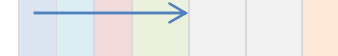
Type of objective key:		An objective from 2022/23 that will continue into 2023/24 (and potentially beyond).
		A new objective to be delivered as part of pre-existing services/business activities.
		A new objective to support delivery of the BSW programme of work/ national requirements.
		An objective to test or scope a new idea. It would require additional funding to deliver.
		An objective linked to sustainability







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

Objectives	Lead	Type	2023				2024-25		25-26	Objective KPI	RAG	Narrative on current position (quarterly updates)
			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.











1.	NHS@Home: establish new model and implement first wards.	Chief Operating Officer (Lisa Hodgson)								<ul style="list-style-type: none"> 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 commissioners 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: <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Update now delivering 42 beds and planning to move to 55 by week beginning 11/09/23. Recruitment has improved, continued challenges with the cultural shift required to increase occupancy. From learning from the mobilisation and the developmental nature of the workforce the bed trajectory is been reforecasted with stakeholders. Blood retesting direct form WHC teams and reporting of results in the clinicians own right is now completed and inplace across each locality. The ICB have chosen a preferred provider for remote monitoring and mobilisation will commence in due course.
2.	Home is Best: capacity boost	Consultant Practitioner (Sam Olden) Head of Operations – Community Teams (Heather Kahler)								<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Work with Sam Olden to formalise the WHC background information has started. 4 x workstream sessions have been booked with staff at the end of aug/ early September and a range of representation from relevant staff has been secured. Discussion in Core Teams Operational Management Group. Currently undergoing Pathway 1 Review with ICB, initial proposal accepted by ICB and now moving to next phase of capacity/demand planning, workforce and engagement strategy. Discharge numbers have increased, with further work needed to support discharges across 7 days. Discussion ongoing with ICB around Homefirst provision for Pathway 2, intermediate care and community hospital beds. Intermediate Care beds are covered by exisiting IR staff. This has involved some staff movement and flexible cover as WHC have had little input into the commissioning decisions.
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)								<ul style="list-style-type: none"> Expand use of Patient Initiated Follow Ups (PIFU) Reduce waiting times in longest waiting services Release capacity to ensure patients can access services as and when required. Reform patient communication Continue to embed virtual appointments Improve accuracy of waiting list data Make processes paper light 	<ul style="list-style-type: none"> Access Policy is in review, and this pathway will include the use of PIFU across all MSK & LTC services, it will also support different communication with patients to utilise phone, text and email comms Significant Improvements in RTT In MSK (now at 93%) Overall RTT compliance is at 76% (improved from 63% at end of 22-23) Non-Face to Face appointments are fully embedded across teams and used where appropriate Dashboards for lost to follow up is in use across all services to support accuracy of waiting lists Agile working policy / space utilisation project board is now underway.





#	Objectives	Lead	Type	2023				2024-2025		25-26	Objective KPI	RAG	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
4.	BSW Urgent and Emergency Care Strategy: to include MIUs, Care Coordination and enhanced care in care homes.	Chief Operating Officer (Lisa Hodgson)		→							<ul style="list-style-type: none"> 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 utilisation fo UCR – target to be agreed. 	Yellow	<ul style="list-style-type: none"> Recruitment challenges have required increase short term closers, a paper outlining the options has been submitted to the ICB. The ICB have requested further information regarding the providing a resilient model from to April 2024. Options are been worked on to be shared with ICB by 19th September 2023.
5.	Establish new model for 'in reach' to acute sites to support discharge	Chief Operating Officer (Lisa Hodgson)		→							<ul style="list-style-type: none"> Develop model to align inreach, NHS@Home and Urgent Crisis Response by Q1. Develop an agreed business case for permanent funding. 	Green	<ul style="list-style-type: none"> Good progress with in-reach, now fully recruited with staff in role and leading the work on discharge hubs with partners
6.	Address remaining historic commissioning gaps in services: <ul style="list-style-type: none"> Respiratory / Oxygen Stroke rehabilitation 	Chief Operating Officer (Lisa Hodgson)		→							<ul style="list-style-type: none"> Work with commissioners to quantify and develop options for addressing opportunities by Q2 	Red	<ul style="list-style-type: none"> Commissioners have rejected the palliative oxygen business case.
7.	Meeting the health needs of people with a Learning Disability and/or Autism in Wiltshire	Team Manager CTPLD (Reuben Collings)		→							<ul style="list-style-type: none"> 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 	Green	<ul style="list-style-type: none"> On track
8.	Develop an offer for further integration at neighbourhood with Primary Care Networks and link to ICA plan.	Chief Operating Officer (Lisa Hodgson)		→							<ul style="list-style-type: none"> 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 	Green	<ul style="list-style-type: none"> Continuing to support ICS work on Neighbourhood teams
9.	Review efficacy of Cardiac Diagnostics being delivered by WHC in light of infrastructure challenges.	Chief Operating Officer (Lisa Hodgson)		→							<ul style="list-style-type: none"> Q1: deep dive into specification including a gap analysis. Q2 onwards: actions to be confirmed following Q1 findings. 	Red	<ul style="list-style-type: none"> Cardiac diagnostics needs a full review by the ICB to address both the pathway and the infrastructure required to support diagnostics

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.




10.	Take care of our teams:- <ul style="list-style-type: none"> 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)		→							<ul style="list-style-type: none"> 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. 	Green	<ul style="list-style-type: none"> Implementation complete and monitoring will continue throughout 2023/24. Implementation complete and monitoring will continue throughout 2023/24. No longer required Retention plan drafted in June 2023 for review at Exec Co July 2023. Local plans to be established once overarching plan approved. Proposal went to Workforce and Development Group in June 2023 working up responses to questions posed for July meeting. Conduct policy is being reviewed for ratification in July 2023
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#	Objectives	Lead	Type	2023				2024-2025		25-26	Objective KPI	RAG	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
11.	Develop and grow our workforce <ul style="list-style-type: none"> 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)	  								<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> In Q1 Exec Co advised to pause the international recruitment of nurses. In Q2 Exec Co they have asked for this to be reopened due to the possibility of central funding. At the request of the recruiting manager posts can now be advertised on LinkedIn, this will generally be posts band 5 and above. Gemma Kelly is developing terms of reference for the CPD panel. Netty has drafted a paper on financial oversight of the CPD panel which is tabled at the Workforce and Development Group and Exec Co in July. CPD policy has been ratified and published. From July will use new forms which will provide more clarity to CPD requests and alignment to job descriptions Paper was developed and brought to workforce and development group in July Netty presented at the all staff briefing in May 2023 and put comms onto the intranet for recruitment. All courses start in September 2023. Louise Baber is scoping this work for review in Q2 Under development. Discussion in workforce development group in June 2023 Extended scope policy has been reviewed and pending final approvals.
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)	 								<ul style="list-style-type: none"> 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. 		WRES and WDES 22/23 reports are drafted and will be presented to Board in November. A 2023-26 ED&I Action Plan will be presented alongside this. They key areas that will be addressed are; <ul style="list-style-type: none"> Recruitment Workforce Demographics Exec/Board Representation Bullying and Harassment Actions underway: <ul style="list-style-type: none"> Managers Training to be launch in September 2023 New Safer Recruitment training to be released in September 2023
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.													
13.	Adapt to new ways of working and use of space	Deputy Chief Operating Officer (Jo Meacham)									<ul style="list-style-type: none"> Draft agile working policy and associated workplan and handbook in Q1 Implementing workplan by Q4 		<ul style="list-style-type: none"> Agile working policy complete. Workplan underway in conjunction with estates team and operational leads, new ways of working scoped, including virtual consultation options and hybrid model of remote and face to face clinical appointments
14.	Redesign use of SystmOne in community teams	Clinical Information Officer (Chris Bailey)									<ul style="list-style-type: none"> Scope of 'to be' by Q1 Implement workplan by Q4 		<ul style="list-style-type: none"> Scoping complete. Testing of care plans underway. Awaiting allocation of Quality team resource to test governance process for changes to a large quantity of clinical documentation
15.	Delivery and optimisation of use of cloud based telephone system for Wiltshire Health and Care	Head of IT (Kelsa Smith)									<ul style="list-style-type: none"> Complete implementation by Q1 2023 Optimising use of telephone system to take place between Q1-Q3 		<ul style="list-style-type: none"> Implementation of the 3CX phone system was completed by end of June. Further scoping work on planned optimisation now underway.
16.	Maintain engagement with Graphnet ICR integrated care record	Deputy Chief Operating Officer (Jo Meacham)									<ul style="list-style-type: none"> Continue to engage with ICR programme group. Scope additional use cases by Q3. Maintain existing levels of utilisation by clinical staff. 		<ul style="list-style-type: none"> Engagement continues in conjunction with IT lead and Clinical Information officer. Good utilisation across services, especially in community teams and increasing through NHS@Home implementation
17.	Agree new electronic patient record to support inpatient wards	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> Present Business Case in Q1 Secure system funding and agree timeframes subject to community review. 		<ul style="list-style-type: none"> The completed business case was taken to the BSW Digital Board in June and the ICB Digital Board were now approving the document. An opportunity to bid for unspent revenue funding had arisen and the business case had been submitted to NHSE. It had since been confirmed that the funding was not available for organisations that were not NHS Trusts.

#	Objectives	Lead	Type	2023				2024-2025		25 - 26	Objective KPI	RAG	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
18.	Maximise use of Office 365 tools to improve collaboration and efficiency	Head of IT (Kelsa Smith)									<ul style="list-style-type: none"> Move pilot sites into Sharepoint by end of Q3 Continue to engage with ICS discussions re future use of Sharepoint. to support collaborative working. 		<ul style="list-style-type: none"> Currently at planning/scoping stage. On target. WHC continues to engage with ICS TDS meetings and discussions around collaborative working.
19.	Complete pathology and radiology requesting access.	Deputy Chief Operating Officer (Jo Meacham)									<ul style="list-style-type: none"> Pathology and radiology requesting for community teams and ACPs rolled out. 		<ul style="list-style-type: none"> Complete, process operationally tested and working in the North and West localities, testing still underway in South SFT facing locality.
20.	Define future data warehouse strategy in collaboration with ICS wide initiative.	Head of IT (Kelsa Smith)									<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> WHC is engaged with ICS-wide project but is not sufficiently resourced to attend all meetings/workstreams. Discussions with ICS BI team/GWH BI team are making slow progress with regard to WHC's future requirements. Access to Power BI for WHC BI staff is not currently available within the existing GWH-hosted environment.
21.	Work with system to deliver new/improved accommodation in Trowbridge	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> Obtain WHC approval for the updated Business Case for the West Wiltshire Health Centre Q1 Support BSW gaining approval from NHS England for the updated Full Business Case for the West Wiltshire Health Centre Q2 Q3 onwards, Support BSW to deliver the updated Full Business Case for the West Wiltshire Health Centre 		<ul style="list-style-type: none"> WHC is actively involved in developing solutions for the future Trowbridge Estate and BSW is due to complete the Business Case update in Autumn 2023.
22.	Improve accommodation in Chippenham Community Hospital	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none"> Agree plan in Q1 Implement plan Q2-4 		<ul style="list-style-type: none"> Plans have been agreed and the first staff moves are due to take place in August 2023. NHS PS completion of the works have slipped to the end of April 24 but the majority of the changes will have been delivered in 23/24.
23.	Scope solution to image storage issue	Deputy Chief Operating Officer (Jo Meacham)									<ul style="list-style-type: none"> Agree resource, and timeframes in Q1 Define scope and requirement - Q2 onward. 		<ul style="list-style-type: none"> Scoping of need across clinical teams almost complete, varying degrees of activity and complexity of image resolution required.
24.	Inpatient digital improvement programme	Deputy Chief Operating Officer (Jo Meacham)									<ul style="list-style-type: none"> Review of digital skills and access to digital tools for inpatient clinical staff. Develop action plan to support. 		<ul style="list-style-type: none"> Not started, SystmOne work program for electronic patient record keeping and resource to do this work not yet approved through exec
25.	Implement Cinapsis Advice & Guidance system	Clinical Information Officer (Christian Bailey)									<ul style="list-style-type: none"> Roll out A&G tool to WHC clinical staff Agree scope of phase 2 – provision of A&G via Cinapsis 		<ul style="list-style-type: none"> Technical setup complete, deployment for first teams commencing in September.
26.	Review SystmOne Configuration for MIUs	Clinical Information Officer (Christian Bailey)									<ul style="list-style-type: none"> Review of existing process and scoping of future process into specification Delivery of specification 		<ul style="list-style-type: none"> Unable to progress until role of MIU clear
27.	Implement Cyber Security Audit recommendations (including SSO and MFA)	Head of IT (Kelsa Smith)									<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> Technical issues with the SSO solution operating in a hybrid azure environment have been encountered. WHC IT Delivery team continue to work with the supplier to resolve Multi Factor Authentication is making slow progress (as it is in the majority of BSW partner sites) due to complexity and lack of resource to support staff to adopt Lack of dedicated Cyber resource is slowing progress against multiple Cyber security objectives however steady progress has been made with orders placed for the vulnerability dashboard. Penetration test criteria are being scoped.

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.

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 an Decontamination Action Plan to ensure broader compliance with Health & Social Care Act standards by 31/12/23		1, 2 and 3 can be closed 4: IPC services have included a decontamination action pan in their workplan for 2023/24.
29.	Robust, proportionate implementation of PSIRF. (Quality Priority 2)	Head of Clinical Governance (Caroline Wylie)									<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> Implementation plan agreed and will be shared throughout Q2 at relevant POGs.
30.	Pressure ulcers audit action. (Quality Priority 3)	Head of Clinical Governance (Caroline Wylie)									<ul style="list-style-type: none"> The KPIs will be determined following the publication of the BDO audit. 		<ul style="list-style-type: none"> Throughout Q2 work will be undertaken to address recommendations from the audit. Learning from this process will be shared in POGs in Q3.

#	Objectives	Lead	Type	2023				2024-2025		25-26	Objective KPI	RAG	Narrative on current position (quarterly updates)
				Q1	Q2	Q3	Q4	H1	H2				
31.	Inpatients - Missed medication incidents. To ensure patients receive their medication at the prescribed time. (Quality Priority 4)	Head of Pharmacy (Louise Byrne-Jones)									<ul style="list-style-type: none"> 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, particularly 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 		<ul style="list-style-type: none"> Completed Pharmacy team to monitor incidents. Pharmacy team to monitor incidents. Pharmacy team to monitor incidents.
32.	Community - Reduction of harm caused by insulin, safe administration and management of insulin. (Quality Priority 5)	Head of Pharmacy (Louise Byrne-Jones)									<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> The I.I.I QIP group continue to develop this QIP. This is complete now and new training has been developed and delivered. Draft is in progress and out for consultation. In progress In progress In progress
33.	Implementation of Liberty Protection Safeguards (LPS) (Quality Priority 10)	Safeguarding Lead - Adults (Sean Collins)									<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> LPS is no longer being implemented. Plan to go to WHC LPS working group to identify the next steps Sean Collins is still connected to the regional forums, as the code of practice is still expended to be updated even though LPS isn't going forward LPS is no longer being implemented. Plan to go to WHC LPS working group to identify the next steps.
34.	Expand our engagement with Patients and Carers regarding delivery of our services	Corporate Governance Lead (Gemma Kelly)									<ul style="list-style-type: none"> 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. 		<ul style="list-style-type: none"> The Strategy was rewritten to be more user friendly and to update with a message from the new MD. As the document has undergone a lot of changes, it will need to go through the approval process again. The trend line has been going in an upwardly direction and we have seen record months in November '22, March '23 and May '23. August 21 – July '22 = 3362 compared to August 22 – July '23 = 5602. This is an overall increase of 67%
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.													
35.	Release a minimum 2.5% of our resources to reinvest in services	Director of Finance (Nikki Rowland)									<ul style="list-style-type: none"> Cost improvement plans in place and their quality impact assessed by mid Q2. 		<ul style="list-style-type: none"> Work is ongoing through the development of the efficiency programme, which will now have support of PMO resource and utilisation of SLT in development, management and oversight of schemes. The scale of the planned savings is now significantly in excess of 2.5%, with only approximately one third of schemes developed, the rest remain unidentified.
36.	Introduce salary sacrifice scheme to support lease of electric cars	Director of Finance (Nikki Rowland)									<ul style="list-style-type: none"> Procurement process complete by end of Q1. 		<ul style="list-style-type: none"> Decision taken at 31 May Exec to support awarding contract to NHS Fleet Solutions for 3 years. Procurement approval signed off by IDoF on 8th August, final signature for MD to award contract in progress, with expected implementation 1st October.
37.	All pool cars hybrid or electric, with associated infrastructure	Director of Finance (Nikki Rowland)									<ul style="list-style-type: none"> 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)									<ul style="list-style-type: none"> Develop inhouse costing capability during 2023/24 		<ul style="list-style-type: none"> Objective set for senior team member, although priority focus is set on supporting costings for efficiency programme, so this may be delayed.
39.	Reform our budget management support	Director of Finance (Nikki Rowland)									<ul style="list-style-type: none"> Increase finance management support available Establish budget management principles and monthly meetings Increase management accounts capacity within finance team 		<ul style="list-style-type: none"> Challenges on the recruitment and retention in the team, have delayed the implementation of this however the plan still exists to progress during 2023/24.

40.	To reduce the environmental and carbon impact of our estate, services and activities.	Director of Infrastructure (Victoria Hamilton)									<ul style="list-style-type: none">Budget monitoring and finance plan will be available in Q1		
											<ul style="list-style-type: none">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.		<ul style="list-style-type: none">Objectives for specific objectives have been set with leads identified.

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

Item 8

Winter Plan Update

VERBAL

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

Item 9

Risk Report

PAPER

Wiltshire Health and Care Operating Board

For information

Subject:

Risk report

Date of Meeting:

08 September 2023

Author:

Maria Loukali – Clinical Governance Lead

Executive Sponsor:

Sara Quarrie – Director of Quality Professions and Workforce

1 Purpose

To appraise the Operating Board on the risk summary, profile and emerging risks and themes for August 2023.

2 Discussion

2.1 Risk Register Overview

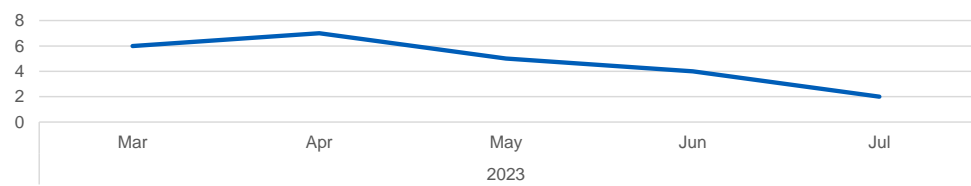


Figure 1 Total open risks currently (July 2023) on WHC risk register

Currently there is steady activity in risk reporting which shows individuals are aware of potential threats and promptly identify and record on the risk register.

Month	# Risks Reported	% Risks with owner	% Risks with actions	% Risks with overdue actions	% Risks with controls	% Risks with gaps	% Risks overdue a review
Jan	4	100%	75%	75%	100%	25.00%	25%
Feb	6	100%	33%	17%	50%	0.00%	33%
Mar	7	100%	100%	57%	57%	42.86%	71%
Apr	7	100%	14%	0%	14%	0.00%	14%
May	6	100%	50%	0%	50%	0.00%	25%
Jun	4	100%	50%	25%	50%	25.00%	25%
Jul	2	100%	100%	50%	0%	0.00%	100%
Total	24						

Table 1 Risk Validation - Year to date, 2023

Table 1 displays a steady reporting trend and improvement in managing risks and review actions. This is a positive step, but more consistency is needed to achieve 100% scores in risk evaluation.

ID	Title	Current Risk Grade	Have controls been added?	Are there overdue actions?	Is the Risk overdue a review?
363	the increased demand in mandatory training	4	No	No	Yes
365	Non payment of non-consolidated pay award	16	Yes	Yes	No

Table 2. New risks register entries detail – July 2023

In July **2 new risks** reported scoring between 4 and 16 and with different themes. One risk is about the non-consolidated pay award and the other about mandatory training

2.2 Risk Profile for 12+ risks

Risk profile	Jul-22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Trend
Number of 12+ risks currently open	6	4	5	5	6	5	7	10	13	11	11	11	11	↔
Aggregate risk score of 12+ risks:	72	80	92	92	80	92	95	137	161	140	138	138	158	↑
New 12+ Risks	0	0	1	0	1	1	1	2	5	0	0	0	1	↔
Escalated to 12+ Risks	0	0	0	0	0	0	0	0	0	0	0	0	0	↔
Escalated to 15+ Risk	0	2	0	0	0	0	0	0	0	1	0	0	1	↑
Accepted 12+ Risk	0	0	0	0	0	0	1	2	6	0	0	0	1	↔
Closed 12+ Risks	0	0	0	0	1	0	0	0	1	0	0	0	0	↔
De-escalated 12+ Risks	0	0	1	0	0	0	0	0	1	0	1	0	0	↔

Table 3 12+ Risk movement in July 2023

2.3 Risk reported by Risk Scores

The figure below identifies where the 12+ risks currently score on the likelihood v impact matrix. So the committee can be sighted on the consequence and likelihood scoring of each 12+ risk.

5	Catastrophic	5	10	15 [331][335]	20	25 [341]
4	Major	4	8	12 [280] [290] [338] [339][340]	16 [303] [291] [365]	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5
Consequence		Rare	Unlikely	Possible	Likely	Certain
Likelihood		1	2	3	4	5

Figure 2 Likelihood vs impact matrix - 12+ risk scoring

The links between the risk register entries that score 12+ and the Board Assurance Framework (BAF) are displayed in the figure below.

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
5 [290] [291] [335] [340]	1 [303]	2 [280] [331]	1 [339]	1 [341][365]	1 [338]	0
12+ Risks aligned with WHC Delivery Goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People Including our 'Safer Staffing Programme'	Supporting our patients and services with good IT	Supporting our patients and staff with physical infrastructure that better meets need	Providing services in an efficient and sustainable way	Ensuring everything we do has a quality focus	Involving and engaging our patients and the public in developing our services

Figure 3 Risk register links to BAF

2.4 Risk Profile for 12+ risks (detail)

12+ risk register entries (detailed) - The detail of the WHC 12+ risks are displayed in the following tables including updates from this month’s risk workshop it includes risk 366 which was opened in time for the Risk Workshop in August but not in the July data above.

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	Aug- 23’ – Risk Workshop update
341	Underlying recurrent financial deficit due to systemic structural cost pressures. Non Clinical Financial Risk Owner Nikki Rowland – Director of Finance (interim) Risk details WHC currently have an underlying current deficit which creates a risk in the going concern, should the systemic pressures not be addressed either via additional supporting funding or reduction of costs (this would require system buy in as the main drivers are enhanced care requirements and temporary staffing levels utilised in MIU).	Controls 809 To develop and implement efficiency programme	25 Catastrophic Almost certain				Updated at Exec Co w/c 14/08/2023 - We reviewed the scoring against the risk management policy and the risk is actually a 25.
		822 Active reporting and monitoring of existing and newly developed efficiency plans.		1598 Improve budget management	11/03/2024	Nikki Rowland – Director of Finance (interim)	August – This action is depended on 1740-1741-1742-1743-1744-1745-1746. On being completed therefore we have moved the date in more realist time.
		823 To implement budget workshops and sign-up to delegated budgets.		1740 Inpatients options plan for discussion and agreement with ICB Development of a plan to mitigate the unplanned level of expenditure above the current budget, developing a range of options for agreement with the ICB including one option to seek additional funding if service is to remain the same or similar to now.	31/08/2023	Nikki Rowland – Director of Finance (interim) L Hodgson – Chief operating officer	August – under draft expected to be share with exec co week commencing 14 of August 2023
		824 Continue to report to Exec Co and operating Board on actions being undertaken		1741 MIU Options paper for agreement with ICB To develop options for mitigating the level of unplanned expenditure above budget levels including one option to seek additional income from ICB if the current service delivered is to remain unchanged or modified without eradicating the overspending	31/08/2023	L Hodgson – Chief operating officer	August - MIU draft options appraisal shared with exec co 10 th of August 2023 final draft to be provide to managing director close of play
		843 Going Concern - External Auditors		1742 proposal to remove underspend from Community and Specialist To develop options for removing underspend from Community and Specialist and seeking agreement for ICB for any risks associated. To recommend how much funding will be repurposed to support revised IP and/or MIU budgets and how much will be released in support of the organisational efficiency programme.	31/08/2023	L Hodgson – Chief operating officer	August - draft expected to to the exec co the week commencing 21 st of August 2023
		845 Service model changes		1743 Development of ward staffing templates to ensure alignment of budget and safer staffing.	30/09/2023	Sarah HP	August - First face plan to be established on eth 1 st of September 2023 then next steps to be established by the end of September . therefore, due date of this action has bee removed
		846 staffing templates		1744 Develop MIU staffing templates to ensure alignment between budget and safer staffing	30/09/2023	Sarah HP	August – on tack
		Gaps To develop and implement action plan for restructuring costs in line with income Active reporting and monitoring of existing and newly developed efficiency plans. To implement budget workshops and sign-up to delegated budgets. Continue to report to Exec Co and operating Board on actions being undertaken.					

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	Aug- 23' – Risk Workshop update
				requirements			
				1745 Community staffing templates	31/10/2023	Sarah HP	August – on track
				1746 Develop staffing templates for specialist services	31/10/2023	Sarah HP	August –on track
				1764 PMO being established to manage efficiency program and ensure clear lines of accountability responsibility and decision making	18/08/2023	N Rowland – Director of Finance (interim)	New action
291	<p>Risk of unforeseen or unpredictable surges in demand or loss of supply</p> <p>Owner: Lisa Hodgson – Chief operating officer</p> <p>Service: Operational</p> <p>If surges in demand or loss of supply could impact the ability for services to respond to need for a period of time (high sickness levels, extreme weather, high vacancy rates, unexpected demand on services).</p> <p>Then this could result in temporary service closure, patient safety issues and inability to meet targets (missed appointments and referrals, patient harm, sub- optimal service delivery, reputational damage)</p>	<p>Implementation of additional beds has to be agreed at directors level once the system is confirmed to be critical incident</p> <p>Shared demand modelling occurs across the local system to understand level of demand to support prediction of surge wherever possible</p> <p>Enhanced frequency of internal planning meetings to agree responses to low staffed areas, e.g. cross ward working</p> <p>The extreme escalation process is that we use our snow day protocol to manage demand pressures in Community Teams.</p> <p>System ethical framework to support decision making in extreme circumstances</p> <p>Use of field hospital arrangements used in severe extremis as part of extreme system incident response.</p> <p>MDOS used to score community teams capacity</p> <p>There are contingency plans to create additional beds if required.</p>	16 Likely Major				August - JM and HOPS to meet with ML to establish this risk as per operational area and to articulate the controls/ mitigations/ actions required this risk can be close once the new risks per operational area have been established
				1445 WHC actively participating in BSW system winter planning including establishing of surge capacity due 30th of November	31/08/2023	J Bishop L Hodgson – Chief operating officer J Meacham	August -To close the actions because this risk needs to be split in particular areas
				1739 Significant vacancies in Trowbridge MIU staffing model leading to the risk of closure or reduced service. This is reviewed weekly during safer staffing workforce meetings. The risk score remains significant high because of this action	31/08/2023	J Meacham R Green	August -August -To close the actions because this risk needs to be split in particular areas
				NEW ACTION JM and HOPS to meet with ML to establish this risk as per operational area and to articulate the controls/ mitigations/ actions required.	08/09/2023	J Meacham R Green H Kahler J Irlam M Loulaki	August – New action
303	<p>Workforce Capacity</p> <p>Owner: Niamh Hughes – People Lead</p> <p>Service: Workforce</p> <p>If our workforce does not meet our commissioned demand, then staff well-being (i.e. stress), workforce skill mix, organisational regulation and patient safety are adversely affected</p>	<p>Controls and Assurance</p> <p>There is an establishment management process in place</p> <p>Since Feb22 manual vacancy calculations have been completed to give some line of sight of the actual vacancy factor</p> <p>apprenticeships for nursing and podiatry workforce are in place.</p> <p>5 year workforce risk assessment has been completed which identifies where our priority areas need to be based on workforce data</p> <p>Use of our CPD budget as per CPD tracker</p> <p>Apprenticeship levy use as per apprenticeship levy tracker</p> <p>health and wellbeing charter and</p>	16 Likely Major				August – scoring remains unchanged, and dashboards will be monitored
				1541 Implementation plan for succession planning. Create implementation plan for succession planning which will take place through 23/24.	30/11/2023	N Hughes – People Lead	August – Not yet due
				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.	30/11/2023	N Hughes– People Lead	Roles are beginning to be processed through the new onboarding process. Anticipated full launch w/c 4 th September. Working with Ops to run Assessment Centres. Initial focus in Savernake to take place in October.
				1543 - Retention proposal to be developed to consider rewards, wellbeing and flexible working in order to reduce natural turnover or retirement time.	30/10/2023	N Hughes– People Lead	Project group being formed with a focus on HCSW as a key retention risk. Representation from Education, Workforce and Ops will be included.
				1544 - Future re-analysis of workforce risks to track changes in the emergent themes and potential risk	31/04/2024	N Hughes– People Lead	High risk areas continued to be reviewed on an ad-hoc basis to support with work prioritisation. Full reanalysis to take place

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	Aug- 23' – Risk Workshop update
		committee for WHC have been published					in Q4.
		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		1517 - Recruitment to vacancies NH to work with ops to refine actions	31/03/2024	N Hughes – People Lead	August – Not yet due
		Invested and recruited into diversifying our workforce (Consultant Practitioners, ACPs, Nursing Associates, Registered Nurse Degree Apprenticeship)		1760 Flexible Workforce will not have weekend cover from September 23 Due to capacity challenges within the Flexible workforce team, it is not possible to staff at weekends from September. Bank holiday cover will be in place where possible to ensure business continuity.	31/12/2023	N Hughes – People Lead	New Action
				1762 Dialogue with Employee Partnership Forum Continuing to meet weekly with EPF	12/09/2023	N Hughes – People Lead	New Action
335	Storage and sharing of WHC-derived medical imaging Risk Owner: Rebecca Hyland and Kelsa Smith Service: 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: 1) 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. SystemOne is not well suited to the long term storage of large-size or multi-study/complex imaging. 2) 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 a PACS Manager.	Controls 842 Existing methods of image storage	15 Almost certain Significant				August – scoring remains unchanged and work to identify the areas linked to this and papers for each pathway to be brought to exec co to understand the need per pathways
				1715 – To clearly articulate the digital pathway modelling to enable clinical pathway needs to be meting	30/10/2023	Jo Meacham Lisa Hodgson – Chief Operating Officer Kelsa Smith	August – Not yet due

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ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	Aug- 23' – Risk Workshop update
	<p>3) 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.</p> <p>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.</p>						
365	<p>Non payment of non-consolidated pay award</p> <p>Owner – Nikki Rowland – Director of Finance (Interim)</p> <p>Service Finance</p> <p>f the non-consolidated pay award is not paid this could lead to increased retention problems, working to rule and potentially industrial action being taken.</p> <p>If it is paid but not funded this will lead to additional challenges on cashflow, going concern and insolvency.</p>	<p>Controls</p> <p>844 - continuing dialogue with ICB</p> <p>Assurance in place</p> <p>legal advice taken and received</p> <p>Employee Partnership Forum</p> <p>Updates to Exec Co and Operating Boards</p>	<p>16</p> <p>Likely Significant</p>				August – New risk agreed in workshop scoring and actions
				<p>1748 Dialogue with Employee partnership - To have regular interactions with the EPF to establish position from staff side and to impart any developments from management side</p>	31/08/2023	<p>Niki Rowland - Director of Finance (Interim)</p> <p>Sara Quarrie – Director of Quality, Professions and Workforce</p> <p>Niamh Hughes – People Lead</p>	August – weekly EPF in place and communications avenues working across EPF partners dead line aligned to decision making actions
				<p>1763 decision making by members board regarding next steps</p>	31/08/2023	Shirley-Ann Carvill – Managing Director	New action
331	<p>Lack of Inpatient EPR</p> <p>Risk Owner : K Smith – Head of IT</p>	<p>Controls</p> <p>786 Access to ICE Pathology System</p>	<p>15</p> <p>Almost certain Significant</p>				August – No change actions continue
				<p>1735 Inpatient team streamlining documentations to mitigate lack of EPR</p>	31/08/2023	R Green	August - No change actions continue

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	Aug- 23' – Risk Workshop update
	<p>ICT Infrastructure: Non clinical/ operational</p> <p>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.</p> <p>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, 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.</p> <p>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.</p> <p>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.</p>	<p>787 Care Centric Integrated Care Record</p> <p>788 Shared Excel Spreadsheets</p> <p>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.</p> <p>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</p> <p>Gaps in controls</p> <p>791 Electronic inpatient transfers are not possible resulting in patient records being photocopied and sent over with transferring patients with the accompanying Information Governance risks.</p> <p>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.</p> <p>793 Record keeping is inconsistent, and data is siloed, limiting data sharing and negatively impacting clinical decision making.</p>		<p>1736 Waiting decision by NHSE on funding for EPR</p>	<p>31/08/2024</p>	<p>V Hamilton – Director of Infrastructure</p>	<p>August - No change actions continue</p>
280	<p>Increased Cyber Security Risk</p> <p>Owner: Kelsa Smith – Head of IT</p> <p>Service ICT Infrastructure</p> <p>WHC has been advised that due to the ongoing political situation around the invasion of Ukraine there is an increased threat of Cyber Attack against NHS targets by Russian State-sponsored hacking groups.</p> <p>This has led to a review of WHC's cyber position and number of recommended changes to improve our security.</p>	<p>WHC has a standard array of best practice cyber security risk mitigations in place (please see existing controls section) such as active patching, active anti-virus and anti-malware software and access to numerous NHS Digital provided boundary scanning tools.</p> <p>Gaps in Assurance</p> <p>Much of WHC's external facing hardware is >10yrs old and no longer vendor supported (see Risk 18)</p>	<p>12</p> <p>Possible</p> <p>Major</p>				<p>August - ML to ask KS for update as meeting overran with discussion required for Risk 341</p>
				<p>1326 - Additional multifactor authentication on VPN and NHS mail - Additional multifactor authentication on VPN and NHS mail in progress</p> <p>July -- Very slow progress on MFA and need to be discussed in digit pog for action plan , due to factors outside of WHC control this action will take significantly longer to complete and the due date will move to August 2024.</p>	<p>31/08/2024</p>	<p>K Smith– Head of IT</p>	<p>August - No change actions continue</p>
				<p>1591 - Ensure all network ingress points including telephony are included in the scope of penetration</p>	<p>31/08/2023</p>	<p>K Smith– Head of IT</p>	<p>August - No change actions continue</p>

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	Aug- 23' – Risk Workshop update
				tests going forward. July- - Change due date for end of August due to resources availability			
290	Risk of a sustained and systemic mismatch in demand and capacity Owner L Hodgson – Chief Operating Officer Service: Operational If sustained demand on services is greater than what Wiltshire Health and Care are commissioned to provide . Then this may impact on staffing levels, morale, patient safety, ability to plan or start new services effectively, services provided may not be congruent with what is needed locally. Sub- optimal service delivery, patient safety impacts across the health and care system; reputational damage	Controls Shared demand and capacity modelling occurs across the local system to understand level of demand to support planning Services and capacity commissioned in line with demand modelling Efficiency gains boosting capacity New control - commissioning of new services (Virtual Wards) will support mitigation of this risk by filling gaps in unmet needs of our patients. Twice weekly MADE events are continuing to take place in the community hospitals Gaps nil new.	12 Likely Significant				August - JM and HOPS to meet with ML to establish this risk as per operational area and to articulate the controls/ mitigations/ actions required this risk can be close once the new risks per operational area have been established
				1316 Participation in Whole Systems Partnership system demand and capacity modelling for long term care model	31/08/2023	L Hodgson – Chief Operating Officer J Meacham	August - To close the actions because this risk need to be split in particular areas
				1317 Work with commissioners to fill historic gaps in commissioned services (Delivery Plan objective)	31/08/2023	L Hodgson – Chief Operating Officer J Meacham	August - To close the actions because this risk need to be split in particular areas
				1332 Reduce length of stay in community hospitals in line with NHS Benchmarks. <i>(in partnership with social care)</i>	31/08/2023	R Green – Head of Operations (Inpatient, MIU and Flow)	August - To close the actions because this risk need to be split in particular areas
				1592 To discuss system demand and capacity modelling for long term care model at Exec Co (additional session) to bring together ongoing work to understand WHC position.	12/06/2023	Nikki Rowland – Director of Finance (Interim)	August - To close the actions because this risk need to be split in particular areas
				1765 JM and HOPS to meet with ML to establish this risk as per operational area and to articulate the controls/ mitigations/ actions required.	08/09/2023	J Meacham – Deputy Chief Operating Officer R Green H Kahler J Irlam M Loulaki	August – New action
338	Safe Administration and Effective Management of insulin for all services Risk owner: Louise Byrne-Jones – Head of Pharmacy / Heather Kahler – Head of Operations (Core and Community Teams) Service: Quality Administration and Management of insulin for all services. In a recent RCA it was identified that the administration and management of insulin requires a different approach.	Controls 801 Requirement for all registered nursing staff who administer/handle insulin to complete the self insulin training 802 Provision of ad-hoc face to face training to teams in response to local need 803 DSNs provide training to primary care on a regular basis. NSIs from WHC have accessed this training. 804 Safe and Secure Handling of Medicines policy provides some guidance on insulin administration and prescribing Gaps in Assurance Gap in awareness of DSNs primary care training which encompasses NSIs	12 Likely Significant				August - Scoring remains unchanged QIP in place to drive actions
				1563 - Introduction and training for NSIs in each community team.	11/09/2023	G Tilley G Kebbell	August – Training is planned all disciplines are committed to deliver
				1565 – Work to start on insulin policy	11/09/2023	G Tilley G Kebbell H Ellis	August - not due
				1566 – Improve joint working and communication between community teams and GP practices.	31/03/2024	G Tilley G Kebbell	August - not due
				1568 – Review of standard operational procedure (SOP) 'Management of high priority patients in the community.	11/09/2023	Louise Byrne Jones – Head of Pharmacy	August - not due
				1751 – Creating of SOP and plan for self	01/12/2023	Bethany Kelly	August – not due

ID	Risk Detail	Controls/Assurance in Place	Current Rating	Open actions	Due	Action Owner	Aug- 23' – Risk Workshop update
		Gap in recognition of insulin caseload capacity within community teams and safer staffing		management			
339	Poor quality NHS PS service delivery Risk owner: Victoria Hamilton Service: Infrastructure WHC does not have assurance from NHS PS that adequate facilities arrangements are in place in relation to the following: gritting / snow clearance, DHC, fire alarms, power in CCH, Savernake PFI, water safety, on call arrangements.	Controls	12				VH to Update on PFI assurance
		No controls available	Possible				August -
			Major	1713- New action to work with NHS PS to complete action plan	01/12/2023	V Hamilton	August -
340	Lack of capacity in the Heart Failure Nurse Workforce Risk Owner Rebecca Hyland Clinical / operational Risk details Initial modelling does not reflect growing clinical patient demand leading to growing clinical commitments for the nursing team which are impacting upon resilience of the team. The risk of no further investment in this workforce is that local and national patient pathway timelines are not met and would further impact on acute partners with higher admission rates of patients.	Controls	12				August – JI presented the paper is pending decision based on further information
		800 Case Review Assurance At the moment, we are managing just about with the case load safely Gaps In Assurance In times of leave or absence, it is challenging to manage the workload.	Likely significant	1601 Business case for increased workforce to provide a clear representation of the service JM and JI to review?	31/082023	R Hyland	August - JI presented the paper is pending decision based on further information due date changed for likely resubmission to exec co
366	OPENED in Early August Safe administration of CD drugs Risk Owner: Aimee Jones Service: Inpatients	Controls	12				August - New risk group agreed scoring, controls and action in place.
		852 - Consolidation of CD registers	Likely significant	1756 Liaise with HR – staff that only work nights (including substantive, bank and agency) to be asked to work one day shift, over a three-month period. Clear escalation process for staff unwilling to undertake a day shift.	04/09/2023	Aimee Jones	August – New action
		853 - All medication incidents on wards will be reviewed by the PIR Team		1757 Plan for nigh visits	04/09/2023	Aimee Jones	August – New action
		855 - All CD incidents – will be investigated immediately		1758 Ensure all regular night staff have completed mandatory training, and competencies	04/09/2023	Aimee Jones	August – New action
		857 - Louise and Tom to meet with all ward managers individually on a monthly basis					
		858 - Staff undertaking medication rounds to start wear tabards, and use 'do not disturb sign' on drug room door.					

Commented [QS(H&C3): @LOULAKI, Maria (WILTSHIRE HEALTH & CARE)] can you speak to VH to add Controls please?

Commented [QS(H&C4): @LOULAKI, Maria (WILTSHIRE HEALTH & CARE)] have we this update from VH?

Commented [QS(H&C5): @LOULAKI, Maria (WILTSHIRE HEALTH & CARE)] have we this update from VH?

Commented [LM(H&C6R5): @QUARRIE, Sara (WILTSHIRE HEALTH & CARE)] I sent email awaiting for availability

2.5 Monitoring Emerging Risks/Themes

Risk 314 - Underlying recurrent financial deficit due to systemic structural cost pressures. - **increased to a score of 25** and a new risk regarding an emerging theme on CD safe administration (risk 366) was escalated to the risk register in August. Thematic analysis is planned related to a potential theme in complaints about clinical care – see complaints section of the Quality Report.

3 Recommendation

The Operating Board is invited to:

- (a) Advise that In July WHC reported 2 new risks: 363 about the increased demand in mandatory training score 4, and risk 365 about the non-payment of non – consolidated pay award score 16.
- (b) Advise that Risk 314 of 'Underlying recurrent financial deficit due to systemic structural cost pressures'- increased to a score of 25.
- (c) This report includes Risk 366 which was opened in time for the Risk Workshop in August but not in the July data.

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

4 Impacts and Links

Impacts	
Quality Impact	Negative – which is why articulated in risk register
Equality Impact	Negative – which is why articulated in risk register
Financial implications	Negative – which is why articulated in risk register
Impact on operational delivery of services	Negative – which is why articulated in risk register
Regulatory/ legal implications	Negative – which is why articulated in risk register
Links	
Link to business plan/ 5 year programme of change	Yes
Links to known risks	Yes
Identification of new risks	As per report

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

Item 10

NHS England WT&E Provider Self-Assessment

PAPER

Wiltshire Health and Care Operating Board

For information

Subject:	Completion of NHS England Workforce, education and training self-assessment prior to Senior leadership visit engagement visit 23/11/23.
Date of Meeting:	30 August 2023
Author:	Netty Snelling, Learning, Education and Professions Lead
Executive Sponsor:	Sara Quarrie Director of Quality, Professions and Workforce.

1 Purpose

To highlight areas of exception that require response/awareness prior to NHS England Senior Leadership engagement visit (SLEV) on the 23/11/23.

2 Background

The first national, multi-professional SA for providers offered a crucial insight into the quality of healthcare placements from a provider perspective and took place in Nov 22. In response to feedback the self-assessment process has been developed to align with the Quality Framework and support differentiation between learner experience. Providers are asked to complete their online form indicating where they have or have not met the standards as set out in the SA. There is the opportunity for providers to provide comments to support their answer, this is optional and not mandatory.

3 Discussion

Highlighted below are areas assessed as needing further clarity and improvement, which is likely to warrant further discussion at the SLEV this year. Prior to submission this needs to be signed off at Board Level.

3.1 Challenges

3.1.1 Funding – requirements/unpredictability and timeliness (NHSE drop down).

Having to plan and enact funding opportunities within a financial year - with limited forewarning makes education and workforce planning challenging. As a small organisation, this may impact in our ability to develop the necessary action plans and governance as efficiently as we would like. This therefore has implications on implementation and evaluation.

3.1.2 HEE -issues and process' (NHSE dropdown).

Communication from HEE now NHS England comes is managed via several individual emails and this makes it difficult to track conversations and actions, within day-to-day emails. This has implications for responding in a timely manner with consequences for accessing finances and resources. It is not always clear how the funding can be used effectively, particularly at short notice and with no option to defer.

3.1.3 Need more apprentices. (NHSE dropdown).

We have a small apprenticeship levy pot which we have supplemented from the transfer opportunity in the past 3 years, particularly to support advanced practice roles. But it would be good to have the same level of enthusiasm in lower banded roles and pipeline. The need for backfill and in some cases supernumerary status makes this an overwhelming service commitment in some smaller teams. Having more help with backfill would be of benefit.

3.2 Achievements

3.2.1 Development of technology enhanced learning (NHSE dropdown).

WHC have invested in a new online learning system (iLearn), which has been received very well by staff, who appreciate the clarity it gives them in completing relevant training. Managers can also see team compliance in real time and there are organisational charts to support discussions at senior levels. The learning experience is vastly improved, and features will continue to be used to promote engagement with online learning. This system also includes a function that allows learners to filter the screen features to make it more accessible for their needs.

This project also coincided with total refresh of the training matrix, which has seen over 900 staff roles aligned to 100+ training packages. As predicted (and added to risk register) this impacted on overall compliance in the short term. Plans for Phase 2 include.

- Uploading of evidence of learning.
- Connecting and capturing IT skills training.

3.3 Placement capacity and expansion (NHSE Drop down).

Expansion of student placements by 34% in 22/23 has been supported by investment in administration within the learning and development team. This role liaises with student, HEI's and clinical placements to facilitate a smooth transition and appropriateness of learning opportunity.

We have also developed student induction, including a booklet and a student survey to monitor pre-registration learner experience. These results are presented on a quarterly basis at the education oversight group (Workforce & Development Policy Oversight Group) and any concerns addressed. This is also the opportunity for placements to hear about the impact they have had on learners.

3.4 Recruitment and retention initiatives (NHSE dropdown).

Investment in New to Care has supported closer working with our recruitment team, which in turn has helped facilitates a smoother transition for these new starters. We recognise that we have more work to do to manage expectations of some people, which we will address via a working party, as we know that this group are an important part of the workforce pipeline, this will include widening participation. The L & D team at the request of NHS E presented their work to the wider region.

Our practice development team are also offered pastoral support and informal supervision in teams.

3.5 Answers that are likely to require action.

3.5.1 7. Section 3 - Contracting and the NHS Education Contract

The funding provided via the education contract to support and deliver education and training is used explicitly for this purpose. NO (exception).

WHC Narrative: We are working with the finance department to have increased visibility over income and spend.

3.5.2 8. Section 4 - Education Quality

Have developed and implemented a service improvement plan to ensure progression through the Quality and Improvement Outcomes Framework for NHS Funded Knowledge and Library Services. NO (exception)

WHC Narrative: We have not implemented a quality improvement plan against the Quality Framework currently, but we are taking steps to develop an internal Quality improvement Programme to support reporting and monitoring of data. We are also working with Great Western Hospital NHS Foundation Trust library services who are undertaking work across the ICB to support services for learners.

3.5.3 9. Section 5 - Equality, Diversity, and Inclusion

Please confirm whether your organisation has an Equality, Diversity and Inclusion Lead (or equivalent): NO (exception)

WHC Narrative: WHC does not currently have a specific ED&I lead. But we do have a staff forum that is becoming more established. We plan to utilise the WRES submitted by HR to better understand the needs of our internal learners more thoroughly and ensure equality of access to CPD opportunities.

3.5.4 10. Section 6 - Assurance Reporting: learning environment and culture

The organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect. NO (exception)

WHC Narrative: We have identified that continuous professional development (CPD) funding is currently weighted towards community services and Minor injuries units. This due to lack of clear developmental pathway for inpatient wards. We are working on development of these pathways. CPD monies are not directly funded via NHS E and therefore the needs of the organisation (i.e., service developments) may take precedent over personal ambition.

The NETS 22 results show X1 incident of bullying which although does not seem reflected in the wider student population is concerning.

Staff survey shows that learning and development is a valued part of the organisation,

The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists. NO (exception).

Students must travel to the library facilities at GWH, however many of the resources are available online.

3.5.5 11. Section 7 - Assurance Reporting: educational governance and commitment to quality

The governance arrangements promote fairness in education and training and challenge discrimination NO (exception).

We do not currently have an ED&I lead at a senior level in the organisation. We recognise that we need to do more to support some staff groups to access developmental pathways i.e., inpatient wards.

3.5.6 13. Section 9 - Assurance reporting: developing and supporting supervisors

Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles. Exceptions

Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g., Education Provider, WT&E). Exceptions.

Educational Supervisors are familiar with, understand and are up to date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression. Exceptions.

WHC Narrative: Job plans for advanced practitioners should include supervising others, but we recognise we have a gap regarding rostering, which is addressed in our new advanced practice policy. We currently do not have a consistent system for recording supervision, but this will be included in our online learning management tool. We are currently refreshing our clinical supervision policy to ensure that supervision meets the requirements of professional bodies.

3.5.7 14. Section 10 - Assurance reporting: delivering programmes and curricula

The involvement of patients and service users, and learners, in the development of education delivery is encouraged.

WHC Narrative: More patient led/co-developed training would be beneficial, and we will work with our patient and public officer to improve training content.

4 Recommendation

The Committee is invited to:

- (a) Comment on the paper including recommendation from the Executive about if a risk register entry is needed related to the continuing gap in the ED&I lead role.
- (b) Approve in principle prior to submission to NHSE by 22/9/2023.

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

5 Impacts and Links

Impacts																								
Quality Impact	As this is a self-assessment against a quality framework, the areas that need to be addressed have been highlighted in the paper as well as the actions that are underway. It is likely that NHS England will want assurance that action is being taken to address these gaps.																							
Equality Impact	The lack of strategy and lead role re: ED&I means that we are unable to evidence equality of opportunity more robustly in our process', although this is under review.																							
Financial implications	We are currently working better evidence how we use the HEE/NHS England funds – specifically to ensure that salary support monies are used to support positions. Failure to clarify this from 2023 onwards may have implications on future income from this source.																							
Impact on operational delivery of services	A lack of investment by NHS England will have an impact on investment in CPD and salary support.																							
Regulatory/legal implications	We are contractual obliged via our contract with NHSE to provide the educational services to support the delivery of clinical services.																							
Links																								
Link to business plan/ 5 year programme of change	<ul style="list-style-type: none">• Review of CPD budget.• Establish virtual work experience.• New Learning management system.• Introduce Mandatory LD&A training (Oliver McGowan training).• Introduce consistent senior clinical model for inpatient services• Improve ED&I agenda at board, staff and patient level.• Develop and launch both the managers training and the 'Transformational Leaders' programmes• Introduction of PSIRF.• Improve apprenticeship offer.																							
Links to known risks	<table><tr><th>Risk number</th><th></th><th>Area</th><th>Actions</th></tr><tr><td>119</td><td>Mandatory and role essential compliance bank</td><td>L&D</td><td>Meeting to take place to discuss responsibility for monitoring.</td></tr><tr><td>169</td><td>NMP and competencies.</td><td>L&D</td><td>Audit take place by inpatients</td></tr><tr><td>303</td><td>Workforce Capacity</td><td>Workforce</td><td></td></tr><tr><td>330</td><td>Move to new LMS and impact on compliance</td><td>L&D</td><td>All staff to ensure current training is up-to-date by Mar23 and monitor and review over 12 months.</td></tr></table>	Risk number		Area	Actions	119	Mandatory and role essential compliance bank	L&D	Meeting to take place to discuss responsibility for monitoring.	169	NMP and competencies.	L&D	Audit take place by inpatients	303	Workforce Capacity	Workforce		330	Move to new LMS and impact on compliance	L&D	All staff to ensure current training is up-to-date by Mar23 and monitor and review over 12 months.			
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330	Move to new LMS and impact on compliance	L&D	All staff to ensure current training is up-to-date by Mar23 and monitor and review over 12 months.																					
Identification of new risks	Question posed to Executive																							

Commented [QS(H&C1)]: @SNELLING, Nery (WILTSHIRE HEALTH & CARE) can you please add to this and once complete let me know and I'll review ready for submission to Exec Co for the 30th (So ideally can you look at it this week and @CROWE, Emma (WILTSHIRE HEALTH & CARE) please can you find me some time on Tuesday 15min to review ready for me to out in the exec co folder)

Commented [SC2R1]: @QUARRIE, Sara (WILTSHIRE HEALTH & CARE) I cannot add to the document, not sure why. @CROWE, Emma (WILTSHIRE HEALTH & CARE) do you want to give me a ring?

Commented [SC3R1]: @QUARRIE, Sara (WILTSHIRE HEALTH & CARE) still can't edit

Commented [QC4R1]: @SNELLING, Nery (WILTSHIRE HEALTH & CARE) how about now?

Commented [SC5R1]: @QUARRIE, Sara (WILTSHIRE HEALTH & CARE) - still no luck.

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

Item 11

Key points for Member Organisations –PART I

VERBAL

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

Item 12

Any other business – PART I

VERBAL

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

Date of Next Meeting

Full Board Meeting:
Friday 3 November 2023
10:00-13:00
Bevan Board Room, Jenner House

