

Wiltshire Health and Care LLP Board Papers

PART I

2 February 2024



Wiltshire
HEALTH AND CARE

Wiltshire Health and Care Board Meeting Agenda - PART I

Venue:	Training Room, Chippenham Hospital
Date:	Friday 2 February 2024
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
Lisa Thomas	Non-Executive Member, Nominated by Salisbury NHS Foundation Trust (SFT) Board	LT
Andrew Hollowood	Non-Executive Member, Nominated by Royal United Hospital NHS Foundation Trust (RUH) Board	AH
Simon Wade	Non -Executive Member, Nominated by Great Western Hospitals NHS Foundation Trust (GWH) Board	SW
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		
Emma Bye	Communications & Engagement Manager (minutes)	EB
Victoria Hamilton	Director of Infrastructure	VH
Kate Ball	Internal Audit Senior Manager – Public Sector, BDO	KB
Carol Langley-Johnson	Consultant Practitioner	CLJ
Jon Bishop	Emergency Preparedness Resilience and Response Manager	JB

Apologies		
Gill May	Chief Nurse Officer, BSW ICB	GM
Fiona Slevin-Brown	Place Director for Wiltshire, and BSW ICB Executive Lead for PC	FSB
Becky Watson	Corporate Officer	BW

Item No.	Agenda Item	Presenter	Verbal/ Paper	Published/ Unpublished	Information/ Discussion/ Decision/ Approval	Timing (approx.)
0.	Patient Story: NHS@ Home	CLJ	Presentation	Unpublished	Information	10:00
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	10:30
2.	Declarations and Conflicts of Interests	Chair	Verbal	Published	Information	
3.	a) Review Part I Minutes (no minutes to review) 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. a) Quality, Workforce, and Performance Dashboards b) Falls Annual Report	SQ/ NR/ / LH/ VH/ SAC	Paper	Published	Information/ Discussion	10:45

	c) Recruitment & Retention Update					
Governance /Scrutiny						
7.	Review Terms of Reference	SAC	Paper	Published	Decision	11:15
8.	Risk Report 15+	SQ	Paper	Published	Discussion	
9.	Infection Prevention & Control Board Assurance Framework	SQ	Paper	Published	Decision	
10.	Emergency Preparedness Resilience and Response Annual Report	JB	Paper	Published	Decision	
11.	Board Effectiveness	SL	Verbal	Published	Discussion	
Highlight Reports and AOB						
12.	Highlight Report from Audit Committee	MB	Paper	Published	Decision	11:45
13.	Highlight Report from Quality Assurance Committee	AH	Paper	Published	Information	
14.	Key points to Member Organisations	Chair	Verbal	Published	Discussion	
15.	Any other business	Chair	Verbal	Published	Information	
Date of next meeting: Thursday 29 February 2024, 12.00-13.00 MS Teams						

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

Patient Story: NHS@Home

PRESENTATION ON DAY

**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 (no minutes to review)

3b Review Part I Action Tracker

PAPER

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
164	05/05/2023	SQ to feedback to MB (and Board) regarding the increase in acuity in falls	SQ	Can be closed	02/02/2024		Agreed in finance Board that it would be included in the Falls annual report to QAC and shared with Board in Nov. 01/11/23: Falls report going to QAC on 16 Nov and can be shared with Board on 02/02/24
166	05/05/2023	LH to bring an NHS@Home case study to September Board	LH	Can be closed	02/02/2024		Moved to Feb 2024 as Nov will focus on LD patient story. On agenda for Feb meeting
176	08/09/2023	LH to look into whether there was any benchmark data regarding Inpatient 'care hours per day'.	LH	Open	10/11/2023 Revised due Date: 02/02/2024		So far can't find anything, continue to look. SQ depends if 'model hosp' or nhs benchmarking - WHC cant be part of. Not explicit to what we want.
178	08/09/2023	SAC to link the delivery plan with the development of Operational Plan and Strategic Plan moving forward	SAC	Open	31/03/2024		Linked to approval of Strategic priorities also aligned with WHC financial position end of March 24

**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 (attached separately)**
- b) Finance Dashboard**

Wiltshire Health and Care Operating Board

For information

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

Date of Meeting: 02/02/2024

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

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 Operating 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:

Full quality report is available here: [Exec Co - Quality, Professions and Workforce report.docx](#)

ADVISE		
B	ADVISE TO THE BOARD	Nil
ALERT		
B	ALERT TO THE BOARD	Nil
ACTION		
B	ACTION FOR THE BOARD	Nil

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

ADVISE		
B	ADVISE TO THE BOARD	Continue to await outcome of the Non-Consolidated Award. Process now with NHSE and ICB to validate the application. Weekly meetings with Unions continues.
		Recruitment outreach events taking place through January with Chippenham and Job Centres planned.
		Bank Recruitment for Inpatients taking place with assessment centre on 27 th January.
		WHC scoping regional initiative to reduce agency rates.
		Staff Survey has closed with analysis taking place through Q4.
<div><div>Workforce Dashboard</div><div><div><div>31st December 2023</div><div><div>Starters & Leavers</div><div>Turnover</div><div>Appraisal Compliance</div><div>Leaving reasons</div></div><div><div>Workforce data</div><div>Flexible Workforce and Agency</div><div>Learning and Development</div><div>Human Resources</div><div>Recruitment KPI's</div></div><div><div>Sickness %</div><div>ER Case by Type</div><div>Training Compliance</div><div>Sickness reasons</div></div></div></div></div>		
ALERT		
B	ALERT TO THE BOARD	Nil
ACTION		
B	ACTION FOR THE BOARD	Nil

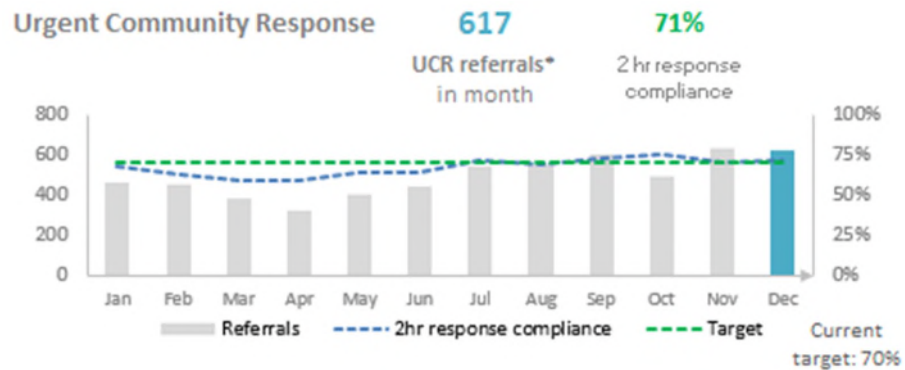
Finance: The following issues are highlighted in relation to the financial performance:

ADVISE		
B	ADVISE TO THE BOARD	Please refer to separate monthly finance report
ALERT		
B	ALERT TO THE BOARD	Please refer to separate monthly finance report
ACTION		
B	ACTION FOR THE BOARD	Please refer to separate monthly finance report

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

ADVISE		
B	ADVISE TO THE BOARD	<p>Considerable work has progressed over in developing the recovery plan which will be considered separately to this report.</p> <p>Planning for 2024/25 Planning against the Better Care Fund (BCF) has commenced for 2024/25. As the BCF is overspent one option much forward by WCC is to change pathway two capacity. Work is been undertaken to understand the implications of this and a verbal update will be provided to the board.</p> <p>NHS@Home Funding and trajectory of VW beds has previously not been agreed, we now have confirmation that we can work to a 90 bed trajectory. Commissioners at the Virtual Wards 'BIG room' conversation proposed one lead provider per locality. It is recognised that variation exists currently between in models in BSW and that this must not continue. Wiltshire providers agree that a one model approach is best, but do not feel that a change in contract would enable this due to the complexities of how the service works to three acute hospitals on the fringes of Wiltshire. However, working in partnership, providers recognise the opportunities this combined and integrated step up and down model WHC are creating will bring; to further integrate workforce across acute and community, to up skill the wider MDT as part of a workforce plan to prepare for a more complex, multi comorbidity and frail population and to increase patient choice and shared decision making. Whilst everyone recognised this model will not provide cost savings, there is evidence to suggest that patients are less likely to have infections and decompensate when residing on a virtual ward. There is also the added value of keeping existing care packages in place which often get disrupted and delay discharge for a patient who is admitted to a hospital. Work to refine the workforce model which will address a higher level of acuity than originally planned and cost per bed across BSW will continue over the next few weeks.</p> <p>Urgent Community Response</p>

Whilst reporting a positive position further work is required to develop the falls pathway to include UCR. Whilst UCR is an important component there is not a clear pathway in terms of onwards disposition post the initial fall.

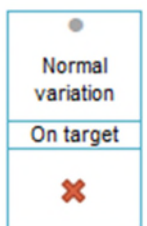
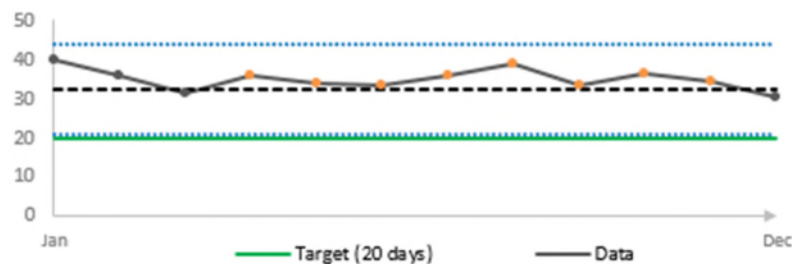


Inpatients - average length of stay

A slight reprieve in the high Length of stay, with December returning to more usual levels. However this, and the corresponding drop in NCTR, could be more associated with a discharge push for the Christmas holiday period rather than a change in trend. Work continues in working with social care colleagues to reduce the number of people in community hospitals without a criteria to reside.

Average Length of Stay 30.2 days

Cedar, Longleat and Savernake wards



Inpatients – assessment data

Following considerable audit work agreement has been reached with commissioners to amend the target assessment completion times for PURAT, falls and dementia. This will be actioned in February, and will bring us into line with NICE guidance and WHC policy.

RTT

A slight dip in 18 week RTT performance in December. Again this is likely to be seasonal variation and performance is still comfortably above the 92% target overall.

		<table><thead><tr><th></th><th>Total waiting</th><th>% under 18 weeks</th></tr></thead><tbody><tr><td>Cardiac Diagnostics</td><td>218</td><td>99%</td></tr><tr><td>Community Teams</td><td>1039</td><td>91%</td></tr><tr><td>Continence service</td><td>313</td><td>96%</td></tr><tr><td>Diabetes Specialist Nursing Service</td><td>251</td><td>71%</td></tr><tr><td>Heart Failure Management</td><td>94</td><td>100%</td></tr><tr><td>Lymphoedema</td><td>32</td><td>100%</td></tr><tr><td>Neurology Therapy</td><td>99</td><td>97%</td></tr><tr><td>Nutrition and Dietetics</td><td>322</td><td>98%</td></tr><tr><td>Orthopaedic Interface Service</td><td>1978</td><td>100%</td></tr><tr><td>Orthotics</td><td>196</td><td>89%</td></tr><tr><td>Outpatient Physiotherapy</td><td>4793</td><td>95%</td></tr><tr><td>Podiatry</td><td>1101</td><td>89%</td></tr><tr><td>Respiratory Services</td><td>167</td><td>97%</td></tr><tr><td>Speech and Language Therapy</td><td>191</td><td>98%</td></tr><tr><td>Tissue Viability</td><td>11</td><td>100%</td></tr><tr><td>Wheelchair service</td><td>115</td><td>91%</td></tr><tr><td>All Services</td><td>10920</td><td>94.4%</td></tr></tbody></table>		Total waiting	% under 18 weeks	Cardiac Diagnostics	218	99%	Community Teams	1039	91%	Continence service	313	96%	Diabetes Specialist Nursing Service	251	71%	Heart Failure Management	94	100%	Lymphoedema	32	100%	Neurology Therapy	99	97%	Nutrition and Dietetics	322	98%	Orthopaedic Interface Service	1978	100%	Orthotics	196	89%	Outpatient Physiotherapy	4793	95%	Podiatry	1101	89%	Respiratory Services	167	97%	Speech and Language Therapy	191	98%	Tissue Viability	11	100%	Wheelchair service	115	91%	All Services	10920	94.4%	<div>RT01</div> <div>Notable variation</div> <div>On target</div> <div>✗</div>
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Infrastructure: The following issues are highlighted in relation to infrastructure

ADVISE		
B	ADVISE TO THE BOARD	<p>Estates Annual Audits & Action Plans</p> <p>The annual audits for Maintenance, Water, Waste and Soft FM have all been completed by the RUH as WHC's informed client. No major concerns or issues were identified, and the recommendations recorded have been collated into action plans. The delivery of these action plans are all well underway and are being monitored via the appropriate operational performance meetings.</p>
ALERT		
B	ALERT TO THE BOARD	<p>West Wiltshire Health Centre</p> <p>The Business Case for the development is under consideration from NHS England. The two main issues to be resolved are:</p> <ul style="list-style-type: none"> the affordability of the revenue costs that despite agreement that the ICB should be the main lease holder the processes to enable this to happen have not yet been developed nationally.

		There is a risk that the capital for the scheme will be lost if a decision to proceed is not made imminently.
ACTION		
B	ACTION FOR THE BOARD	Nil

3. Recommendation

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

Wiltshire Health and Care Quality Assurance Committee**For information**

Subject: Falls Annual report
Date of Meeting: 16 November 2023
Author: Donna Little and Sam Olden Consultant Practitioners

1 Purpose

To provide assurance to the Quality Assurance Committee of progress in falls reduction (with a particular focus on falls resulting in harm) across Wiltshire Health and Care (WHC) and provide assurance regarding an increase in acuity of falls noted in Quarter 1 2023/24 Audit Committee.

2 Background

Wiltshire Health and Care collects its falls (inpatient, clinic and community based) data from the Datix system. This data is also reported to the National Inpatient Falls Audit and RIDDOR if it meets their reporting criteria. This reporting system has undergone a significant change and update within the last 12 months and can now record more specific details of harm from fall and background, although further work is required to make this data less it still reports non fall accidents in the primary field. However, we are reviewing the inpatient post fall SWARM review and falls and all falls risk assessment. It is anticipated that the data collected throughout this process will be used within future quality monitoring, improvement plans and within quality reports such as theses.

The NICE guidance on [Falls in older people: assessing risk and prevention](#) is currently being reviewed by the NICE review committee and will be replaced with [Falls: assessment and prevention in older people and people 50 and over at higher risk \(update\) NICE Guidance](#) (due to be published August 2024). While in October 2022 the [World Guidelines for Falls Prevention and Management for Older Adults: A Global Initiative by the British Geriatrics Society \(bgs.org.uk\)](#) was published and has guided our falls work to date.

The following report has been compiled from the data available on the organisational dashboard, datix reports and the national inpatient falls audit with data up to June 2023. Q3 Data is unavailable at the time of writing. WHC have a fall working group that meets bimonthly and the QIP is broken down into three areas, Inpatients, Community teams and Specialist Services. We currently have 40 Falls fighter champions across the three areas.

3 Discussion

3.1 Inpatient:

Since April 2023 the inpatient areas have been using the Little Things Matter Methodology ([GSQIA - Little Things Matter | Fab NHS Stuff](#)) to enhance our understanding of inpatient falls risk and avoidance. The renewed Inpatient Falls Avoidance Policy V3.0 is in its final stages of review at both Safety Service Policy Oversight Group

(endorsement) and Clinical Policy Assurance Group (Ratification) and will hopefully be ratified by during the Falls Prevention Awareness Week (18-22 Sept 2023). This year's theme: *"From Awareness to Action"* empowers the falls group to update all the inpatient falls paperwork – from admission to discharge – signposting to the falls prevention service once it is past pilot. WHC have already seen an increase in the level of reporting of inpatient falls as near misses and stumbles are now being reported in addition to falls with harm.

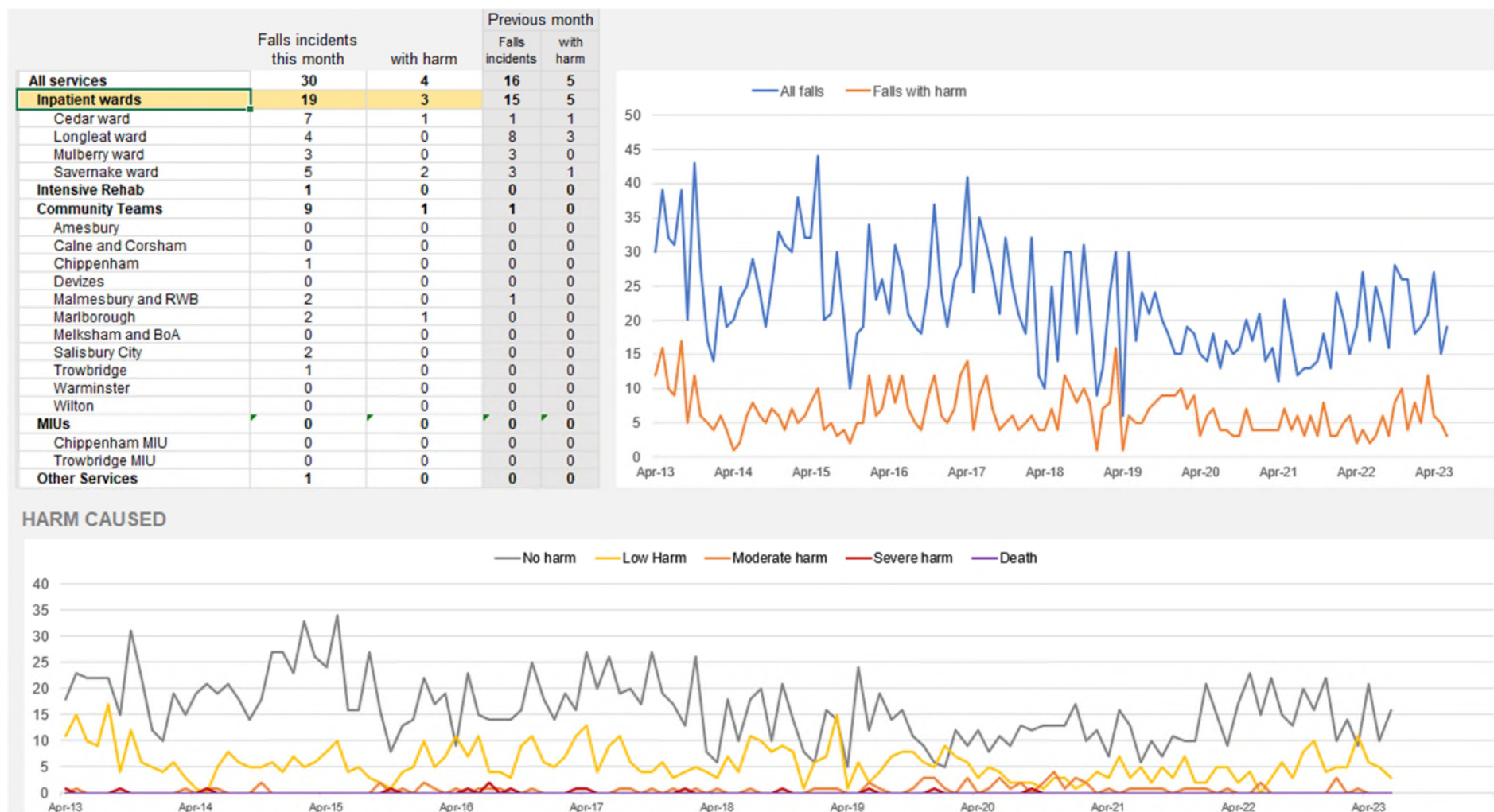


Figure 1 WHC Dashboard excerpt - Falls

From 1 April 2023 until 1 September WHC:

- 2 falls with physical harm – with injuries ranging from skin tears to fractured bones (fractured wrist and fractured neck of femur) requiring Acute Hospital admission and operative intervention.
- no deaths from falls reported to date.

It is noted from analysis of DATIX reports that psychological harm from falls is under acknowledged - fear of falling is a focus in our staff education and patient awareness month in September 2023.

All femoral fractures are reported nationally to the National Audit of Inpatient falls. From the 2022 audit we had two incidences reports and we were classed as failing in several KPI's. These are:

- 1) being able to safely get off the floor without ambulance crew assistance – WHC are currently reviewing options including a business case (ICB Winter Fund) for hoverjacks (as straight lifting equipment) that will allow the removal of injured patients off the floor onto beds.
- 2) Medical Assessment within 30 minutes of fall – we are looking to align the inpatient staff assessment training with the UCR for level 1 and 2 falls. This will include the need to ensure that medical assessment is obtained within 30 minutes. This is difficult at times as we rely on Medvivo for OOH support and SWAST in the case of level 3 falls who are not always able to come within these times.

Failing to meet the above criteria is causing us to fail in the quality KPI (see Figure 2)

However, it must be noted that we have improved on the two 2022 reports and are awaiting the 2023 audit results.



Figure 2 KPI overview AXGT – Wiltshire Health and Care¹

3.2 Community:

Including UCR and community therapists

Training has been provided by Retain and internal staff to support ALL staff to be able to respond to Level 1 falls in the community – the UCR falls policy is being updated and re-submitted to reflect this. Training is still ongoing to ensure all staff have access. With a training package and competency set is being delivered to support the above for new starters and re-evaluation of staff competency. An additional 12 Manual Raizer chairs are now in place – one in each Community Team and one that Sam Olden carries.

¹ Annualises data based on 2 Cases averaged over 12 months to the end of June 2023

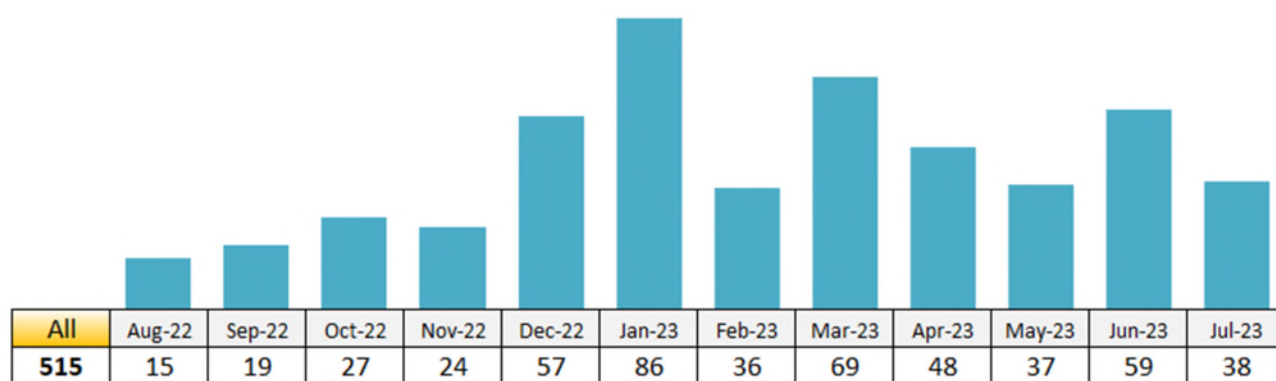


Figure 3 UCR fall response per referral month

The UCR service continues to operate 7 days a week, 8am to 8pm - see Figure 3 for a summary of falls response. Numbers have been variable due to work ongoing on how data is recorded and how referrals are accepted. This work is being reviewed by operational colleagues and regular discussions are happening with Medvivo (Access to Care) to review referral issues. Additionally, an ICB wide UCR steering group has been created, chaired by Heather Cooper, with WHC representation from Heather Kahler, Gemma Pugh and Sam Olden. This is a group looking at standardising and support provision of UCR services across the system.

3.3 Anticipatory Falls Care

Discussion and planning are ongoing for an anticipatory frailty pilot (which will aim to have an impact on falls occurrence). Due to funding issues internally and externally, the latest proposal aims to work within existing service scope and target patients from NHS@Home to conduct a full Frailty Review in the community. Pilot in planning stage and to be led by Rachel Taylor and Sam Olden.

WHC are participating in a Pathfinder Group based in Melksham to develop an anticipatory package for a predetermined group of patients who have been identified at risk of falls but have not yet fallen. This work is led by the ICB and PCN, it is currently in the stage of contacting patients for recruitment to the group.

As part of the Ageing Well work stream, Sam Olden is working with the ICA, Public Health Colleagues and Council colleagues to develop and propose a falls prevention strategy. This is an evolution from the work over the past year that WHC colleagues have contributed to culminating in video resources for public education and an upcoming Falls Prevention Workshop for system colleagues.

3.4 Specialist Services.

Donna Bayliss Head of ESD and Neuro, and Cara O'Rourke Head of MSK Physiotherapy, are addressing compliance with the National Falls clinical guidelines within WHC specialist services, as per the WHC Falls QIP. This involves addressing assessment of risk of falls, documentation on S1, escalation of risk processes, falls information provided to patients, and process to follow in the event of a patient falling in an outpatient clinic.

4 Recommendation

The Committee is invited to:

- a) Support the Inpatient Little Things Matter Falls campaign for the remainder of 23/24, including the activities planned for International Falls Awareness Week 2023 - 18th September to 22nd September 2023.
- b) Support the release of the falls champions to facilitate the floor to board method of quality improvement and service design.

5 Impacts and Links

Impacts	
Quality Impact	Click here to enter text
Equality Impact	Click here to enter text
Financial implications	Failure to protect patients from harm from falls could lead to prosecution from HSE and civil suit.
Impact on operational delivery of services	Inpatient falls increase the length of stay of patients and therefore decrease the amount of revenue obtained from providing services.
Regulatory/ legal implications	Click here to enter text
Links	
Link to business plan/ 5 year programme of change	Click here to enter text
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text

Recruitment and Retention

January 2024

Contents

- Recruitment and Retention Summary
- Savernake Case Study
- Recruitment 23/24 activity
- Retention 23/24 activity
- 24/25 Opportunities
- Additional Activities
- Recruitment Capacity
- Challenges facing WHC
- Approval to create Careers Facebook Page

Recruitment and Retention Summary

Recruitment and retention strategy for 2023/24 has focussed on the key areas listed below;

- Increase the calibre of candidates applying for roles
- Targeted recruitment in high-risk areas
- Workforce Planning
- Build an employer brand to make WHC an organisation of choice
- Improve the onboarding process to reduce time to hire and the candidate experience
- Ensure WHC supports employees throughout their career

Recruitment Summary:

15.34% vacancy* across the organisation

11.6% turnover across the organisation

Average 56 days from offer to joining WHC

	Inpatients & Flow	Community Teams	Specialist Services	Corporate
Average Vacancy*	21.7%	16.2%	10.4%	8.5%

*using ESR data only

Savernake Case Study

May 2023

- HCA Vacancy: 10WTE
- RN Vacancy: 8.6WTE

January 2024

- HCA vacancy: 1.83WTE
 - 8 candidates for interviews
- RN vacancy: 4.75WTE
 - 3 candidates in the pipeline

Background

- High vacancy and early attrition
- Misunderstanding of work on a community ward
- Lack of support for new starters
- High agency use
- Low candidate levels

Action

- ✓ Dedicated Recruitment resource aligned to Savernake, with focus on HCA vacancies
- ✓ Fast-tracked onboarding process
- ✓ Continuous learning approach to manage blockers
- ✓ RN and HCA adverts rewritten
- ✓ Clarifying the location of Savernake to increase candidate pool.
- ✓ Focus on advertising friendly teams and looking at the positives of working in Savernake.
- ✓ Dedicated monthly Clinical Support Worker Induction programme which new starters attend prior to joining the ward
- ✓ All new CSW are aligned to a RN buddy in the Education team who will visit the wards and support the starter.
- ✓ Induction is informal and relaxed with key questions and processes are clarified and made clear to new starter e.g. using the roster
- ✓ Setting expectations about the role within a community ward

Applying Learnings

- Setting expectations of the role and environment of a community hospital
- Dedicated recruitment, education and operational resource is required to ensure success
- Improved onboarding is vital to minimising early attrition

Recruitment 23/24 activity

Key Driver	Activity	Detail	Update
Improve the Onboarding Process	Review DBS supplier and cost reduction opportunities	Carry out procurement process to reduce spend on DBS spend and onboard new supplier.	Completed
	Digitalise onboarding process	Increase functionality of NHS jobs to provide a more streamlined and efficient recruitment experience for hiring managers and candidates	Completed.
Targeted Recruitment	Bank Recruitment Campaign	Run dedicated Bank recruitment campaign to reduce agency reliance	Currently out to advert, assessment day 27th January
	Armed Force Recruitment	Utilise local armed forces hubs/jobs board	Local armed forces hubs have been contacted.
	Attraction via Job Centre	Attend job centre fairs, Job centre to advertise all unregistered roles	2 events scheduled at jobs centres.
	Early Careers Attraction	Working with Wiltshire College to identify further apprenticeship/school leaver recruits and increase presence at recruitment fairs	Attendance at recruitment fairs. Wiltshire college emailed for access to job boards etc, Schools contacted for invites to careers events
	HCA Recruitment	Reduce HCA agency spend through focussed recruitment. Trial to take place in Savernake through dedicated focus of Recruitment Partner and Ward Manager.	Completed
Improve the calibre of candidates	Increased use of online platforms to advertise roles and build awareness of WHC.	LinkedIn page created and roles being advertised.	Completed.
		Create a career Facebook page to increase awareness of WHC and roles available	Approval for Facebook is included within this paper
		Scope Indeed recruitment packages.	Completed.
Build an Employer Brand	Attendance at Recruitment Events/Job Fairs	Building relationships with local colleges, Universities and representatives. Attendance at local job fairs are booked.	Completed.
	Create employer external image	Create library of branded templates to build a consistent external image.	In progress and being utilised externally.

Retention 23/24 activity

Key

Completed

In progress

Key Driver	Activity	Detail	Update
Ensure WHC supports employees throughout their career	Publish a Menopause Policy to support colleagues in the workplace	Policy has been drafted and undergoing review. Aim to be published Q2.	Completed.
	Induction	Ensure employees join induction within first two weeks of employment	Completed.
	Increase awareness of Flexible Working and Flexible Retirement opportunities within WHC.	Work to take place through Q3.	Completed.
	Improve awareness of health and wellbeing offerings that support individuals to carry out their roles.	This is supported within Health and Wellbeing which is on the Delivery Plan for 23/24.	Utilisation of EAP and Salary Sacrifice schemes has increased. Regular communications to staff in place and readvertising of H&WB forum published in November.
	Increase retention of HCSW	HCSW paper to be presented to WFDG in conjunction with Education team.	Paper presented to November WFDG. Resulting actions to be discussed. Meeting in place early January
	Refresh from board to floor of basic line management skills through the implementation of management training	Management training to be implemented within 23/24.	Completed.
	Band 2 to 3 Review	Re-band clinical Band 2s to Band 3s in-line with Acute partners.	All Community Team Band 2s have been converted to Band 3s. Remaining Inpatients HCA's to be scoped.

24/25 Opportunities

The below table includes activity which would improve recruitment and retention but had been paused in 23/24 due to resource or funding challenges.

Area	Detail	Requirements
International Recruitment	Approximate cost of £13,000 per candidate – placement/agency fee of circa £2,000 per candidate. WHC does not currently have the infrastructure to provide the recruitment, onboarding and pastoral support to this cohort and international recruitment is due to be scaled down as part of the long-term NHS plan. Concerns for the sustainability and retention of staff members when numbers would be low (8 across inpatients) with risk of staff moving to Acutes where roles are likely more attractive and transferable. WHC supports sponsoring of staff and dedicated budget aligned to this would be a cost-effective alternative. Circa £3,500 per sponsorship.	Funding of a minimum of 8 staff members to ensure cost-benefit is realised.
HCA Recruitment	HCA agency spend is significant, in part due to the level of enhanced care required and turnover. Over-recruiting HCA's would reduce the reliance on agency Run targeted Indeed campaigns for RN and Therapy roles due to high volume of vacancy at this level. This is also an efficient method to focus on multiple sites in one campaign.	Capacity to conduct full scoping review of when financial benefit would be realised. Funding of £5,000 to run 10-week campaign.
Armed Force Recruitment	Utilise local armed forces hubs/jobs board	
Resources for Recruitment Fairs	Currently there is no budget aligned to Recruitment. Funding to produce resources (leaflets and branded items) are required at careers fairs and events and supports the attraction of candidates.	£600 funding
Create a snapshot of key roles as part of advertising campaign	Create a snapshot of key roles as part of advertising campaign. This is focussed on roles where we see early attrition i.e. HCAs Publishing of career stories to showcase the development and opportunities within WHC.	Additional capacity (see slide 9) Additional capacity (see slide 9)
Employer Value Proposition	Provide a clear EVP that highlights why WHC is an employer of choice and the opportunities available within the organisation	Additional capacity (see slide 9)
Increased Assessment/Recruitment Events	Targeted advertisement and assessment events to increase Nurse staffing - a multi-team approach would be used to ensure talent are placed in the most suitable area	Additional capacity (see slide 9)

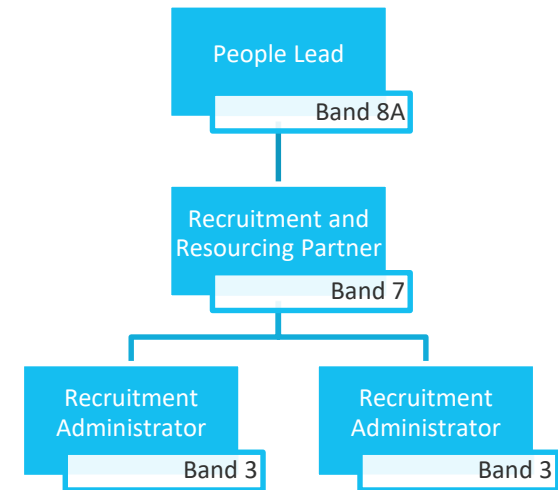
Additional Activities

The below interventions are being worked through which will support the reduction in vacancies and agency spend.

Activity	Detail	Update
Alignment with regional partners	WHC is engaged in South-West discussions to reduce agency spend.	Meetings taking place through January 24
Review of agency rates	Review of agency rates in comparison to Agency partners. WHC has limited purchase power due to smaller scale of agency requirements in comparison to other providers.	Project to review agency rates started in Q3 however work paused due to leaver. Rate card data has not been made available from Partners previously so benchmarking was not possible. Will support initiatives to support wider regional negotiations on agency rates.
Triangulation of agency usage, vacancy and absence levels	In additional to weekly agency usage provided to Inpatients and MIU, reporting methods to be used to identify trends in agency usage against vacancy and absence levels. This provides additional understanding of drivers for agency usage and lessons to be learnt.	Scoping underway. Inpatients and MIU to continue to be provided with weekly agency usage summary in the interim.
Increasing clinical training and development opportunities	Ensuring a clinical talent pipeline and career opportunities are vital. Organisation review of service needs will support the implementation of training schemes that support the strategic needs of the organisation.	Review of training opportunities will take place as part of service model review in January 24.
Review use of agency HCA	Agency HCA is required due to the acuity of patients however this is driving a significant cost pressure.	Over-recruiting of HCA roles discussed on 11/01 with proposal to be taken to Executive Board. Filling substantively would significantly reduce agency spend.

Recruitment Capacity

There are 3 WTE dedicated to recruitment. Capacity is a significant challenge as structure was historically created to meet BAU requirements. These and the proactive requirements for recruitment have continued to increase over and above capacity. This gap is demonstrating a direct impact on the output that the team can produce to reduce the vacancy gap.



Opportunities to increase recruitment resource

Band 5

- Run day to day work and line manage Administration Team
- Assist Band 7 with higher level Recruitment work (detailed above)
- Support with speeding up process
- Support Social media

Band 3

- Additional 22.5 hours to support prioritisation of Bank recruitment, decreasing agency cost, This will release time for current band 3s to speed up the process
- Day to day admin and monitoring of inbox
- Processing of all adverts, interviews and candidate offers/contracts
- Pre employment checks
- Jobs of the week to comms
- Induction facilitation
- Recruitment Fair admin

Challenges facing WHC

A time of uncertainty

- Current non-payment of the non-consolidated award
- Employees feeling detached from NHS family since becoming aware of WHC not being an Annexe 1 and the indirect link to Agenda for Change
- Uncertainty due to the procurement process

Population/geographical challenges

- Nature of rural geography of Wiltshire reducing the external candidate pool and limits the movement of existing staff into new roles
- Ageing population profile which impacts local candidate pool
- Local population has high levels of children leaving education and not progressing into higher education
- High cost of accommodation limits candidate proximity to come and work in Wiltshire

Proximity and attraction of Acutes

- Acute providers are often a candidate preference over community providers.

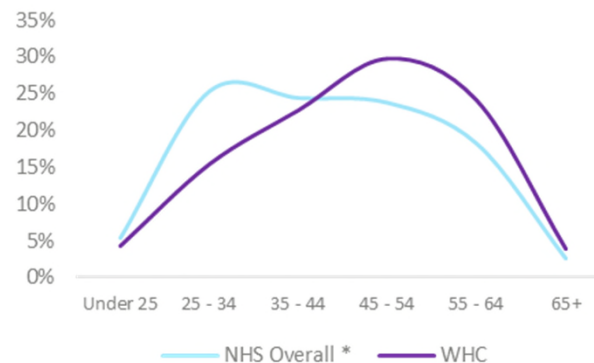
Training and Development

- As a small organisation, there is a limited career pathway and development route of management capabilities

Age Profile

- WHC have a higher proportion of staff entering retirement age.

Age Profile:



Careers Facebook Page Proposal

WHC is requesting permission to establish a Careers Facebook page which would be run by the Recruitment team.

Background

- Social media is an ever-important mode for increasing candidate awareness of brand and roles.
- WHC runs an existing LinkedIn page which attracts certain roles.
- WHC is in a minority in not running a Facebook page and risks limiting candidate pool, particularly for non-registered and nursing posts.

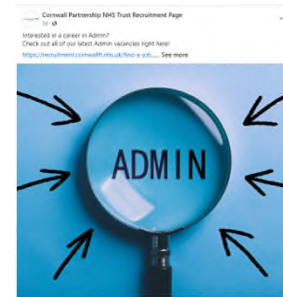
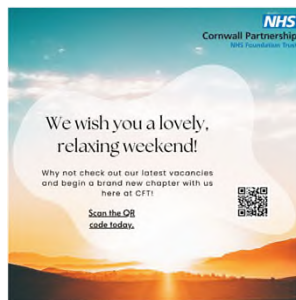
Purpose of the Page

- Job Adverts (including links)
- Meet the team (put our faces as the recruitment team out for people to engage with us)
- Showcase life in Wiltshire and impact of the organisation to the local population
- Show variety of services and roles within Wiltshire Health and Care
- Interviews/profiles of new starters
- Celebrate different professions days – case studies
- Other general celebrations (Christmas, Environment day, Remembrance, Ramadan)

Benefits

- There is a large cohort of potential applicants including Nurses that prefer to use social media such as Facebook than the more corporate look of LinkedIn.
- This will also enable current employees to share posts on their own Facebook enabling us to reach a much larger audience as more people will be on Facebook than LinkedIn.
- Increases brand awareness of potential candidates outside of local area and or NHS.

Facebook example posts



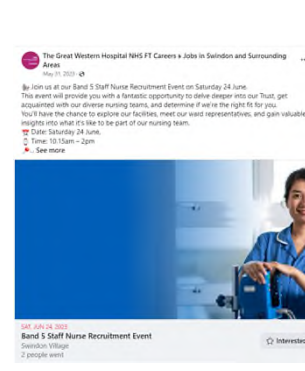
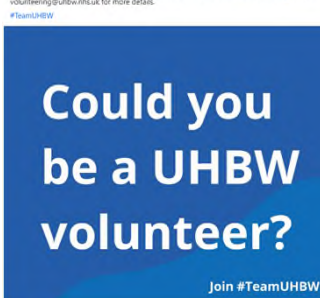
We are looking to recruit a motivated, enthusiastic and clinically capable Band 5 Trained Nurse to join our nursing team for our 19 bedded Ward at Newquay Community Hospital. The Trained Nurse role requires the post holder to be committed to the ongoing development of the ward and multi disciplinary team working. We aim to deliver the highest standard of patient and rehabilitative care to our predominantly elderly patients. The ideal applicant will possess a good level of... See more



Cornwall Partnership NHS Trust Recruitment Page
44 · ·
Lots of new opportunities for HCA's within CPT. Check out our latest vacancies right here!
CPT
NHS ... See more



University Hospitals Bristol and Weston NHS Foundation Trust
10 · ·
Could you be a UHBW volunteer? Our next volunteering recruitment window opens on Wednesday 3 January. Find out more on our website <https://www.uhbristolnhs.uk/work-for-us/volunteering/> or email volunteering@uhbw.nhs.uk for more details.
#TeamUHBW



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

Item 7

Review Terms of Reference

PAPER

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

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

Operating Board

Terms of Reference

1. CONTENT

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

2. DEFINITIONS

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

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

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

3. ESTABLISHMENT

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

4. RESPONSIBILITIES

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

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

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

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

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

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

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

5. MEMBERSHIP

- The Operating Board shall comprise the following representatives:
 - a) The Chair of Wiltshire Health & Care
 - b) Non-Executive Member – Patient Voice
 - c) Non-Executive Member – Finance and Audit
 - d) Non-Executive Member – Primary Care
 - e) Non-Executive Member Great Western Hospitals NHS Foundation Trust (“GWH”) Board Representative
 - f) Non-Executive Member Royal United Hospitals NHS Foundation Trust (“RUH”) Board Representative
 - g) Non-Executive Member Salisbury NHS Foundation Trust (“SFT”) Board Representative
 - h) Executive Member, Managing Director
 - i) Executive Member, Director of Finance
 - j) Executive Member, Chief Operating Officer
 - k) Executive Member; Director of Quality, Professions and Workforce
- Where any of the representatives listed in e) to k) above are unable to attend a meeting of the Operating Board, they shall be permitted to send an Alternate. To ensure continuity, it is anticipated that no representative on the Operating Board shall send an Alternate more than once per calendar year.
- A meeting of the Operating Board shall also be attended by the following representatives:
 - Corporate Governance Lead and Company Secretary
 - Director of Infrastructure.
- Only the individuals named above have the right to attend meetings of the Operating Board. Other persons may be invited to attend a meeting so as to assist in deliberations.
- A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee’s decision making by email, should this be required to expedite an urgent decision.

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

6. QUORUM

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

7. CHAIR

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

8. FREQUENCY OF MEETINGS

- Meetings shall be held at least every quarter.
- Additional meetings may be convened by any one of the WHC Operating Board Members at any time on not less than five Business Days' notice (or shorter notice if all the WHC Operating Board Members so agree).
- Agendas and supporting documentation will be circulated at least 5 working days in advance of the meeting.
- The Corporate Governance Lead and Company Secretary shall ensure that the Board is appropriately supported, which will include oversight of:
 - Agreement of agenda with Chair and attendees, and collation of papers.
 - Organising the attendance of appropriate persons to meetings (other than those who would usually attend).
 - Taking the minutes and keeping a record of matters arising and issues/ actions to be carried forward.
 - Advising the Committee on pertinent matters
 - Enabling the development and training of Board members.

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

9. MATTERS THAT MUST BE DECIDED BY THE MEMBERS BOARD

- Subject to any special rights or restrictions as to voting attached to the Interest of any Member in accordance with the Members Agreement, or any matters to be decided by WHC Operating Board Resolution, the Members shall decide the following matters:
 - A. any matter that enables the Members to carry out their responsibilities as set out in clause 4.1 of the Members Agreement;
 - B. any Reserved Matter specified in the Members Agreement;
 - C. any amendment to the Members Agreement in accordance with clause 29.6 of the Members Agreement; and
 - D. any other matter required by applicable law or relevant regulatory authority, following receipt of advice from the LLP's legal advisors, or as decided by the WHC Operating Board, to be submitted to a resolution of the Members from time to time.

10. VOTING BY THE OPERATING BOARD

- Provided the meeting is quorate, the Committee will take decisions through voting and by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.
- A Member shall not be entitled to attend and speak at such part of an Operating Board at which it is proposed to discuss or vote on any matter upon which is a Conflict Matter if the disclosure to such Member of the specific commercial terms being discussed or voted upon could compromise the LLP's ability to secure the most favourable commercial deal or where the information or proposals to be discussed or voted upon at the meeting directly relate to a dispute between the LLP and that Member or Associate of that Member.

11. RECORDING THE MEETINGS OF THE OPERATIONAL BOARD

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

12. REPORTING LINES

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

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

13. REVIEW

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

May 2022

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

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

Item 8

Risk Report

PAPER

Wiltshire Health and Care Executive Committee

For information

Subject:	Risk report
Date of Meeting:	24 January 2024
Author:	Kayleigh Gullis – Clinical Governance Lead
Executive Sponsor:	Sara Quarrie – Director of Quality Professions and Workforce

1 Purpose

To appraise the Executive Committee on the risk summary, profile and emerging risks and themes.

2 Discussion

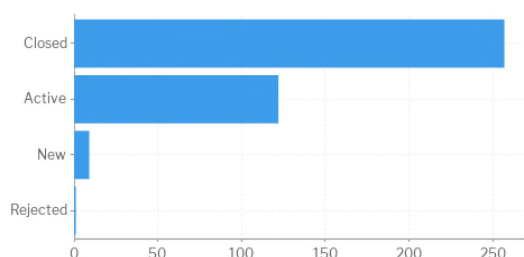
This section provides assurance that WHC have sufficient processes and controls to manage risks, fulfil statutory obligations and meet its strategic aims.

- 12+ Risks are reported monthly to Exec Co as a separate paper titled “Risk Report – 12+”.
- 15+ Risks are reported quarterly as a separate paper to Audit Committee titled “15+ Risk Management Report” supported by the “Risk Management Systems Report”.
- All 12+ Risks are presented and discussed at the monthly Risk Workshop
- Finance Risks scoring 25 are discussed and updated at Exec Co monthly

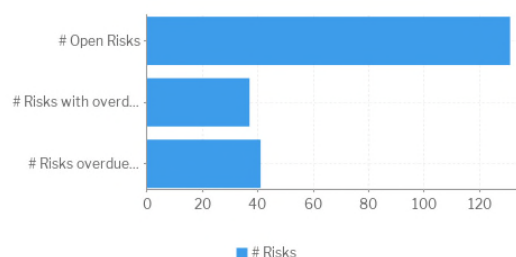
1.1 Risk Register Overview

The Clinical Governance Lead meets with Heads to regularly review the 12+ risks, ensuring controls are documented, gaps in control are documented, actions are documented, and risk reviews are being completed. A cleanse of the system is underway to ensure old risks have been reviewed and either updated or closed. Risk owners are also encouraged to use the risk matrix during the scoring process to accurately measure the threat. All staff can log a risk on Datix, and the Risk Register Owner will be responsible for “approving” the risk. All 12+ Risks are presented and approved at the Risk Workshop . The Risk module on Datix is being reviewed and the forms re-designed where possible, in line with the WHC Risk Strategy.

Total number of risks opened/closed (Risk status)



Overview



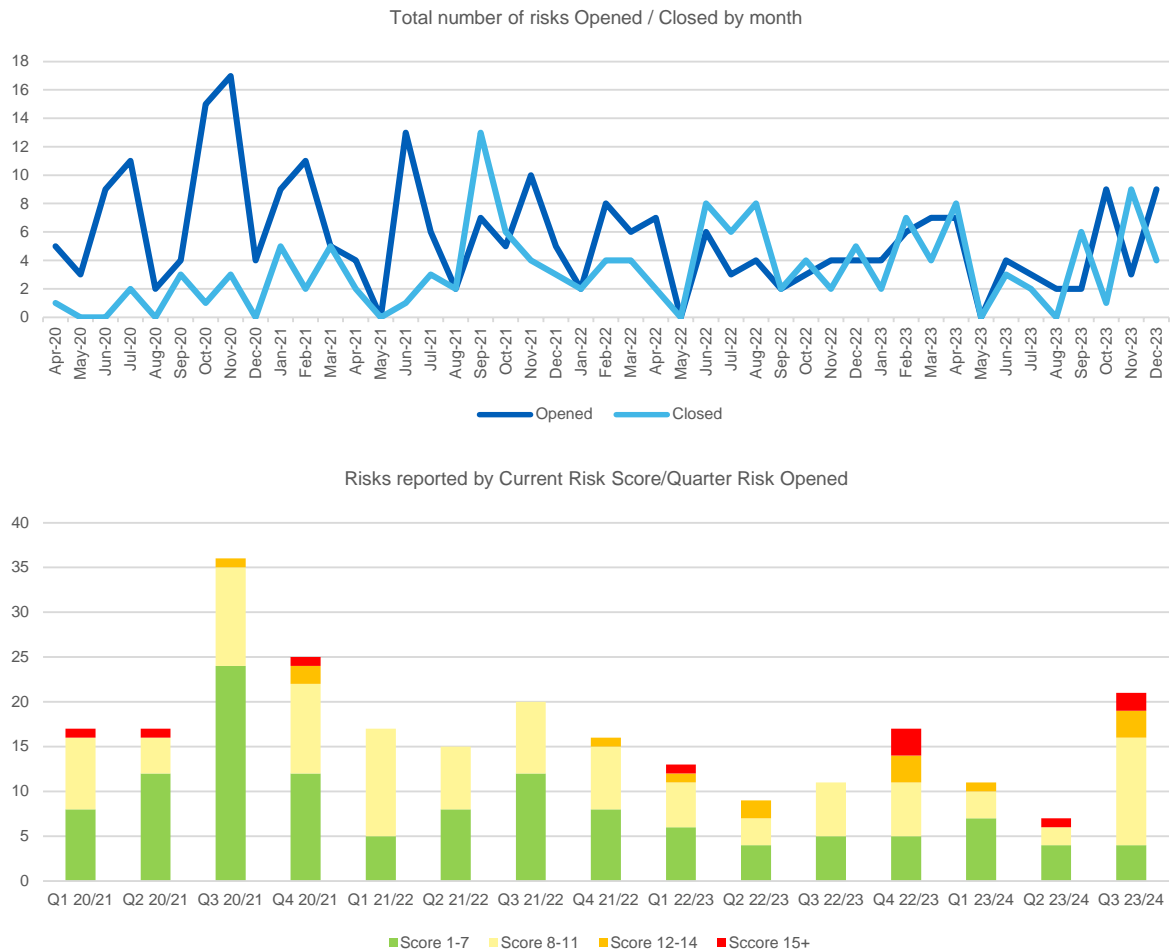


Figure 1 Risk Dashboard

The Risk Dashboard provides an overview of the current position on risks with overdue actions, overdue risk reviews and the number of risks reported. **"Error! Reference source not found."** provides the detail on all open risks which includes the Risk movement.

Risks being reported and closed has not established a clear trend and this will continue to be monitored. Most risks reported score 8-11, closely followed by scoring of 1-7. There was spike in reporting risks during Q3 2020/21, the data shows that the scoring of x14 risks reported during that quarter has decreased .

1.2 Open 12+ Risks

The below table displays a summary of WHC 12+ risks.

Risk ID	Title	Subtype	Opened date	Next Review Due	Current Grading	Risk Movement
280	ACCEPTED RISK - Global elevated Cyber Security Risk	ICT infrastructure	11/03/2022	04/01/2024	12	0
290	Risk of a sustained and systemic mismatch in demand and capacity	Operational	04/05/2022	16/01/2024	12	0
303	Workforce Capacity	Workforce	22/06/2022	10/11/2023	16	4
304	If there is insufficient pharmacy capacity (Inpatient Wards/MIU), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HCPC) regulation will be adversely affected.	Quality	23/06/2022	05/02/2024	12	2
331	ACCEPTED RISK - Lack of Inpatient EPR	ICT infrastructure	25/01/2023	31/05/2024	15	0
335	Under review - Storage and sharing of WHC-derived medical imaging	Operational	13/02/2023	10/01/2024	15	0
338	Safe Administration and Effective Management of insulin for all services	Operational	02/03/2023	05/02/2024	12	0
341	Recurrent financial deficit due to systemic structural cost pressures, particularly driven by use of temporary workforce in Inpatients and MIU, partial cause higher acuity/enhanced care.	Financial	15/03/2023	10/01/2024	25	13
340	Lack of capacity in the Heart Failure Nurse Workforce	Operational	15/03/2023	14/02/2024	12	0
348	ACCEPTED RISK - Datawarehouse development resource	ICT infrastructure	18/04/2023	31/01/2024	12	2
365	Nonpayment of non-consolidated pay award	Financial	24/07/2023	06/02/2024	16	0
380	Company Secretary Vacancy	Legal/Regulatory Compliance	03/11/2023	06/02/2024	15	0
384	Core Community Teams - Risk of surges in demand or loss of staffing capacity	Operational	06/12/2023	03/01/2024	12	0
386	Under review - Inpatients/MIU/Flow - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	Operational	06/12/2023	03/01/2024	12	0
391	NEW - CTPLD IT Access*	ICT infrastructure	02/01/2024	01/02/2024	15	0
394	NEW - Infrastructure/IT - Risk of surges in demand or loss of staffing capacity over a sustained period of time*	ICT infrastructure	04/01/2024	01/02/2024	12	0
399	NEW - If WHC becomes an NHS Trust it will become a DSPT category 1 provider in June 2024, WHC will have 113 mandatory requirements to report on rather than 42*	Legal/Regulatory Compliance	04/01/2024	01/02/2024	12	0
396	NEW - Out of Hours on site IT Support Provision*	ICT infrastructure	04/01/2024	01/02/2024	15	0
397	NEW - There is limited IT, Systems and Informatics Strategic Leadership capacity*	ICT infrastructure	04/01/2024	01/02/2024	15	0
398	NEW - There is no capacity to provide Digital training*	ICT infrastructure	04/01/2024	01/02/2024	15	0
395	NEW - WHC does not have an integration engine or technical resources to support one, leading to manual integration of systems where this is possible.*	ICT infrastructure	04/01/2024	01/02/2024	16	0

Table 1 WHC 12+ Risk

*These risks have been reported in January 2024, and are currently being validated.

2.1 Risk Validation (Open Risks)

The below table tracks the validation compliance monthly¹ for all opens risks and 12+ risks. The Clinical Governance Lead is in the process of cleansing the risks logged on datix to ensure outdated risks are review and if applicable closed. The documented “next risk review” dates will be reviewed to ensure the occurrence of reviews aligned to the risk scoring.

All Open Risks	Nov23	Dec23
Number of Open Risks:	N=127	N=131
Risks have an owner	72%	100% ↑
% of risks with controls	76%	76% ↔
% of risks with gaps in controls	34%	32% ↓
% of risks with actions	73%	70% ↓
% of risks with overdue actions	43%	28% ↓
% of risks with an overdue review	53%	31% ↓
Number of 12+ open risks:	N=19	N=21
Risks have an owner	100%	100% ↔
% of risks with controls	89%	90% ↑
% of risks with gaps in controls*	53%	33% ↓
% of risks with actions*	89%	62% ↓
% of risks with overdue actions	47%	29% ↓
% of risks with an overdue review	16%	19% ↑

* New 12+ risks will be presented and accepted at the monthly Risk Workshops. Until this process takes place, new risks will not have gaps in controls and actions documented. 12+ Risks Profile

¹ The data displayed in the table is the compliance on a particular day, the table tracks compliance monthly to show improvements overtime.

1.3 12+ risk summary

Table 2 displays the number of open risks scoring 12+ and the aggregate risk scoring. These include existing and newly opened risks which are being validated. Not that there has been a increase in both of these factors over the past 6 months indicating a increasing risk profile of WHC organisationally.

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Trend
12+ risks currently open	6	5	7	10	13	11	11	11	11	12	15	17	19	21	↑
Aggregate risk score of 12+	80	92	95	137	161	140	138	138	158	172	211	238	261	298	↑

Table 2 Number of 12+ Risks and the Aggregate Scoring

2.1.1.1 12+ Risk Movement

The table below shows the number of 12+ risks which have been escalated, accepted, closed or de-escalated each month. The risk movement for all open risks is included in 4.1.6.2 Open Risk Details.

	Nov 22	Dec22	Jan 23	Feb 23	Mar 23	Apr 23	May23	Jun 23	Jul 23	Aug23	Sep23	Oct23	Nov23	Dec23	Trend
New 12+ Risks reported	1 #318	1 #323	1 #331	2 #335#337	4 #338 #339 #340 #341	0	1 #356	0	1 #365	1 #366	0	0	3 #380 #381 #379	3 #382 #384 #386	↔
Escalated to 12+ Risks	0	0	0	0	0	0	0	0	0	0	1 #304	1 #348	0	0	↔
Escalated to 15+ Risk	0	0	0	0	0	0	1 #341	0	0	1 #303	0	0	0	0	↔
Accepted 12+ Risk	0	0	1 #331	0	0	1 #348	0	0	0	0	0	0	0	0	↔
Closed 12+ Risks	0	0	0	0	1 #181	0	0	0	0	0	1 #339	1 #315	1 #291	1 #388	↔
De-escalated 12+ Risks	0	0	0	0	0	0	0	0	1 #296	1 #305	0	0	0	3 #381 #385 #382	↑

1.4 Likelihood verse impact matrix

The below table displays where the 12+ risks currently score on the likelihood v impact matrix.

5 Catastrophic	5	10	15 [396]* [398]*	20	25 [341]
4 Major	4	8	12 [280] [394]*	16 [303] [365] [395]*	20
3 Moderate	3	6	9	12 [290] [304] [338] [340] [348] [384] [386] [399]*	15 [331] [335] [380] [391]* [397]*
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

**These risks have been reported in January 2024, and are currently being validated.*

1.5 Board Assurance Framework: 15+ Risk Register links

The links between the 12+ risk register entries that score and the Board Assurance Framework (BAF) are displayed in the below table – note the cluster for risks in Operations and ICT Infrastructure.

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
8 [290] [335] [338] [340] [384] [386]	2 [303]	4 [280] [331] [348]	0	2 [341] [365]	2 [304]	1 [380] [399]*

		[391]* [394]*[395]* [396]*[397]* [398]*				
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 12+ Risk links to BAF

**These risks have been reported in January 2024, and are currently being validated.*

1.6 Monitoring Emerging Risks/Themes

During Q3 the following risk themes have been identified:

- It has been identified through incidents and complaints, that there have been miscommunication and delayed deliveries with Medequip. Further discussions planned between Quality Team and WHC Medequip Lead.
- WHC are seeing an increase in complaints regarding the CHC funding process and information.
- There have been 2 incidents in relation to leg braces within the CTs. The Community Services Manager completed a review on the recent incidents and as a result there are no identified themes.

1.6.1.1 Risk Profile for 12+ risks (detail)

The detail of the WHC 12+ risks are displayed in the following table, along with the Jan24 Risk Workshop discussions.

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
NEW	394	Infrastructure/IT - Risk of surges in demand or loss of staffing capacity over a sustained period of time Risk Owner: V Hamilton/K Smith Category: ICT infrastructure Risk Register: Exec co Risk Register 12+ <i>If there are peaks in demand for IT systems and informatic services, then there is unlikely to be the capacity to respond in the required timeframe.</i>	937 Reprioritisation of existing work	12 Possible Major	Risk Review <ul style="list-style-type: none">Next Review Date: 01/02/2024 NEWLatest Risk Review: NA			
					Risk Workshop Update: This risk has been added in line with the action following the IT risk paper to Exec Co. The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS.		Datix will be updated after the face to face meeting	NA
					The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS			
NEW	395	WHC does not have an integration engine or technical resources to support one, leading to manual integration of systems where this is possible. Risk Owner: V Hamilton/K Smith Category: ICT infrastructure Risk Register: Exec co Risk Register 12+ <i>WHC does not have an integration engine or technical resources to support one, leading to manual integration of systems where this is possible. As a result of this, where possible systems are being integrated into SystmOne manually, however there are some systems where there is no integration possible and as a result we are creating unlinked data, or data held in silos. There is not the technical expertise within the team to deliver these changes and improvements and when there are issues it can take a significant amount of time and resource to address. This can also create a clinical risk.</i>	938 Manual integration of systems where this is possible	16 Likely Major	Risk Review <ul style="list-style-type: none">Next Review Date: 01/02/2024 NEWLatest Risk Review: NA			
					Risk Workshop Update: This risk has been added in line with the action following the IT risk paper to Exec Co. The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS.		Datix will be updated after the face to face meeting	NA
					The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS			

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
NEW	396	Out of Hours on site IT Support Provision Risk Owner: V Hamilton/K Smith Category: ICT infrastructure Risk Register: Exec co Risk Register 12+ <i>If there are IT issues out of hours requiring physical presence to resolve, then operational services have to revert to Business Continuity/Disaster Recovery Plans.</i>	939 Informal good will based service	15 Possible Catastrophic	Risk Review <ul style="list-style-type: none">Next Review Date: 01/02/2024 NEWLatest Risk Review: NA			
					Risk Workshop Update: This risk has been added in line with the action following the IT risk paper to Exec Co. The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS.		Datix will be updated after the face to face meeting	NA
					The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS			
NEW	397	There is limited IT, Systems and Informatics Strategic Leadership capacity Risk Owner: V Hamilton/K Smith Category: ICT infrastructure Risk Register: Exec co Risk Register 12+ <i>There is limited IT, Systems and Informatics Strategic Leadership capacity, therefore WHC/Community is not adequately represented at System Level and there is not adequate strategic planning.</i>	940 IT, Systems and Informatics attend local, regional and nationally meetings where possible and for external peers to represent and report back.	15 Almost Certain Significant	Risk Review <ul style="list-style-type: none">Next Review Date: 01/02/2024 NEWLatest Risk Review: NA			
					Risk Workshop Update: This risk has been added in line with the action following the IT risk paper to Exec Co. The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS.		Datix will be updated after the face to face meeting	NA
					The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS			
NEW	398	There is no capacity to provide Digital training Risk Owner: V Hamilton/K Smith Category: ICT infrastructure Risk Register: Exec co Risk Register 12+ <i>There is no capacity to provide Digital training, only very basic adhoc training for SystmOne, therefore WHC staff are not as IT literate as they need to be to perform their roles efficiently, safely and effectively. The Digital Training on offer is insufficient and there is a reduction in productivity and increased Cyber Security risks as a result.</i>	941 WHC staff who are capable access online training and are receiving ad hoc support when there is capacity	15 Possible Catastrophic	Risk Review <ul style="list-style-type: none">Next Review Date: 01/02/2024 NEWLatest Risk Review: NA			
					Risk Workshop Update: This risk has been added in line with the action following the IT risk paper to Exec Co. The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS.		Datix will be updated after the face to face meeting	NA
					The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS			

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
NEW	399	If WHC becomes an NHS Trust it will become a DSPT category 1 provider in June 2024, WHC will have 113 mandatory requirements to report on rather than 42 Risk Owner: V Hamilton/K Smith Category: ICT infrastructure Risk Register: Exec co Risk Register 12+ <i>If WHC becomes an NHS Trust it will become a DSPT category 1 provider in June 2024, WHC will have 113 mandatory requirements to report on rather than 42. Therefore, the current IG team will not have the capacity to deliver to the new requirements by June 2024.</i>	942 If WHC were to merge with an existing organisation, it may be possible to utilise existing resources to support the additional work required to meet the extended DSPT	12 Likely Significant	Risk Review <ul style="list-style-type: none">Next Review Date: 01/02/2024 NEWLatest Risk Review: NA			
					Risk Workshop Update: This risk has been added in line with the action following the IT risk paper to Exec Co. The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS		Datix will be updated after the face to face meeting	NA
					The new IT risks will be discussed during a face to face meeting between SAC, SQ, VH, KS			
NEW	391	CTPLD IT Access Risk Owner: R Collings/P Daley Category: ICT infrastructure Risk Register: Exec co Risk Register 12+ <i>Wiltshire Council no longer supplies hardware to third-party organisations due to licencing restrictions, therefore new starters will not receive a WC laptop upon starting with the team.</i>	No controls documented	15 Almost Certain Significant	Risk Review <ul style="list-style-type: none">Next Review Date: 01/02/2024 NEWLatest Risk Review: NA			
					Risk Workshop Update: Meeting planned for the 07/02/24 between IT, CTPLD, HK, SQ, to update this risk to include documenting the controls and review scoring and bring back to Feb24 Risk Workshop.		Datix will be updated after the face to face meeting	NA
					Meeting planned for the 07/02/24 between IT, CTPLD, HK, SQ, to update this risk to include documenting the controls and review scoring and bring back to Feb24 Risk Workshop.			
Under review	386	Inpatients/MIU/Flow - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning Risk Owner: Rachel Green Category: Operational Risk Register: Exec co Risk Register 12+	To be developed	12 Likely Significant	Risk Review <ul style="list-style-type: none">Next Review Date: 24/01/2024 Under reviewLatest Risk Review: NA			
					Risk Workshop Update: KG and RG meeting 24/01/2024. Review the possibility of splitting out this risk into Inpatients / MIU. Review Risk 341 and mirror actions.		Datix updated:	10/01/2024
					To be developed			

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
Open	341	Recurrent financial deficit due to systemic structural cost pressures, particularly driven by use of temporary workforce in Inpatients and MIU, partial cause higher acuity/enhanced care. Owner: Nikki Rowland/Sarah Hurford-Potter Category: Financial Risk Register: Board Risk Register 15+ <i>WHC currently have a recurrent deficit which creates a risk in the going concern, should the systemic pressures not be addressed either via additional support 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 and Inpatients). Particular concerns on deterioration of cash position and legal position on insolvency.</i>	809 To develop and implement efficiency programme 822 Active reporting and monitoring of existing and newly developed efficiency plans. 823 To implement budget workshops and sign-up to delegated budgets. 824 Continue to report to Exec Co and operating Board on actions being undertaken 843 Going Concern - External Auditors 845 Service model changes 846 staffing templates	25 Catastrophic Almost certain	Risk Review <ul style="list-style-type: none"> Next Review Date: 14/02/2024 Latest Risk Review: This risk was discussed and reviewed at the Finance Exec Co Meeting 10/01/2024. Risk scoring to remain. Actions updated Exec Co Update: Risk was discussed in detail at the Jan Exec CO Meeting and Risk was updated by the Leads on 09/01/24.			10/01/2024
					1742 Evaluate the under spend in the CT budgets and worked with the Finance department to identify what can be released on a monthly basis contributing towards the efficiency plan (CIP). 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. Reviewing current budget which is allocated to the CTs, triangulating the establishment control with the budgets. Developing a work to model which illustrates what the head count/skill mix should be within each of the CTs in order to deliver an integrated a community service within budget. Using the information on the visits undertaken on skill mix required to create a safer staffing model for CTs, to influence future modelling for contract review.	31/01/2024	L Hodgson J Meacham H Kahler	Update - Ascertain the finance required for the work to model, need to be pushed forward at a faster pace. JM to liaise with HK to request this by end of Jan24. HK has been added as an action owner and deadline date amended.
					1745 Develop templates for community teams to ensure clarity on staffing model and budgeted establishment are aligned.	31/01/2024	S Hurford-Potter	Update - This links to action 1742. This action cannot be completed until 1742 is complete.
					1746 Develop staffing templates for specialist services	16/02/2024	S Hurford-Potter J Irlam	Update - Once HK has completed the template, this can be utilised for Specialist Services. Deadline date amended.
					1598 Improved budget management following the implementation of the agreed work to models for service areas. Move this action to the bottom of the list of actions in this report	11/03/2024	S Hurford-Potter	Moved to end of the action list as this action is reliant on the other actions being completed.
					1882 Implementation of the Inpatient Recovery Plan	31/03/2024	J Meacham	New action added 9 th Jan 24
Open	384	Core Community Teams - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning Risk Owner: Heather Kahler Category: Operational Risk Register: Exec co Risk Register 12+ <i>If surges in demand or loss of staffing capacity could impact the ability for services to respond to need for a period of time (high sickness levels, extreme weather, high vacancy rates, unexpected demand on services). Then, this could result in increased waiting times, reduction in admissions, temporary service closure, patient safety issues and inability to meet targets (missed appointments and referrals, patient harm, sub-optimal service delivery, reputational damage)</i>	920 Shared demand modelling occurs across the local system to understand level of demand to support prediction of surge wherever possible – Monitored by MiDoS / SHREWD 921 Enhanced frequency of internal planning meetings to agree responses to low staffed areas, e.g. cross ward working, locality huddles 922 The extreme escalation process is that we use our snow day protocol to manage demand pressures in Community Teams 923 Looking at developing a Work-To-Model (WTM). This information will be used to compare with safer staffing models in other community services, to reliably measure true capacity.	12 Likely Significant	Risk Review <ul style="list-style-type: none"> Next Review Date: 03/01/2024 [reviewed at Risk workshop] Latest Risk Review: NA Risk Workshop Update: Agreement to update action 1858 to mirror the relevant action in Risk 341. If an action is specifically in relation to the Financial Recovery add to Risk 341.			10/01/2024
					1857 Review the snow plan escalation process/triggers in the escalation process in line with the modelling from the Work-To-Model	31/01/2024	H Kahler	
					1858 Develop staffing templates and models for Community Teams (<i>This action mirrors action 1742 in Risk 341</i>)	31/01/2024	H Kahler	

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
Open	380	Company Secretary Vacancy Risk Owner: Shirley-Ann Carvill Category: Legal/Regulatory Compliance Risk Register: Board Risk Register 15+ <i>If there is no Company Secretary in post, then WHC may miss statutory requirements as an LLP and as a service provider.</i> <i>Clinical Risk - Unable to administer clinical negligence liability claims made against WHC</i> <i>Non-Clinical Risk - WHC are not providing key information to operating board and members board, such as, Board Assurance Framework. WHC require to appoint legal services for non-clinical issues such as, the non consolidated pay award and other terms and condition. Lack of support regarding provider selection regime and response to the community bid. The capacity constraints to service the administration of operating board and members board, and other governance structures.</i>	895 Procurement progressing the appointment of legal services (non-clinical) 896 Corporate Secretary absorbing some of the board and governance administration 897 MD looking at previous arrangement for legal services non-clinical support and processes	15 Almost certain Significant	Risk Review <ul style="list-style-type: none"> Next Review Date: 06/02/2024 Latest Risk Review: 09/01/24 - Appointed and awaiting confirmation of start date which will be before end of March 2024. Risk scoring reviewed and remains at a 15. Risk Workshop Update: New starter planned start date mid March. SAC/KG update outstanding actions in 1-1 risk meeting scheduled 11/01/24			10/01/2024
					1812 Establish a list of the statutory requirements as company secretary	31/12/2023	S-Ann Carvill	Action has been completed however updates required in datix. SAC/KG update outstanding actions in next 1-1 risk meeting
					1813 Regular oversight of papers, agendas and coordination of operating board, members board to ensure Corporate Secretary Support has supervision	31/12/2023	S-Ann Carvill	Action has been completed however updates required in datix. SAC/KG update outstanding actions in next 1-1 risk meeting
					1814 The procurement team to secure legal services provision for non-clinical issues	31/12/2023	S Greenland N Rowland	Action has been completed however updates required in datix. SAC/KG update outstanding actions in next 1-1 risk meeting
					1815 Secure the appointment of a replacement vacancy. Re-Advertise the post and also explore opportunity for secondment from other NHS systems/providers	31/03/2024	S-Ann Carvill N Hughes	Update - Appointed and awaiting confirmation of start date which will be before end of March 2024
					1816 Establish of any existing process/arrangements for the management of clinical negligence liability. To ascertain any interim support within the BSW healthcare system	31/12/2023	S-Ann Carvill	Action has been completed however updates required in datix. SAC/KG update outstanding actions in next 1-1 risk meeting
Open	303	Workforce Capacity Owner: Niamh Hughes Category: Workforce Risk Register: Board Risk Register 15+ <i>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</i>	641 There is an establishment management process in place 642 Since Feb22 manual vacancy calculations have been completed to give some line of sight of the actual vacancy factor 643 Apprenticeships for nursing and podiatry workforce are in place. 644 5 year workforce risk assessment has been completed which identifies where our priorities areas need to be based on workforce data 645 Use of our CPD budget as per CPD tracker 646 Apprenticeship levy use as per apprenticeship levy tracker 647 Health and wellbeing charter and committee for WHC have been published	16 Likely Major	Risk Review <ul style="list-style-type: none"> Next Review Date: 29/02/2024 Latest Risk Review: 09/01/24 - Review completed. Rating and actions in-line with requirements. Risk Workshop Update: 1762 action updated and can be closed as BAU and has been documented as a control within the risk. NH to reference agency in the risk controls. NH to update 1760 re outcome of Exec Co meeting.			10/01/2024
					1541 Implementation plan for succession planning. Create implementation plan for succession planning which will take place through 23/24.	28/06/2024	N Hughes	Due to capacity challenges, Succession Planning to be reviewed in Q1 24/25. Should requirements and needs of the organisation change within this timeframe then the action will be reprioritised.
					1544 - Future re-analysis of workforce risks to track changes in the emergent themes and potential risk	30/04/2024	N Hughes	Project group being formed with a focus on HCSW as a key retention risk. Representation from Education, Workforce and Ops will be included.
					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.	31/01/2024	N Hughes	Update - Funding proposal for additional resource will be presented to Exec on 10/1 for 0.6 Band 3 with funding from Inpatients. This would enable weekend working 9-1. Interim proposal utilises Bank whilst consultation/recruitment would take place for existing team.
					1762 Dialogue with Employee Partnership Forum Continuing to meet weekly with EPF	30/11/2023	N Hughes	Update – This is an ongoing piece of work. Close as BAU.
					1821 Targeted Recruitment	29/02/2024	N Hughes	Update - Recruitment Campaigns - Bank assessment centre taking place on 27th January.

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
			<p>648 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</p> <p>649 Invested and recruited into diversifying our workforce (Consultant Practitioners, ACPs, Nursing Associates, Registered Nurse Degree Apprenticeship)</p> <p>904 WHC has aligned start dates for HCSWs to induction dates</p> <p>905 HSCS will now attend the New to Care Programme</p>		<p>1884 Increased use of online platforms to advertise roles and build awareness of WHC.</p> <p>1885 Build an Employer Brand</p> <p>1886 Ensure WHC supports employees throughout their career</p>	<p>29/02/2024</p> <p>29/02/2024</p> <p>29/02/2024</p>	<p>N Hughes</p> <p>N Hughes</p> <p>N Hughes</p>	<p>Recruitment events taking place in Melksham and Chippenham in January. Work with Job Centre - 2 days scheduled in Jobs Centre with focus on non-registered roles. Early Careers Attraction - attendance at schools/jobs fairs taken place and further scheduled.</p> <p>Update - LinkedIn page created and roles being advertised. Proposal to Board in January for a Facebook page to increase awareness of WHC and roles available</p> <p>Update - Attendance at university events taken place and will continue - a majority held in September. Library of branded templates are being used to build an identifiable external brand. Snapshot of key roles, career stories and clear EVP are on hold due to capacity challenges.</p> <p>Update - Menopause policy has been published. Flexible retirement options have been published to increase opportunities to remain in employment. Managers training launched and regularity of health and wellbeing comms has increased. HCSW project continues with meeting taking place in January to agree priorities and how learnings from Savernake success can be utilised elsewhere.</p>
Under review	335	<p>Storage and sharing of WHC-derived medical imaging Owner: Kelsa Smith Category: Operational Risk Register: Board Risk Register 15+</p> <p>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. SystmOne is not well suited to the long term storage of large-size or multi-study/complex imaging.</p> <p>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</p>	<p>842 Existing methods of image storage</p> <p>866 SFT now supporting transfer of images from ECHOs for south locality patients to their PACS</p> <p>867 ultrasound images are not stored as these are used for assessment and treatment only, no IG risk noted</p> <p>868 All clinical photography is stored on S1 in patient records- for specialist services, CTs and IP/MIU.</p>	15 Almost certain Significant	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 29/02/2024 Under review Latest Risk Review: 30/11/2023 - Following a review of the cardiac diagnostic services, WHC have given noticed to the ICB on the ceasing the service - WHC are currently awaiting a response. When the outcome has been received we can review this risk from a PACS perspective. <p>Risk Workshop Update: New action - Clinical Workshop to be developed and led by the ICB – NR to pick this up at the PCN meeting. Remains as a “managed risk” As an organisation we are proposing that the PACS storage issue is accepted but we do not accept the long term solution for the Cardiac Diagnostic Service. KG to organise meetings to separate out the risk– aim to have 3 separate risks (335 re PACS accepted – VH/KS), new risk – JI/BH re Cardiac Diagnostics gap, new risk – Clinical Photography (KG/JM to meet)</p> <p>1715 – To clearly articulate the digital pathway modelling to enable clinical pathway needs to be meting</p> <p>1768 to review PACS support for north and west localities for storage / access ECHO images</p> <p>1769 review of volume of clinical images by service to be carried out. Following this, will need to consider quality of images and if review of equipment is needed across all services</p>	<p>Datix updated</p> <p>29/02/2024</p> <p>31/03/2024</p> <p>29/02/2024</p>	<p>R Hyland J Irlam</p> <p>R Hyland J Irlam</p> <p>J Irlam</p>	<p>10/01/2024</p> <p>ECHO's need to be able to be uploaded to PACS system in order to be able to be shared across systems / providers. Currently we do not have access to PACS across north and west Wilts. There are discussions taking place about future of service – deadline date amended for 2 months time.</p> <p>Discussions with ICB underway to return cardiac diagnostics contract due to IG and financial risks</p> <p>Update - Scoping exercise completed across all services led by Service Transformation Team. Action to be reviewed/updated</p>

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
		<p>correcting images filed in error etc. Usually this is a role performed by a PACS Manager.</p> <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>						when the risk is split. Deadline date amended to reflect this.
Under review	290	Risk of a sustained and systemic mismatch in demand and capacity Owner: L Hodgson Category: Operational Risk Register: Exec co Risk Register 12+ <i>Sustained demand on services is greater than available capacity. This could be for variety of reasons i.e</i> <ul style="list-style-type: none"> Seasonal pressures Ineffective service specifications (WHC asked to undertake not commissioned work) Surge in demand of services Workforce pressures <i>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 sustained demand on services is greater than what Wiltshire Health and Care are commissioned to provide</i> <i>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.</i>	534 Shared demand and capacity modelling occurs across the local system to understand level of demand to support planning 535 Services and capacity commissioned in line with demand modelling 558 Efficiency gains boosting capacity 755 Shared demand and capacity 756 Services and capacity commissioned in line with demand modelling 757 Efficiency gains boosting capacity 758 Commissioning of new service 869 Twice weekly MADE events are continuing to take place in the community hospitals 870 specialist services have escalated risks re-capacity & demand – respiratory /palliative oxygen, diabetes, MSK, SLT, supported by elective recovery plan, monitored monthly. 874 Winter planning 875 performance and planning 876 The RAP process 877 EQIA process associated with service development and change process 878 Business continuity plans	12 Likely Significant	Risk Review <ul style="list-style-type: none"> Next Review Date: 16/01/2024 Latest Risk Review: Risk Workshop 08/11/2023 - KG, SQ, RG to meet to review risk and scoring.			
					Risk Workshop Update: Meeting planned for 17/01/24 to review risk and scoring	Datix updated		10/01/2024
					There are no open actions against this risk			

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
Open	365	Non payment of non-consolidated pay award Owner: Shirley-Ann Carvill Category: Finance Risk Register: Board Risk Register 15+ <i>If the non-consolidated pay award is not paid this could lead to increased retention problems, working to rule and potentially industrial action being taken. If it is paid but not funded this will lead to additional challenges on cashflow, going concern and insolvency.</i>	844 - continuing dialogue with ICB	16 Likely Significant	Risk Review <ul style="list-style-type: none"> Next Review Date: 06/02/2024 Latest Risk Review: 09/01/24 - Application to be validated by ICB and NHSE - outcome imminent. If payable funding will come before 31st March 2024. 			
					Risk Workshop Update: Risk reviewed and actions updated. No further comments.	Datix updated		10/01/2024
					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	30/11/2023	N Hughes S Quarrie	This action links to action 1762 in Risk 303 – closed as BAU
					1824 WHC are pursuing the application process newly announced by DHSC and are awaiting further guidance	31/01/2024	S Ann-Carvill	Application to be validated by ICB and NHSE - outcome imminent. Deadline date amended.
					1881 WHC to manage the appeal process next stage of the collective grievance from each of the trade unions. This will require the appointment of an independent investigator and incur costs and add to the financial challenge	06/02/2024	S Ann-Carvill	
Open	338	Safe Administration and Effective Management of insulin for all services Risk owner: L Byrne-Jones/ H Kahler Category: Quality Risk Register: Exec co Risk Register 12+ 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.	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	12 Likely Significant	Risk Review <ul style="list-style-type: none"> Next Review Date: 05/02/2024 Latest Risk Review: 05/01/24 - Risk and actions reviewed in preparation for risk workshop. 			
					Risk Workshop Update New action to be added – meeting to discuss DSN support to the inpatient wards (JI, 31/01/24)	Datix updated		10/01/2024
					1565 – Work to start on insulin policy	05/02/2024	G Tilley G Kebbell H Ellis	Amended policy currently being reviewed by DSNs, once ready will be submitted to MEDs POG for approval. LBJ has emailed DSNs to request an update on the review.
					1751 – Creating of SOP and plan for self-management	05/02/2024	B Kelly	DSN Lead has provided examples of SOPs and national guidance relating to self-administration for review by LBJ and then the III QIP group.
Open	340	Lack of capacity in the Heart Failure Nurse Workforce Risk Owner: Rebecca Hyland Category: Operational Risk Register: Exec co Risk Register 12+ 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.	800 Case Review	12 Likely Significant	Risk Review <ul style="list-style-type: none"> Next Review Date: 14/02/2024 Latest Risk Review: 04/01/24 - Risk scoring has been reviewed and remains at 12. The case review paper has been completed and submitted to SAC. Shared details of the issues in delivering the Cardiac Diagnostic and Heart Failure Services and agreed that WHC and ICB would need to work together with other partners, and particularly Clinical Leads in the development in the future model. No further development/updates however a new control has been added regarding development of the waiting list and the action has been updated 			
					Risk Workshop Update: New action (This action sits in both Risk 335 and 340) - Clinical Workshop to be developed and led by the ICB – NR to pick this up at the PCN meeting. BH to attend the Clinical Workshops.	Datix updated:		10/01/2024
					1601 Business case for increased workforce to provide a clear representation of the service JM and JI to review?	31/03/2024	R Hyland SA Carvill N Rowland	Update – no response from the ICB currently and no further updates regarding the clinical review

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
Open	304	<p>If there is insufficient pharmacy capacity (Inpatient Wards/MIU), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HCP C) regulation will be adversely affected</p> <p>Risk Owner: Louise Byrne-Jones</p> <p>Category: Quality</p> <p>Risk Register: Exec co Risk Register 12+</p> <p><i>If there is insufficient pharmacy capacity (inpatient wards), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HCP C) regulation will be adversely affected.</i></p> <p><i>Examples include;</i></p> <ul style="list-style-type: none"> <i>There is a reduced number of medication reviews completed and reconciliation which will mean medicines are not optimised which increase risk of adverse effects, poor medication adherence, polypharmacy.</i> <i>Poor stock control which could lead to patients receiving expired medication, missed doses and wasted stock</i> <i>Lack of guidance to prescribers</i> <i>Audits not completed</i> <i>Reduced antimicrobial stewardship</i> <i>TTA planning and discharge liaison affected</i> <i>No pharmacy member to undertake patient counselling</i> <i>Reduced controlled drugs management</i> 	<p>654 Consultant Nurses in post who undertake medication reviews and medication reconciliation</p> <p>656 SLA in place with the acute hospitals pharmacy departments for medicines supply and clinical ward pharmacy service</p> <p>863 Current provision of pharmacy services under SLAs</p> <p>864 LBJ and TY to set up monthly meetings with each ward manager.</p>	12 Likely Significant	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 05/02/2024 Latest Risk Review: 05/01/24 - Risk and action review completed prior to risk review workshop. 			
					Risk Workshop Update: No further comments	Datix updated:		10/01/2024
					1371 Increase pharmacist capacity	30/06/2024	L Byrne-Jones	Business case to create three frailty pharmacist posts covering three localities (equating to 2 WTE Band 8a Pharmacists) is on hold due to budget pressures on new posts, LBJ due to discuss with HOs Core and IP/MIU and flow on Wednesday 10th January 2024. The Band 5 Medicine Management Pharmacy Technicians (ward-based) role and recruitment has been delayed due to budget pressures. TY has developed a business case which is ready for submission to Exec Co. LBJ is currently in discussion with both the RUH and GWH to review clinical pharmacy aspect of their respective SLAs
					1372 Increase pharmacy technician capacity	05/02/2024	L Byrne-Jones	The Band 5 Medicine Management Pharmacy Technicians (ward-based) role and recruitment has been delayed due to budget pressures. TY has developed a business case which is ready for submission to Exec Co. LBJ is currently in discussion with both the RUH and GWH to review clinical pharmacy aspect of their respective SLAs.

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
Accepted Risk	280	Increased Cyber Security Risk Owner: Kelsa Smith Category: ICT Infrastructure Risk Register: Exec co Risk Register 12+ <i>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. This has led to a review of WHC's cyber position and number of recommended changes to improve our security.</i>	640 WHC has been invited to join RTANCA (which monitors responses to identified cyber threats). This will ensure NHSD visibility of cyber threats to WHC. 902 IT Health Dashboard	12 Possible Major	Risk Review <ul style="list-style-type: none"> Next Review Date: 13/02/2024 (Accepted Risk) Latest Risk Review: 10/11/24 - Risk Workshop 8th Nov 2023 - Discussed risk, no current concerns. 			
					Risk Workshop Update: Action 1591 updated and deadline date amended.	Datix updated:	10/01/2024	
					1326 - Additional multifactor authentication on VPN and NHS mail - Additional multifactor authentication on VPN and NHS mail in progress	29/02/2024	K Smith	Significant progress in delivering MFA on NHSmail accounts after a campaign and dedicated resource. Currently more than 50% of WHC mailboxes are now MFA protected. Work is expected to continue into early new year to complete this work, MFA on the VPN will be introduced once this work is complete.
					1591 - Ensure all network ingress points including telephony are included in the scope of penetration tests going forward.	31/03/2024	K Smith	Scope and procurement approach has been agreed, awaiting costings from Dionach. Update – Costings have come back too high, scoping to be re-completed, deadline date amended to 31/03/24
Accepted Risk	331	Lack of Inpatient EPR Risk Owner: Kelsa Smith Category: ICT Infrastructure Risk Register: Board Risk Register 15+ <i>WHC does not have an Electronic Patient Record in use on its inpatient wards and currently relies on a limited electronic Patient Administration System (PAS) which does not offer the required level of functionality. Clinical noting is largely still via paper medical records. The CareFlow product provided by GWHFT under contract is due to be phased out within three years and GWH are currently engaged in an active re-procurement exercise which does not include WHC in scope. As a result, a real-time view of BSW bed state is not possible, limiting discharge planning and management of patient flow and bed state. A real-time view of patient medication is not available to ward staff, impacting medicines reconciliation. Electronic prescribing and orders are not possible from within the existing system. CareFlow should be considered to be a 'burning platform' with a limited lifespan. WHC has explored joining the Acute Health Alliance procurement (which GWH is part of) but has had to rule out this option due to cost. There is a risk that WHC will be unable to implement and maintain a supported EPR unless significant investment is made. Currently the level of investment required is considered to be beyond WHC's means.</i>	786 Access to ICE Pathology System 787 Care Centric Integrated Care Record 788 Shared Excel Spreadsheets 790 Collection and analysis of activity data, population health data and clinical audit data is difficult and in many cases reliant on complex spreadsheets or analysis of paper notes. 903 KS continue to attend the Digital Board	15 Almost certain Significant	Risk Review <ul style="list-style-type: none"> Next Review Date: 31/05/2024 (Accepted Risk) Latest Risk Review: 30/11/23 – No current change to risk, review in 6 months time 			
					Risk Workshop Update: This is an accepted risk, due a review in May2024. KG has requested an update from the Inpatient CQC Action Plan in relation to action 1735.	Datix updated:	10/01/2024	
					1735 Inpatient team streamlining documentations to mitigate lack of EPR	31/12/2023	R Green	Info from the CQC Action Plan: <ul style="list-style-type: none"> Inpatient Team (via the Inpatient Documentation Working Group) will refresh the documentation used to support personalised care plans, trial, and implement these changes by 31/12/2023. Action plans and tools that have been developed and reviewed now being trialled across the wards, and this will be reviewed on the 13/11/23. Aimee Jones met with Steve Lobb on 19/10/2023 to ensure that we are aligned with Information Governance. Update - KG has requested an update from the Inpatient CQC Action Plan in relation to action 1735.

Status	ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
Accepted Risk	348	Datawarehouse development resource Risk Owner: Kelsa Smith Category: ICT Infrastructure Risk Register: Exec co Risk Register 12+ <i>WHC has an existing contractual arrangement with GWH to provide a Business Objects Universe as part of their overall Datawarehouse. The arrangement includes:</i> <i>*Access to Careflow inpatient data warehouses</i> <i>*Ongoing provision and maintenance of the SystmOne Business Objects Universe including daily export/import of data from SystmOne</i> <i>*Conversion of XML data and submission to support clinical delivery of services, performance reporting and applicable NHS reporting guidance and standards relevant to WHC</i> <i>*Clinical coding of inpatient stays</i> <i>The existing contract only makes provision for best endeavours updates and development work on the datawarehouse. A number of increasingly urgent changes which will improve efficiency and enable the creation of new mandatory required data fields is now necessary, however the GWH team have been explicit that they do not currently have resource to support any additional work on WHC's behalf and that investment in additional</i>	890 Bulk uploads to correct deletions 891 Manual workaround processes to derive data fields not in data warehouse	12 Likely Significant Risk Movement (10 > 12)	Risk Review <ul style="list-style-type: none">Next Review Date: 31/01/2024 (Accepted Risk)Latest Risk Review: 08/01/24 - Email received from Head of BI at GWH to warn that they are looking at moving away from Business Objects - currently the existing WHC support contract is due for renewal in June. WHC has a reliance on Business Objects and significant resource and expenditure may be required to move to Power BI as an alternative. Meeting is currently being arranged urgently to discuss options in mid-January, to review this risk again following the meeting to determine whether to escalate			
					Risk Workshop Update: GWH are moving away from Business Objects - Meeting planned 24 th Jan with WHC/GWH. KS to review risk and look at merging with a similar risk logged on datix. Dependent on outcome of the meeting on the 24 th this risk may be escalated to ICB – SAC to verbally escalate at the Oversight Meeting (CPN)	Datix updated		10/01/2024
					1788 To agree as part of contract renegotiations how GWH will provide development resource to make the regular and necessary changes to the data warehouse to reflect reporting requirement changes.	31/07/2024	K Smith	
					1863 SAC to have conversation with GWH NED to advise them around this risk.	16/01/2024	S-Ann Carvill	SAC to verbally escalate at the Oversight Meeting (CPN). The action deadline date was delayed due to the understanding that this issue was in hand, however this has now changed and requires urgent escalation. Deadline date amended to 16/01/24

3 Recommendation

The Committee is invited to:

- a. Note the content of this report
- b. Note that there are currently x19 open 12+ Risks and discuss that the data in Table 2 (open risks scoring 12+ and the aggregate risk scoring). Note that there has been a increase in both of these factors over the past 6 months indicating a increasing risk profile of WHC organisationally.
- c. Note that the Clinical Governance Lead is in the process of cleansing the risks logged on datix to ensure outdated risks are review and if applicable closed. The documented “next risk review” dates will be reviewed to ensure the occurrence of reviews aligned to the risk scoring as per the risk management policy

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 9

IPC Board Assurance Framework

PAPER

Wiltshire Health and Care Executive Committee

For information

Subject: Infection Prevention and Control Board Assurance Framework.
Date of Meeting: 24 January 2024
Author: Jo Woodward, Head of Safety Services
Executive Sponsor Sara Quarrie, Director of Quality, Professions and Workforce

1 Purpose

To provide assurance to the Exec Committee and Board of WHC compliance with the IPC BAF as required by the Going Further for Winter project.

2 Background

The IPC BAF was introduced in 2020 to provide healthcare organisations with a list of standards and expectations for the safe management of the COVID-19 pandemic. The IPC BAF has evolved to align with changes in terminology, guidance and approach to management of COVID-19 in healthcare settings. The most recent amendments were made available in September 2023.

WHC Safety Services Team continue to review and update the IPC BAF regularly, monitoring performance through monthly and quarterly reports and through the Safety Services Policy and Oversight Group.

3 Summary of WHC performance against the IPC BAF

The WHC rating against BAF¹ standards are:

	2021/22	2022/23	2023/24
RAG rated Green	194	92	49
RAG rated Amber	11	8	5
RAG rated Red	0	0	0

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

¹ Please note the IPC BAF has evolved year on year and so the number of standards and content of standards have changed making data not truly comparable.

Infection Prevention and Control board assurance framework v0.1				
	Key Lines of Enquiry	Evidence	Comments	Compliance rating
1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them				
Organisational or board systems and process should be in place to ensure that:				
1.4	They implement, monitor, and report adherence to the NIPCM .	There are quarterly audits on key IPC areas monitored through Safety Services POG. IPC Team work alongside Ward colleagues weekly to monitor compliance and highlight areas for improvement. There is a network of IPC Link Workers who support with monitoring of compliance. Induction and CMT deliver refresher topics on IPC from learning within our organisation.	On advice from our Dr in Microbiology WHC have retained CPAP and BIPAP FFP3 precautions with patients who have suspected, confirmed or are at higher risk of respiratory infection (e.g. recent contact). This is being kept under review.	2. Partially compliant
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections				
System and process are in place to ensure that:				
2.8	There is evidence of compliance and monitoring of decontamination processes for reusable devices/surgical instruments as set out in HTM:01-01 , HTM:01-05 , and HTM:01-06 .	WHC contracts specialist services for the provision of sterilisation of reusable medical devices. As such WHC does not require a Decontamination Lead. Those providers are responsible for compliance against the regulatory and best practice guidance. Decontamination oversight is, however, retained as part of the Safety Services remit.	JW working with contracts team to agree evidence required from external sterilisation services (external audits, internal audits, incidents). Decontamination improvements are on the workplan for 2023-24.	2. Partially compliant
3. Ensure appropriate antimicrobial stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance				
Systems and process are in place to ensure that:				
3.4	NICE Guideline NG15 'Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use' or Treat Antibiotics Responsibly, Guidance, Education, Tools (TARGET) are implemented and adherence to the use of antimicrobials is managed and monitored: <ul style="list-style-type: none"> to optimise patient outcomes. to minimise inappropriate prescribing. 	Prescribers prescribe according to the ICB Anti-Microbial formulary. AMS audits are undertaken. Prescribers receive feedback on the outcomes of the AMS audit.	When SSHM policy is reviewed there needs to be a section dedicated to AMS and prescribing of antimicrobials. This should include details of antimicrobial audits and local formularies. Pull antimicrobial prescribing data from the antimicrobial audit and review of trends (for example, monthly) and peer comparison of broad-spectrum and total antimicrobial prescribing, use of intravenous route of administration, treatment course length and audits of adherence to local/national guidelines for the management of common infections; Ward pharmacists review antimicrobial prescribing as	2. Partially compliant

Infection Prevention and Control board assurance framework v0.1

	Key Lines of Enquiry	Evidence	Comments	Compliance rating
	<ul style="list-style-type: none"> to ensure the principles of Start Smart, Then Focus are followed. 		part of their clinical visit (only visit for a few hours each week so may not be adequately responsive; to review AMS training modules and consider making available to staff through i-Learn	
6. Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection				
Systems and processes are in place to ensure:				
6.1	Induction and mandatory training on IPC includes the key criteria (SICPs/TBPs) for preventing and controlling infection within the context of the care setting.	The principles of SICPs and TBPs are included in the training.	The 'rebranding' to SICPs and TBPs needs to be completed in policy and will then be introduced into training. MIIR Policy going to PGG in October. Amends made to the face to face training. i-Learn rebrand outstanding 26/09/23	2. Partially compliant
8. Provide secure and adequate access to laboratory/diagnostic support as appropriate				
Systems and processes to ensure that pathogen-specific guidance and testing in line with UKHSA are in place:				
8.3	Protocols/service contracts for testing and reporting laboratory/pathology results, including turnaround times, should be in place. These should be agreed and monitored with relevant service users as part of contract monitoring and laboratory accreditation systems.	WHC have contracts in place with GWH/RUH for testing.	Agreed with SG (contracts) that the contract would be provided to Safety Services POG as the oversight group.	2. Partially compliant

4 Recommendation

The Committee is invited to:

- (a) Accept this paper as assurance that the IPC BAF is in use within WHC and areas for improvement have been identified and are being actioned.

Impacts and Links

Impacts	
Quality Impact	Safety and quality are inextricably linked. Improvements to IPC will lead to improved outcomes for patients and manage risks to staff, patients and visitors.
Equality Impact	N/A
Financial implications	Inpatients Teams have committed to releasing staff to attend the new Management of Infection and Infection Risks training programme
Impact on operational delivery of services	Safety Services continue to work with operational colleagues to identify, discuss and agree improvements to IPC practice in WHC
Regulatory/ legal implications	To demonstrate compliance with the Health & Social Care Act IPC Code of Practice and the Health & Safety at Work Act 1974
Links	
Link to business plan/ 5 year programme of change	Quality Improvement
Links to known risks	None
Identification of new risks	None

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

Item 11

Emergency Preparedness Resilience and Response (EPRR) Report

PAPER

Wiltshire Health and Care Board**For decision****Subject: Emergency Preparedness Resilience and Response (EPRR) Annual Assurance Report****Date of Meeting: 02 February 2024****Author: Jon Bishop, Emergency Preparedness Resilience and Response Manager****Executive Sponsor: Lisa Hodgson, Chief Operating Officer****1. Purpose**

1.1 This report describes the emergency planning and business continuity activities of Wiltshire Health and Care during 1 March 2023 - 31 January 2024 to meet the requirements of the Civil Contingencies Act 2004 and the NHS England Emergency Preparedness Resilience and Response (EPRR) Framework 2022.

2. Background

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

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

2.2 The NHS England EPRR Framework (2022) requires all NHS funded organisations to plan for and respond to incidents in a manner which is relevant, necessary and proportionate to the size and services provided.

3 Occurrences over the past 12 months

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

- **iRespond** - continues to work well, proving an excellent reference tool for those on-call and for use during business continuity incidents.
- **On Call** – continues to develop, losing the support of Flexible Workforce over a weekend became a real issue, increasing the number of calls to the OCM Inpatients, thankfully this has just been reinstated. Regular monthly training sessions continue, providing an opportunity to discuss recent incidents.
- **EPRR Policy** – has been updated, it has been published and sits on iRespond and within the Document Library.
- **UNISON Industrial Action** – 12 Dec 23 UNISON held a 24hr strike, WHC declared a Business Continuity Incident and set up the Incident Coordination Centre in Chippenham. A huge amount of planning took place prior to the event, the day passed uneventfully with a total of 74 members striking.
- **Chippenham Power Outage** – Chippenham Community Hospital site had a power outage on the 22 Feb 23, an underground cable was damaged that provided power to the site, the generator started but did not function correctly. WHC declared a Critical Incident due to the impact, power was restored in the afternoon of the 24th, a full debrief took place after the incident.
- **Cyber Attack** – on the evening of the 18 Apr 23, WHC was the target of a cyber-attack, which meant printing and access to various programmes including Unit 4 and Millenium was offline for several days whilst the compromised server was rebuilt. The attack was picked up by monitoring software and dealt with swiftly and efficiently by our IT team with the support of regional IT colleagues, as a result of the attack a new iRespond checklist was designed and put in place.
- **Exercise Inundation** – was a multi-agency, tactical level response to a severe flooding event that took place at County Hall, Trowbridge on the 04 Nov 23. It was organised by Wiltshire & Swindon Local Resilience Forum & BSW ICB. The exercise was attended by the DCOO, Inpatient Manager, a Community Team Manager and myself. The event was well organised and thoroughly worthwhile attending with some good feedback from all those who attended.

4 Training and Exercising

4.1 NHS funded organisations are required to undertake a minimum of one live exercise every three years, a tabletop exercise every year and a test of communications cascades every six months. Lessons identified from exercises / incidents are to be incorporated into major incident plans, business continuity plans and shared with partner organisations.

- In-house Communication Exercises are regularly held within WHC every 3 months, carried out by myself. BSW ICB are planning to hold a system wide exercise in March.
- Due to the fact we had a power outage declaring a critical incident this negated the need for WHC to organise a tabletop or live exercise this year.

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

5 Assurance NHS England Core Standards for EPRR

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

5.2 The 2023/24 EPRR assurance process was set out by the National Director of EPRR, NHS England in a letter dated the 23 May 2023, as follows:

- This year Domain 10 (CBRN) of the core standards have been reviewed and will also incorporate undated interoperable capability standards.
- Organisations are asked to undertake a self-assessment against individual core standard relevant to your organisation type and rate your compliance for each.
- This year's deep – dive was focussed on local EPRR responder training.

5.3 The compliance level for each Core Standard is defined as:

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

5.3 The outcome of the self-assessment showed that WHC against the 58 standards that are applicable to the organisation, is fully complaint against all 58, this gives a rating of Fully Compliant.

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non-compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	11	0	0
Command and control	2	2	0	0
Training & Exercising	4	4	0	0
Response	5	5	0	0
Warning and informing	4	4	0	0
Cooperation	4	4	0	0
Business Continuity	10	10	0	0
CBRN	10	0	0	0
Total	58	58	0	

Overall assessment:

Fully Compliant

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

5.4 The Self-Assessment result above was shared at a Confirm and Challenge Meeting held on the 22 November 2023 with BSW ICB on behalf of NHS England. A formal letter of confirmation is expected shortly from Rachael Beckler, Executive Director of Planning and Performance from BSW ICB on behalf of NHS England.

6 EPRR Work Plan

6.1 This year's tabletop exercise is going to involve the setting up of our Incident Coordination Centre, after a cascade exercise, during the exercise a number of Incident Management Team meetings will take place using as many of the newly trained on call managers as possible to test out arrangements and planning, with the aim of highlights any gaps or deficiencies.

6.2 iRespond continues to develop and evolve, currently it is stored on the W Drive, my concern has always been if we as an organisation lost access to shared drive. Although we have a number of memory sticks containing iRespond in different locations they are not at every site. To combat this I have been working with the IT Department to move iRespond onto Teams / Sharepoint, this has now happened, but I need to refresh the checklists and carry out a number of reliance checks.

6.3 Loggist Training, within WHC we have a number of Loggists, but we need to increase this number, working alongside the Local Health Resilience Partnership (LHRP) I aim to increase this number to 10. Within these packages include some refresher training for those already trained.

6.4 In order to continue the development of our on call teams I am going to try and get as many as possible involved in local multi-agency exercises organised by both the LHRP and the Local Resilience Forum (LRF). This worked particularly successfully this year, feedback from those attending the exercises was very good.

7. Recommendation

7.1 The Board is invited to:

- Note the activities and achievements which have been pursued in relation to EPRR in the last 12 months
- Note the outcome of the EPRR Core Standards assessment for 2023/24

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

Item 11

Board Effectiveness

VERBAL

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

Item 12

Highlight Report – Audit Committee

PAPER

Wiltshire Health and Care Board**For information**

Subject: Audit Committee Highlight Report
Date of Meeting: 23 January 2024
Author: Martyn Burke – Chair of Audit Committee

1 Introduction

The Audit Committee (AC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. This paper summarises the key issues considered by the Audit Committee at its meeting on 23 January 2024, which it is considered should be drawn to the attention of the full Board.

2 Advise

- **Deep Dive:** A decision to have a deep dive on WHC financial controls and recovery plan was taken and would be produced by Nikki Rowland and Simon Sethi for the meeting in March.
- **15+ Risks:** The risk position of the organisation was discussed and the committee noted the rise in risks on the register which had been confirmed as some risks being split to show the high level, and some scorings had changed.
- **Insolvency:** Open discussions took place regarding insolvency and a summary position would be shared at Board in Feb.
- **BAF and Risk Appetite:** The committee had discussions around the need for an up to date BAF and risk appetite, both of which would be discussed further at Board in Feb. The committee accepted that WHC required a strategic vision and annual operational plan. The strategic vision would be discussed further at the Board development day to be scheduled for Feb 2024.

3 Alert

3.1 There are no alerts.

4 Action

- 4.1 **External Audit:** The Audit Committee recommends to the Operating Board that Deloitte's are hired as external auditors for Wiltshire Health and Care
- 4.2 **Internal Audit:** The Audit Committee agreed to retain BDO for Internal Audit and Counter Fraud services in 24/25.

5 Date of next meeting

5.1 The Audit Committee next plan to meet on 20 March 2024.

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

Item 13

Highlight Report – Quality Assurance Committee

PAPER

Wiltshire Health and Care Board**For information**

Subject: Quality Assurance Committee Highlight Report
Date of Meeting: 16 November 2023
Author: Andrew Hollowood

1 Introduction

The Quality Assurance Committee (QAC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. The QAC was constituted to provide WHC's Board with assurance in relation to the quality and safety of care provided by WHC's community services. This paper summarises the key issues considered by the QAC (the Committee) at its meeting on 16 November 2023, which it is considered should be drawn to the attention of the full Board.

2 Advise**2.1**

- Tissue Viability: The TV lead attended the meeting to update the Committee, she reported improvements across the service. The pressure ulcer CQUIN had increased in quarter three and was on everyone's agenda in inpatients.
- MIU: The Senior Clinical Lead of MIUs attended the meeting to highlight the gaps in safety in the MIUs through a deep dive. It showed the work that was being carried out to improve level 3 safeguarding training compliance, the question regarding domestic violence, PGDs.
- There had been some improvements in controlled drug incidents and the insulin QIP would be linked to cost savings.
- Long covid linking to LTC model.
- There had been sustained improvements in the Wheelchair service

3 Alert

Nothing to alert to the Board

4 Action

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

5 Date of next meeting

The next meeting of the Quality Assurance Committee is due to take place on 12 February 2024.

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

Item 14

Key points for Member Organisations –PART I

VERBAL

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

Item 15

Any other business – PART I

VERBAL

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

Date of Next Meeting

Thursday 29 February 2024

12.00-13.00 MS Teams

