NHS

Wiltshire Health and Care LLP Board Papers

PART I

10 November 2023

Wiltshire
HEALTH AND CARE

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

Wiltshire Health and Care Board Meeting
Agenda - PART I

Venue:	MS Teams
Date:	Friday 10 November 2023
Time:	10:00-13:00 (Part I 10:00-12:00 approx)

WHC Board Members		
Stephen Ladyman	Chair of Wiltshire Health and Care (Chair)	SL
Richard Barritt	Non-Executive Member, Patient Voice	RB
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

Apologies		
Martyn Burke	Non-Executive Member, Finance and Audit	MB
Gill May	Chief Nurse Officer, BSW ICB	GM
Lisa Thomas	Non-Executive Member, Nominated by Salisbury NHS Foundation Trust (SFT) Board	LT
Fiona Slevin-Brown	Wiltshire Integrated Care Alliance Director, and BSW ICB Executive Lead for Primary Care	FSB

Item No.	Agenda Item	Presenter	Verbal/ Paper	Published/ Unpublished	Information/ Discussion/ Decision/ Approval	Timing (approx.)
0.	Patient Story and service update: Learning Disabilities Service	RC		Unpublished	Information/ Discussion	10:00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 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 including dashboards for high profile services. b) Finance Dashboard	SQ/ NR/ / LH/ VH	Paper	Published	Information/ Discussion	10:45
7.	Close Delivery Plan	SAC	Paper	Published	Discussion	10:55
8.	Winter Plan (to follow)	LH	Paper	Published	Decision	11:00
Governance /Scrutiny						
9.	Risk Report 12+	SQ	Paper	Published	Discussion	11:15

10.	Pulse Survey	SQ	Paper	Published	Decision	
11.	Information Governance Annual Update	VH	Paper	Published	Information	
12.	Gender Pay Gap Report	SQ	Paper	Published	Decision	
13.	WRES/DES Data Report	SQ	Paper	Published	Decision	
14.	Modern Slavery Statement	SAC	Paper	Published	Decision	
15.	Safeguarding Annual Reports and statements	SQ	Paper	Published	Decision	
16.	Health & Safety Annual Report including Statement of Commitment	SQ	Paper	Published	Decision	
17.	Estates Annual Report including Sustainability Statement/Update	VH	Paper	Published	Decision	
18.	Patient & Public Involvement Strategy	SAC	Paper	Published	Decision	
Highlight Report and AOB						
19.	Highlight Report from Audit Committee	MB	Paper	Published	Information	11:50
20.	Highlight Report from Quality Assurance Committee	AH	Paper	Published	Information	
21.	Key points to Member Organisations	SL	Verbal	Published	Discussion	
22.	Any other business	Chair	Verbal	Published	Information	
Date of next Full Board Meeting: Friday 2 February 2024 10:00-13:00, Venue TBC						

Wiltshire HEALTH AND CARE

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Wiltshire Health and Care ("WHC")
Board Meeting

Patient Story and Service Update from the Learning Disability Service

PAPER/ PRESENTATION

Wiltshire Health and Care Board	For information
Subject:	**Patient Story**
Date of Meeting:	**10 November 2023**
Author:	**Reuben Collings, Head of Learning Disability Service**

1. Purpose

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

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

Due to the nature of people who are on the Learning Disability Service caseload, this person lacks capacity to consent to their story being shared within the organisation and externally to support reflection, learning and training, therefore elements of the story have been pseudonymised.

2. Background

The patient story being heard is regarding 'T' a patient supported by the Learning Disability Service under NHS Continuing Health Care (CHC) case management since 2012.

This will be presented by Becky Harding - Clinical Lead OT, Michelle Lewis – Assistant Practitioner (CHC and OT) and Beth Berry – Specialist Community Nurse.

T has Angelman's syndrome which is a rare genetic condition that affects the nervous system and causes severe physical and learning disabilities. People with Angelman syndrome typically have a happy, excitable demeanour with frequent smiling, laughter, and hand-flapping movements. Hyperactivity and a short attention span are also common. Some people also have difficulty sleeping and need less sleep than usual.

T also has epilepsy, asthma, and spinal scoliosis. He has some independent mobility and can move himself around on the floor. He can walk with the support of a Meywalk® – a specialist supported walking frame for people with disabilities. T also is dependent on his wheelchair, and due to his learning disability, he has no awareness of risk and is fully dependent for all his care and support.

In 2012 Aged 18, T was in found eligible for NHS Continuing Health Care after leaving school and moved to a care provider in Taunton. The placement was assessed as a suitable place for him with facilities on-site such as a swimming pool and a day service as well nearby access outdoors with the support of his care team. This was felt as a suitable option as a 'home for life' for T.

In 2020, the COVID-19 pandemic hit the world and the impact on T was high. Restrictions meant that in the hot summer T spent more time at home in the garden and in the colder winter T was subject to further restrictions impacting on his quality of life. He no longer had access to the meaningful activities that he previously enjoyed and was no longer able to go swimming on site, access the day service or

community and visits from his family were severely limited. The increased infection prevention and control measures meant he couldn't freely move about his home, resulting in more time confined to his wheelchair.

In turn, this led to an increase in behaviours that challenge, particularly during personal care and the necessity to use physical holds to keep T and his staff team safe. His package of care increased to 3:1 and staff were increasingly being injured by T, resulting in the care home giving notice on T's placement.

As a result of notice being served, the Community Team for People with Learning Disabilities (CTPLD) Continuing Health Care team worked with the care provider to maintain the placement and a complex search for accommodation and a new provider was commenced. Due to the lack of a brokerage function within WHC or the ICB, this fell to the responsibility of the clinical care manager for T.

A bungalow was eventually identified within Wilshire, meaning T could be supported to live nearer his family and improve his quality of life. Equipment was provided and partnership working with the Occupational Therapy team in CTPLD and the Local Authority was initiated to commence major adaptations to ensure that the bungalow was indeed a home for life for T.

Throughout the process there were regular meetings between professionals to support T with his move into the new bungalow and supporting his family to be part of the decision making around his care and support needs, due to his lack of capacity.

Various adaptations were required to ensure the property met T's needs and was suitable for him to move into, these included;

- Level wheelchair access into the property and out into the rear garden.
- Provision of new front and back doors and ramped access to the garden.
- Doorways widening to accommodate T's wheelchair.
- Removal of a cupboard to improve access into the bathroom and give direct access from the lounge into T's bedroom.
- Move wall of second bedroom to create more space in the bathroom.
- Move window in second bedroom to accommodate wall move.
- Move utilities.
- Move loft hatch to accommodate the ceiling track hoist.
- Provision of 800mm wide bath with tapless filler.
- Repositioning of controls in the bathroom and throughout the bungalow to prevent T grabbing or injuring himself on them.
- Layout of bathroom revised to provide larger bath, ensure T could not reach the sink or toilet from the bath. Allow for development of continence in the future by accessing the toilet with a shower/commode chair.

After considerable project management oversight by the CTPLD team, the plans were finally agreed by Selwood Housing association on 7th February 2022.

The impact on T has been remarkable and the improvement seen in one year in meeting his health and social care needs are significant.

T was having regular episodes of breathlessness, but his asthma is now well controlled with no episodes of breathlessness. He is being supported to have a balanced diet and is maintaining a healthy weight after there were concerns about an increase in weight.

T's mobility has improved, and he is now pulling himself up to stand, transferring into his wheelchair and climbing the stairs at his parents' house – something which he hasn't been able to do for years. He is also using his Meywalk® regularly giving him time out of his chair, reducing his risk of pressure injury, and maintaining good skin integrity and positioning.

Support levels have been reduced to 2:1 for person care and his anxiety has decreased, for example he is no longer picking at carpet, putting his fingers in his ears or pulling his hair out – behaviours of concern when he was in his previous placement.

Best of all, T has his own staff team, who are dedicated to support him and can really get to know him and his care and support needs, this improves continuity of care for him and reduces risks. Staff are also able to observe soft signs of deterioration and respond appropriately to his needs.

T is just one example of the fantastic work that the CTPLD do, working in partnership with each other and improving the lives of people with a learning disability. Without the dedication of the team, T would not have the freedom he now has with the alternative option being a more restrictive and higher costing package of care.

3. Recommendation

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

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 1

Welcome, Introductions, and Apologies

VERBAL

Wiltshire HEALTH AND CARE

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Wiltshire Health and Care ("WHC")
Board Meeting

Item 2

Declaration and Conflicts of Interests

VERBAL

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Wiltshire Health and Care ("WHC")
Board Meeting

Item 3

3a Review Part I Minutes
3b Review Part I Action Tracker

PAPER

Wiltshire Health and Care
Board 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	Open	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	Open	02/02/2024		Moved to Feb2024 as Nov will focus on LD patient story
169	05/05/2023	SQ to obtain further information around bullying and harassment regarding the staff survey and report back	SQ	Can be closed	10/11/2023		On agenda
170	11/07/2023	NR to keep the Board updated regarding the External Audit procurement	NR	Open	10/11/2023		Verbal update at the meeting
175	08/09/2023	SQ to review mortality data for Longleat Ward, and report back at November meeting	SQ	Can be closed	10/11/2023		Included in pack (item 3c)
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		
178	08/09/2023	SAC to link the delivery plan with the development of Operational Plan and Strategic Plan moving forward	SAC	Open	20/12/2023		Linked to approval of Strategic priorities also aligned with WHC financial position end of March 24

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Board	**For discussion**
Subject:	**Learning from Deaths**
Date of Meeting:	**10 November 2023**
Author:	**Rachel Taylor – Consultant Practitioner**
	Paul Jones – Consultant Practitioner (dev)
Executive Sponsor:	**Sara Quarrie – Director of Quality, Professions and Workforce**

1 Purpose

The purpose of the Audit Committee is to provide independent assurance to the Board that Wiltshire Health and Care has sufficient processes and controls to manage risks, fulfil statutory obligations and meet its strategic aims. Please identify how your paper applies:

- Process Assurance ☒
- Risk Management ☒
- Statutory Obligations ☒

The purpose of this report is to provide assurance to the Committee that WHC:

- Is compliant with the recommendations from National Guidance on Learning from Deaths NHS England » National Guidance on Learning from Deaths,
- Has systems in place to review any relevant death in our care, to review death figures, trends, and significant causes and to share findings and learnings from mortality reviews and the Learning Disabilities Mortality Review Programme (LeDeR).
- Is meeting our contractual requirements to comply with National Guidance as above by: (i) Providing assurance that systems are in place to review death figures, specific trends, identify significant causes. (ii) Sharing findings and learning actions from all mortality reviews including the BSW LeDeR (Learning Disabilities Mortality Review Programme) reviews and evidence the implementation of learning into action. (iii) Reviewing within or lower than the expected range on the Standardised Hospital Mortality Index (SHMI - the ratio between the actual number of patients who die following hospitalisation and the number that would be expected to die based on average England figures, given the characteristics of the patients treated) and variation in mortality rates between weekend and weekday. (iv) Ensuring notification (and review participation) for all in scope LD and autism deaths into the LeDeR programme. (v) Learning from and implementing improvements from Structured Judgement Reviews (SJRs) with the prompt sharing of completed SJRs for requested LeDeR reviews. (vi) Implementing the Medical Examiner Programme

2 Background

2.1 Inpatient Services

WHC's inpatient services comprise 4 wards (Savernake, Longleat, Cedar and Mulberry) across three hospital sites. Patients can be admitted to these wards requiring 'step up' from community settings or 'step down' care as a transfer from an acute hospital following treatment and diagnosis. A proportion of patients will be known to be at the end of their life on admission and they/their loved ones may chose our inpatient setting as their preferred place of death. For others it can become apparent during their stay that they are approaching the end of their life and based on their recorded wishes on their ReSPECT form (Recommended Summary Plan for Emergency Care and Treatment), discussion with them/their loved ones and the wider multidisciplinary team (MDT), a decision may be made that the person remain on the ward until they die. These deaths would be deemed 'expected' (see section 2.1.2). Other patients may suddenly deteriorate or experience an acute event leading to their death whilst on the ward and these deaths would be deemed 'unexpected' (see section 2.1.1).

2.1.1 Unexpected deaths

All unexpected deaths in our inpatient settings are referred to the Coroner for further review and investigation and the CQC is notified[1]. Internally the death is reported on Datix and an initial investigation will be carried out by the appropriate investigating manager. The death will then be reviewed at a Post Incident Review (PIR) meeting and a decision will be made by the PIR panel as to whether further investigation internally/externally is required, along with reporting to the commissioners and NHSE via the serious incident management framework. Once complete, any such investigation will be presented at the monthly Harm Free Care panel which is chaired by WHC Director of Quality, Professions and Workforce and is attended by a member of the ICB Quality Team and any learning and an action plan determined.

Unexpected deaths are also reviewed for the quarterly 'Learning from Deaths' report which is presented at Quality and Planning, submitted to WHC Executive Committee via the highlight report and shared with commissioners. At all times, Duty of Candour is adhered to.

2.1.2 Expected deaths.

All expected deaths in our inpatient settings are also reported on Datix and notified to the CQC. These are also investigated by the appropriate manager and reviewed through the quarterly 'Learning from Deaths' report via the processes described above. Additionally, after a successful pilot on Savernake ward which started in April 2022, all WHC inpatient wards are referring expected deaths to the Medical Examiner (ME) service as from April 2023[2].

For Savernake ward, the ME service is based at GWH, for Cedar and Mulberry wards, the ME service is based at the RUH and for Longleat ward, the ME service is based at SFT. Following any

[1] More information regarding CQC notification requirements can be found here: Regulation 16: Notification of death of service user - Care Quality Commission (cqc.org.uk).

[2] For some time now, all expected deaths (i.e., deaths that do not require referral to the coroner) that have taken place in acute Hospital Trusts have been scrutinised by an ME – a senior Physician who has undergone specific training to review a patient's clinical care and treatment leading up to death and the proposed cause of death. The role of these officers is now being extended to cover deaths occurring in all community settings and from April 2024 it will become a statutory requirement for all deaths not requiring notification to the coroner, wherever they occur, to be scrutinised by an ME before they can be certified and registered. This means that deaths occurring in community and primary care will be scrutinised in the same way as those occurring in acute Trusts.

expected death, the ward medical team complete a summary form for the ME which includes proposed cause of death, the patients' notes are transferred securely to the ME Office and the ME reviews the care and proposed cause of death. They then confirm if they are happy with the proposed cause of death and the death certificate can only be signed after their approval. If they have any questions, require further information, or have any concerns, they liaise with the team and if necessary, they will involve the coroner. They also provide independent feedback to the Next of Kin (NoK) and the opportunity for the NoK to ask questions, raise concerns and give their thoughts on the care their loved one received.

WHC have welcomed the additional independent scrutiny that the ME Programme is now providing, and our clinicians are also finding the MEs to be a great resource for input, advice, support, and learning.

2.2 The Learning from Deaths report

As detailed above: both unexpected and expected deaths are reviewed quarterly in the 'Learning from Deaths' report which is presented at Quality and Planning, submitted to WHC Executive Committee via the highlight report and shared with commissioners. This report also provides and overview of death figures and trends to compare against expected rates and identify any potential patterns or themes.

2.3 Community Teams

The eleven Community Teams have large caseloads, with End-of-Life care being a key component of the care they deliver. They work closely with patients and their families to support patients, wherever possible, to receive their care in their preferred place and work closely with their inpatient colleagues to facilitate admission where required.

The community teams report all unexpected deaths via Datix and notify the CQC and as per the process for inpatient unexpected deaths, these are investigated accordingly. If the patient is at the end of their life and is expected to die, a notification to CQC and Datix is not required unless there is concern that the patient died sooner than anticipated or experienced an adverse event whilst under our care. To note, the patient's GP is responsible for referrals to ME and Coroner as appropriate and certification of death.

2.4 The Community Team for People with Learning Disabilities (CTPLD)

Supports people who have a learning disability, are over 18 years old and need support to live or to manage their lives. They work closely with other teams including community teams and palliative care. They work closely with the LeDeR programme, participating in reviews and implementing learning and actions. As per the LeDeR national policy[3], they provide data on the number of LeDeR notifications made per quarter, share information and work collaboratively to compassionately support the bereaved and avoid duplication.

2.5 Specialist Services

Our specialist teams in the community including the respiratory, heart failure and neurospecialist services will often be working with patients who are approaching the end stages of their long-term conditions, again as part of a wider MDT. If a patient on their caseload dies whilst activity is being undertaken, a CQC notification is required and a Datix will be submitted with subsequent

[3] B0428-LeDeR-policy-2021.pdf (england.nhs.uk).

investigation; if a patient dies in between visits/appointments a CQC notification and Datix is not usually required unless there were any concerns during the previous visit, or an anomaly with usual observations/care given.

2.6 NHS@Home

An area of focus going forward is the new NHS@home and the processes required to ensure that any deaths of patients who are admitted to the service are appropriately notified and investigated. Discussions are taking place at BSW level and further work will be done internally as part of the mobilisation process.

3 Discussion

Figure 1 Inpatient Data – Mortality Percentages (number of deaths compared to number of discharges) July 2022 – June 2023

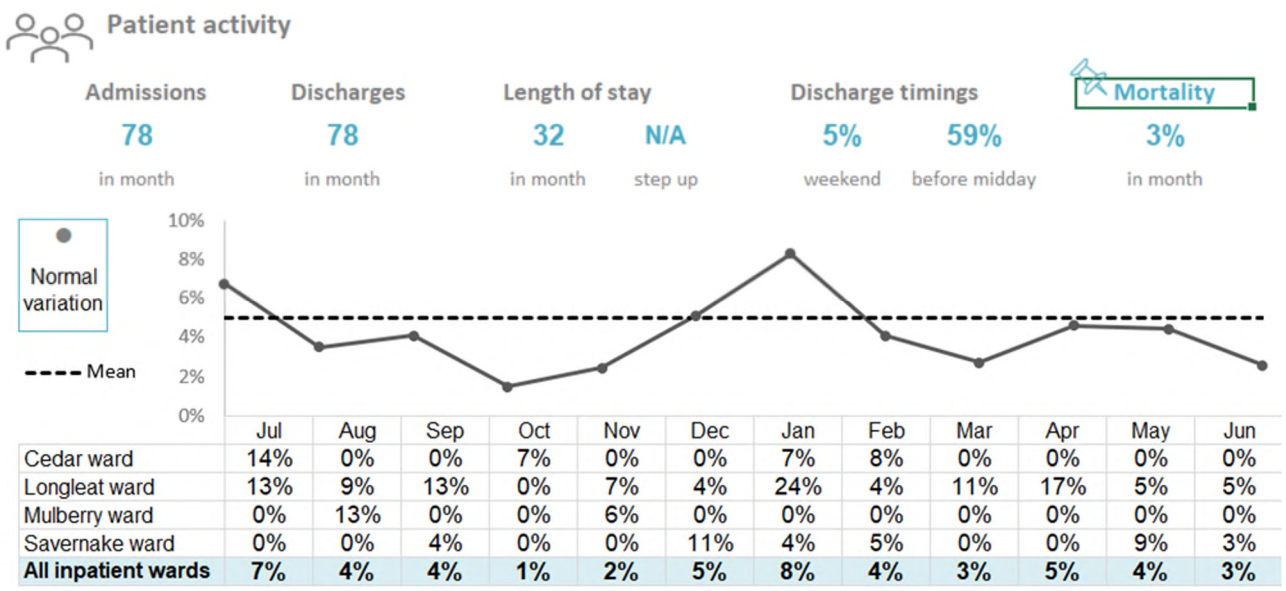


Table 1 Inpatient Data – Number of Patient Deaths July 2022 – June 2023

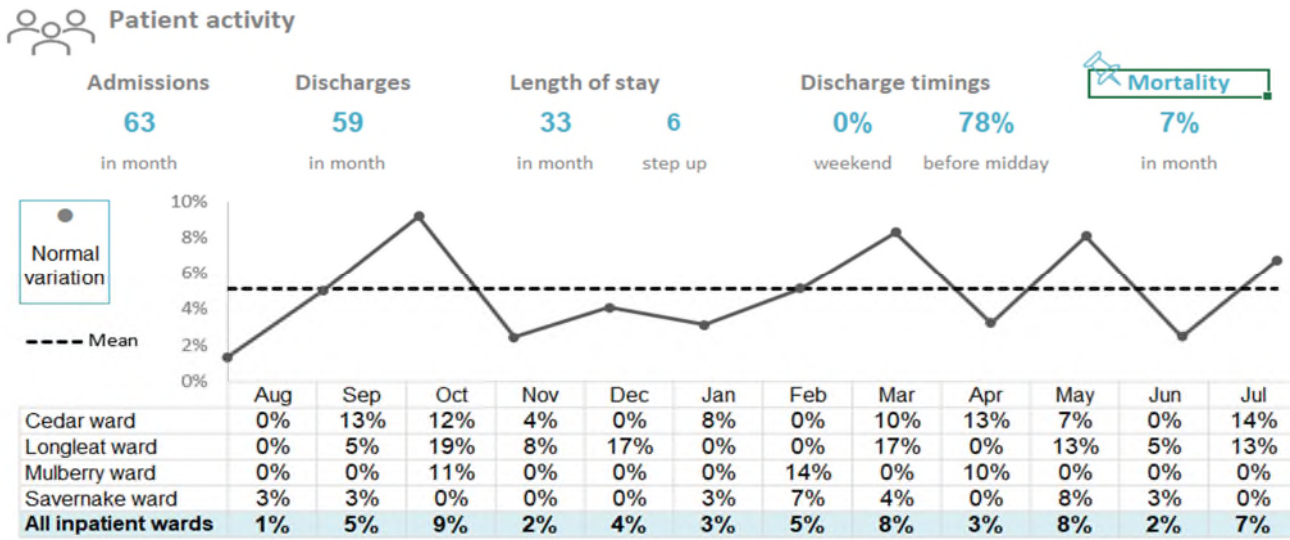
Name of Ward	Jul 22	Aug 22	Sep 22	Q2 22/23	Oct 22	Nov 22	Dec 22	Q3 22/23	Jan 23	Feb 23	Mar 23	Q4 22/23	Apr 23	May 23	Jun 23	Q1 23/24
Savernake	0	0	1	**2**	0	0	3	**3**	1	1	0	**2**	1	3	1	**5**
Mulberry	0	1	0	**1**	0	1	0	**1**	0	0	0	**0**	0	0	0	**0**
Cedar	2	0	0	**1**	1	0	0	**1**	1	1	0	**2**	0	0	0	**0**
Longleat	2	1	2	**4**	0	1	1	**2**	4	1	2	**7**	3	1	1	**5**
TOTALS	**4**	**2**	**3**	**9**	**1**	**2**	**4**	**7**	**6**	**3**	**2**	**11**	**4**	**4**	**2**	**10**
Weekday total	3	2	3	**8**	1	2	4	**7**	3	3	0	**6**	4	3	1	**8**
Weekend total	1	0	0	**1**	0	0	0	**0**	3	0	2	**5**	0	1	1	**2**

Table 2 Inpatient Data – Comparison of Number of Deaths Q1 2022/23 and Q1 2023/24

Name of Ward	Apr 22	May 22	June 22	Q1 2022	Apr 23	May 23	June 23	Q1 2023
Savernake	0	2	1	**3**	1	3	1	**5**
Mulberry	1	0	0	**1**	0	0	0	**0**
Cedar Ward	1	1	0	**2**	0	0	0	**0**
Longleat	0	2	2	**4**	3	1	1	**5**
TOTALS	2	5	3	**10**	4	4	2	**10**

Figure 2 has been included for comparison purposes. However, the committee are requested to note that during this time, the entire system was experiencing significant COVID-19 outbreaks and an increased rate of deaths because of this. All COVID-19 related deaths in our inpatient settings have been subject to separate investigation as part of our review of and response to these outbreaks.

Figure 2 Inpatient Data – Mortality Percentages Aug 2021 – Jul 2022



3.1 Summary of Findings

Findings on data presented between Quarter 2 2022/23 to end of Quarter 1 2023/24 is summarised below.

3.1.1 Q2 22/23

In Q2, there were a total of 9 deaths. Out of the 9 patients who died within our care in Q2 there were 8 expected deaths and 1 unexpected.

- The unexpected death on Cedar ward was a new admission, having been admitted the previous day for ongoing rehabilitation. After a rapid deterioration in health the patient went into respiratory arrest, signs of life diminished and cardiac arrest followed, the coroner was informed and from their perspective no further investigation was required. However as per WHC protocol, further investigation was carried out and the Post Incident Review panel identified some good practices around the treatment and care this patient received during the last hours of their life. Areas of learning and actions were also identified including sessions for staff to participate in ward-based emergency scenario training for future action reassurance and assurance.

3.1.2 Q3 22/23

In Q3, there were a total of 7 deaths. 6 of these were expected deaths where patients were known to be at the end of life.

- 1 death on Longleat ward was unexpected. This death was referred to the coroner as per standard practice and their feedback was that no further investigation was required. However as per protocol, WHC carried out its own internal review by performing an RCA to ensure that any learning and associated actions and areas of good practice were highlighted, and the results of the investigation were discussed and approved at Harm Free Care.

3.1.3 Q4 22/23

In Q4, there were a total of 11 deaths. 10 of these were expected deaths where patients were known to be at the end of life.

- 1 death on Longleat ward was unexpected – however whilst the patient wasn't on an end-of-life pathway, they were living with several complex health conditions and experiencing significant frailty and on investigation and discussion with the Coroner, it was agreed that their death was sadly not preventable.

3.1.4 Q1 23/24

In Q1, there were a total of 10 deaths. 9 of these were expected deaths where patients were known to be at the end of life. Feedback was given from SFT ME from the NoK of one deceased patient regarding their care on Longleat Ward:

"I have spoken to……. she was full of praise for all of the team on Longleat Ward stating the following comments:

Mum was very well looked after with a high standard of care given.

Communication was good, everyone was happy to talk to them and provide an update.

Longleat Ward was a very caring environment".

- 1 death at Savernake was unexpected – however whilst the patient wasn't on an end-of-life pathway, they were living with several complex health conditions and experiencing significant frailty and their peaceful death was sadly not preventable. This case was reviewed by the Medical Examiner and after their detailed review, they did not feel it required a referral to the Coroner.

3.1.5 Longleat Ward

When reviewing the mortality percentages, it is noted that Longleat ward often has a higher percentage of deaths by comparison to the other inpatient wards. It is however important to review the actual numbers, given that mortality percentages are calculated against number of discharges and so impacted by the numbers of patients flowing through the inpatient units.

4 Recommendation

The Committee is invited to:

(a) Review the report and advise on any further detail needed to provide it with the requisite level of assurance.

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

5 Impacts and Links

Impacts	
Quality Impact	This work positively impacts on quality
Equality Impact	This work should not result in any negative impact
Financial implications	None identified at present
Impact on operational delivery of services	None identified at present
Regulatory/ legal implications	This work ensures ongoing compliance with regulatory and legal requirements
Links	
Link to business plan/ 5 year programme of change	Yes
Links to known risks	No
Identification of new risks	No

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 4

Chairs Update

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Wiltshire HEALTH AND CARE

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Wiltshire Health and Care ("WHC")
Board Meeting

Item 5

Managing Directors Update

VERBAL

Wiltshire HEALTH AND CARE

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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 Board	**For information**
Subject:	Quality, Workforce, Finance, Performance and Infrastructure Report
Date of Meeting:	10/11/2023
Author:	Sara Quarrie – Quality and Workforce Nikki Rowland – Finance Lisa Hodgson – Performance Victoria Hamilton – Infrastructure

1. Purpose

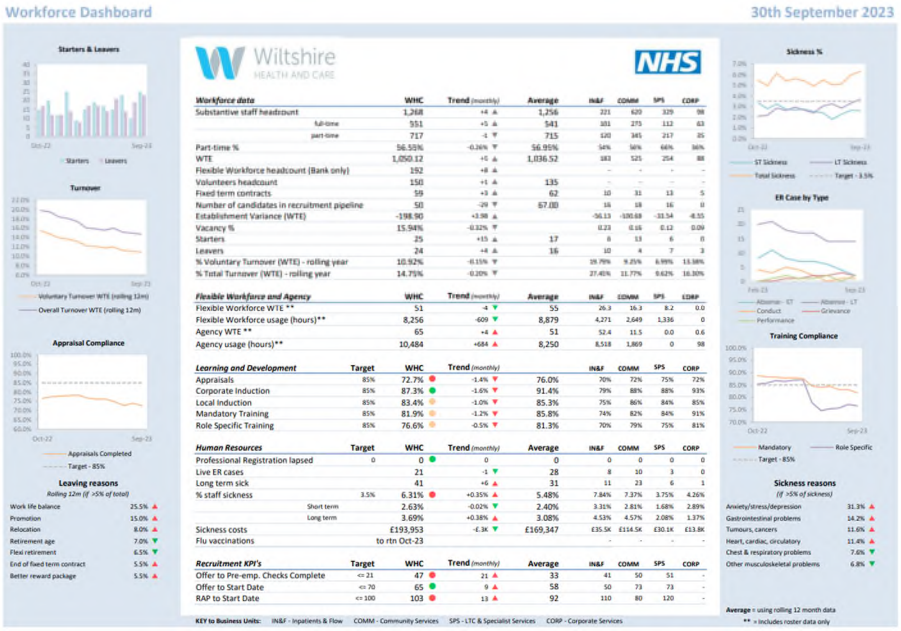
To provide an overview of the main issues arising from review of information about the Quality, of Wiltshire Health and Care services and alert and advise the Board to issues by exception.

2. Issues to be highlighted to the Board

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

ADVISE			
B		**Advise to the board**	CQC action plan – paper issued on 30 Oct to Board
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**	 Dashboard commentary – appraisal compliance continued downward trend, starters and leavers both remain high, Anxiety and stress 31.3% of sickness (increasing overall sickness noted)

Workforce Dashboard

30th September 2023

Wiltshire HEALTH AND CARE

NHS

Workforce data	WHC	Trend (monthly)	Average	IN&F	COMM	SPS	CORP
Substantive staff headcount	1,268	+4 ▲	1,256	221	620	329	98
full-time	551	+5 ▲	541	101	275	112	63
part-time	717	-1 ▼	715	120	345	217	35
Part-time %	56.55%	-0.24% ▼	56.95%	54%	56%	66%	36%
WTE	1,050.12	+5 ▲	1,036.52	183	525	254	88
Flexible Workforce headcount (Bank only)	192	+8 ▲		-	-	-	-
Volunteers headcount	150	+1 ▲	135	-	-	-	-
Fixed term contracts	59	+3 ▲	62	10	31	13	5
Number of candidates in recruitment pipeline	50	-29 ▼	67.00	16	18	16	0
Establishment Variance (WTE)	-198.90	+3.98 ▲		-56.13	-130.68	-11.54	-8.55
Vacancy %	15.94%	-0.32% ▼		0.23	0.16	0.12	0.09
Starters	25	+15 ▲	17	8	13	6	0
Leavers	24	+4 ▲	16	10	4	7	3
% Voluntary Turnover (WTE) - rolling year	10.92%	-0.15% ▼		19.79%	9.25%	6.99%	13.38%
% Total Turnover (WTE) - rolling year	14.75%	-0.20% ▼		27.40%	11.77%	9.62%	16.30%

Flexible Workforce and Agency	WHC	Trend (monthly)	Average	IN&F	COMM	SPS	CORP
Flexible Workforce WTE **	51	-4 ▼	55	26.3	16.3	8.2	0.0
Flexible Workforce usage (hours)**	8,256	-609 ▼	8,879	4,271	2,649	1,336	0
Agency WTE **	65	+4 ▲	51	52.4	11.5	0.0	0.6
Agency usage (hours)**	10,484	+684 ▲	8,250	8,518	1,869	0	98

Learning and Development	Target	WHC	Trend (monthly)	Average	IN&F	COMM	SPS	CORP
Appraisals	85%	72.7% ●	-1.4% ▼	76.0%	70%	72%	75%	72%
Corporate Induction	85%	87.3% ●	-1.6% ▼	91.4%	79%	88%	88%	93%
Local Induction	85%	83.4% ●	-1.0% ▼	85.3%	75%	86%	84%	85%
Mandatory Training	85%	81.9% ●	-1.2% ▼	85.8%	74%	82%	84%	91%
Role Specific Training	85%	76.6% ●	-0.5% ▼	81.3%	70%	79%	75%	81%

Human Resources	Target	WHC	Trend (monthly)	Average	IN&F	COMM	SPS	CORP
Professional Registration lapsed	0	0 ●	0	0	0	0	0	0
Live ER cases		21	-1 ▼	28	8	10	3	0
Long term sick		41	+6 ▲	31	11	23	6	1
% staff sickness	3.5%	6.31% ●	+0.35% ▲	5.48%	7.84%	7.37%	3.75%	4.26%
Short term		2.63%	-0.02% ▼	2.40%	3.31%	2.81%	1.68%	2.89%
Long term		3.69%	+0.38% ▲	3.08%	4.53%	4.57%	2.08%	1.37%
Sickness costs		£193,953	-£3K ▼	£169,347	£35.5K	£114.5K	£30.1K	£13.8K
Flu vaccinations		to rtn Oct-23			-	-	-	-

Recruitment KPI's	Target	WHC	Trend (monthly)	Average	IN&F	COMM	SPS	CORP
Offer to Pre-emp. Checks Complete	<= 21	47 ●	21 ▲	33	41	50	51	-
Offer to Start Date	<= 70	65 ●	9 ▲	58	50	73	73	-
RAP to Start Date	<= 100	103 ●	13 ▲	92	110	80	120	-

KEY to Business Units: IN&F - Inpatients & Flow COMM - Community Services SPS - LTC & Specialist Services CORP - Corporate Services

Average = using rolling 12 month data

** = Includes roster data only

Starters & Leavers

Starters Leavers

Turnover

Voluntary Turnover WTE (rolling 12m)

Overall Turnover WTE (rolling 12m)

Appraisal Compliance

Appraisals Completed

Target - 85%

Leaving reasons

Rolling 12m (if >5% of total)

Work life balance	25.5% ▲
Promotion	15.0% ▲
Relocation	8.0% ▲
Retirement age	7.0% ▼
Flexi retirement	6.5% ▼
End of fixed term contract	5.5% ▲
Better reward package	5.5% ▲

Sickness %

ST Sickness LT Sickness

Total Sickness Target - 3.5%

ER Case by Type

Absence - ST Absence - LT

Conduct Grievance

Performance

Training Compliance

Mandatory Role Specific

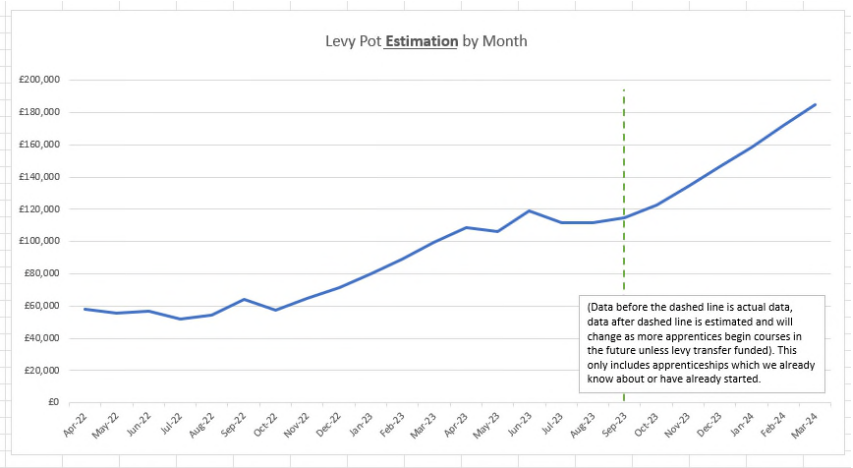
Target - 85%

Sickness reasons

(if >5% of sickness)

Anxiety/stress/depression	31.3% ▲
Gastrointestinal problems	14.2% ▲
Tumours, cancers	11.6% ▲
Heart, cardiac, circulatory	11.4% ▲
Chest & respiratory problems	7.6% ▼
Other musculoskeletal problems	6.8% ▼

- Car Lease scheme launched on 2nd October and Quarterly training focus -time to talk training launched to support mandatory training being completed
- Flexible Workforce and E-Roster backfill recruitment continues and interim measures in place – new risk being established and core functions only priority but expected impact on service delivery.
- Apprenticeship Levy (Graph) remains well used, risk with NHE E push for NHS organisations to increase levy use that less funding available for WHC levy transfer which is very well used



- NHS England Senior Leader is scheduled Visit Next Month

ALERT

B — **Alert to the board**

- WRES / WDES + Gender pay gap papers in folder
- Mandatory Training Paper – for information (in folder).
- WHC has executive team on AFC pay scales this presents a risk to operational function / and lack of ability for Executive AFC team to be impartial during industrial action. Clarity needed on roles and responsibilities in light on Union preparing to ballot for industrial action.
- Collective Grievance received from Unison, RCN and CSP. Discussions are continuing. ACAS involved directly due to potential employment tribunal claim as of 17/101/2023.

ACTION

B — **Action for the board**

Nil to note

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

ADVISE		
B	**ADVISE TO THE BOARD**	Separate Board report is produced for the Board
ALERT		
B	**ALERT TO THE BOARD**	Separate Board report is produced for the Board
ACTION		
B	**ACTION FOR THE BOARD**	Separate Board report is produced for the Board

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

This month's key operational messages

Inpatients, MIU and Flow

- MIU short term plan required to prevent on going ad hoc closures / funding approval for off framework
- Continuing high levels of enhanced care needs on wards – multiple reasons – dementia / bariatric patients / high medical acuity
- Medical model planning ongoing – little resilience in team to accommodate any absence
- In Patient CQC action plan progressing well with many actions in progress or complete already
- Vacancies within In Reach team impacting on service in acutes, posts out to advert and interviews taking place

Long Term Conditions & MSK

RTT is at 94% for specialist services – thank you for everyone's hard work at continuing to improve this number.

PIFU SystmOne Recording is being piloted in Dietetics, going live in October, hoping to roll to other specialist teams over coming months

Diabetes have started monthly education for NSI's in core teams

Cardiopulmonary Rehab sessions have started as a pilot in south locality

Core Community Teams

Datix incidences reduced

2nd Clinical Lead role

2-hour urgent response compliance surpassed target of 70%

Good humour evident despite workload and pay award.

SystmOne review needs to be approved

Ops and Quality reviewing how we evidence our work

Establishment control needs a line in the sand

Transformation Team

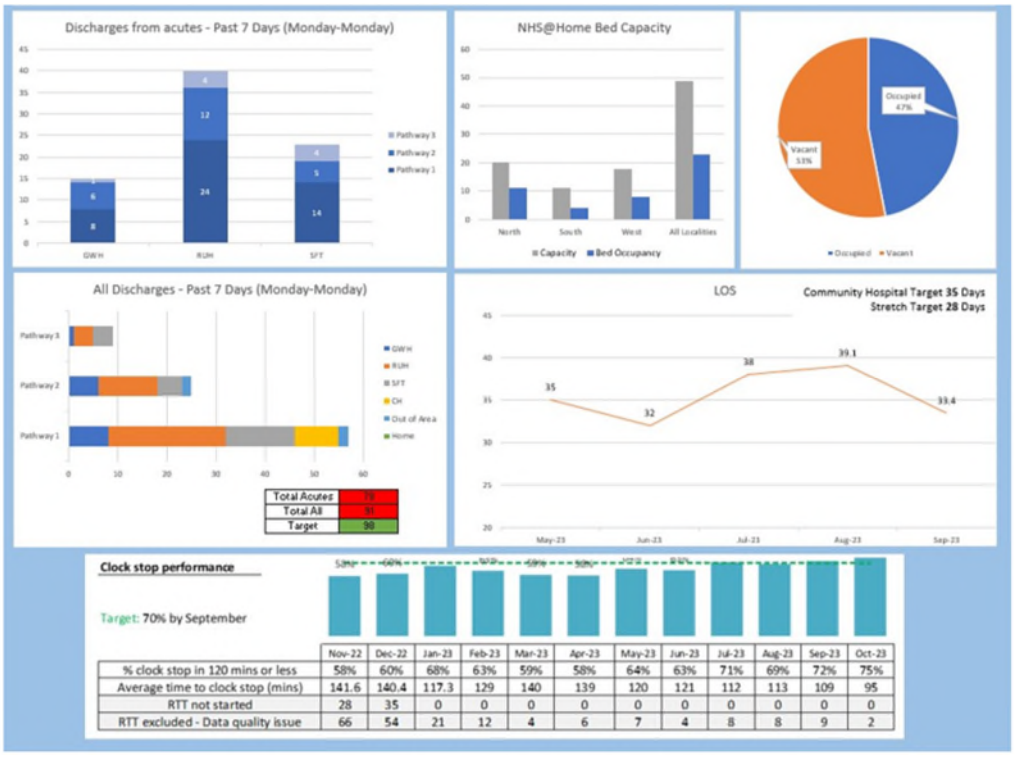
Digital transformation:
- PotentialDocclarollout planned in next 2 months, once internal governance process complete
- Community services S1 review being presented at Exec late October
- Cinapsisrollout continues
- Video consultation testing Afrmid taking place

Other:
- Scoping ECG provision across Community teams
- Continued scoping of clinical photography/digital imaging
- MaMHF@Homeproject continuing to onboard patients, patient survey distributed

NHS@Home
- 62% posts recruited to, 12% pending
- PpotentialIV medication planning

Space utilisation:
- Virtual consultations patient survey live
- Devizes new timetable identified and on Skedda

CIP programme:
- Schemes are progressing with 7 new identified



	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
% clock stop in 120 mins or less	58%	60%	68%	63%	59%	58%	64%	63%	71%	69%	72%	75%
Average time to clock stop (mins)	141.6	140.4	117.3	129	140	139	120	121	112	113	109	95
RTT not started	28	35	0	0	0	0	0	0	0	0	0	0
RTT excluded - Data quality issue	66	54	21	12	4	6	7	4	8	8	9	2

Service activity and performance

2390 Urgent attendances in month

438 Follow up attendances

Median arrival to triage time (minutes) 37

Median arrival to departure time (minutes) 86

38.8% triaged in 15 minutes or less

95.9% arrival to departure in under 4 hours

Urgent attendances only

Urgent care

Urgent Community Response

618 UCR referrals* in month

72% 2 hour response compliance

*WHC data only - see separate dashboard for all provider data

Therapy 1020 waiting 91% under 18 weeks

Overnight nursing 144 Contacts in

NHS@Home 120 Admissions 836 bed days 64% capacity

Home based services

Home First care starts in Community Teams 103 starting in month

Individuals seen in month: 5894, 441, 12192, 214, 2252

Patient flow

Bed based services

In month: Bed day capacity 2820; Bed occupancy 2623 93%

Clinic based services

Referrals

	In month	Recent 7 day average
Pathway 1	301	9.43
Pathway 2	130	3.57
Pathway 3	41	1.00
Pathways 1-3	472	14.00

Bed capacity; Bed occupancy; Stranded; Super stranded

Average length of stay (days) 33.4 bed capacity 94

(Ailesbury, Cedar, Chestnut and Longleat wards)

Target <=20 days

Referral / first contact balance

More referrals; Referral to first contact balance; More first contacts

Total waiting 1063 94% under 18 weeks

Weeks waiting

Currently waiting; Comparison - one year ago

Pathways 1-3 Discharges in month 368

Home First	109	30%
Reablement	59	16%
Home with brokered POC	47	13%
Community Hospital	81	22%
Hub beds	12	3%
Care home beds	46	13%
Placement	14	4%

Quality

Incidents 391 In month

Serious Incidents 1

Complaints 9 In month

Compliments 45 In month

Organisational indicators

Sickness absence Sep-23 6.3%

Normal variation; On target

Vacancy rate Sep-23 15.9%

Normal variation; On target

Income and expenditure £000s - Surplus/Deficit

Planned surplus; Actual surplus

Cost Improvement Plan

Aug-23	YTD cumulative Plan £000s	Actual £000s	Variance £000s
Income	29493.2	29377.1	122.17
Pay	23514.1	23498.1	16.02
Non-Pay	5985.11	7402.46	-1417.35
Total	58998	60278	●●●●●●

Pay - WTE

Actual in post WTE; Actual Agency WTE; Actual Bank WTE

Cash flow

Cash flow actual (£000s); Cash flow planned (£000s)

System impact

No Criteria to Reside - Acute data, patients waiting in Wiltshire Patient Flow Hub

GWH; RUH; SFT; All acutes

Pathway 1; Pathway 2; Pathway 3

Source: Wiltshire Patient Flow Hub strep, Friday total of planned discharges that day and remaining waiters

91 day reablement 69% at home this month

Notable variation; On target

Target; Data; Mean; Control limits

Infrastructure: The following issues are highlighted in relation to infrastructure

ADVISE			
B		**ADVISE TO THE BOARD**	Nil
ALERT			
B		**ALERT TO THE BOARD**	**West Wiltshire Health Centre** BSW continues to develop the short form business case, (BC), for an Integrated Care Centre in Trowbridge. The BC now includes moving the WHC Community Team, virtual consultation spaces and specialist services administration and hot desks to County Hall. It has been confirmed that WHC will not need to approve the Business Case but that it will need to issue a letter of support, probably at some point in November 2023. Further clarification is awaited from BSW.
ACTION			
B		**ACTION FOR THE BOARD**	Nil

3. Recommendation

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

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Operating Board	**For discussion**
Subject:	**Adult and Children's Community Services to BSW ICS Tender Opportunity 2025-26 Update**
Date of Meeting:	**10 November 2023**
Author:	**Nikki Rowland, Interim Director of Finance**

1. Purpose

The purpose of this paper is to seek Update Board members on the procurement for the provision of Adult and Children's Community Services to BSW ICS.

In particular for members to note specific requirements set out in the documentation.

Background

On the 20th October the procurement for the provision of Adult and Children's Community Services to BSW ICS went to live market advert. As an organisation an expression of interest was submitted which enabled access to the procurement documentation.

The timetable is set out as follows:

Stage	Dates
FTS /Contracts Finder notice published	20/10/2023
SQ issued to Candidates	20/10/2023
Clarification questions and response to clarification question	10/11/2023 (12 noon)
SQ responses closing date	20/11/2023 (12 noon)
Completion of SQ assessment and short listing of Candidates (now known as 'Tenderers')	09/01/2024
Notify Candidates of SQ Outcome	25/01/2024
Issue of bid documents (ITN1) to Tenderers and notification to unsuccessful Candidates	29/01/2024
Clarification questions and response to clarification questions	19/03/2024 (12 noon)
Negotiation Meetings with Tenderers	February 2024
ITN1 submissions closing date	29/03/2024
Issue of bid documents (ITN2)	17/06/2024
Clarification questions and response to clarification questions	04/07/2024 (12 noon)
ITN2 submissions closing date	09/07/2024
Award Recommendation to Governing Body	August/September 2024
Formal contract award announced and 10-day standstill period	September 2024
Contract start date	1st April 2025

Documentation released is as follows:

- BSW ICBC DQ Introduction Letter
- BSW ICBC Selection Questionnaire Candidate Guidance Final
- BSW Selection Questionnaire Document – provided for information.

- BSW ICBC Selection Questionnaire Part 1 and 2
- BSW ICBC Memorandum of Information V2

Clarification questions could also be submitted with a deadline for submission of the 9th November.

Within the final guidance, it looks at a range of evaluation including that candidates will be marked on a PASS/FAIL basis or by numeric scoring (see appendix 1) for each section of the Selection Questionnaire (SQ). For PASS/FAIL questions, a PASS must be achieved for each area within the questionnaire to be deemed successful. Any candidate that receives a FAIL on any question will not be invited to the next stage.

The full questionnaire can be found as a PDF within Appendix 2.

In section 5 the questions are set for the Economic and Financial Standing this includes a pass/fail score based on each of the last two years set of accounts with the specific tests for part 1 and 2 set out in the table, along with our own organisational assessment.

Economic & Financial standing scoring matrix (SQ)

Criteria	Assessment Criteria	Definition	Minimum Threshold / Acceptable Score = "pass"	Assessment for Wiltshire Health & Care
Part 1				
Liquidity	Current (Liquidity) Ratio	***Current Assets / Current Liabilities*** Current Assets (inc. Stock) divided by Current Liabilities	0.5 or above	2022/23 £12.1m/(£12.4m) = 0.98 2021/22 £12.6m/(£12m) = 1.05
Debt	Gearing Ratio	***Long Term Debt/Net Worth*** Long Term Liabilities divided by (*Shareholders Funds plus Long Term Liabilities), with the resulting answer multiplied by 100 to generate a percentage.	<100%	No long-term liabilities. Equity for the 2 financial years: 2022/23 £488k 2021/22 £484k
Profitability	Net Profit Margin	***Net Profit*** Net Profit before Taxation divided by Turnover, with the resulting answer	>0	2022/23 +£4k 2021/22 +£169k

Criteria	Assessment Criteria	Definition	Minimum Threshold / Acceptable Score = "pass"	Assessment for Wiltshire Health & Care
		multiplied by 100 to generate a percentage.		
Cash	Cash flow Forecast	An overall positive year end cash forecast balance is expected or a suitable explanation covering how a deficit will be managed within the bank confirmed credit facility and how and when a positive cash balance will be achieved in the future.	Positive year-end balance or suitable explanation is acceptable	2022/23 +£7.3m 2021/22 +£5.5m
Debtor Days	Debtor days calculation	***Debtors / Turnover X 365 days*** Debtors divided by turnover, with the resulting answer multiplied by 365 to generate average debtor days.	Equal to or less than 60 days	2022/23 £4m/£68m = 21 days 2021/22 £6.4m/£66m = 35 days
Creditor Days	Creditor days calculation	***Creditors / Cost of sales x 365 days*** Creditors divided by cost of sales, with the resulting answer multiplied by 365 to generate average creditor days.	Equal to or less than 45 days	2022/23 (£12.4m)/(£68.2m) = 66 days 2021/22 (£12m/£66m) = 66 days *NB: Operating expenses used for cost of sales*
Part 2				
Capacity	Minimum Annual Turnover	***Candidates are required to have a minimum annual turnover that is equal to or more than 75% of the annualised indicative core envelope of £137.9m.***	Equal to or more than 75% of the indicative Core Service Envelope.	2022/23 £68m 2021/22 £66m Target >£103m

It is also worth noting that the questionnaire requires confirmation on the current CQC status, with a minimum standard of “Requires Improvement”.

The memorandum of information is a 147-page document and as it has been discussed previously the paragraph in relation to VAT has been included here:

> “Where a legal entity is created by a group of consortium members (irrespective of whether it is created as a consequence of the Commissioner requiring the consortium to form a legal entity or if the consortium itself decides to form a legal entity) the arrangement must be VAT neutral to the Commissioner and the Commissioner reserves the right to require the constituent members of the newly formed legal entity to provide financial and/or performance guarantees.”

2. Recommendation

The Operating Board is asked to note the requirements of the procurement and specifically the financial and economic requirements and the assessment of Wiltshire Health & Care in meeting the requirements.

Wiltshire Health & Care do not meet in particular the minimum annual turnover required to bid; however, this would not automatically preclude the involvement with other organisations that could even as part of a special delivery vehicle.

A decision needs to be made in the role of Wiltshire Health & Care as the questionnaire requires confirmation of any bidder bidding as a single supplier, part of a group or consortium or use of subcontractors.

Appendix 1

For those Questions that are scored numerically, the following system will be used:

Assessment	Interpretation	Score
Deficient	A significantly deficient response, unanswered or unacceptable response.	0
Below Expectations	Limited information provided or a response that falls below expectations in terms of detail, accuracy and/or relevance	1
Meets Expectations	An acceptable response submitted that met the expectation in terms of the level of detail, accuracy and/or relevance	2
Above Expectations	A good response submitted in terms of detail and relevance that is above expectation	3
Significantly Above Expectations	An excellent response submitted in terms of detail and relevance that is significantly above expectation	4

The scored questions include character counts and weighting are detailed in the table below:

Question Description	Character Count	Question Numbers	Numerical Score	Question Overall % Weighting
Relevant Experience and Contract Examples	6000 per example	6.1 – 6.2	0 - 4	6
Relevant Experience (Subcontractor)	6000	6.3	0 - 4	6.5
Compliance and Contractual Performance	N/A	8.1(a) to 8.1(e)	Pass/Fail	Pass/Fail
Information Governance	N/A	8.2 (a) and (e)	Pass/Fail	Pass/Fail
Care Quality Commission	N/A	8.3(a) to 8.3 (b)	Pass/Fail	Pass/Fail
Electronic Patient Record Keeping	3000	8.4(a)	0 - 4	2.5
Collaboration	9000	8.5(a)	0 - 4	12.5
Quality Planning	6000	8.6(a)	0 - 4	7.5
Quality Improvement	12000	8.6(b)	0 - 4	10
Quality Control	6000	8.6(c)	0 - 4	7.5
Workforce	9000	8.7(a)	0 - 4	12.5
Inclusion and Accessibility	6000	8.8(a)	0 - 4	7.5
Social Value	6000	8.9(a)	0 - 4	7.5
Fair Tax	3000	8.10(a)	Pass/Fail	Pass/Fail
Financing	6000	8.10(b)	0 - 4	5
Financial Transition	6000	8.10(c)	0 - 4	5
Value for Money	9000	8.10(d)	0 - 4	10
				100%

Appendix 2

BSW -ICBC Selection Questionnaire final.pc

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 7

Close Delivery Plan

PAPER / VERBAL

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Operating Board	**For information**
Subject:	**WHC Delivery Plan 2022-25**
Date of Meeting:	**10 November 2023**
Author:	**Shirley-Ann Carvill, Managing Director**

1. Purpose

The purpose of this paper is to seek Board approval to the closure of Wiltshire Health and Care (WHC) Delivery Plan for 2023 as most actions have reached conclusion and no further delivery has been identified beyond 23/24.

The Board is also asked to note that the proposed new approach to establishing an Annual Operating Plan and Strategic Plan are on hold until clarification on financial recovery plan and impact of Lead Provider and partnership collaboration associated with BSW tender for Primary and Community Care services beyond 2025.

Background

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

Every quarter, the plan has been updated with progress updates, shared with colleagues, via *Connected* (our Intranet page). The plan is also used as a framework to demonstrate our progress against specific goals to the broader system.

In July 2023, the Operating Board was asked to approve a different approach with aim to introduce an annual planning cycle and to create an Annual Operating Plan and a Strategic Plan. This approach was supported and would enable us to improve on our current Delivery Plan identifying more succinctly focused and streamlined annual set of objectives that triangulate our planned activity and performance, financial plan and workforce to deliver the commissioning commitments coupled with extrapolated 23/23 objectives from the agreed Delivery Plan ensuring continuity and building a more holistic view upon which we can monitor and measure.

Correspondingly longer-term objectives in the Delivery Plan would be incorporated into a separate WHC Strategic Plan.

The ability to establish an Operating Plan 23/24 has been compounded with the financial challenges and the underlying operational pressures. It depends on the resolution of the options to address challenges and agree a financial recovery plan.

It was anticipated that this would provide the baseline for our Strategic Plan. Some parallel work to align the Operating Plan with developing our strategic ambition has been undertaken. A Strategic workshop was held in May 23 to consider our ambition to achieve 'Aim for Outstanding'. WHC has since been involved over recent months in the production of the BSW Primary and Community Care Delivery Plan recently published. The Executive have drafted Strategic Priorities to align with the BSW

Integrated Care Strategy and the Transformation Priorities within the Primary and Community Care Delivery Plan. Further development will depend on the BSW Procurement process and partnership collaboration.

2. Recommendation

The Operating Board is asked to support the closure of the existing Delivery Plan.

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 8

Winter Plan (to follow)

PAPER

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Board	**For decision**
Subject:	Operational Resilience and Capacity Plan (WINTER)
Date of Meeting:	**10 November 2023**
Author:	**Lisa Haywood, Chief Operating Officer**

1. Purpose

The purpose of this document is to describe the arrangements that Wiltshire Health and Care (WHC) is putting in place to support the delivery of planned and unplanned care from 1st November 2023 to 1st April 2024, including the Christmas and New Year holiday period and Easter.

This document is a working document and underpins the Wiltshire ICA and BSW ICB plans, the latest version of which can be found in appendix 1. It should be noted that the options for our MIU and Inpatient services linked to our Financial Recovery Plan have not yet been agreed. Regular updates will be provided to advise of deliverability, impact and any operational risks.

2. Background

The WHC plan for Quarter 3 and Quarter 4 2023/24 (the 'Winter Plan') has been developed in the context of:

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

Our operation has been altered significantly to reflect the continued infection control measures required to counter the spread of infections whilst maintaining capacity; for example, WHC will routinely cohort patients with the same infections in traditional non patient areas in order to maintain capacity and prevent a ward closure. This plan is underpinned by a range of operational and escalation plans with the primary aim of maintaining safe and effective delivery of services and maintaining system flow to each of the three localities.

This plan will be a working document; WHC has a robust surge plan to be used if the organisation is required to respond to a system issues. It is important that system partners recognise that invoking the escalation plan will have significant impact on WHC ability to deliver scheduled services.

3. Discussion

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

- Continue to strengthen the 2-hour rapid response service
- Continue to embed our 7 days a week in reach model

- Continue to increase capacity and occupancy within NHS@Home.
- Maintain flow including maintaining length of stay and reduce non criteria to reside numbers in Community Hospitals to 25.
- Integrated Discharge Hubs
- Multi Disciplinary In-Reach Teams within the three acutes – supporting front door and back door.
- Personalised Pathway Navigation – Development of the Discharge Hubs.

4. Recommendation

4.1 The Board is invited to:

A) Note and approve the contents of this report

Impacts and Links

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

OPERATIONAL RESILIENCE AND CAPACITY PLAN (WINTER)

Summary	The purpose of this document is to describe the arrangements put in place by Wiltshire Health and Care (WHC) to support the Delivery of planned and unplanned care from 1st November 2023 to 1st April 2024, including Christmas and New Year and Easter.
Target Audience	WHC staff, Board Members, Wiltshire Alliance, Volunteers and Contractors.
Review Date	August 2023
Approved By	[To be approved by Board]
Author	Lisa Haywood, COO
Version	1.0
Date of Issue	October 2023

Version Control

Version	Author	Date	Reason
1.0	Lisa Hodgson	07/09/2023	1st draft

Executive Summary

The WHC plan for Quarter 3 and Quarter 4 2023/24 (the 'Winter Plan') has been developed in the unprecedented context of:

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

Our operation has been altered significantly to reflect the continued infection control measures required to counter the spread of infections whilst maintaining capacity; for example, WHC will routinely cohort patients with the same infections in traditional non patient areas in order to maintain capacity and prevent a ward closure. This plan is underpinned by a range of operational and escalation plans with the primary aim of maintaining safe and effective delivery of services and maintaining system flow to each of the three localities.

This plan will be a working document; WHC has a robust surge plan to be used if the organisation is required to respond to a system issues. It is important that system partners recognise that invoking the escalation plan will have significant impact on WHC ability to deliver scheduled services.

1. Introduction

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

The Plan is set within the context of the national guidance for 'Operational Performance Escalation Levels (OPEL) Framework. The 4 levels of escalation for local health and social care systems;

- OPEL 1 (able to meet demand)
- OPEL 2 (starting to show signs of pressure)
- OPEL 3 (major pressures compromising patient flow)
- OPEL 4 (organisations unable to deliver comprehensive care).

There is also an accompanying set of actions which sit between OPEL level 3 and 4, which WHC will instigate in the event of an Acute Trust partner invoking a Full Hospital Protocol, sometimes known as a continuous flow or boarding model. The actions card relating to escalation can be found in Appendix 2.

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

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

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

2. System Planning and Integration

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

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

3. Priorities for winter 2023/2024

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

- Continue to strengthen the 2-hour rapid response service
- Continue to embed our 7 days a week in reach model
- Continue to increase capacity and occupancy within NHS@Home.
- Multi Disciplinary In-Reach Teams within the three acutes – supporting front door and back door.
  Personalised Pathway Navigation – Development of the Discharge Hubs

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

4. Control and Command

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

The Chief Operating Officer is the designated Winter and EPRR Lead for Winter 2023/24. Internal operations are managed through touch point calls, the frequency of which is flexed according to the levels of escalation.

5. Escalation Management Plan/Surge Plan

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

WHC have developed am internal framework for accurate daily organisation OPEL scoring so as to reflect current pressures within WHC.

The OPEL definitions equate to:

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

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

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

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

1. Capacity

Bed Capacity

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

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

Community wards do not have the same infrastructure as an Acute Hospital; hence it is difficult to be able to manage patients in the same way, an Acute Hospital would respond in the event of 'A full Hospital' WHC has developed steps which would be followed in the event of an Acute Partner evoking the Full Hospital Policy/continuous flow/boarding model. This will remain in play for 2023/24 and is intended to sit alongside the internal escalation (OPEL) processes.

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

2. Cold Weather Resilience

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

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

The following specific improvements have been put in place:

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

Impacts and Links

Impacts	
Quality Impact	Failure to plan for predictable surges in demand would result in quality of services being compromised.
Equality Impact	Failure to continue to provide as many community services as possible during Winter could have a disproportionate effect on more vulnerable or disadvantaged members of the population.
Financial implications	The additional capacity is dependent on funding from commissioners, either permanently committed or through non recurrent support.
Impact on operational	The system winter planning seeks to ensure that the right framework is in place to support the continued operational delivery of services.

delivery of services	
Regulatory/ legal implications	Links to our regulatory requirements to continue to deliver safe and effective services.
Links	
Link to business plan/ 5 year programme of change	Some of the additional capacity for winter is also in line with objectives in the WHC Delivery Plan.
Links to known risks	Existing risks on demand and capacity mismatch.
Identification of new risks	None.

Appendix 1. Final Draft BSW Winter Schemes

Appendix 2. Action Card

Action Cards

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

Community Hospital Beds

OPEL Level	Actions
One	No specific actions, WHC is operating at safe levels of escalation. Continue usual forward planning, Daily tracking and review of patients waiting for discharge and review of alternative solutions in the community.
Two	Review patients to ensure appropriate discharge plans in place. Enhanced co-ordination and communication. Identification of blockages and actions required to improve system flow. Escalate issues requiring system wide response to Head of Operations. Review all staffing to identify any gaps that will impact on ability to use all capacity. Agree requirements for bank and on framework agency staffing. Link with partner organisations and take part in multi-agency conference calls as required.
Three	Only essential meetings to continue. Referral, phone and e-mail continue to be monitored and responded to in real time. Only urgent/ essential Supervision, annual appraisal, mandatory training is honoured Twice daily tracking and review of patients waiting for discharge and review of alternative solutions in the community.

	Head of Operations to participate in whole system tactical capacity teleconference / meeting frequency as required. Escalation to Chief Operating Officer of any issue where senior manager involvement /decision is required. Continue to review staffing and agree requirements for non-framework agency staff. Contact and/or utilise any clinical staff in non-front-line roles Contact GPs providing medical cover to wards to assess their patients to help expedite discharges as above – inform GPs of OPEL 3 status. Participate in whole system tactical capacity teleconference / meeting frequency as required.
Four	All meetings aside those essential to maintain flow are cancelled. All training is deferred. Daily communication to enable good operational knowledge and understanding of further actions planned and required. Consider redeployment of staff supporting non urgent services. Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if deemed to have the appropriate competencies required.

Community Teams

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

	Daily communication to enable good operational knowledge and understanding of further actions planned and required. Consider redeployment of staff supporting non urgent services. Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if deemed to have the appropriate competencies required.

MIU

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

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 9

Risk Report

PAPER

Wiltshire Health and Care Board	**For information**
Subject:	Risk report
Date of Meeting:	10 November 2023
Author:	Kayleigh Gullis and Maria Loulaki – Clinical Governance Lead
Exec Sponsor:	Sara Quarrie – Director of Quality Professions and Workforce

1 Purpose

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

2 Discussion

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

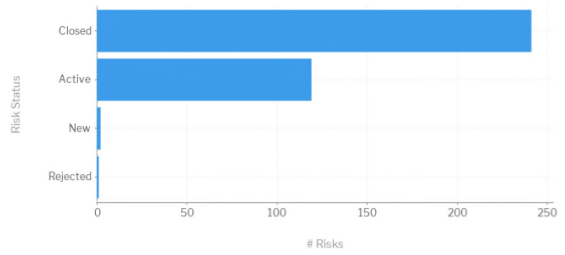
- 12+ Risks are reported monthly to Exec Co as a separate paper titled “Risk Report – 12+”.
- 15+ Risks are reported quarterly as a separate paper to Audit Committee titled “15+ Risk Management Report” supported by the “Risk Management Systems Report”.
- All 12+ Risks are presented and discussed at the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

2.1 Risk Register Overview

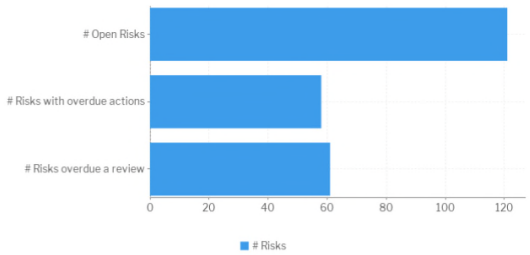
The below Risk Dashboard provides an overview of the current position on risks with overdue actions, overdue risk reviews and the number of risks reported.

2.1.1 Risk dashboard

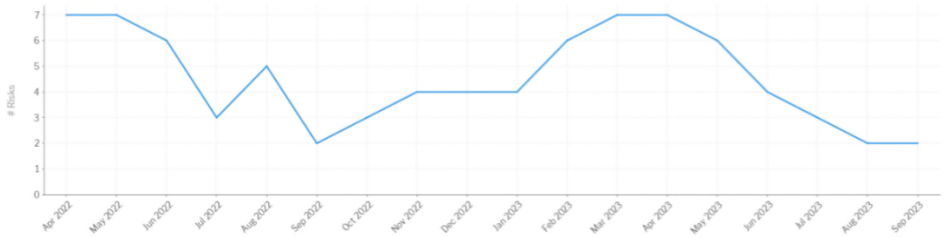
Total number of risks opened/closed (Risk status)



Overview

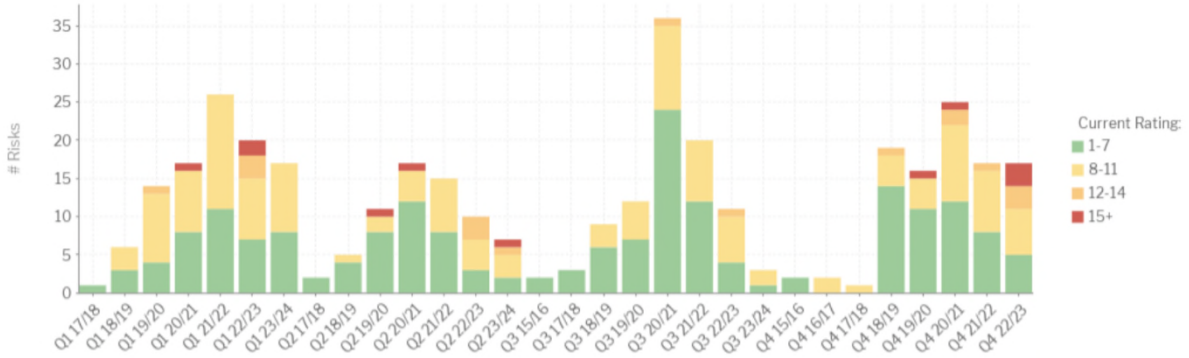


Total Number of Risks Reported by month (Apr22-Sep23)



Total Number of Risks Opened/Closed by month (Apr22-Sep23)

Quarterly Breakdown of Risks Reported by Risk Scores



2.1.2 New Risks

During September, 2 new risks were reported:

ID	Title	Risk Register	Opened Date	Review Due	Current Risk Grade
368	Vacancies resulting in low staffing levels west and South locality	Diabetes	08/09/2023	13/10/2023	10
369	Privileged Access Management limitations	IT, Systems and Informatics	15/09/2023	13/10/2023	6

Table 1. New risks register entries detail – September 2023

2.1.3 Risk Validation (All Open Risks)

All open risks since January 2023 have an owner assigned. The Clinical Governance Lead will be monitoring the validation of each risk reported into Datix. 1:1 Meetings with Risk Owners for 12+ Risks are being organised to ensure risks are reviewed and updated which will include the recording of actions and controls.

Month	# Risks Reported	% Risks with owner	% Risks with actions	% Risks with overdue actions	% Risks with controls	% Risks with gaps in controls	% Risks overdue a review
Jan	**4**	100%	75%	75%	100%	25%	75%
Feb	**5**	100%	40%	40%	60%	0%	60%
Mar	**4**	100%	100%	50%	75%	75%	50%
Apr	**5**	100%	40%	40%	0%	0%	60%
May	**6**	100%	67%	17%	50%	0%	50%
Jun	**4**	100%	75%	25%	100%	50%	25%

Month	# Risks Reported	% Risks with owner	% Risks with actions	% Risks with overdue actions	% Risks with controls	% Risks with gaps in controls	% Risks overdue a review
Jul	**3**	100%	33%	33%	33%	0%	100%
Aug	**1**	100%	100%	100%	100%	0%	0%
Sep	**2**	100%	0%	0%	0%	0%	0%
Oct	**3**	100%	0%	0%	0%	0%	0%
	Average %	100%	53%	38%	52%	15%	42%

Table 2. Risk Validation 2023

2.2 12+ Risks Profile

There are currently 15 open 12+ Risks. The figure below displays the total number of 12+ risks reported each quarter.

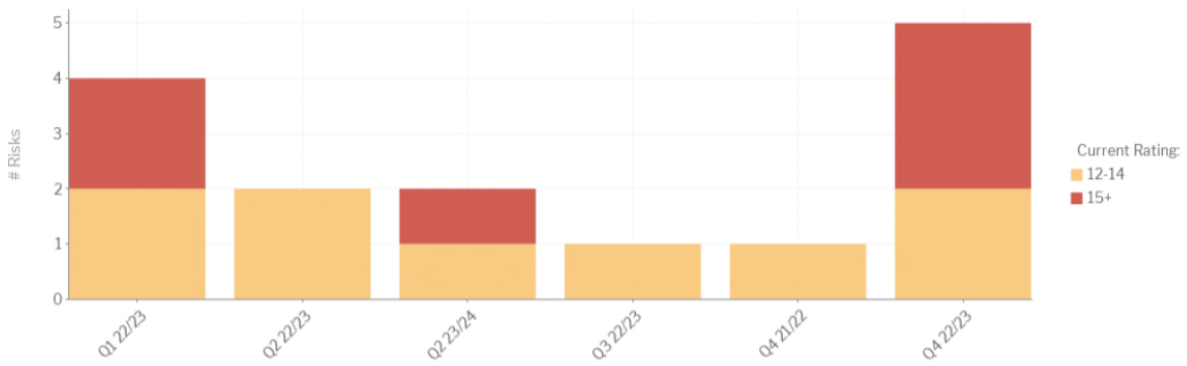


Figure 1 12+ Risks Reported each quarter

2.3 12+ Risk Movement

The table below shows the number of 12+ risks and the risk movement. Risk 339 Poor quality NHS PS service delivery was closed during September 2023. All actions have been implemented. The Risk Leads reviewed the progress that NHS PS had made on all the elements of the risk and although some risks remain these are not corporate level risks and will be addressed via the normal business as usual routes.

	Aug 22	Sep 22	Oct 22	Nov 22	Dec22	Jan 23	Feb 23	Mar 23	Apr 23	Mar23	Jun 23	Jul 23	Aug23	Sep23	Trend
12+ risks currently open	4	5	5	6	5	7	10	13	11	11	11	11	12	15	↑
Aggregate risk score of 12+	80	92	92	80	92	95	137	161	140	138	138	158	172	211	↑
New 12+ Risks	0	1	0	1	1	1	2	5	0	0	0	1	1	0	↓
Escalated to 12+ Risks	0	0	0	0	0	0	0	0	0	0	0	0	1	0	↓

	Aug 22	Sep 22	Oct 22	Nov 22	Dec22	Jan 23	Feb 23	Mar 23	Apr 23	Mar23	Jun 23	Jul 23	Aug23	Sep23	Trend
Escalated to 15+ Risk	2	0	0	0	0	0	0	0	1	0	0	1	0	0	↔
Accepted 12+ Risk	0	0	0	0	0	1	2	6	0	0	0	1	1	0	↓
Closed 12+ Risks	0	0	0	1	0	0	0	1	0	0	0	0	0	1	↑
De-escalated 12+ Risks	0	1	0	0	0	0	0	1	0	1	0	0	0	0	↔

Table 3 12+ Risk movement in Aug 2023

2.4 12+ Risks Reported by Risk Scores

The figure below identifies where the open 12+ risks currently score on the Risk matrix to ensure the committee can be sighted on the consequence and likelihood scoring of each 12+ risk. Risk 315* is currently scored as a 12 Risk, however this has not yet been validated.

5 Catastrophic	**5**	**10**	**15**	**20**	**25** [341]
4 Major	**4**	**8**	**12** [280]	**16** [291][303][365]	**20**
3 Moderate	**3**	**6**	**9**	**12** [290][304][338] [340][366][315][1] [318][310]	**15** [331][335]
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

2.5 12+ Risks Linked to Board Assurance Framework

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

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
9 [290] [291] [318] [335] [338] [340] [366] [310]	**1** [303]	**2** [280] [331]	**0**	**2** [341] [365]	**1** [304]	**0**

[1] Risk 315 is currently scored as a 12 Risk, however this has not yet been validated.

[315][2]						
12+ Risks aligned with WHC Delivery Goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People Including our 'Safer Staffing Programme'	Supporting our patients and services with good IT	Supporting our patients and staff with physical infrastructure that better meets need	Providing services in an efficient and sustainable way	Ensuring everything we do has a quality focus	Involving and engaging our patients and the public in developing our services

Figure 3 Risk register links to BAF

[2] Risk 315 is currently scored as a 12 Risk, however this has not yet been validated.

2.6 Risk Profile for 12+ risks (detail)

The detail of the WHC 12+ risks are displayed in the following table.

The Risk Workshop in September agreed that the monthly 1:1's between risk owners and the Clinical Governance Lead will remain in place for healthy risk management and organisational assurance. The Risk Workshops will discuss new 12+ Risks, assurance on current 12+ Risks and the agree closure of 12+ Risks. The Workshop will ensure that we are managing Risks appropriately i.e. does the risk require further escalation, no further mitigation at present, what support is required, are we on track with actions to mitigate etc.

ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
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** **Category: Financial** **Risk Register: Board Risk Register 15+** 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.	**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** • **Next Review Date: 08/11/2023** • **Latest Risk Review: The risk score remains as we don't currently have mitigations to resolve the financial position on either a recurrent or non-recurrent basis. Actions Nikki is responsible for updated**			
				Exec Co Update: • **This risk was reviewed and updated during the Finance Exec Co meeting 11/10/23.**			
				1598 Improve budget management	**11/03/2024**	S Hurford-Potter	This action is depended on other actions being completed therefore deadline date amended
				1740 Inpatients options plan for discussion and agreement with ICB Development of a plan to mitigate the unplanned level of expenditure above the current budget, developing a range of options for agreement with the ICB including one option to seek additional funding if service is to remain the same or similar to now.	**30/10/2023**	L Hodgson	Options paper to the next Finance Operating Board (30th Oct). Deadline date to be amended to 30/10/23
				1741 MIU Options paper for agreement with ICB To develop options for mitigating the level of unplanned expenditure above budget levels including one option to seek additional income from ICB if the current service delivered is to remain unchanged or modified without eradicating the overspending	**31/08/2023**	L Hodgson	This has been completed. A new action to be added: ICB to make a decision regarding the MIU Options Paper. Lead: L Hayward. Deadline: 30/11/23
				1742 proposal to **r**emove underspend from Community and Specialist To develop options for removing underspend from Community and Specialist and seeking agreement for ICB for any risks associated. To recommend how much funding will be repurposed to support revised IP and/or MIU budgets and how much will be released in support of the organisational efficiency programme.	**31/10/2023**	L Hodgson	J Meacham to work with H Kahler to update the progress with this action and the wording of the action- Feedback to KG to update this action on the Datix Risk, along with a revised date. KG to organise meeting to update this risk (planned for 2nd Nov). Separate this action into two.
				1743 Development of ward staffing templates to ensure alignment of budget and safer staffing.	**30/09/2023**	S Hurford-Potter	Date to remain in place, N Rowland to follow up CMA first cut safer staffing modelling to feed into the templates and demonstrate the impact it will have on the budgets
				1744 Develop MIU staffing templates to ensure alignment between budget and safer staffing requirements	**30/09/2023**	S Hurford-Potter	Currently working through MIU Options. Action currently not viable. Action to be closed.
				1745 Community staffing templates	**31/10/2023**	S Hurford-Potter	This action links with 1742. J Meacham to provide update with this action when meeting KG 2nd Nov. Action to run alongside 1742
				1746 Develop staffing templates for specialist services	**31/10/2023**	S Hurford-Potter	This action links with 1742. J Meacham to provide update with this action when meeting KG 2nd Nov. Action to run alongside 1742

ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
291	**Risk of unforeseen or unpredictable surges in demand or loss of supply** **Owner: Lisa Hodgson** **Category: Operational** **Risk Register: Exec co Risk Register 12+** If surges in demand or loss of supply could impact the ability for services to respond to need for a period of time (high sickness levels, extreme weather, high vacancy rates, unexpected demand on services). Then this could result in temporary service closure, patient safety issues and inability to meet targets (missed appointments and referrals, patient harm, sub- optimal service delivery, reputational damage)	• **777** Implementation of additional beds has to be agreed at directors level once the system is confirmed to be critical incident • **732** Shared demand modelling occurs across the local system to understand level of demand to support prediction of surge wherever possible • **731** Enhanced frequency of internal planning meetings to agree responses to low staffed areas, e.g. cross ward working • **730** The extreme escalation process is that we use our snow day protocol to manage demand pressures in Community Teams. • **729** System ethical framework to support decision making in extreme circumstances • **728** Use of field hospital arrangements used in severe extremis as part of extreme system incident response. • **727** MDOS used to score community teams capacity • **563** Use of field hospital arrangements used in severe extremis as part of extreme system incident response • **562** System ethical framework to support decision making in extreme circumstances • **538** The extreme escalation process is that we use our snow day protocol to manage demand pressures in Community Teams. • **537** Enhanced frequency of internal planning meetings to agree responses to low staffed areas, e.g. cross ward working • **536** Shared demand modelling occurs across the local system to understand level of demand to support prediction of surge wherever possible	**16** **Likely** **Major**	**Risk Review** • **Next Review Date: 13/07/2023** • **Latest Risk Review: Last review March 2023 where actions were updated.** **Risk Workshop Update:** **Meeting planned for 3rd November between KG and HoOPs to separate out this risk**			
				1445 WHC actively participating in BSW system winter planning including establishing of surge capacity due30th of November	**31/08/2023**	J Bishop L Hodgson	This action can be closed– this is business as usual. WHC are integrated with the ICB. WHC attend daily calls 7 days a week (at weekend on call director covers these). Extra calls are put in if required in extreme situations.
				1739 Significant vacancies in Trowbridge MIU staffing model leading to the risk of closure or reduced service. This is reviewed weekly during safer staffing workforce meetings. The risk score remains significant high because of this action	**31/08/2023**	J Meacham R Green	Close action as this will be replaced by new actions agreed by Lead.

ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
303	**Workforce Capacity** **Owner: Niamh Hughes** **Category: Workforce** **Risk Register: Board Risk Register 15+** 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	• **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 • **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 • **649** Invested and recruited into diversifying our workforce (Consultant Practitioners, ACPs, Nursing Associates, Registered Nurse Degree Apprenticeship) • **884** WHC has aligned start dates for HCSWs to induction dates • **885** HSCS will now attend the New to Care Programme	**16** **Likely Major**	**Risk Review** • **Next Review Date: 06/11/2023** • **Latest Risk Review: Niamh reviewed the risk and updated the open actions. No change to risk score or additional actions added at this stage**			
				Risk Workshop Update: **Same challenges continue. Scoring to remain as 16. Control to be added: WHC has aligned start dates for HCSWs to induction dates. Control: HSCS will now attend the New to Care Programme.**			
				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.
				1543 - Retention proposal to be developed to consider rewards, wellbeing and flexible working in order to reduce natural turnover or retirement time.	**30/10/2023**	N Hughes	WHC has aligned start dates for HCSWs to induction dates. Control: HSCS will now attend the New to Care Programme.
				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.	**31/12/2023**	N Hughes	Advert of out for recruitment for backfill of role. ESR work to be managed via Bank and alternative recruitment to be reviewed if unable to fill role
				1762 Dialogue with Employee Partnership Forum Continuing to meet weekly with EPF	**30/11/2023**	N Hughes	Continuing to meet with EPF weekly. Deadline date amended to end of November

ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
335	**Storage and sharing of WHC-derived medical imaging** **Owner: Joanne Meacham and Kelsa Smith** **Category: Operational** **Risk Register: Board Risk Register 15+** In the past WHC has relied on third party Radiology Departments or specialist imaging services to produce patient imaging (e.g. RUH, GWH, SFT) with images being stored in local acute trust Picture Archiving and Communications Systems (PACS) and vendor neutral archives (VNA), forming part of the electronic patient record and shareable via PACS to PACS transfer or regional image sharing systems such as Image Exchange Portal (IEP). Most acute EPR systems integrate with the local PACS to ensure all single view of relevant clinical information relating to a patient. As WHC develops services, staff are increasingly using networked medical equipment or camera-enabled technology to capture clinical images (e.g. Electrocardiograms (ECG) Echocardiograms, diabetic foot photographs, tissue viability and ulcer photographs, images taken using slit lamps and physiotherapy ultrasound images). In order to track progress or support the assessment of the effectiveness of treatment these images should be available to other stakeholders in a patient's care to prevent repetition of investigations or procedures, and support clinical decision making.	**Controls** **842** Existing methods of image storage **866** SFT now supporting transfer of images from ECHOs for south locality patients to their PACS **867** ultrasound images are not stored as these are used for assessment and treatment only, no IG risk noted **868** All clinical photography is stored on S1 in patient records- for specialist services, CTs and IP/MIU.	**15** **Almost certain Significant**	**Risk Review** • **Next Review Date: 04/10/2023** • **Latest Risk Review: Service Transformation have been asking teams to complete a template to establish a baseline of which teams use clinical photography , how much, types of usage, level of photographic detail needed, where the images and shared and stored. To date the high-level findings have been shared from the clinical photography template with the members of Performance and Planning, to review and comment on workstreams required to ensure the image is of appropriate quality and interoperability.**			
				Risk Workshop Update: **Risk was not discussed at the October Risk Workshop as owner not present, however 2x actions were updated by the relevant leads.**			
				1715 – To clearly articulate the digital pathway modelling to enable clinical pathway needs to be meting	**30/10/2023**	R Hyland J Irlam	No updates documented
				1768 to review PACS support for north and west localities for storage / access ECHO images	**31/03/2024**	Jo Meacham	Not due
				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	**31/12/2023**	Julie Irlam	Not due
				1770 review of ECG machines to ensure all are compatibly with S1 so that images can be uploaded to the patient records (across all services) - JI	**30/09/2023**	Julie Irlam	No updates documented
365	**Non payment of non-consolidated pay award** **Owner: Nikki Rowland** **Category: Finance** **Risk Register: Board Risk Register 15+** 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.	**844** - continuing dialogue with ICB	**16** **Likely Significant**	**Risk Review** • **Next Review Date: 12/09/2023** • **Latest Risk Review: No reviews have been completed**			
				Risk Workshop Update: **Risk was not discussed at the October Risk Workshop as owner not present, however 2x actions were updated by the relevant leads.**			
				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	Deadline date amended to end of November. Continuing to meet with EPF weekly. this action crosses over with action 1762 in risk 303
				1763 decision making by members board regarding next steps	**12/09/2023**	S Ann-Carvill	No updates documented

ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
331	**Lack of Inpatient EPR** **Risk Owner: Kelsa Smith** **Category: ICT Infrastructure** **Risk Register: Board Risk Register 15+** 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.	**786** Access to ICE Pathology System **787** Care Centric Integrated Care Record **788** Shared Excel Spreadsheets **790** Collection and analysis of activity data, population health data and clinical audit data is difficult and in many cases reliant on complex spreadsheets or analysis of paper notes. **794** Collection and analysis of activity data, population health data and clinical audit data is difficult and in many cases reliant on complex spreadsheets or analysis of paper notes	**15** **Almost certain Significant**	**Risk Review** • **Next Review Date: 29/03/2024 (Accepted Risk)** • **Latest Risk Review: NHSE have informed us that as an LLP we would not qualify for funding. Awaiting confirmation if the actions are still active and relevant.**			
				Risk Workshop Update: **Risk discussed at Oct23 Risk Workshop – agree closure of action 1736**			
				1735 Inpatient team streamlining documentations to mitigate lack of EPR	**31/08/2023**	R Green	No updates documented
				1736 Waiting decision by NHSE on funding for EPR	**29/03/2024**	V Hamilton	This action is now inactive - NHSE have informed us that as an LLP we would not qualify for funding.
280	**Increased Cyber Security Risk** **Owner: Kelsa Smith** **Category: ICT Infrastructure** **Risk Register: Exec co Risk Register 12+** 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.	**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.	**12** **Possible Major**	**Risk Review** • **Next Review Date: 06/11/2023 (Accepted Risk)** **Latest Risk Review: To proceed to appoint a supplier.**			
				Risk Workshop Update: **Risk was discussed at Oct23 Risk Workshop. Updates had already been documented in datix against the actions below. Review date amended to be inline with the Nov23 Risk Workshop.**			
				1326 - Additional multifactor authentication on VPN and NHS mail **-** Additional multifactor authentication on VPN and NHS mail in progress	**29/02/2024**	K Smith	NVD has presented to the SMT on the plans to introduce NHSmail MFA. Comms and support materials being prepared with a plan to visit WHC sites to support staff to enable. Due to resource constraints this will likely take until February to complete. Further MFA on VPN and more general MFA on network desktops will be introduced after NHSmail as this is the key entry point for malware. Target completion date changed to reflect plan as approved at SMT.
				1591 - Ensure all network ingress points including telephony are included in the scope of penetration tests going forward.	**31/10/2023**	K Smith	Scoping has been completed, procurement advise using framework to award contract for Pen test. To proceed to appoint subject to resource being available to support the test. Due to sickness and leave absences this action has been delayed - resource expected to be available mid October to progress.

ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
290	**Risk of a sustained and systemic mismatch in demand and capacity** **Owner: L Hodgson** **Category: Operational** **Risk Register: Exec co Risk Register 12+** Sustained demand on services is greater than available capacity. This could be for variety of reasons I.e • Seasonal pressures • Ineffective service specifications (WHC asked to undertake not commissioned work) • Surge in demand of services • Workforce pressures 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 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.	• **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** • **Next Review Date: 12/09/2023** • **Latest Risk Review: Review completed Mar23, action 1592 added.**			
				Risk Workshop Update: This risk was not discussed at the Oct23 Risk Workshop due to the risk owner not being present. Both actions have been updated by JB and are now closed.			
				1773 commenced winter planning for winter	**30/11/2023**	L Hodgson	This action can be closed– this is an annual process /business as usual. WHC are integrated with the ICB. WHC attend daily calls 7 days a week (at weekend on call director covers these). Extra calls are put in if required in extreme situations. The Winter Plan was presented to Board in Sept23 and is led by Lisa Haywood.
				1774 2023-24 EPRR assurance process participating on NHSE desktop exercises	**12/09/2023**	L Hodgson J Bishop	Results have been received from ICB for the 2023/24 assurance process and WHC is fully compliant. The assurance process is an annual process organised by NHSE. This is business as usual and take places each financial year. Action closed.
338	**Safe Administration and Effective Management of insulin for all services** **Risk owner: Louise Byrne-Jones/ Heather K** **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** • **Next Review Date: 06/11/20233** • **Latest Risk Review: Review completed Jul23 as part of the III QIP**			
				Risk Workshop Update **Risk was not discussed at the Oct23 Risk Workshop as the owner was not present, however the risk review is currently in date and both actions have been updated.**			
				1565 – Work to start on insulin policy	**13/11/2023**	G Tilley G Kebbell H Ellis	Policy awaiting review by I.I.I QIP members. LBJ to resend to members, including new members of the group. For review and comments by next I.I.I QIP meeting on Thursday 2nd November. Deadline date amended.
				1751 – Creating of SOP and plan for self-management	**01/12/2023**	Bethany Kelly	Reviewed at I.I.I QIP. BK has agreed to develop SOP and framework to support staff in assessing patient's independence to self-administer insulin. Support for patients is already in place as the DSNs have PILs on different regimes etc which they provide to patients.
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** • **Next Review Date: 27/09/2023** **Latest Risk Review: This risk was reviewed in Jun23 and it was agreed to close. However this risk will remain open with the actions about escalating to the commissioner to resolve until the risk is mitigated. The risk owner and relevant leads are working with execs looking at both HF and diagnostics services. This risk will be updated once we have a steer from execs for a way forward.**			
				Risk Workshop Update: This risk was not discussed at the Oct23 Risk Workshop as the owner was not present.			
				1601 Business case for increased workforce to provide a clear representation of the service JM and JI to review?	**31/08/2023**	R Hyland	Aug23 - This action has been completed on datix. J Meacham and J Irlam have met with RH an explained this risk is about design the service to fit the resources. This risk should be closed as there is no other solution at the moment. Awaiting outcome of the business case to determine if this risk can be closed. No further updates documented

ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
366	**Safe administration of CD drugs** **Risk Owner: Aimee Jones** **Category: Inpatients** **Risk Register: Exec co Risk Register 12+** If workforce only work nights, then patient safety, clinical effectiveness and experience will be adversely affected.	• **852** Consolidation of CD registers • **853** All medication incidents on wards will be reviewed by the PIR Team • **855** All CD incidents – will be investigated immediately • **857** Louise and Tom to meet with all ward managers individually on a monthly basis • **858** Staff undertaking medication rounds to start wear tabards, and use 'do not disturb sign' on drug room door. • **865** Completion of Meds Administration Checklist • **881** Ward managers to complete a full CD stock check once a week, ideally with the ward pharmacist, or a Band 6 nurse. • **882** Change to lower schedule CD processes.	**12** **Likely Significant**	**Risk Review** • **Next Review Date: 06/11/2023** • **Latest Risk Review: To continue**			
				Risk Workshop Update: **Risk discussed at the Oct23 Risk Workshop. Scoring to remain and actions were updated.**			
				1756 Liaise with HR – staff that only work nights (including substantive, bank and agency) to be asked to work one day shift, over a three-month period. Clear escalation process for staff unwilling to undertake a day shift**.**	**02/10/2023**	Aimee Jones Jess Brookfield	Awaiting contact from Ruth. Email sent 06/10/2023: Hi Ruth, Just following up on our conversation on the 13/09/2023. You were kindly going to look at the wording to be included in Rostering Policy regarding - staff that only work nights (including substantive, bank, and agency) to be asked to work one day shift, one day shift, every quarter. Is there an update please (am updating the Risk Register)? Due date amended to 31/10/23
				1757 Plan for night visits	**31/12/2023**	Aimee Jones Sara Quarrie	Due to impact of CQC inspections, slight change of plan proposed to support staff engagement. Date amended to allow time to adjust plan to paper. New deadline date 31/12/2023
				1758 Ensure all regular night staff have completed mandatory training, and competencies	**02/10/2023**	Aimee Jones Jess Brookfield	Emails sent to Ward Managers. Request for an update on progress - 'Ensure all regular night staff have completed mandatory training, and competencies'
304	**If there is insufficient pharmacy capacity (inpatient wards), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HCPC) regulation will be adversely affected.** **Risk Owner: Louise Byrne-Jones** **Category: Quality** **Risk Register: Exec co Risk Register 12+** If there is insufficient pharmacy capacity (inpatient wards), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HCPC) regulation will be adversely affected. Examples include; - 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. - Poor stock control which could lead to patients receiving expired medication, missed doses and wasted stock - Lack of guidance to prescribers - Audits not completed - Reduced antimicrobial stewardship - TTA planning and discharge liaison affected - No pharmacy member to undertake patient counselling - Reduced controlled drugs management	**Controls** • **654** Consultant Nurses in post who undertake medication reviews and medication reconciliation • **656** SLA in place with the acute hospitals pharmacy departments for medicines supply and clinical ward pharmacy service • **863** Current provision of pharmacy services under SLAs • **864** LBJ and TY to set up monthly meetings with each ward manager.	**12** **Likely Significant**	**Risk Review** • **Next Review Date: 06/11/2023** • **Latest Risk Review: Review completed in preparation for risk workshop**			
				Risk Workshop Update: **Risk was not discussed at the Oct23 Risk Workshop as the lead was not present, however the risk has been reviewed and actions have been updated**			
				1371 Increase pharmacist capacity	**30/06/2024**	L Byrne-Jones	Recruitment of NHS@Home 0.6WTE pharmacist complete with expected start date of 6th November. 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. The Band 5 Medicine Management Pharmacy Technicians (ward-based) role and recruitment has been delayed due to budget pressures. TY is developing a business case for the role. Due date extended due to budget pressures on new posts currently.
				1372 Increase pharmacy technician capacity	**11/12/2023**	L Byrne-Jones	The Band 5 Medicine Management Pharmacy Technicians (ward-based) role and recruitment has been delayed due to budget pressures. TY is developing a business case for the role. Due date extended in consideration of budget pressures on new roles.
				1766 CD incidents should be reviewed promptly (within 48-72 hours) to ensure any further actions required are addressed in a timely manner. LBJ/TY to meet with ward managers after each CD incident to facilitate prompt review and identification of any further actions required.	**13/11/2023**	L Byrne-Jones T Youngs	LBJ and TY are meeting all ward managers monthly to discuss incidents, progress on audit action plans etc. Pharmacy team meet with ward managers within 24-72 hours of a reported CD incident to obtain an update on the investigation, agree further actions and/or close incident.
				1767 For the next few weeks, the PIR team (SC and JB) will also review all medicine incidents reported by the wards and liaise with LBJ and TY as to whether they need to be submitted to PIR. It's proposed that this occurs for a short period of time i.e. 6 weeks-8 weeks then to review.	**13/11/2023**	L Byrne-Jones T Youngs J Bartholomew S Collins	Extraordinary PIR held on 12/09/23 agreed for this to continue.

ID	Risk Detail	Controls	Current Rating	Open Actions	Due	Action Owner	Action Updates
318	**If there is a limited inreach service to acute providers then there will be unwarranted patient admissions, extended delay for discharge that will adverse the effect patient safety and organisation's reputation** **Risk Owner: Lisa Hodgson** **Category: Operational** **Risk Register: Exec co Risk Register 12**	• **748** WHC has funded at risk 1.0 WTE 8A inreach lead • **749** WHC is able to provide some inreach capacity to acute hospitals • **750** WHC is filling gaps inreach service rota (partially) with community team staffing • **751** WHC are working with other partners to support inreach work to acute providers	**12** **Likely Significant**	**Risk Review** • **Next Review Date: 06/11/2023** • **Latest Risk Review**: Action updated and deadline amended to 31/12/2023. Risk scoring to remain at a 12 due to ongoing system demand and pressures. **Risk Workshop Update:** Risk was not discussed at the Oct23 Risk Workshop as the owner was not present, however the action was updated and scoring to remain at 12			
				1520 Recruitment to posts	**31/12/2023**	R Green	ATL tuped across from Medvivo Jun22, however the staffing model was not sufficient to meet service need. Therefore significant recruitment undertaken in early 2023, with staff starting in post early summer. Since this point, there has been significant long term sickness and resignation of post holders resulting in ongoing vacancies. Vacant posts are currently out to advert with limited interest.
310	**Use of Home First RSWs in step up care** **Risk Owner: Heather Kahler** **Category: Operational** **Risk Register: Exec co Risk Register 12+** Due to the lack of domiciliary care and bed based care across the community the community teams, when seeking step up care, are utilising the RSW capacity within pathway 1. Without this support patients who are reaching the end of their life would be unable to remain in their place of choice or if they did remain at home would be without basic care.	• **688** Allocation of RSWs • **689** Escalation for step up care • **690** Exit strategy • **691** CHC	**12** **Likely Significant**	**Risk Review** • **Next Review Date: 06/09/2022** • **Latest Risk Review: There are currently no risk reviews – this risk was opened in Aug22 and is currently "accepted"** **Risk Workshop Update:** • **Risk was not discussed at the Oct23 Risk Workshop as the owner was not present.**			
				There are currently no actions assigned to this risk			
315	**Incorrect P2s used** **Risk Owner: Helen Merritt-Tilley** **Category: Quality** **Risk Register: Exec co Risk Register 12+**	*To be agreed*	*To be agreed*	*To be agreed*	*To be agreed*	*To be agreed*	Oct update – This risk has not been validated. KG meeting HMT and LBJ to discuss this risk and document the controls, actions and agree scoring

2.7 Monitoring Emerging Risks/Themes

Great Western Hospital has been identified as an outlier in September's data for Third Party Incidents. The Quality Team are meeting to discuss the current Incident Management process where third party incidents will form part of the discussion. The Clinical Governance Lead will reach out to the GWH Risk Management Team to discuss how these incidents are fed back and investigated. The Quality Team have noted that incidents relating to inappropriate discharge from third party organisations is increasing. The Third-Party section within this Quality Report will start to monitor the third party incidents by category to further identify the thematic source. Incidents reported under the category "service disruptions" has been on the increase since April 2023 - This is the second top theme in Sept23. Since Apr22 Savernake Ward have reported 143 incidents, followed by 65 reported on Longleat Ward. From a complaint's perspective, the Quality Team are noticing an emerging theme with regards to the lack of documentation of patients' property in the inpatient wards. The Quality Team to liaise with the Inpatient Services Manager to discuss improvement in this area and adding the action to the Inpatient Quality Improvement Project.

3 Recommendation

The Board is invited to:

- Note the content of this report
- Outstanding risk and action reviews by owners are highlighted in yellow in the table in Section 2.6

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

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 10

Pulse Staff Survey

PAPER

Wiltshire Health and Care Board	**For decision**
Subject:	People Pulse Survey 2023 Results
Date of Meeting:	10 November 2023
Author:	Niamh Hughes, People Lead
Executive Sponsor	Sara Quarrie, Director of Quality, Professions and Workforce

1 Purpose

The purpose of this report is to present the key findings from the People Pulse survey took place in September 2023.

2 Background

The Pulse Survey was available for staff to complete for a period of 2 weeks from 18th September to 29th September 2023. The aim of the Pulse Survey was to obtain the views of staff on key organisational issues. 179 employees responded to the survey, which is a rate of 13%.

3 Key findings:

- 12% increase in staff being very dissatisfied with their level of pay.
- 19% decrease in the overall engagement score on pay.
- The extent to which WHC values my work - 19% decrease in staff dissatisfaction.
- Increase of 9% in staff feeling unwell due to work related stress.
- 44% of staff stated they will probably look for another job in the next 12 months (increase of 23% on 2022) with a 14% increase in staff saying they often think about leaving WHC.
- 16.5% increase in staff attending work despite not feeling well enough to do so.

3.1 My Job

The Pulse survey results has shown an increased dissatisfaction with the level of pay, which is reflected in a decrease in the satisfaction score and a large increase in the 'very dissatisfied' score. This correlates with the increased level of comments in the free text of level on the position on the non-consolidated pay and the cost-of-living pressures staff are experiencing. Staff have indicated that they do not feel as valued at WHC when comparing to 2022. A large decrease by 19% of staff felt satisfied at the extent in which they feel their work is valued. The overall engagement score has dropped by 34%.

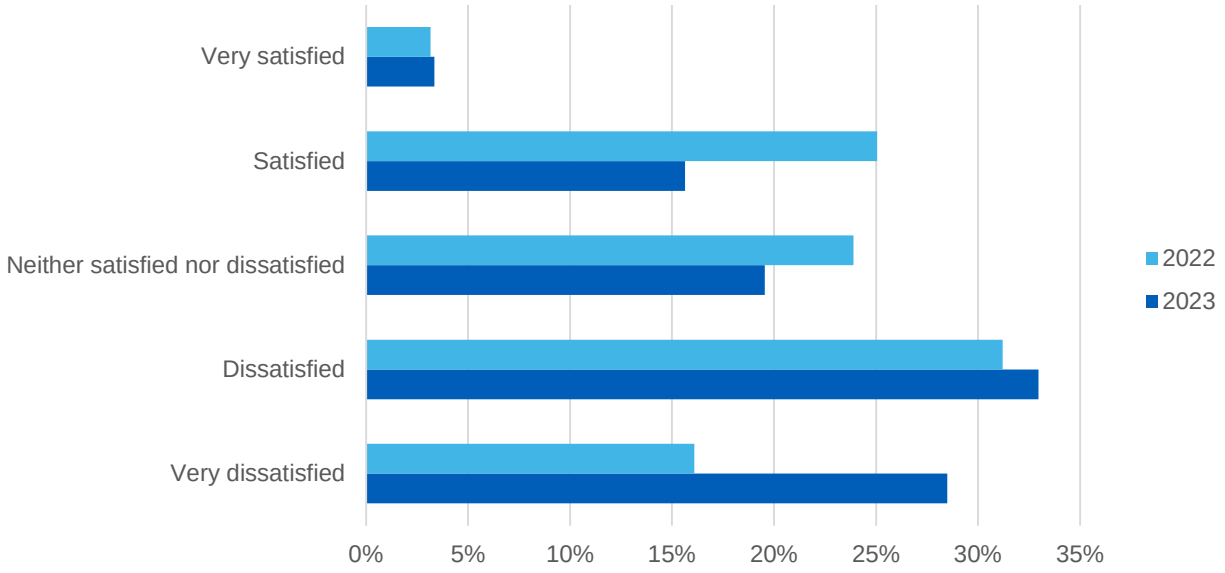


Figure 1 My level of pay

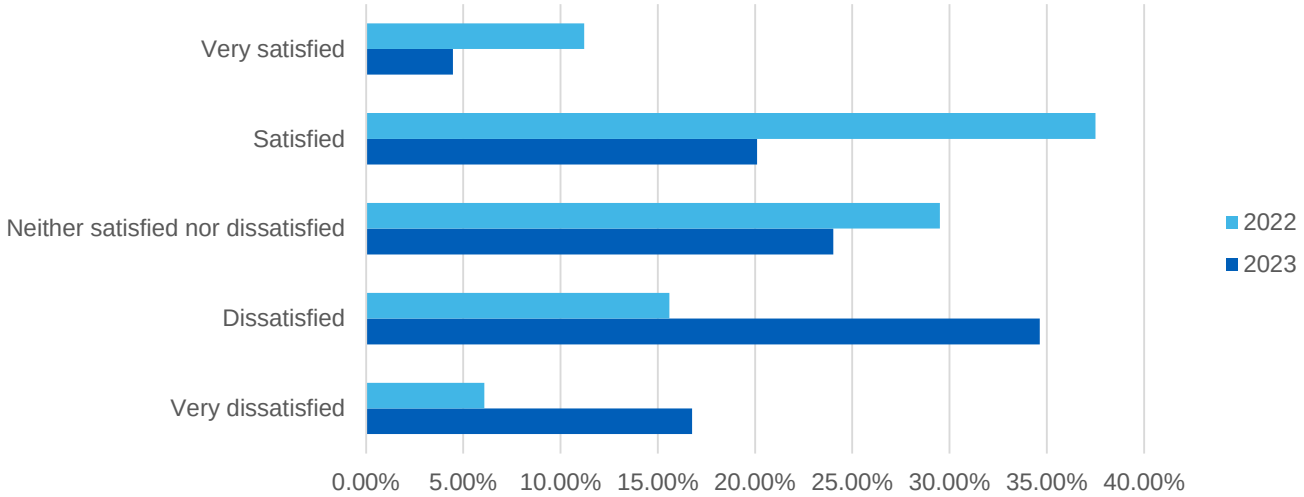


Figure 2 The extent to which WHC values my work

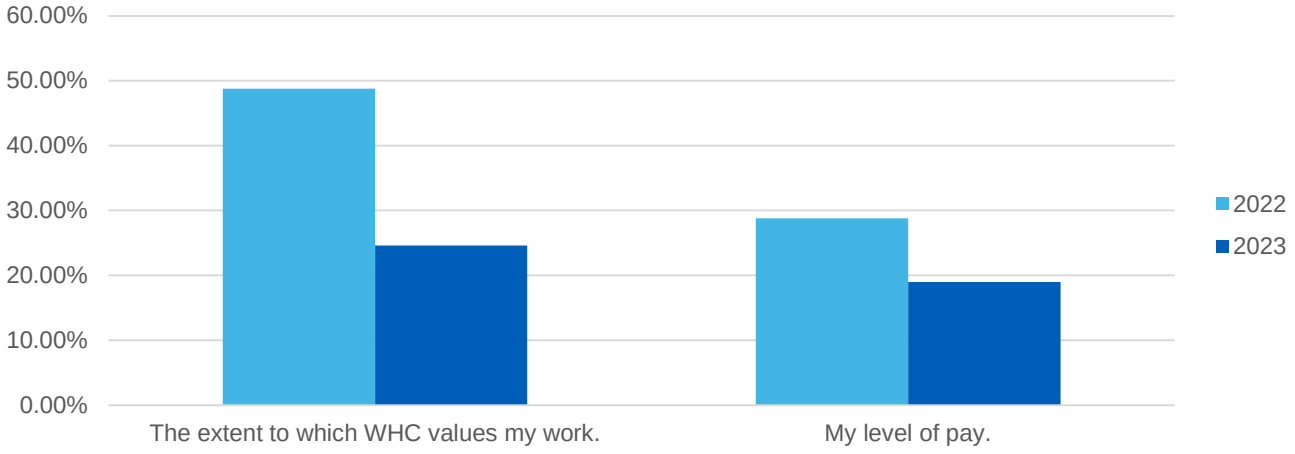


Figure 3 Engagement Score

3.2 My organisation

Fewer colleagues indicated that they look forward to going to work (see below), which is also representative in the engagement score which has decreased by 18%. There has also been a decease in staff agreeing there are enough staff in the organisation (a drop of 36%) and that staff are able to meet all conflciting demands on their time (8% decrease). There has also been a large increase in colleagues agreeing that relationships at work are strained and less agreed that their role makes a difference to patient/service users. 44% of colleagues have indicated that they will probably look for a new role in the next 12 months

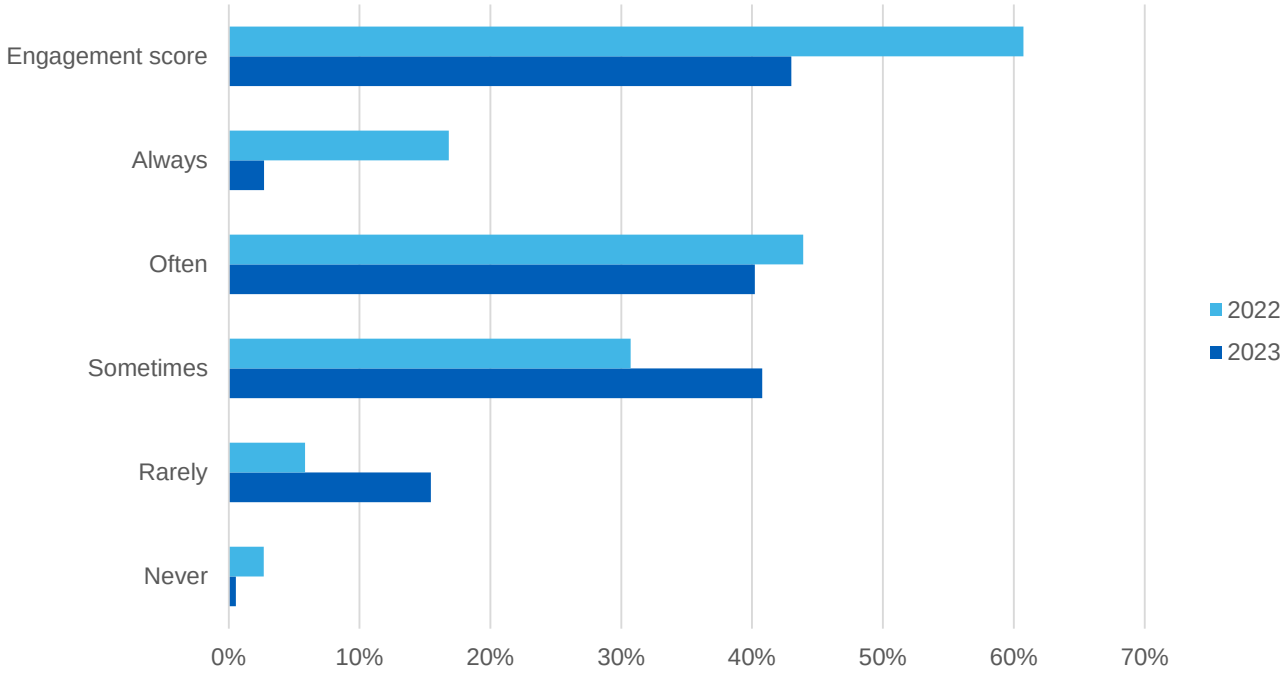


Figure 4 I look forward to going to work

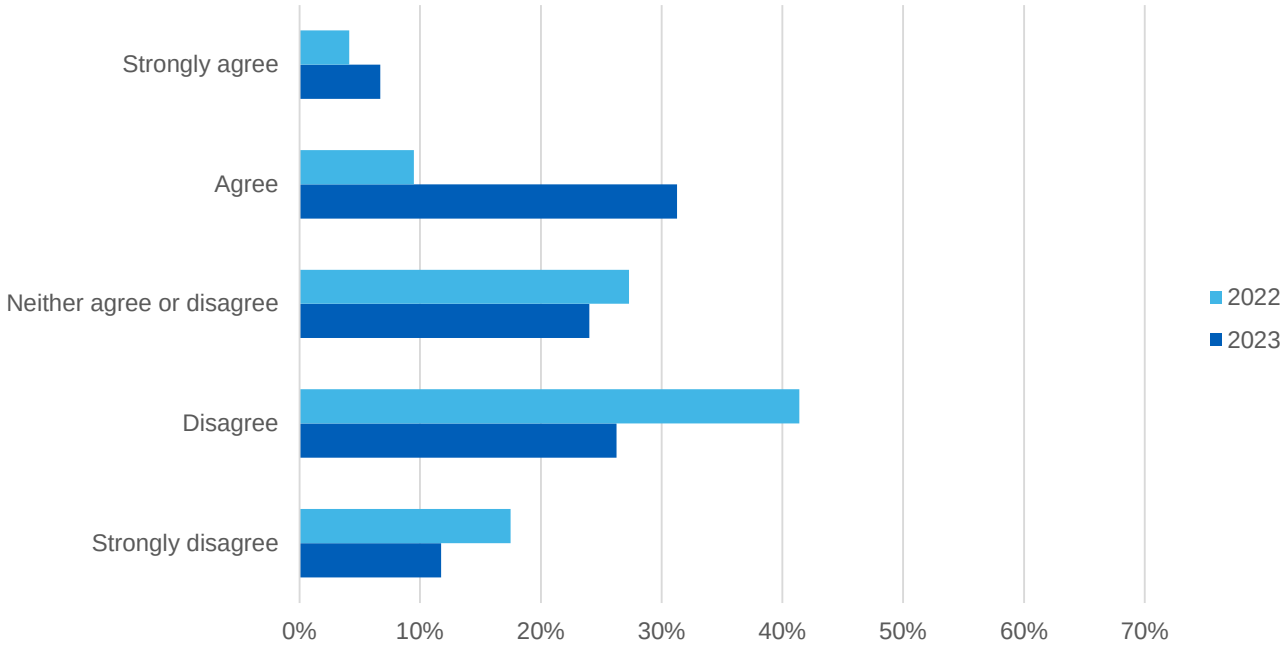


Figure 5 Relationships at work are strained

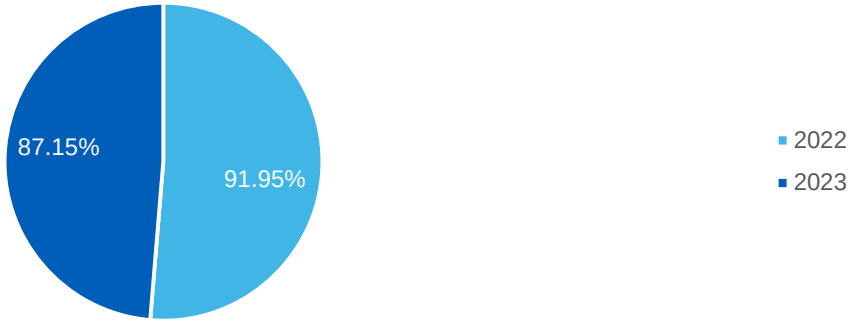


Figure 6 Engagement Score - I feel that my role makes a difference to patients/service users

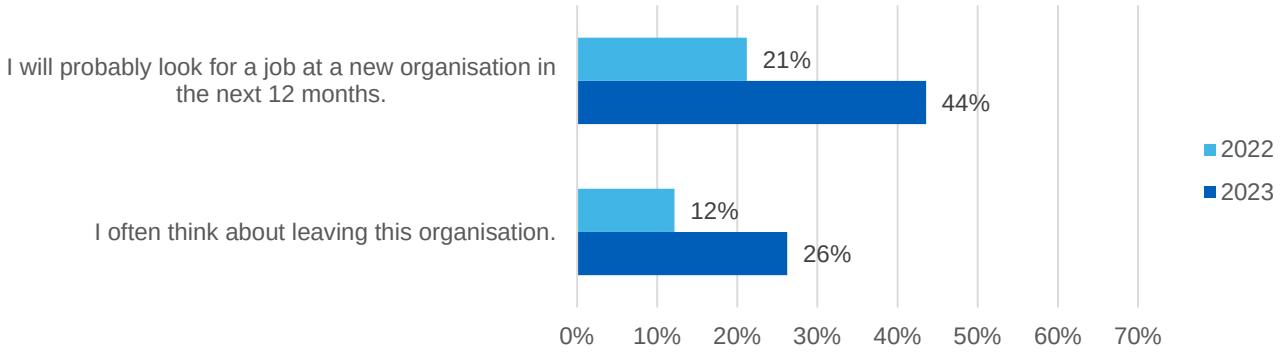


Figure 7 Engagement Score

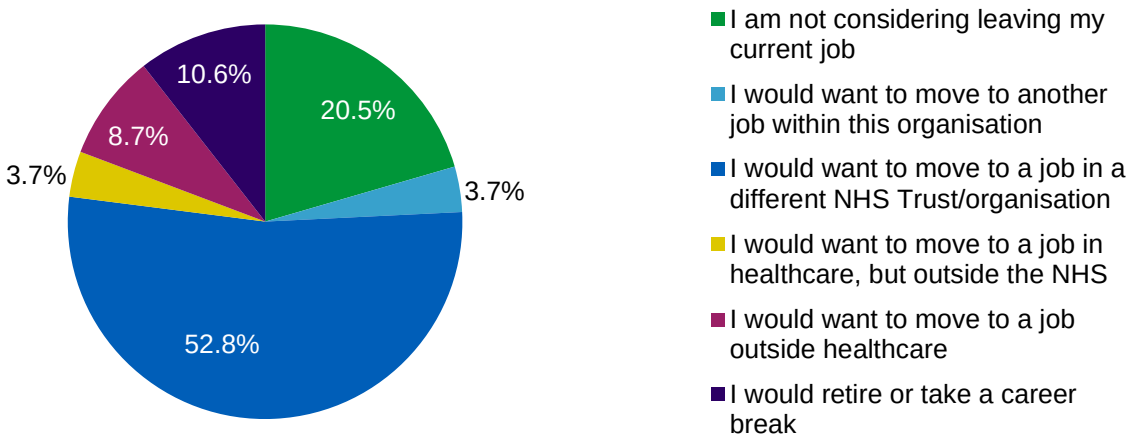


Figure 8 If you are considering leaving your job, what would be your most likely destination? Please only select one answer

3.3 Health & Wellbeing

65% of colleagues have indicated that they have attended work in the last 3 months despite not feeling well enough (this is a 16% increase compared to 2022). Presenteeism can have an adverse affect on patient care, as staff may not be well enough to function as they need to due to ill health. Staff's wellbeing can be unduly affected by this over time, which may ultimately lead to longer periods of sickness if they have not taken the time they need to recover.

There has also been a 9% increase in colleagues indicating they have felt unwell due to work related stress over the last 12 months. Despite the promotion of employee benefits and the ongoing work of the Health & Wellbeing Forum, there has also been a 10% decrease in colleagues agreeing that WHC takes positive action on health and wellbeing.

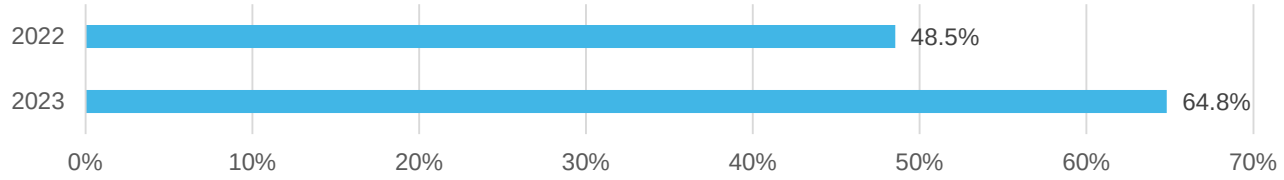


Figure 9 In the last 3 months have you come to work despite feeling not well enough

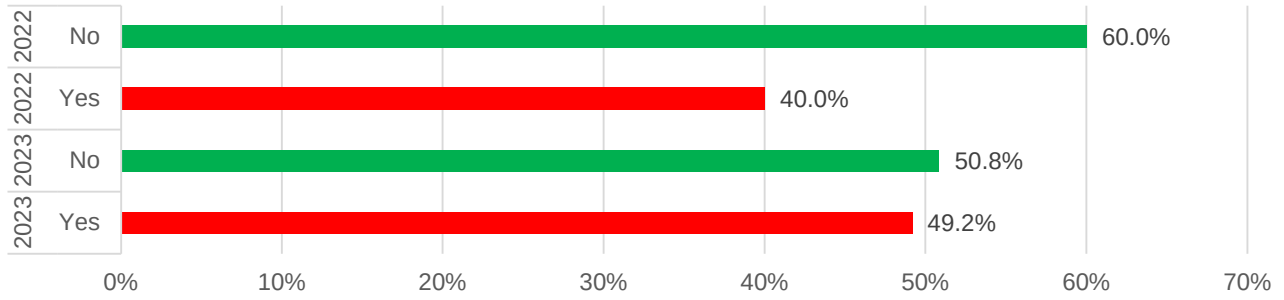


Figure 10 During the last 12 months have you felt unwell due to work related stress

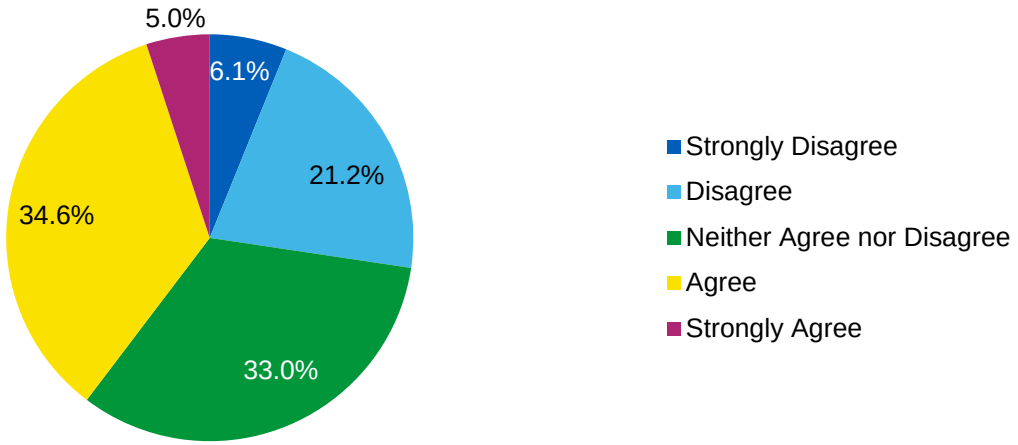


Figure 11 Does WHC take positive action on health and well-being?

3.4 Themes from the free text comments:

Pay and low morale: the non-consolidated pay issue and staff's discontent with the situation is reflected in the large number of comments on this matter in the free text. Staff perceive that they do not feel as valued, as staff employed in other NHS organisations and there has been a large increase in staff indicating they potentially will leave employment in the next 12 months. Several colleagues also commented that they perceive the identity of WHC as an organisation has changed with some feeling let down and disillusioned by this. This may indicate that some staff perceive the psychological contract (the unwritten set of expectations between employer and employee) which include values, beliefs and obligations has broken down.

Staff said:

"The only reason I might move jobs if the pay deal is not rectified…".

"Not receiving pay award has been detrimental to all colleagues around me in regard to how they feel WHC cares ….. this was NOT addressed at interview or when I joined WHC."

"Unfortunately the pay issue has now taken sole focus with regards to my job. I currently have no interest in anything that WHC put in their newsletters or info, once I read there is no news about the lump sum. In the last 12 months due to rising prices and interest rates I am at least £600 a month worse off".

"Morale is at an all time low - the worst I have ever experienced in my time here. Staff are running on fumes or leaving. The pay award dispute is not helping but the CQC report feels like another gut punch."

"I love working at WHC however in the last 6 months I have become disillusioned with how the organisation is run. Decisions often feel not well thought through & as if they have been made & implemented in haste. It is also difficult to understand how the organisation has ended up in such a poor financial position when we have a Board & a SMT whose responsibility should be to oversee what is going on & hold people to account."

High workloads and staffing levels are also strong themes from staff in the free text with staff indicating they are considering leaving WHC. Please see below: -

Staff said:

"The workload keeps increasing, everything is urgent and no help to deliver it. No resilience and no cover for my post when I am absent. More stress and more pressure taking a toll on my health and wellbeing - please treat the cause and not the effect."

"The staffing numbers are stretched too close that when someone calls in sick the only option is agency or bank. Often this can't be found which means moving staff around stretching the service even thinner. Reviewing staffing numbers particularly for inpatients and MIU would help with retention and turn over so that safe staffing, minimum staffing and business as usual staffing are not the same numbers."

4 Recommendation

The Board is invited to:

(a) Discuss and note the content of this report.

(b) Agree how the results will be communicated to staff.

5 Impacts and Links

Impacts

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

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 11

Information Governance Annual Report

PAPER

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Board	**For information**
Subject:	Annual Information Governance Report
Date of Meeting:	**10 November 2023**
Author:	Steve Lobb, IG Manager & Data Protection Officer
Sponsor:	Victoria Hamilton, Director of Infrastructure

1. Purpose

The purpose of the Audit Committee is to provide independent assurance to the Board that Wiltshire Health and Care has sufficient processes and controls to manage risks, fulfil statutory obligations and meet its strategic aims. Please identify how your paper applies:

Process Assurance ☒
Control Assurance ☒
Risk Management ☐
Statutory Obligations ☒
Strategic Aims ☐
Other (please state): ……

1.1 To provide an annual position and compliance statement for Information Governance within Wiltshire Health & Care (WHC). The report covers the period from the 1st April 2022 to 31st March 2023. With a position statement on the submission status of the WHC Data Security & Protection Toolkit.

1.2 The report no longer coincides with the NHS Digital Data Security and Protection Toolkit, NHS Digital have amended the annual submission to the 30th June 2023.

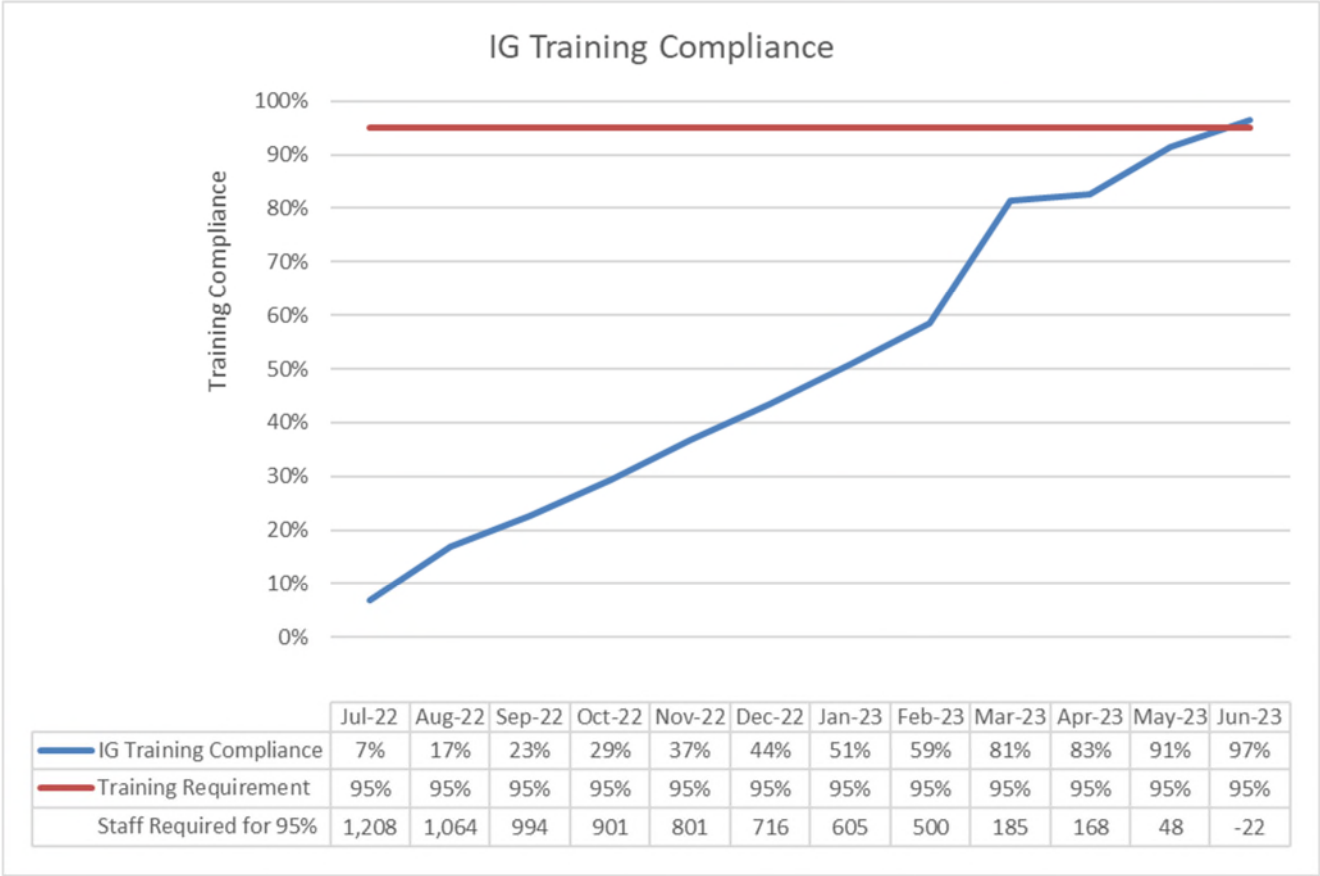
2. Background

2.1 This report provides details of the current position and recent activities of Information Governance (IG) within WHC, providing assurance that WHC is compliant with current legislation, guidance and preparing for upcoming developments.

3. IG Training Compliance

3.1 The Data Security & Protection Toolkit (DSPT) requirement 3.2.1: *"Have at least 95% of staff, directors, trustees and volunteers in your organisation completed training on data security and protection, and cyber security, since 1st July 2022?"*

3.2 As of June 2023 WHC IG training compliance was at 97%



3.3 The IG Department monitors training compliance weekly, contacts all non-compliant staff individually and also notifies staff that have training requirements due to expire prior to 30th June 2023.

3.4 Since April the IG department have also offered a SmartSurvey option to complete mandatory training.

3.5 The requirement to meet the annual 95% IG Mandatory target training is a continual risk (289) on the WHC risk regsiter

4 IG Audits

4.1 WHC Site Audits – a review of every room and area utilised by WHC to identify any historic records. Audit has been extended and now incorporates elements for Health & Safety, Medicines Management, IT, Estates. The following sites were audited in 2022/23:

- Jenner House, Chippenham
- Salisbury Central Health Centre
- BourneHill Council Office, Salisbury
- Five Rivers, Salisbury
- Wilton Health Centre
- County Hall, Trowbridge
- Monkton Park, Chippenham
- Ward 4 RUH

- 49 Rowden Hill, Chippenham Community hospital
- Chippenham Community Hospital
- Trowbridge Community Hospital
- Devizes Community Hospital
- Warminster Community Hospital
- Melksham Community Hospital

4.2 Medical Records Library Audits – Review of contents of each of the following libraries:

- Amesbury – Library has now been closed
- Chippenham – Library has become the centralised records library for WHC
- Devizes – Library has now been closed
- Savernake – Library has been reduced and only holds 2 years of inpatient records, which are subsequently transferred to Chippenham
- Trowbridge – Library has now been closed
- Warminster – Library has been reduced and only holds 2 years of inpatient records, which are subsequently transferred to Chippenham

4.3 ReStore Box Review – Initial review of the 7,681 boxes has initially identified approx. 600 that will be retained by WHC, of these a significant proportion have insufficient information to identify the contents and will need a physical review.

The remaining 7,000 boxes have been transferred back to the relevant data controller.

4.4 System Access reviews – Audit of user permissions and access rights. The main systems of Datix, NHSmail, Papercut and SystmOne have been reviewed against the current WHC staff in post. Inactive users have been removed and appropriate agreements/contracts established for third parties accessing WHC systems

4.5 Shared network folders – Full review is underway, initially identifying folder owners for the 89 top level folders. Initial review of an individual reviewing 1 file per minute, indicates WHC would require 1 wte for approximately 42 years to review every file on our network, as of July 2022.

5 Information Asset Registers & Data Flow Mapping

5.1 There is an ongoing piece of work identifying all the Information Assets that are being utilised across WHC, the table below provides a summarised position on the current returns that have been received by the IG department:

	Total	Risk Rating				Decommissioned
		Low	Medium	High	Extreme	
Hardcopy	6	4	0	0	0	2
Electronic	90	66	18	0	0	6

5.2 In addition to the work in relation to Information Asset Registers, WHC services have been compiling their Data Flows, the table below provides a summary of the information received to date:

	Total	Data Subjects				Data Categorisation			Boundary			Risk			
		Patient	Staff	Both	None	Non-Identifiable	Personal	Sensitive	Within UK	Within EEA	Other	Low	Medium	High	Extreme
In	**79**	21	29	28	1	4	26	49	72	3	4	43	28	8	0
Out	**163**	53	24	75	11	22	28	113	159	3	1	71	76	16	0
Two-Way	**27**	8	9	9	1	4	7	16	21	3	3	9	16	2	0
Neither	**1**	0	1	0	0	0	1	0	1	0	0	1	0	0	0
Total	**270**	82	63	112	13	30	62	178	253	9	8	124	120	26	0

5.3 The National Data Opt Out is a mandatory requirement for all organisations that allows patients to opt out of their confidential patient information being used for research and planning. WHC was required to be fully compliant by the 31st July 2022. A review of current data flows has identified 12 data flows that have the opt out applied on behalf of WHC (DSCRO). WHC is fully compliant with the National Data Opt Out and has the relevant documentation published.

6 Data Protection Impact Assessments

6.1 WHC are required to complete a Data Protection Impact Assessment (DPIA) whenever a new form of processing or system is proposed, in addition all existing data processing and systems should also have a DPIA completed. There is a recommendation that all DPIAs are updated and reviewed whenever a change occurs or every 3 years at a minimum. The table below provides an overview of all DPIAs approved in the year. A summary is also published on the WHC website.

Ref	Name	Description
DPIA005	TPP SystmOne	Main patient administration system used by WHC
DPIA071	Zoom	Virtual meeting software
DPIA087	ENO	Course run by English National Orchestra for Long Covid suffers
DPIA109	Datix	Retrospective DPIA covering the Datix system used by WHC.
DPIA111	Millennium	RUH's A&E system - access by WHC.
DPIA112	Chambury Totara	New elearning platform
DPIA113	Technomed ECG On-demand wearable holter monitor	The product/service is used for ambulatory ECG Holter monitoring for the investigation of palpitations, transient loss of consciousness, AFib rate control etc.
DPIA114	Datix utilisation of Vision BI	Adopted DPIA for Datix to utilise Vision BI for information processing
DPIA119	PKG Parkinsons Device	Fitbit like wearable device monitoring parkinson tremors, fully managed by third party and data extracted by WHC clinicians
DPIA120	Cardioscan Wearable Holter	Wearable cardio monitor that utilises thirdparty to review the findings and provide equipment - has been commissioned for Long Covid by NHSE
DPIA121	Quadient - Franking	App for printing of franking barcodes
DPIA122	NHS Jobs Archiving - Robotic Process Automation	Robotic process will archive job applications in historic NHS Jobs, process is human instructed and following same key strokes recruitment would utilise

DPIA124	Lascar - Pharmacy Fridge Monitors	Remote monitoring of pharmacy fridges
DPIA125	Shiny Mind App	Resource to support our nursing workforce's wellbeing
DPIA135	Xbox Game Bar	Built in to windows, works with most PC's games giving instant access to widgets for screen captur, recording and sharing.
DPIA136	Windows sound recorder	Sound Recorder is an app you can use to record audio for up to three hours per recording file.
DPIA137	Clipchamp	Clipchamp is an online video editing tool which will be used to edit videos being produced and made for training purposes
DPIA138	Phone Link	Phone link is an app that is developed by Microsoft to connect windows PCs and IOS devices allowint the two platforms to work together.
DPIA139	Whzan, Remote monitoring Solution	Remote monitoring from home solution for the heart failure service, devices have gone through full procurement process and approved clinically

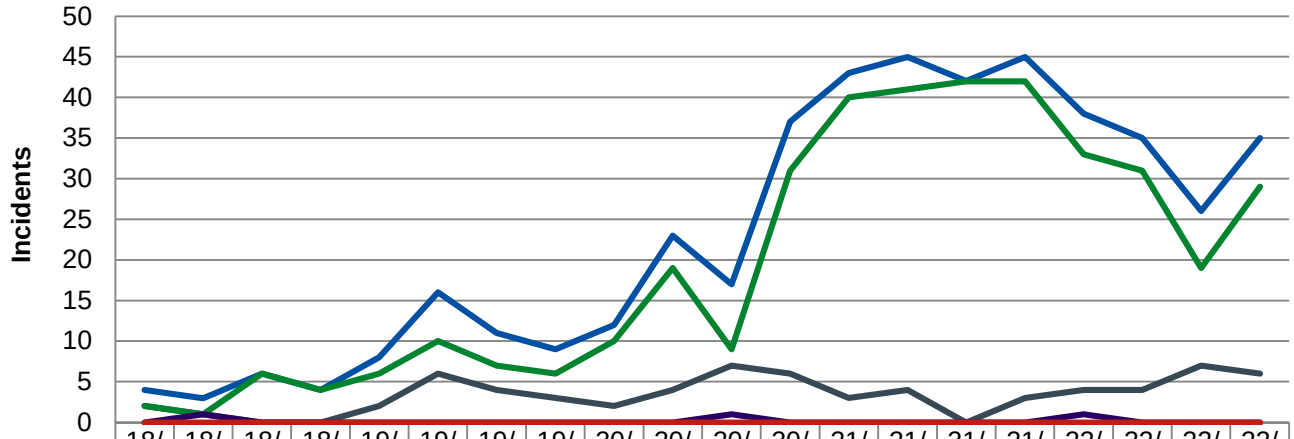
7 IG Incident Monitoring

7.1 The IG Department receive notifications in relation to all incidents classified as relating to Information Governance, in addition to this the department conduct a weekly review of all incidents to identify any further incidents that might contain an element in relation to IG.

7.2 The most common themes are information being disclosed in error (post/email to the wrong recipient) and records management (information being recorded on the incorrect record). The IG department retain a log of these incidents and the associated learning that has been taken forward, primarily through communications and publication of "IG Tips".

2022/23 Q1				2022/23 Q2				2022/23 Q3				2022/23 Q4				Total	
Near Miss	Low Level	ICO	ICO & DHSC	Near Miss	Low Level	ICO	ICO & DHSC	Near Miss	Low Level	ICO	ICO & DHSC	Near Miss	Low Level	ICO	ICO & DHSC		
3	10	0	0	4	8	0	0	6	2	0	0	2	7	0	0	42	Disclosed in Error
1	3	0	0	0	7	0	0	1	8	0	0	0	8	0	0	28	Records Management
0	7	0	0	0	6	0	0	0	1	0	0	0	0	0	0	14	Building Security
0	2	0	0	0	2	0	0	0	1	0	0	0	6	0	0	11	System Failure
0	3	0	0	0	3	0	0	0	1	0	0	2	1	0	0	10	Lost or stolen ID
0	1	1	0	0	2	0	0	0	0	0	0	1	3	0	0	8	Unauthorised Access/Disclosure
0	4	0	0	0	0	0	0	0	1	0	0	0	2	0	0	7	Lost or stolen paperwork
0	0	0	0	0	2	0	0	0	3	0	0	0	0	0	0	5	Lost or stolen hardware
0	1	0	0	0	1	0	0	0	0	0	0	0	1	0	0	3	Other
0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2	Insecure Transfer
0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	2	Technical security failing (including hacking)
0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	Corruption or inability to recover electronic data
0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	Non-secure Disposal – paperwork
4	33	1	0	4	31	0	0	7	19	0	0	6	29	0	0	134	Total Incidents
0				0				0				0				0	Not IG/IT Incident
22				1				5				11				39	Not Attributable
60				36				31				46				173	Total Incidents Investigated

7.3 The graph below provides a summary of incidents over the past 4 financial years, the increase in incidents being reported and their impact level remaining relatively low enforces a positive culture of incident reporting within WHC, alongside the increased IG review of all incidents on a weekly basis. The graph indicates that WHC has seen a consistent level of incidents per quarter, since the incident process review and tend to average between 40-45 incidents per quarter.



	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4
Total Incident	4	3	6	4	8	16	11	9	12	23	17	37	43	45	42	45	38	35	26	35
Near Miss / Non Incident	2	1	0	0	2	6	4	3	2	4	7	6	3	4	0	3	4	4	7	6
Low Level	2	1	6	4	6	10	7	6	10	19	9	31	40	41	42	42	33	31	19	29
ICO Reportable	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0
ICO & DHSC Reportable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Attributable	0	0	0	0	0	3	4	5	1	6	6	4	26	28	15	20	22	1	5	11

7.4 In 2022/23 WHC have had 1 incident that fulfilled the severity requirement for reporting to the Information commissioner's Office or Department of Health & Social Care, this incident incorporated:

- Handover documents were left accessible in a day room on Cedar Ward and discovered by a patients' family.
- PIR and RCA was conducted, alongside reporting to the Information Commissioner's Office. A formal action plan was developed, and all actions have been completed. This included a process review around inpatient handover documentation.
- Following completion of the incident the Information Commissioner's Office reviewed our findings and confirmed that 'No further action' was required and the steps taken by WHC were appropriate and sufficient

8 Data Security & Protection Toolkit (DSPT)

8.1 WHC published the Data Security & Protection Toolkit for 2022/23, achieving a 'Standards Met' publication. The minimum requirement for WHC would have been to fulfil all mandatory requirements which would have achieved a locally calculated 66% compliance, WHC achieved 99% completion.

The table below provides the DSPT publication position.

Title of Standard	Assertions	Mandatory			Non-Mandatory				Overall	
		Total	Compliant		Total	Not Attempted	Compliant		Compliant	
1 - Personal Confidential Data All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data is only shared for lawful and appropriate purposes.	19	16	16	100%	3	0	3	100%	19	100%
2 - Staff Responsibilities All staff understand their responsibilities under the National Data Guardian's Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.	2	2	2	100%	0	0	0	#DIV/0!	2	100%
3 - Training All staff complete appropriate annual data security training and pass a mandatory test, provided linked to the revised Information Governance Toolkit	4	3	3	100%	1	0	1	100%	4	100%
4 - Managing Data Access Personal confidential data is only accessible to staff who need it for their current role and access is removed as soon as it is no longer required. All access to personal confidential data on IT systems can be attributed to individuals.	8	3	3	100%	5	0	5	100%	8	100%
5 - Process Reviews Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security.	2	1	1	100%	1	0	1	100%	2	100%
6 - Responding to Incidents Cyber-attacks against services are identified and resisted and security advice is responded to. Action is taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection.	8	5	5	100%	3	0	3	100%	8	100%

7 - Business Continuity A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management	9	5	5	100%	4	0	4	100%	9	100%
8 - Unsupported Systems No unsupported operating systems, software or internet browsers are used within the IT estate.	8	3	3	100%	5	0	5	100%	8	100%
9 - IT Protection A strategy is in place for protecting IT systems from cyber threats which is based on a proven cyber security framework such as Cyber Essentials. This is reviewed at least annually	13	2	2	100%	11	1	10	91%	12	92%
10 - Accountable Suppliers IT suppliers are held accountable via contracts for protecting the personal confidential data they process and meeting the National Data Guardian's Data Security Standards.	5	2	2	100%	3	0	3	100%	5	100%
Summary	78	42	42	100%	36	1	35	97%	77	99%

9 FOI

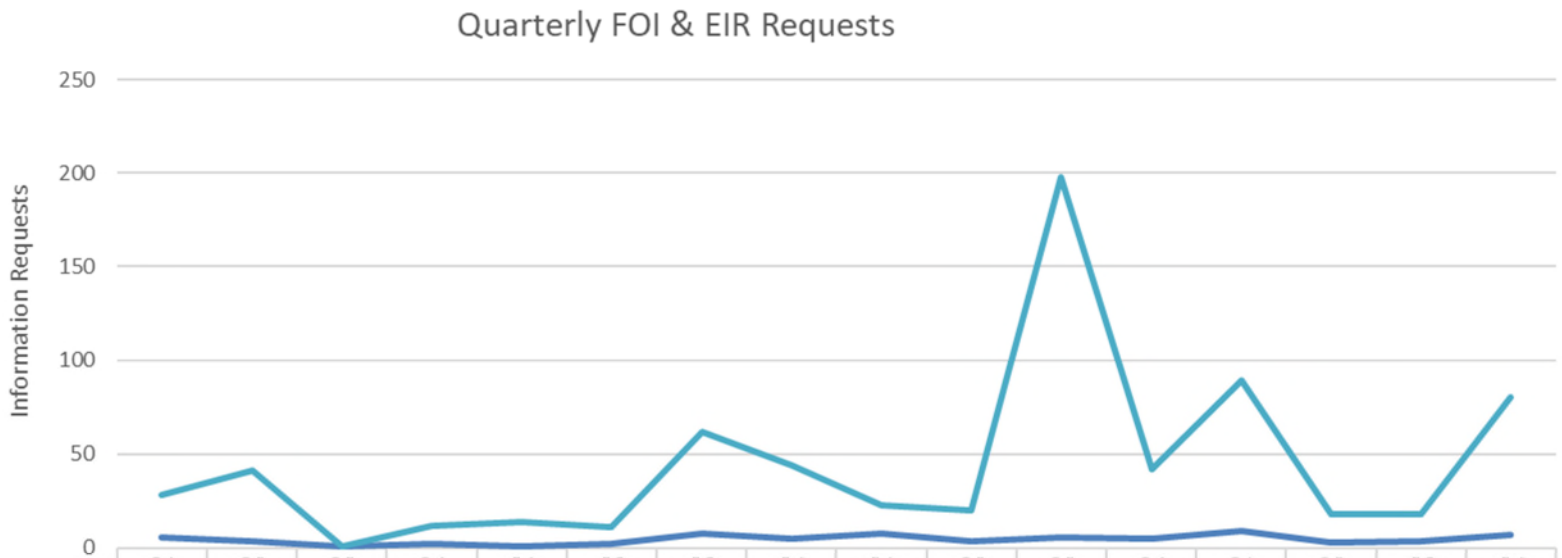
9.1 Since the 12th July 2021 the Freedom of Information function within WHC has transferred to the IG department. An overview of reporting has been conducted to provide trend analysis and quarterly reporting.

9.2 The table below provides an overview of compliance with Freedom of Information and Environmental Information Requests along with summarised findings in relation to the source of requests and the FOI request topic for 2022/23.

	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	2022/23 Total
Requests Received	9	3	4	7	23
Exemptions	0	0	3	2	5
FOI Requests	9	3	4	7	23
EIR Requests	0	0	0	0	0
Combined Requests	0	0	0	0	0
Total Questions	89	18	18	80	205
Average Response Time	15.4	8.3	4.3	7.7	10.2
Compliance Breach	0	0	0	0	0

Compliance Rate	100%	100%	100%	100%	100%
Requestor					
Public	5	3	2	5	15
Political	0	0	0	0	0
Press	1	0	0	0	1
Company/ Organisation	3	0	2	2	7
Subject					
Combined	1	0	0	0	1
Corporate	2	1	0	1	4
Clinical	3	2	2	4	11
HR	0	0	1	1	2
Financial/ Contractual	3	0	0	1	4
IT	0	0	1	0	1

9.3 The graph below identifies the quarterly number of requests received and highlights that the number of requests have remained fairly consistent, but the complexity of the requests has increased by the number of questions within each request.



	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Requests Received	6	4	1	2	1	2	8	5	8	4	6	5	9	3	4	7
FOI Requests	6	4	1	2	1	2	8	5	8	4	6	5	9	3	4	7
EIR Requests	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Combined Requests	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Questions	28	41	1	12	14	11	62	44	23	20	198	42	89	18	18	80
Average Response Time	9.7	14.8	12.0	41.5	2.0	2.0	4.6	6.8	8.0	9.0	9.8	12.6	15.4	8.3	4.3	7.7
Compliance Breach	1	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Compliance Rate	83%	75%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

9.4 A requirement of the Freedom of Information Act is that public authorities complete and maintain a Publication Scheme. A separate project has been completed to ensure that WHC has a fully compliant Publication Scheme, which is available via the WHC website and maintenance of the publication scheme is part of business-as-usual function of the IG department.

10 SAR

10.1 Since the 1st June 2021 the Subject Access Request function has been within the IG department portfolio. The IG service have amended the Subject Access Request Procedure via:

- Centralised Subject Access Request procedure through our Chippenham Medical Records Team
- Standardised reporting functionality
- Reduction in postal costs through utilisation of secure email and Secure File Transfer mechanisms to requesters

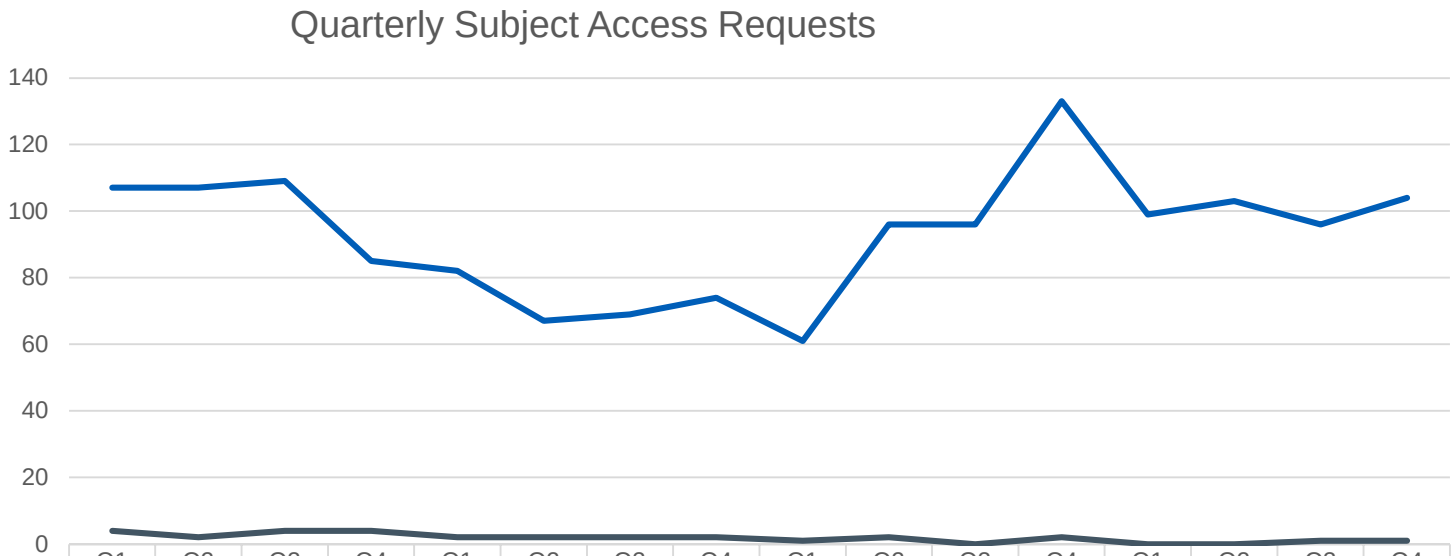
10.2 The table below provides an overview of compliance with Subject Access Requests along with summarised findings in relation to the source of request and the service records being requested.

The 2 Subject Access Requests that exceeded the one calendar month time scale were in relation to:

- Request for Minor Injury Unit Record, which was initially not located, but later found under the tabbed journal
- Department of Work and Pensions statement request, which does not sit within the one calendar month time frame and is technically not a breach of timescales.

	Q1 2022/23	**Q2 2022/23**	**Q3 2022/23**	**Q4 2022/23**	**2022/23 Totals**
Total Requests	99	103	96	104	402
Breaches	0	0	1	1	2
Compliance Rate	100%	100%	99%	99%	99.5%
Average Response Time	3.21	3.13	3.71	3.10	3.28
Requestor					
Individual	25	32	17	30	104
Solicitor	55	47	58	58	218
Police	3	10	5	7	25
Other	14	14	16	9	53
Record Type					
Third Party	7	4	8	0	19
MIU	19	20	25	25	89
Physio	33	30	23	35	121
HR	0	3	4	2	9
Corporate	0	0	1	0	1
Police Request	0	5	1	0	6
Multiple	27	27	19	28	101
Specialist	5	7	5	10	27

Inpatient	6	3	5	2	16
Community	1	4	3	2	10
X-ray	1	0	2	0	3



	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Total Requests	107	107	109	85	82	67	69	74	61	96	96	133	99	103	96	104
Breaches	4	2	4	4	2	2	2	2	1	2	0	2	0	0	1	1
Compliance Rate	96%	98%	96%	95%	98%	97%	97%	97%	98%	98%	100%	98%	100%	100%	99%	99%
Average Response Time	7.33	7.51	7.17	12.48	6.49	9.01	7.43	6.09	6.75	9.14	2.92	2.65	3.21	3.13	3.71	3.10

11 Recommendation

11.1 The WHC Audit Committee is invited to:

(a) Accept the content of the report.

Impacts and Links

Impacts	
Quality Impact	None Identified
Equality Impact	None Identified
Financial implications	None Identified
Impact on operational delivery of services	None Identified
Regulatory/ legal implications	Failure to comply with the Data Security & Protection Toolkit would impact on the WHC contract with BSW ICB, the ability to tender for further work and provide necessary assurances that WHC handle sensitive information in a safe and appropriate manner
Links	
Link to business plan/ 5 year programme of change	None
Links to known risks	Links to risks documented within the IG management section of Datix
Identification of new risks	None identified

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 12

Gender Pay Gap Report

PAPER

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Board	**For decision**
Subject:	Gender Pay Gap Reporting – Results for 2022/2023
Date of Meeting:	10 November 2023
Author:	Niamh Hughes, People Lead
Executive Sponsor	Sara Quarrie, Director of Quality, Professions and Workforce

1 Purpose

In order to meet the its obligations under the Equality Act 2010, Specific Duties and Public Authorities Regulations 2017, Wiltshire Health and Care is required to publish the Gender Pay Gap Analysis and background information.

2 Background

The Gender Pay Gap Analysis applied six standard measures which are:

- The mean gender pay gap
- The median gender pay gap
- The mean bonus gender pay gap
- The median bonus gender pay gap
- The proportion of males and females receiving a bonus payment
- The proportion of males and females in each quartile pay band

The Gender Pay Gap Analysis for 2023 uses a data 'snapshot' from the 31st March 2023, of staff employed by Wiltshire Health & Care.

At the time the snapshot was taken (31st March 2023) Wiltshire Health and Care had 1328 staff, of which 1182 (89%) were female and 146 (11%) were male. Gender Pay reporting includes relevant Bank staff and calculates average earnings over a 12 week period.

The mean[1] gap between male and female pay is 9.9%. This calculation demonstrates that on 31 March 2023 the average pay for females earned 9.9% less per hour than the average pay for males, a reduction of 3.5% from 2021/22. The median[2] pay gaps is 10.5% in favour of males.

Upper and Lower Quartile Gender Pay Gap - Wiltshire Health and Care is also required to report on the quartiles[3] of employee pay. The figures show a larger percentage of female employees than male employees in all quartiles, but there is the smallest difference in the upper middle quartile. This

[1] the mean refers to the average of a set of values

[2] the middle value in a list ordered from smallest to largest

[3] employees are first listed by hourly rate and then split into 4 equal groups

differs to 2021/22 data where the upper quartile has the highest proportion of males. The quartile with the largest proportion of females is the lower quartile, consistent with 2021/22 data.

Bonus Pay Gender Pay Gap - There is no scope for bonus payments within the Agenda for Change terms and conditions of service.

2.1 What is the pay gap report?

Gender pay gap reporting legislation requires employers with 250 or more employees to publish statutory calculations every year which illustrate what the pay gap is between their male and female employees. In this report the data is taken from Employee Staff Record (ESR) with a data date of 31st March 2023, and this will be published on the WHC external website and government reporting platform.

Gender pay reporting is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same or similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman. The gender pay gap shows the difference in the average pay between all men and all women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with (for example, albeit that there is no evidence of this occurring within Wiltshire Health and Care, a bias towards recruiting males into senior clinical roles), and the individual calculations may help to identify those issues.

2.1.1 NHS Pay Structure

Wiltshire Health and Care engages a majority of staff on the 9 pay bands outlined in Agenda for Change and staff are assigned to one of these on the basis of the NHS Job Evaluation Scheme. Within each band there are several incremental pay progression points[4]. Staff who are not aligned to Agenda for Change are VSM and Medical staff. Within the NHS there are also national Medical and Dental terms and conditions of service. Depending on seniority there are a number of pay scales for basic pay. There are separate terms and conditions for Very Senior Managers, such as Chief Executives and Directors.

As an NHS organisation, many of our services are provided on a 24/7 basis, and therefore staff that work unsocial hours, participate in on-call rotas and work on general public holidays and will often receive enhanced pay in addition to their basic pay. This mainly applies to clinical staff and non-clinical senior managers who participate in on-call (Manager or Director).

2.1.2 The Gender Pay Gap Indicators

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, Wiltshire Health and Care are obliged to perform the following statutory calculations for its staff:

- The mean gender pay gap
- The median gender pay gap
- The mean bonus gender pay gap
- The median bonus gender pay gap

[4] Annual pay scales 2021/22 | NHS Employers

- The proportion of males receiving a bonus payment
- The proportion of females receiving a bonus payment
- The proportion of males and female in each quartile pay band

At the time the snapshot was taken (31st March 2023) Wiltshire Health and Care had 1328 staff, of which 1182 (89%) were female and 146 (11%) were male.

3 Discussion

3.1 Gender Pay Gap Results for Wiltshire Health and Care

3.1.1 Gender pay gap as a mean average

The mean is the average of all the hourly rates in the dataset. This calculation demonstrates that on 31 March 2023, the average pay for female staff was 9.9% less per hour than the average pay for male staff. Compared to the previous year, this has decreased by 3.5% from 13.4% in favour of male employees. This follows a 3.4% increase which was seen in last year's results.

Mean Hourly Rate of Pay	Male	Female	Gap %
% Mean GAP Ordinary Pay	£19.42	£17.50	9.9%

3.1.2 Gender pay gap as a median average

The median is the middle value when you list all the numbers in the dataset in numerical order. This calculation demonstrates that the middle value of female staff pay was 10.5% less than the middle value of male staff pay on 31 March 2023. This is 2.8% higher than in 2022.

Median Hourly Rate of Pay	Male	Female	Gap %
% Median GAP Ordinary Pay	£18.90	£16.92	10.5%

3.1.3 Proportion of males and females employed in each Quartile

To perform this calculation, all relevant staff members are listed in hourly rate order and split into four equal groups.

	Male	Female
Upper Quartile %	13.3%	86.8%
Upper Quartile Numbers	44	288
Upper Middle Quartile %	15.4%	84.6%
Upper Middle Quartile Numbers	51	281

Lower Middle Quartile %	9.6%	90.4%
Lower Middle Quartile Numbers	32	300
Lower Quartile %	5.7%	94.3%
Lower Quartile Numbers	19	313

The quartile with the largest proportion of male staff members relative to female employees is the upper middle quartile. The quartile with the largest proportion of female employees relative to male employees is the lower quartile.

4 Conclusion

The 2022/23 Mean Pay Gap was 9.9% in favour of Male pay for Wiltshire Health and Care, which is a 3.5% decrease from previous year.

Wiltshire Health and Care acknowledges that there is a disparity between the number of male and female employees however, Wiltshire Health and Care will always appoint the best candidate for the position, through a competitive, open, and inclusive recruitment process. Wiltshire Health and Care also maintains adherence to Agenda for Change for all appointments to roles and salary bandings and increments.

Wiltshire Health and Care offers flexible working to all staff and has a robust recruitment process. For many years Wiltshire Health and Care has worked with local schools to inform pupils on the variety of roles and careers that are possible in the NHS and to encourage those we engage to consider a career in healthcare. In addition to this we undertake careers events and help with employability skills sessions – such as interviewing.

Wiltshire Health and Care believes it recruits in a non-gender biased manner to ensure that applicants are recruited in a fair, open and transparent manner.

5 Recommendation

The committee is recommended to approve the next steps are as follows:

- Results and narrative presented to the Executive Meeting – October 2023
- Results and narrative presented at Board – November 2023
- Results and narrative presented at the Employee Partnership Forum – November 2023 (by circular)
- Communications including the results and narrative to go out to staff with key messages – November 2023
- Results to be published on the government website and WHC website – December 2023

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 13

WRES / WDES Data Report

PAPER

Wiltshire Health and Care Board	For information
Subject:	**Wiltshire Health and Care WRES and WDES Report**
Date of Meeting:	**10 November 2023**
Author:	Niamh Hughes, People Lead
Executive Sponsor:	Sara Quarrie Director of Quality, Professions and Workforce

1 Purpose

This paper is to:

- Provide the Board with a summary of data which has been submitted as part of the Workforce Race Equality Standard (WRES) submission for 2023;
- Provide the Board with a summary of data which has been submitted as part of the Workforce Disability Equality Standard (WDES) submission for 2023;
- Provide an overview of the actions which are in place and planned in relation to equality, diversity, and inclusion.

2 Background

Wiltshire Health and Care (WHC) are required to undertake an annual WRES submission as part of contractual requirements.

- The Workforce Race Equality Standard (WRES) was launched and mandated for all NHS Trusts in 2015/16, with the first report published in June 2016. It was introduced to ensure employees from Black and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. To date, WHC have not been required to submit this data to the national programme, however this has been agreed as a contractual requirement.
- The Workforce Disability Equality Standard is a set of ten specific measures which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. Whilst WHC currently have no formal requirements to report this data, is a best practice to collate and review.

WHC have undertaken a WRES review on an annual basis, with the first submission as WHC being in 2018/2019.

2.1 CQC Must Do action

In 2023, the WHC CQC Inspection reported stated that the action plan did not appropriately address the inequalities experienced by BAME employees. Wiltshire Health and Care adopt a zero tolerance approach to bullying and harassment and the focus is on ensuring a low level of occurrence alongside a high level of reporting should this take place. This ensures matters can be dealt with appropriately if they do occur.

The Equality, Diversity and Inclusion Action plan includes actions to address these concerns. The action plan addresses work until 2025 to recognise the time required to see cultural and behavioural changes. The action plan also aligns to requirements from the NHS EDI action plan and associated actions for providers.

3 Discussion

3.1 WRES data analysis

3.1.1 The key messages from the 2022/23 WHC WRES data are:

Workforce Representation: within Wiltshire Health and Care, there are 6.9% BME staff, higher than the local Wiltshire population (5.7%) but lower than the NHS comparator (22.4%).

Recruitment: for BME candidates, there is stability in likelihood of appointment following shortlisting (11.39%) compared to WRES 2022 however there is an increase in white candidates being appointed.

Disciplinary: BME Staff are shown to be 1.09 times more likely to enter a formal disciplinary process compared to white colleagues. Please note that this was due to 1 BME employee entering the process within the year.

Staff Engagement: BME report lower levels of abuse, harassment and discrimination than fellow NHS organisations. There is still a pattern of this behaviour by patients, the public and colleagues which needs to be addressed. The organisation strives to reduce this rate and to ensure employees have the access and psychological safety to report any instances.

Board Representation: there are currently no BME Board members within Wiltshire Health and Care, below the NHS comparator of 13.2%.

3.1.2 The key areas for improvement from the 2022/23 WHC WRES data are;

Indicator 1 Workforce Representation: increasing the BME workforce within the organisation.

Indicator 2 Recruitment: increasing the proportion of applicants appointed following shortlisting.

Indicator 5 and 6 Bullying and Harassment: reducing bullying and harassment incidents across the organisation and increasing the number of staff who do report incidents if they do occur.

Indicator 10 Board Representation: ensuring the recruitment of Board members enables BME candidates to have an equal opportunity in the onboarding process.

3.2 WDRES data analysis

3.2.1 The key messages from the 2022/23 WHC WDES data are:

Workforce Representation: Wiltshire Health and Care employs 4.2% of staff with a disability, equal to the NHS comparator (4.2%). Representation in our non-clinical workforce is 0.6% higher than the clinical workforce.

Capability: Wiltshire Health and Care report a 4 times increased likelihood of staff with a disability entering a formal process due to ill-health than the NHS comparator. Please note that this represents

0.5 employees with a disability entering this process each year due to the small workforce of Wiltshire Health and Care.

Recruitment: candidates with no disability had a 1.45 times higher likelihood of being appointed compared to those with a disability. However, the likelihood of a non-disabled candidate being appointed has remained stable.

Staff Engagement: staff with a disability report lower levels of abuse and harrassment than fellow NHS organisations. The organisation strives to reduce this rate and to ensure employees have access and safety in reporting any instances.

Reasonable Adjustments: 89% of disabled staff are satisfied with the adjustments made by the organisation, 17% higher than the NHS comparator.

Board Representation: no Board members have declared a disability, below the NHS comparator of 4.6%.

3.2.2 The key areas for improvement from the 2022/23 WHC WDES data are;

Indicator 3 Recruitment: increasing the proportion of applicants appointed following shortlisting.

Indicator 5 Equal opportunities: ensuring all staff are aware of opportunities within the organisation and aware of policies and processes to enable equity in access.

Indicator 10 Board Representation: ensuring the recruitment of Board members enables those with a disability an equal opportunity in the onboarding process.

3.3 ED&I Action Plan 2023-25

The updated action plan for equality diversity and inclusion is included at Appendix 1 and has previously been developed through consultation with the WHC Equality and Diversity Forum and informed by relevant data, such as the Workforce Race Equality Standard (WRES) analysis from this year. Throughout WHC there is a commitment to providing high quality, safe and effective care, ensuring appropriate access and care for all with a focus on promoting a culture that celebrates individuals' needs and differences.

Our values and behaviours aim to ensure that no person is ever unfairly disadvantaged on grounds of protective characteristics, while also creating a culture within our organisation where people can be themselves. We know that when people are themselves, they perform at their best, and feel most comfortable.

WHC aims to ensure equality for all its job applicants, employees, or users of its services. WHC will ensure that no job applicant, employee, or user of its services shall receive less favourable treatment than any other, on the grounds of the Protected Characteristics.

4 Recommendation

The Board is invited to:

(a) To note the content of the WRES and WDES data;

(b) Note the action plan which has been put in place, report and the next steps.

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

5 Impacts and Links

Impacts	
Quality Impact	Neutral
Equality Impact	Positive
Financial implications	Neutral
Impact on operational delivery of services	Positive
Regulatory/ legal implications	Positive
Links	
Link to business plan/ 5 year programme of change	Yes
Links to known risks	Workforce Capacity 303
Identification of new risks	nil

6 Appendix 1 – 2023-25 Action Plan

Objective	Actions	When	Measures of Success
1. Ensure all Board members and employees have an EDI objective, appropriate to their job banding	Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process.	Mar-24	All Board and Executive to have specific diversity and inclusion in annual objectives and reviewed in appraisal.
	Board members should demonstrate how organisational data and lived experience have been used to improve culture.	Mar-25	ED&I to be standing agenda item at Board.
	All employee cascade of ED&I objectives, following the implementation at Board level	Q1 25/26	All employees to have specific diversity and inclusion objectives in annual objectives and reviewed in appraisal.
2. Monitor Employee Relations data and escalate discrimination, bullying or abuse trends/concerns to Executive Committee.	Review monthly employee relations cases by protected characteristics and report any concerns and remedial action to WFDG and Executive Committee. Theme(s) brought to ED&I group for discussion.	Q3 23/24	Action plan to address trends/concerns is implemented.
3. Enable a culture where employees feel safe to speak up and know the routes to raise concerns.	Review communication and documentation relating to grievance, bullying and harrassment.	Q1 24/25	Increase in staff reporting bullying or abuse within the Staff Survey. 5% increase year-on-year.
	Line Managers promote a safe working environment where issues are dealt with correctly and that staff are aware of how to raise concerns.	Q4 23/24	All new line managers offered a place on Line Managers training.
	To work collaboratively with Freedom to Speak Up Guardians to review trends/concerns on a quarterly basis. Creation of action plan where required.	Quarterly meetings - Q4 23/24	Action plan to address trends/concerns is implemented.
4. Ensure the Recruitment Retention strategy provides wider reaching campaigns in order to increase the accessibility of applicants in the local population	Review Recruitment and Retention plan and amend where necessary.	Q4 23/24	Year-on-year improvement in race and disability candidate representation.
5. Managers holding regular wellbeing and return to work conversations in order to address health	Review of 121 and return to work documentation and guidance.	Q4 23/24	Improvement in Staff Survey Results reporting Managers action on employee wellbeing.

inequalities in the workplace			
6. Ensure candidates are treated equally throughout the recruitment process	Review and update Safer Recruitment training which is accessible to all employees/hiring managers.	Q3 23/24	Year-on-year improvement in race and disability candidate representation.
7. Implement Accessible Workplace Passport to better assist employees with disabilities to have consistent approach to management of condition.	Work in conjunction with EDI Forum on completion and implementation of health passport	Q1 24/25	
8. All Executive and Board Recruitment to have a diverse interview panel and stakeholder discussion groups.	Review and update recruitment process for Executive and Board appointments.	24/25	Increased race and disability representation at Executive and Board level.

Wiltshire HEALTH AND CARE

NHS

Workforce Disability Equality Standard (WDES) Report

2022-2023

What is WDES?

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics) which enables the organisation to compare the workplace and career experiences of disabled and non-disabled staff.

At Wiltshire Health and Care (WHC) this data allows the organisation to review and ensure employees with a disability have fair and equal opportunities and treatment within our workplace.

Data used in this survey is accessed from Electronic Staff Record (ESR), NHS Jobs and employees who completed the 2022 staff survey.

Report Summary

Across the 10 indicators which the organisation is assessed against. Metrics where the organisation performs unfavourably against the NHS comparator, will be addressed in the Equality, Diversity and Inclusion 2023 Action Plan.

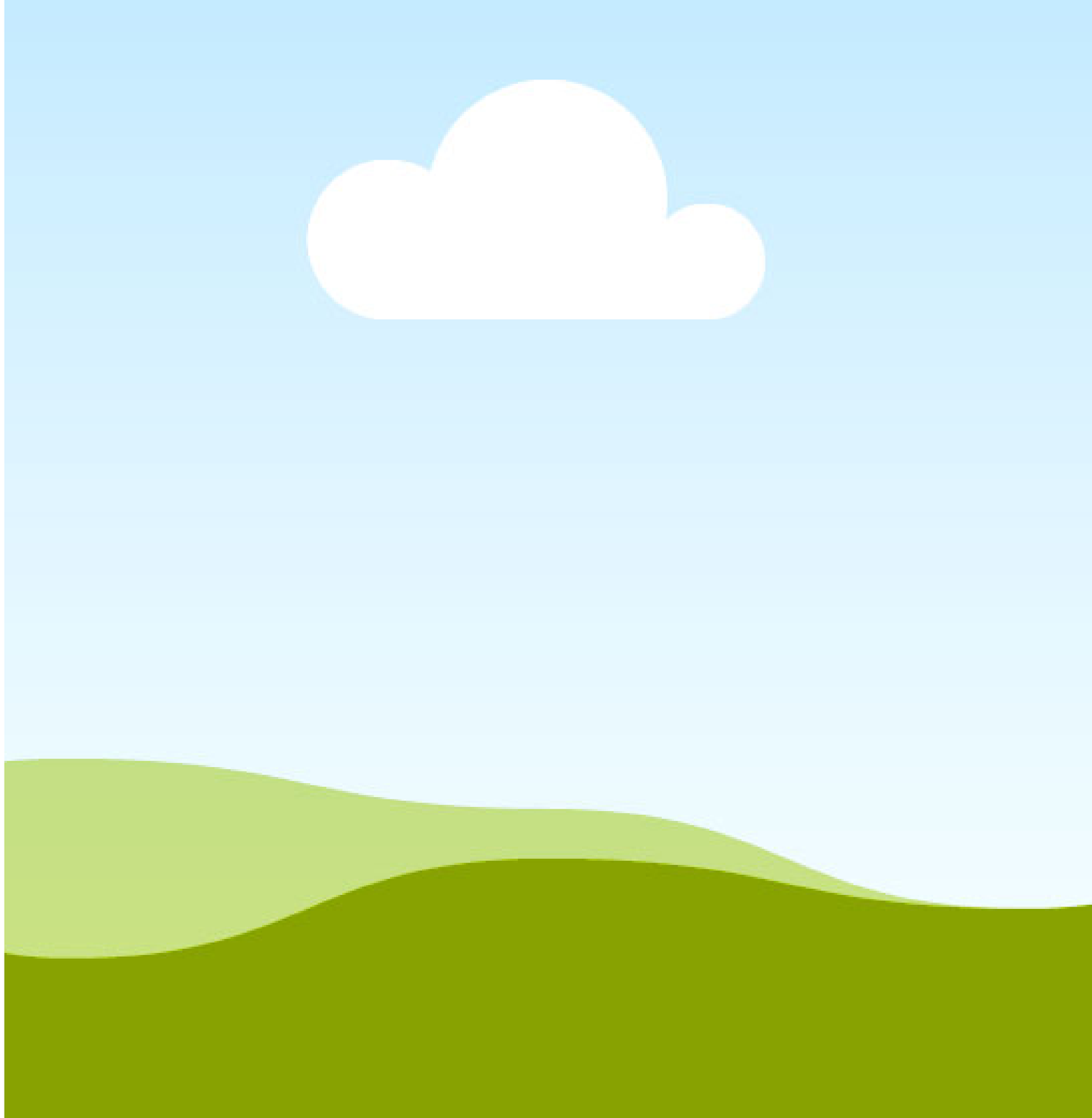
Key Findings:

- **Workforce Representation:** Wiltshire Health and Care employs 4.2% of staff with a disability equal to the NHS comparator (4.2%). Representation in our non-clinical workforce is 0.6% higher than the clinical workforce.
- **Capability:** Wiltshire Health and Care report a 4 times increased likelihood of staff with a disability entering a formal process due to ill-health than the NHS comparator. Please note that this represents 0.5 employees with a disability entering this process each year due to the small workforce of Wiltshire Health and Care.
- **Recruitment:** candidates with no disability had a 1.45 times higher likelihood of being appointed compared to those with a disability. However, the likelihood of a non-disabled candidate being appointed has remained stable.
- **Staff Engagement:** staff with a disability report lower levels of abuse and harrassment than fellow NHS organisations. The organisation strives to reduce this rate and to ensure employees have access and safety in reporting any instances.
- **Reasonable Adjustments:** 89% of disabled staff are satisfied with the adjustments made by the organisation, 17% higher than the NHS comparator.
- **Board Representation:** no Board members have declared a disability, below the NHS comparator of 4.6%.

Areas for improvement:

- **Indicator 3 Recruitment**: increasing the proportion of applicants appointed following shortlisting.
- **Indicator 5 Equal opportunities:** ensuring all staff are aware of opportunities within the organisation and aware of policies and processes to enable equity in access.
- **Indicator 10 Board Representation:** ensuring the recruitment of Board members enables those with a disability an equal opportunity in the onboarding process.

NHS WDES Indicators

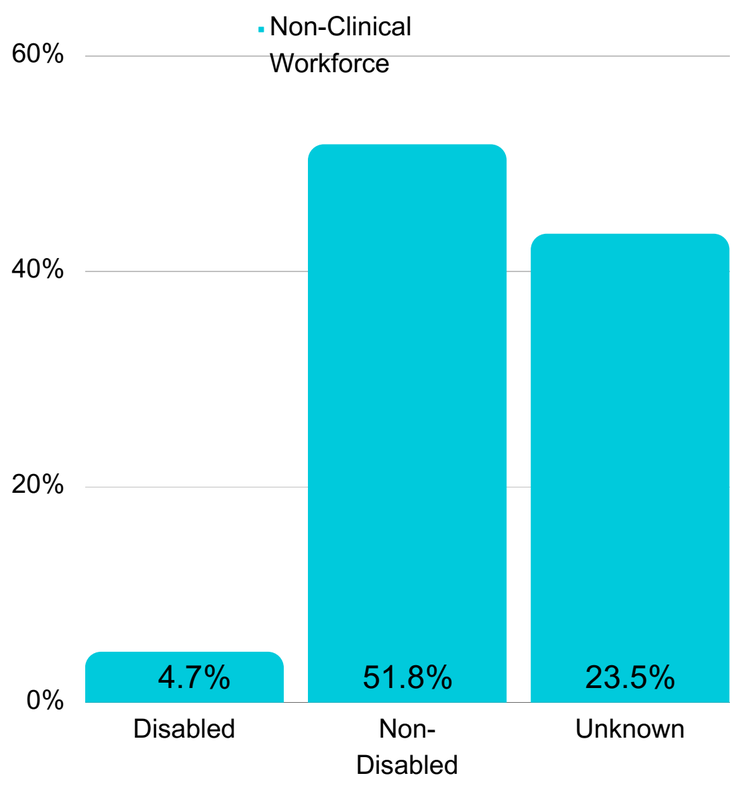


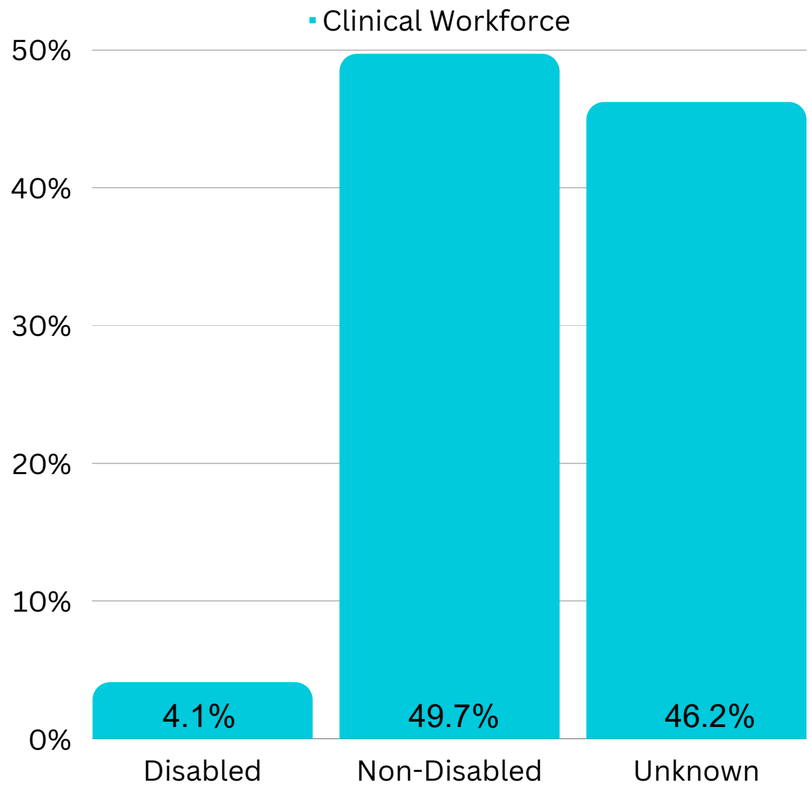
Indicator 1

Percentage of Staff in each of the AfC Bands 1-9, or Medical and Dental Subgroups and VSM (including Executive Board Members) compared with the percentage of staff in the overall workforce.

2023 Workforce Summary

- There were 1,266 staff employed by Wiltshire Health and Care on 31st March 2023 with 54.4% of staff have recorded their disability status.
- Within the organisation, 4.2% of employees have declared a disability, equal to the representation across NHS.
- As declared in 2021 census, 6.1% of the Wiltshire population have a disability with 3.1% economically active.
- There is a higher percentage of staff with a disability in the non-clinical workforce.





Indicator 1

Percentage of Staff in each of the AfC Bands 1-9, or Medical and Dental Subgroups and VSM (including Executive Board Members) compared with the percentage of staff in the overall workforce.

By Band: Non-Clinical

- Overall there is a reduction in the number of non-clinical staff declaring that they have a disability compared to 2022 (3 headcount).
- The reduction is seen in Band 3, 4 and 8A.
- The highest proportion of non-clinical disabled workforce is at Band 7, and this has increased by 6% from 2022.
- There are no non-clinical staff who have declared a disability from 8B so these bands have been removed.

	Non-Clinical Workforce 2023					
	Disabled (headcount)	Percentage of Disabled Workforce	Non-Disabled (headcount)	Percentage of Non-Disabled Workforce	Unknown/Null (headcount)	Percentage of Unknown/Null Workforce
Band 2	4	5.8%	37	53.6%	28	40.6%
Band 3	1	1.6%	36	58.1%	25	40.3%
Band 4	3	8.8%	17	50.0%	14	41.2%
Band 5	0	0.0%	19	48.7%	20	51.3%
Band 6	0	0.0%	7	63.6%	4	36.4%
Band 7	3	20.0%	6	40.0%	6	40.0%
Band 8A	1	8.3%	4	33.3%	7	58.3%

Non-Clinical Workforce 2022		
	Percentage of Disabled Workforce	Percentage Non-Disabled Workforce
Band 2	5.5%	60.3%
Band 3	5.2%	63.8%
Band 4	12.9%	51.6%
Band 5	0%	60.9%
Band 6	0%	70%
Band 7	14.3%	50%
Band 8A	15.4%	38.5%

Indicator 1

Percentage of Staff in each of the AfC Bands 1-9, or Medical and Dental Subgroups and VSM (including Executive Board Members) compared with the percentage of staff in the overall workforce.

By Band: Clinical

- Overall the number of clinical staff declaring a disability has remained steady, a headcount reduction of 1.
- Highest levels of Clinical BME workforce is found at Band 5.
- A change to 2022, there is no longer any representation of clinical workforce with a disability at 8A and above.

	Clinical Workforce 2023					
	Disabled (headcount)	Percentage of Disabled Workforce	Non-Disabled (headcount)	Percentage of Non-Disabled Workforce	Unknown/Null (headcount)	Percentage of Unknown/Null Workforce
Band 2	4	4.65%	32	37.21%	32	58.14%
Band 3	8	4.40%	99	54.40%	99	41.21%
Band 4	4	5.63%	43	60.56%	43	33.80%
Band 5	12	6.09%	79	40.10%	79	53.81%
Band 6	8	2.85%	155	55.16%	155	41.99%
Band 7	5	3.76%	66	49.62%	66	46.62%
Band 8A	0	0%	21	51.22%	21	48.78%

	Non-Clinical Workforce 2022	
	Percentage of Disabled Workforce	Percentage Non-Disabled Workforce
Band 2	5.88%	43.14%
Band 3	3.24%	64.86%
Band 4	3.33%	73.33%
Band 5	5.44%	57.74%
Band 6	3%	61.80%
Band 7	3.62%	57.97%
Band 8A	4.65%	53.49%

Indicator 2

Relative likelihood of staff being appointed from shortlisting across all posts.

This metric indicates that in 2023 non-disabled candidates are 1.45 times more likely to be appointed from shortlisting compared to those with a disability.

This is a difference to 2022 where non-disabled applications were 1.1 times more likely to be appointed.

	2023	2022	NHS Comparator
Relative likelihood of appointment from shortlisting	x1.45	x1.10	x1.09

The below table shows a breakdown of likelihood of appointment from shortlisting.

- There is a 1% decrease in candidates with a disability being appointed, with a 5% increase in non-disabled staff being appointed.
- In order to provide equity in the recruitment process for disabled candidates, this metric will be included in the 2023 Action Plan.

	2023		2022	
	Disabled	Non-Disabled	Disabled	Non-Disabled
Relative likelihood of appointment from shortlisting	18%	26%	19%	21%

Indicator 3

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Note:
This Metric will be based on data from an average two-year rolling rate.

This metric compares staff with a disability versus those who do not, entering a formal capability process. This excludes non-disclosed disability statuses.

With a WHC workforce headcount notably smaller than the NHS comparator, any staff member with a disability entering the capability process alters the WHC relative likelihood figure by a significant amount. Whilst the 2023 is a large increase from 2022, this was generated by 1 staff member with a disability entering the process in a 2 year period.

Whilst the raw data below is low, this does not negate the organisation ambition to ensure equity in the capability process.

	2023	2022*	NHS Comparator
Relative likelihood of staff entering the formal disciplinary process	x4.0	x1.04	x2.1

**Please note that the method and parameters of data analysis has been reviewed for 2023. These updated methods mean that direct comparison cannot be drawn to 2022 data however it is included for reference.*

	2023 Workforce	
	Disabled	Non-Disabled
Average number of staff entering the formal capability process over the last 2 years (excluding those on the grounds of ill-health)	0.5	1.5
Likelihood of staff entering the formal capability process	0.9%	0.2%

As part of the Case Management process, Protected Characteristics are now recorded. This allows for regular review to understand any negative trends in the proportion of staff entering disciplinary processes and this forms part of the ED&I action plan.

The organisation is implementing a restorative and just culture approach. The HR team are reviewing processes and the approach to incidents to seek resolution in conjunction with operational counterparts in order to reduce the number of formal processes which are enacted.

**Please note that the method and parameters of data analysis has been reviewed for 2023. These updated methods mean that direct comparison cannot be drawn to 2022 data however it is included for reference.*

Indicator 4

a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:
i. Patients/service users, their relatives or other members of the public
ii. Managers
iii. Other colleagues

b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Responses for this metric are sourced from Staff Survey. 97 respondents from the staff survey recorded themselves as having 'physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more' and these responses have been counted under 'Disability' within Staff Survey sections of WDES.

- Across all metrics, staff with a disability reported significantly lower levels of harrassment, bullying or abuse than the NHS comparator.
- There is a 11.6% reduction in staff with a disability experiencing harrassment, bullying or abuse from patients/members of the public.
- Compared to 2022, there is an increase in staff experiencing harassment, bullying or abuse from their managers.
- Staff reporting incidents has remained steady for those with a disability. Currently there is no NHS comparator for this matter.

	2023 Workforce		2022 Workforce		NHS Comparator Disabled
	2023 Disabled	2023 Non-Disabled	2022 Disabled	2022 non-disabled	
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	24.5%	24.3%	36.09%	28.94%	33%
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	10.2%	5.5%	5.33%	3.99%	17%
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	21.4%	11.65%	21.89%	10.98%	25%
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	51%	50.4%	50.6%	56%	49.9%

Indicator 5 and 6

Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion.

Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Responses for this metric are sourced from Staff Survey. 97 respondents from the staff survey recorded themselves as having 'physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more' and these responses have been counted under 'Disability' within Staff Survey sections of WDES.

Findings identified;

- There is an increase in staff with a disability reporting pressure to come to work.
- In comparison to the NHS overall, Wiltshire Health and Care staff with a disability report lower levels of presenteeism. Data across NHS organisations shows a return to pre-pandemic levels and a return to previous working practices.
- Staff report lower levels of equal opportunities compared to the wider NHS response. On average, 33% of WHC respondents reported 'Don't know' to this question.

	2023 Workforce		2022 Workforce		NHS Comparator Disabled
	2023 Disabled	2023 Non-Disabled	2022 Disabled	2022 non-disabled	
Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion.	58.16%	60.84%	59.8%	63.7%	51.3%
Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	16%	5.36%	12.14%	7.69%	29.9%

Indicator 7, 8 and 9

Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Has your organisation taken action to facilitate the voices of your Disabled staff to be heard?

- Staff with a disability are 2% less satisfied with how valued they feel by the organisation. Whilst further work is required, progress is demonstrated as this is an 8% increase compared to 2022 scores.
- Wiltshire Health and Care performs above the disabled NHS comparator for feeling valued in their work. This metric has improved by 8% since 2022.
- The organisation scores over 12% above the NHS comparator for adjustments made for staff with a disability.

	2023 Workforce		2022 Workforce		NHS Comparator Disabled
	2023 Disabled	2023 Non-Disabled	2022 Disabled	2022 non-disabled	
Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	48.5%	50.48%	40.3%	48.9%	35.1%
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	88.8%	n/a	89.3%	n/a	72.2%
Has your organisation taken action to facilitate the voices of your Disabled staff to be heard?	The organisation reinstated the Equality Diversity & Inclusion Forum in November 2022. This forum includes representation and discussion on matters relating to disabled employees, for example there was a working group looking at a Disability passport for staff to improve the experience and equity for staff.				

Indicator 10

Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce

- Within WHC, there are no members of the Board who have declared a disability, against an organisation workforce representation of 4.2%.
- The NHS comparator is 4.6% of Board members who have declared a disability.

	# Disabled	% Disabled	# Non-disabled	% Non-disabled	# Unknown/Null	% Unknown/Null	Total
Total Board members	0	0.00%	5	71.43%	2	28.57%	7
of which: Voting Board members	0	0.00%	4	66.67%	2	33.33%	6
Difference (Total Board - Overall workforce)	-	-4%	-	100%	-	0.00%	-
Difference (Voting membership - Overall Workforce)	-	-4%	-	50%	-	-46%	-

Wiltshire

HEALTH AND CARE

Wiltshire HEALTH AND CARE

NHS

Workforce Race Equality Standard (WRES) Report

2022-2023

What is WRES?

The Workforce Race Equality Standard (WRES) is made of 9 pillars which look at experience and career opportunities of black and minority ethnic (BME) and white employees.

At Wiltshire Health and Care (WHC) this data allows the organisation to review and ensure employees from BME backgrounds have fair and equal opportunities and treatment within our workplace.

Data used in this survey is accessed from Electronic Staff Record (ESR) and employees who completed the 2022 staff survey.

The use of the term 'BME' aligns with the technical standards of the WRES guidelines. It is noted however that within the organisation and the Equality, Diversity and Inclusion Forum, that the term Black, Asian and Minority Ethnic (BAME) is a more appropriate term and therefore continues to be used internally. As an organisation we will continue to review this to ensure we are appropriately recognising all ethnicities. Further information can be found here.

Report Summary

Across the 9 indicators which the organisations is assessed against, the organisation performs better than the NHS comparison in 6 of the indicators. Those where the organisation perform unfavourably will be addressed in the Equality, Diversity and Inclusion 2023 Action Plan.

Wiltshire Health and Care have a relatively smaller workforce number compared to NHS organisation. This can alter the WHC relative likelihood figure by a significant amount.

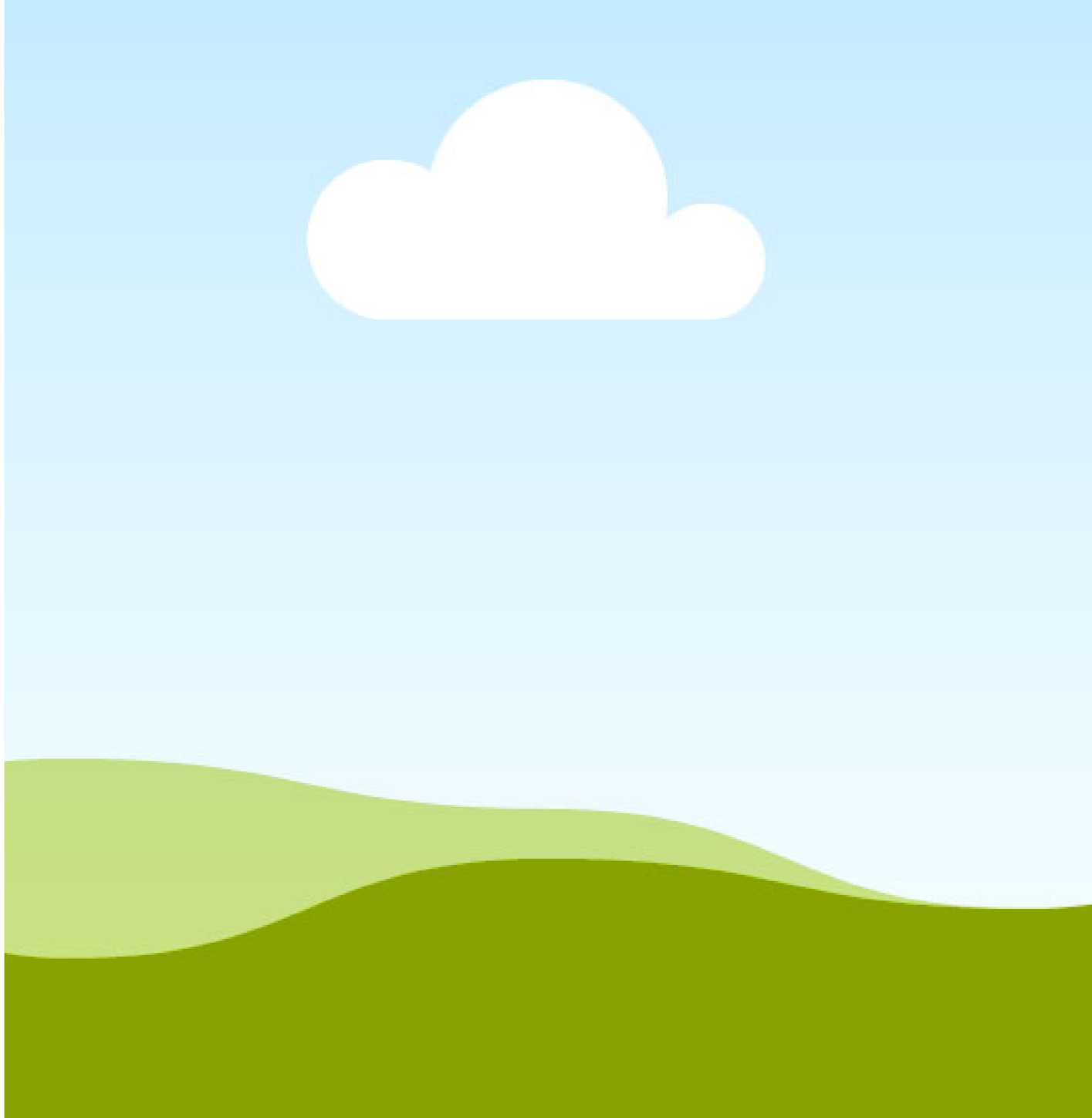
Key Findings:

- **Workforce Representation:** within Wiltshire Health and Care, there are 6.9% BME staff, higher than the local Wiltshire population (5.7%) but lower than the NHS comparator (22.4%).
- **Recruitment:** for BME candidates, there is stability in likelihood of appointment following shortlisting (11.39%) compared to WRES 2022 however there is an increase in white candidates being appointed overall.
- **Disciplinary:** BME Staff are shown to be 1.09 times more likely to enter a formal disciplinary process compared to white colleagues. Please note that this was due to 1 BME employee entering the process within the year.
- **Staff Engagement:** BME report lower levels of abuse, harrassment and discrimination than fellow NHS organisations. There is still a pattern of this behaviour by patients, the public and colleagues which needs to be addressed. The organisation strives to reduce this rate and to ensure employees feel able to report any instances.
- **Board Representation:** there are currently no BME Board members within Wiltshire Health and Care, below the NHS comparator of 13.2% .

Areas for improvement:

- **Indicator 1 Workforce Representation:** increasing the BME workforce within the organisation.
- **Indicator 2 Recruitment**: increasing the proportion of applicants appointed following shortlisting.
- **Indicator 5 and 6 Bullying and Harassment:** reducing bullying and harassment occurrences across the organisation and increasing the number of staff who do report incidents if they do occur.
- **Indicator 10 Board Representation:** ensuring the recruitment of Board members enables BME candidates to have an equal opportunity in the onboarding process.

NHS WRES Indicators



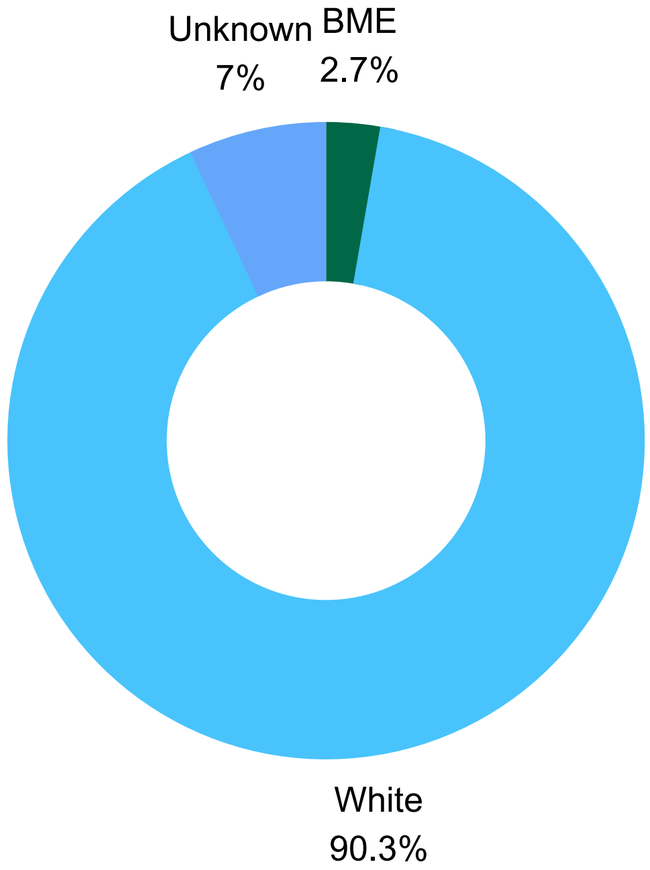
Indicator 1

Percentage of Staff in each of the AfC Bands 1-9, or Medical and Dental Subgroups and VSM (including Executive Board Members) compared with the percentage of staff in the overall workforce.

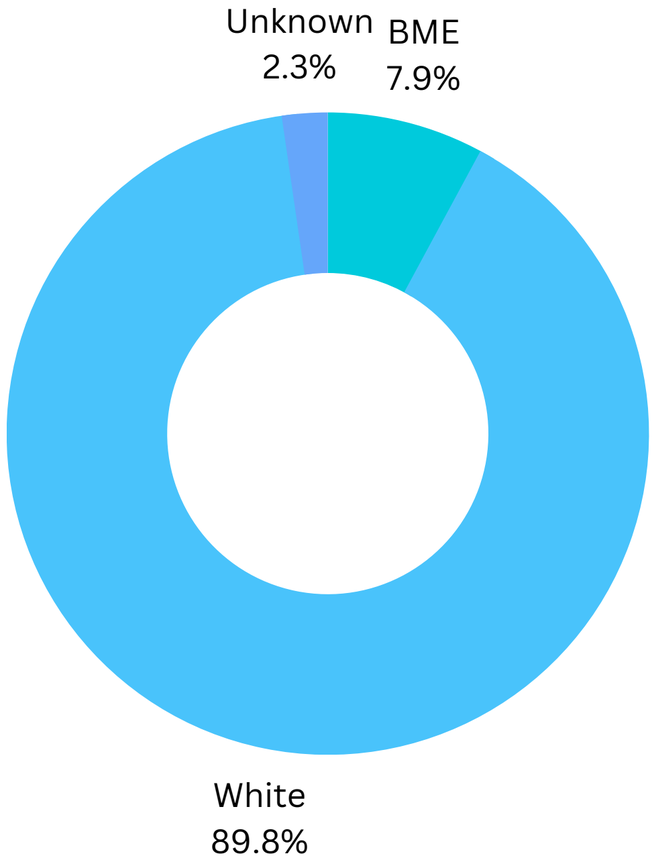
2023 Workforce Summary

- There were 1,266 staff employed by Wiltshire Health and Care on 31st March 2023 and 96.7% of staff have declared their ethnicity.
- 6.9% of employees within WHC are BME, stable with 2022 demographics.
- As declared in 2021 census, 5.7% of the Wiltshire population identified as BME. Across the NHS, 22.4% of staff are of BME.
- There is a higher percentage of BME staff in the clinical workforce.

Non-Clinical Workforce



Clinical Workforce



Indicator 1

Percentage of Staff in each of the AfC Bands 1-9, or Medical and Dental Subgroups and VSM (including Executive Board Members) compared with the percentage of staff in the overall workforce.

By Band: Non-Clinical

- Highest levels of non-clinical BME workforce is found at Band 6. The lowest representation is Band 8B and above.
- There is a reduction in BME representation at Band 3 and 4 where there is now no representation.

	Non-Clinical Workforce 2023					
	White (Headcount)	BME (Headcount)	Ethnicity Unknown/Null (Headcount)	Total (Headcount)	% White	% BME
Band 2	57	3	9	69	83%	4%
Band 3	60	0	2	62	97%	0%
Band 4	33	0	1	34	97%	0%
Band 5	36	1	2	39	92%	3%
Band 6	7	2	2	11	64%	18%
Band 7	15	0	0	15	100%	0%
Band 8A	11	1	0	12	92%	8%
Band 8B	5	0	1	6	83%	0%
Band 8C	3	0	0	3	100%	0%
Band 8D	2	0	0	2	100%	0%
Band 9	1	0	0	1	100%	0%
VSM	2	0	1	3	67%	0%

Non-Clinical Workforce 2022 Comparator		
	% White	% BME
Band 2	78%	3%
Band 3	97%	3%
Band 4	97%	3%
Band 5	93%	2%
Band 6	50%	20%
Band 7	93%	0%
Band 8A	92%	8%
Band 8B	100%	0%
Band 8C	100%	0%
Band 8D	100%	0%
Band 9	100%	0%
VSM	50%	0%

Indicator 1

Percentage of Staff in each of the AfC Bands 1-9, or Medical and Dental Subgroups and VSM (including Executive Board Members) compared with the percentage of staff in the overall workforce.

By Band: Clinical

- Highest levels of Clinical BME workforce is found at Band 5. The lowest representation is Band 8D and above.
- Compared to 2022 there is an increase of BME staff at Band 8B and C.
- There is a reduction at Band 8A and VSM whereby there is now no representation of BME staff.

	Clinical Workforce 2023					
	White (Headcount)	BME (Headcount)	Ethnicity Unknown/Null (Headcount)	Total (Headcount)	% White	% BME
Band 2	69	16	1	86	80%	19%
Band 3	175	8	1	184	95%	4%
Band 4	62	7	2	71	87%	10%
Band 5	169	23	5	197	86%	12%
Band 6	253	18	10	281	90%	6%
Band 7	124	6	3	133	93%	5%
Band 8A	40	0	1	41	98%	0%
Band 8B	6	1	0	7	86%	14%
Band 8C	6	1	0	7	86%	14%
Band 8D	0	0	0	0	0%	0%
Band 9	0	0	0	0	0%	0%
VSM	0	0	0	0	0%	0%

Clinical Workforce 2022 Comparator		
	% White	% BME
Band 2	82%	16%
Band 3	96%	4%
Band 4	90%	7%
Band 5	87%	11%
Band 6	90%	7%
Band 7	93%	4%
Band 8A	93%	5%
Band 8B	0%	0%
Band 8C	100%	0%
Band 8D	0%	0%
Band 9	0%	0%
VSM	80%	20%

Indicator 2

Relative likelihood of staff being appointed from shortlisting across all posts.

This table assesses how likely white candidates are to be appointed from shortlisting as compared with BME candidates. It indicates that White candidates are 2.49 times more likely to be appointed from shortlisting compared to BME counterparts.

	2023	2022	NHS Comparator
Relative likelihood of appointment from shortlisting	2.49	2.00	1.54

The below table shows there is an increase in the appointment of white candidates. There is stability in the appointment of BME candidates however further improvements are required to ensure we are in a more equitable position overall. This will form part of the 2023 Action Plan.

	2023		2022	
	WHITE	BME	WHITE	BME
Relative likelihood of appointment from shortlisting	28.87%	11.59%	22.77%	11.39%

Reminder: on indicators 2,3,4
A score of one means that the measure affects both BME and White staff equally.

Indicator 3

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

This metric refers to staff who have entered a formal investigation as prescribed by the local disciplinary process.

BME Staff are shown to be 1.09 times more likely to enter a formal disciplinary process compared to white colleagues below the NHS comparison of 1.14.

With a WHC workforce headcount notably smaller than the NHS comparator, any BME staff member entering a formal disciplinary process alters the WHC relative likelihood figure by a significant amount.

The below table shows 1 BME individual entered formal disciplinary process in 2022-23.

	2023	2022*	NHS Comparator
Relative likelihood of staff entering the formal disciplinary process	1.09	1.04*	1.14

**Please note that the method and parameters of data analysis has been reviewed for 2023. These updated methods mean that direct comparison cannot be drawn to 2022 data however it is included for reference.*

The organisation is implementing a restorative and just culture approach. The HR team are reviewing processes and the approach to incidents to seek resolution in conjunction with operational counterparts.

As part of the Case Management process, Protected Characteristics are now recorded. This allows for regular review to understand any negative trends in the proportion of staff entering disciplinary processes and this forms part of the ED&I action plan.

	2023		2022*	
	White (headcount)	BME (headcount)	White (headcount)	BME (headcount)
Number of staff in workforce	1138	87	1176	90
Number of staff entering the formal disciplinary process*	12	1	63	5
Likelihood of staff entering the formal disciplinary process*	1.05%	1.15%	5.36%	5.56%

**Please note that the method and parameters of data analysis has been reviewed for 2023. These updated methods mean that direct comparison cannot be drawn to 2022 data however it is included for reference.*

Reminder: on indicators 2,3,4
A score of one means that the measure affects both BME and White staff equally.

Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD

This metric identifies that BME candidates are proportionally accessing more CPD than White colleagues.

There is a notable increase on 2022 scores. Wiltshire Health and Care perform significantly better than the overall NHS comparator. This illustrates the career and development opportunities open to all staff.

	2023	2022	NHS Comparator
Relative likelihood of staff accessing non-mandatory training and CPD	0.69	2.6	1.12

	2023		2022	
	2023 White	2023 BME	2022 White	2022 BME
Number of staff accessing non-mandatory training and CPD (headcount)	172	19	204	6
Likelihood of staff accessing non-mandatory training and CPD	15.11%	21.84%	17.35%	6.67%

Reminder: on indicators 2,3,4
A score of one means that the measure affects both BME and White staff equally.

Indicator 5 and 6

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Data for this metric is compiled from the 2022 and 2021 Staff Survey administered by WHC. In the Staff Survey, separate responses are recorded for incidents about either Managers or Other Employees. In WRES, both responses are combined, potentially leading to the same employee being counted twice in this metric. Due to anonymity this cannot be separated.

There were 28 BME responders to the 2022 staff survey, which represents 53% of BME workforce.

- There is a significant reduction in the number of BME employees experience harassment, bullying and abuse.
- Wiltshire Health and Care staff report lower experiences than the NHS Comparator 2021.

	2022 Staff Survey Responses		2021 Staff Survey Responses		NHS Comparator BME
	2022 BME	2022 White	2021 BME	2021 White	
Number of survey responders who have experienced harassment, bullying or abuse from patients, relatives or the public in the 12 months	14.3%	24%	33%	30.5%	29.2%
Number of survey responders who have experienced harassment, bullying or abuse from colleagues in 12 months	18%	20.8%	36%	17%	27.6%

Indicator 7 and 8

Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion.

In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other colleagues?

Data for this metric has been compiled from 2021 and 2022 Staff Survey administered by WHC.

There were 28 BME responders to the 2022 staff survey, which represents 53% of BME workforce.

- BME Staff report higher satisfaction at the career progression opportunities compared to White colleagues. This level was also higher than the NHS Comparator.
- More BME staff experience discrimination at work than their White colleagues however the number of reported incident has reduce significantly between 2021 and 2022.
- Wiltshire Health and Care BME staff reported lower rates of discrimination compared to the NHS comparator. This trend is also seen for White colleagues.

	2022 Staff Survey Responses		2021 Staff Survey Responses		NHS Comparator BME
	2022 BME	2022 White	2021 BME	2021 White	
Number of of staff believing that their organisation provides equal opportunities for career progression or promotion.	60.7%	53.2%	56.3%	52.9%	44.4%
In the last 12 months have you personally experienced discrimination at work from Manager/team leader or other colleagues?	7.14%	4.5%	18.2%	4.72%	17%

Indicator 9

Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce

The Board membership shows disparity to the representation across the overall workforce. The NHS Comparator for 2022 is 13.2% BME Board Membership.

	White	BME	Unknown
Total Board members	7	0	0
of which: Voting Board members	6	0	0
of which: Exec Board members	4	0	0
Total Board members - % by Ethnicity	100%	0.0%	0.0%
Overall workforce - % by Ethnicity	89.9%	6.9%	3.2%
Difference (Total Board -Overall workforce)	10.1%	-6.9%	-3.2%
NHS Comparator of Total Board Members - % by Ethnicity	-	13.2%	-

Wiltshire

HEALTH AND CARE

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 14

Modern Slavery Statement

PAPER

Wiltshire Health and Care Board	For decision
Subject:	**Approval of Annual Modern Slavery Statement**
Date of Meeting:	**10 November 2023**
Author:	**Shirley-Ann Carvill**

1. Purpose

The purpose of this paper is to:

- Seek the WHC Operating Board's approval to WHC's Modern Slavery Statement for 2023.

2. Background

The Modern Slavery Act 2015 has made it compulsory for all organisations with a global annual turnover of £36m or more to publish a slavery and human trafficking statement for each financial year. The statement must detail the steps an organisation has taken in that year to identify and eradicate modern slavery.

3. Discussion

The Modern Slavery Act 2015 prescribes content that all Modern Slavery Statements must contain. The statement proposed for WHC for 2023 covers all prescribed content in a tangible manner.

Once the statement has been approved, we will publish it on our website, and also on the government's national modern slavery registry: Modern slavery statement registry - GOV.UK (modern-slavery-statement-registry.service.gov.uk).

4. Recommendation

4.1 The Operating Board is invited to:

A. APPROVE the proposed Modern Slavery Statement for 2023.

Wiltshire HEALTH AND CARE

NHS

Impacts/ Risk

Impacts	
Quality Impact	• **No negative impact on quality is identified.**
Equality Impact	• **No negative impact on equality is identified.** • None of the groups with protected characteristics are treated any differently.
Financial implications	• **There is no direct financial implication.**
Impact on operational delivery of services	• **No operational impact is identified.**
Regulatory/ legal implications	• **Positive impact.** • Enables WHC to demonstrate compliance with the Modern Slavery Act 2015.

Consideration of risk	
Links to Business Plan	Ensuring compliance with statutory and contractual obligations.
Links to known risks	None identified
Identification of new risks	Implementing this proposal set out in this paper will not introduce any new risks to WHC.

Modern Slavery Act 2015 and Transparency in Supply Chains Act 2010 Statement

Updated 2023

OVERVIEW

This statement, made pursuant to section 54(1) of the Modern Slavery Act 2015, sets out the approach taken by Wiltshire Health and Care to ensure that slavery, servitude, forced labour and/or human trafficking (together Modern Slavery) does not exist in our supply chains.

OUR BUSINESS AND VALUES

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

Our registered address is Chippenham Community Hospital, Rowden Hill, Chippenham, Wiltshire, SN15 2AJ.

Our members are the following three NHS Foundation Trusts:

- Great Western Hospitals NHS Foundation Trust
- Royal United Hospitals Bath MNHS Foundation Trust; and
- Salisbury NHS Foundation Trust.

We provide community nursing, physiotherapy, and occupational health services to patients who benefit from being cared for in their homes. This is supported by specialised community services teams, who treat patients both at home and in clinic to provide a range of services including tissue viability, podiatry, orthotics, continence, heart failure, respiratory, PACE and oxygen, lymphedema, diabetes, dietetics, MSK, speech and language therapy, and wheelchair and specialist seating services. We also provide support for those with learning disabilities, and support for those with long COVID. We care for patients in four community inpatient wards and two minor injury units across the county, and support intermediate care and therapy. We work as part of the local health and social care economy with our acute care partners, local primary care, social care colleagues, Carers Support Wiltshire, and many other third sector agencies. This is supported by a broad network of family members, friends, carers, and volunteers.

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

Wiltshire Health and Care has around 1400 employees and operates only out of Wiltshire, England, which is deemed a low risk country by the global slavery index.

Wiltshire Health and Care supports the Government's objective to eradicate modern slavery and human trafficking. Accordingly, we have a zero-tolerance approach to modern slavery and are committed to ensuring there is transparency in our approach to tackling modern slavery throughout our supply chains. Our Executive team annually review a series of measures put in place to prevent any involvement in modern slavery in both our business and supply chains. We expect the same high standards from our contractors, suppliers and all other business partners.

OUR SUPPLY CHAINS

We buy a wide range of goods and services, from medicines, and consumables, through to clinical clothing and waste disposal to be used in the provision of healthcare to patients.

A large proportion of our purchasing is undertaken through NHS supply chain, where suppliers are vetted centrally. From April 2022 NHS supply chains have adopted the government's Social Value Model (Procurement Policy Note 06/20) which ensures that all procurement undertaken will contribute to the NHS Net Zero and Social Value goals.

Our significant procurements are supported by an expert procurement team, hosted by, and shared with, our members. Modern slavery checks are a standard part of the supplier questionnaire process.

MODERN SLAVERY OVERSIGHT MEASURES

In addition to producing an annual modern slavery statement Wiltshire Health and Care is committed to:

1. ensuring that slavery and human trafficking is considered and addressed in our approach to corporate social responsibility

2. ensuring that any concerns about slavery or human trafficking can be raised through our Freedom to Speak Up (whistleblowing) procedure

3. carrying out regular audits to ensure that all our employees are paid at least the National Minimum Wage and have the right to work in the UK

4. ensuring that all commercial agreements include an obligation on our suppliers to operate in accordance with the Modern Slavery Act 2015, and to ensure that any of their suppliers and sub-contractors also operate in accordance with the Act

5. appointing a named individual to oversee the compliance with the Modern Slavery Act 2015

6. identifying and addressing any areas of high risk in our supply chain.

TRAINING

We have developed a training package in relation modern slavery obligations and the Modern Slavery Act which is undertaken by all staff. This training ensures all Wiltshire Health and Care colleagues are aware of their obligations regarding reporting obligations and the identification of risks in relation to modern slavery.

Wiltshire Health and Care has a Modern Slavery and Human Trafficking Policy, which is reviewed by our Executive Team at least every three years. The next renewal of this policy is due.

RAISING CONCERNS

We are committed to dealing with any concerns raised in an open and honest manner, empowering and protecting those who do so. Our staff can report concerns through a variety of channels including: (i) to their line manager; (ii) to a member of the Executive and senior management team; and (iii) to a Freedom to Speak up Guardian.

Modern slavery and the mechanisms by which concerns can be raised will be highlighted to all teams in the organisation via regular internal communications.

OUR EFFECTIVENESS IN COMBATING SLAVERY AND HUMAN TRAFFICKING

Wiltshire Health and Care reviews its Modern Slavery and Human Trafficking Statement every year. This statement is presented to the Operating Board who approve and support this statement in a public meeting demonstrating commitment, ensuring visibility, and encouraging reporting standards.

This statement is approved by the Board and signed on its behalf by Shirley-Ann Carvill, Managing Director.

Signed:…….

October 2023

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 15

Safeguarding Annual Reports and Statements

PAPER

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Board	**For decision**
Subject:	**Safeguarding Adults Annual Report** **Safeguarding Childrens Annual Report**
Date of Meeting:	**10 November 2023**
Author:	**Sean Collins and Netty Snelling**
Executive Sponsor:	Sara Quarrie Director of Quality, Professions and Workforce

1 Purpose

This paper is to provide the Board with oversight of adult and child safeguarding reports, which are a contractual requirement on a yearly basis.

2 Background

With the National Variation Agreement 2022/23 between BSW ICB and Wiltshire Health and Care (WHC, WHC are expected to comply with all statutory / national guidance related to safeguarding children and vulnerable adults. Specific legislation is highlighted in the reports and provide an overview of compliance against set contractual standards.

3 Recommendation

The Board is invited to:

(a) To note and approve the content of both annual reports

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	Neutral
Equality Impact	Positive
Financial implications	Neutral
Impact on operational delivery of services	Positive
Regulatory/ legal implications	Positive
Links	

Link to business plan/ 5 year programme of change	Yes
Links to known risks	Click here to enter text
Identification of new risks	nil

5 Appendix 1 – 2023-25 Action Plan

Objective	Actions	When	Measures of Success
1. Ensure all Board members and employees have an EDI objective, appropriate to their job banding	Every board and executive team member must have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process.	Mar-24	All Board and Executive to have specific diversity and inclusion in annual objectives and reviewed in appraisal.
	Board members should demonstrate how organisational data and lived experience have been used to improve culture.	Mar-25	ED&I to be standing agenda item at Board.
	All employee cascade of ED&I objectives, following the implementation at Board level	Q1 25/26	All employees to have specific diversity and inclusion objectives in annual objectives and reviewed in appraisal.
2. Monitor Employee Relations data and escalate discrimination, bullying or abuse trends/concerns to Executive Committee.	Review monthly employee relations cases by protected characteristics and report any concerns and remedial action to WFDG and Executive Committee. Theme(s) brought to ED&I group for discussion.	Q3 23/24	Action plan to address trends/concerns is implemented.
3. Enable a culture where employees feel safe to speak up and know the routes to raise concerns.	Review communication and documentation relating to grievance, bullying and harrassment.	Q1 24/25	Increase in staff reporting bullying or abuse within the Staff Survey. 5% increase year-on-year.
	Line Managers promote a safe working environment where issues are dealt with correctly and that staff are aware of how to raise concerns.	Q4 23/24	All new line managers offered a place on Line Managers training.
	To work collaboratively with Freedom to Speak Up Guardians to review trends/concerns on a quarterly basis. Creation of action plan where required.	Quarterly meetings - Q4 23/24	Action plan to address trends/concerns is implemented.
4. Ensure the Recruitment Retention strategy provides wider reaching campaigns in order to increase the accessibility of applicants in the local population	Review Recruitment and Retention plan and amend where necessary.	Q4 23/24	Year-on-year improvement in race and disability candidate representation.
5. Managers holding regular wellbeing and return to work conversations in order to address health	Review of 121 and return to work documentation and guidance.	Q4 23/24	Improvement in Staff Survey Results reporting Managers action on employee wellbeing.

inequalities in the workplace			
6. Ensure candidates are treated equally throughout the recruitment process	Review and update Safer Recruitment training which is accessible to all employees/hiring managers.	Q3 23/24	Year-on-year improvement in race and disability candidate representation.
7. Implement Accessible Workplace Passport to better assist employees with disabilities to have consistent approach to management of condition.	Work in conjunction with EDI Forum on completion and implementation of health passport	Q1 24/25	
8. All Executive and Board Recruitment to have a diverse interview panel and stakeholder discussion groups.	Review and update recruitment process for Executive and Board appointments.	24/25	Increased race and disability representation at Executive and Board level.

Annual report for Safeguarding Adults 2022/23

Sean Collins, Safeguarding Lead (Adults)

Wiltshire Health and Care

This document includes:

- Annual Report
- Board Statement

Wiltshire Health and Care
Chippenham Community Hospital
Rowden Hill
Chippenham SN15 2AJ

Contents

1 Context:

Within the National Variation agreement 2019/20 between BSW Integrated Care Board (ICB) and Wiltshire Health and Care LLP (WHC). WHC will be expected to comply with all statutory/national guidance related to the safeguarding of adults at risk of harm.

- Care Act, 2014
- CQC Fundamental Standards; Outcome 13.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Safeguarding Adults: Roles and Competencies for Health Care Staff
- First edition: August 2018
- Mental Capacity Act 2005
- DoLS/LPS
- Safeguarding Vulnerable Groups Act (SVGA) 2006
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- Domestic Violence, Crime and Victims Act 2004
- Safeguarding LAC: Roles and Competencies for Health Care Staff
- First edition: December 2018 (Think family and LAC go up to age 25 years)
- Prevent: Training and Competencies Framework, October 2017
- England and Wales: Modern Slavery Act 2015
- Counter Terrorism and Security Act (2015)

There are 14 core standards which WHC must meet and provide the CCG with assurance against all standards. This report contains further narrative to support the attached annual assurance of compliance with safeguarding adults' standards.

1.1 Purpose:

The purpose of this report is to inform the Safeguarding Policy and Oversight Group (POG), Quality Assurance Committee (QAC) and Commissioners about activity and performance in relation to adult safeguarding arrangements and that WHC are meeting the statutory requirements and where not, to identify risks and mitigation.

2 Overview of 2022/23

WHC has taken responsibility under the legislation and guidance outlined above for safeguarding adults in their services. “Adult” refers to all those aged over 18. Adults are seen across all WHC services.

2.1 WHC Safeguarding Risks 2022/2023

Risk Number	Title	Risk Rating
2	Lack of staff awareness of DoLS standards	4
52	Mental Health Assessment Tool	9
54	Feedback from Adult Social Care	6

Table 1 Safeguarding risks 2022/23

2.2 Progress in 2022/23

2.2.1 Lack of Staff Awareness of the DoLS standards.

WHC inpatient services apply the DoLS criteria and make applications to the Wiltshire DoLS services. It has been agreed that this risk will be closed as WHC is now preparing for the introduction of the Liberty Protection Safeguards (LPS) which is planned for introduction in Oct 2023**.** Draft Mental Capacity Act Code of Practice was published in late March 2022 along with draft LPS Regulations. The Safeguarding Lead (Adults) is considering the changes. LPS Implementation is a standing agenda item at the Safeguarding POG.[1]

2.2.2 Mental Health Assessment Tool

There is a need for an assessment tool within WHC inpatient settings. The Inpatient Lead Nurse is conducting a review of the mental health needs of the inpatient settings and the assessment tool is part of that review.

2.2.3 Feedback from Adult Social Care

Where WHC staff make safeguarding alerts via the Wiltshire MASH, there is an issue with not receiving feedback on the triage decision. This issue has been raised with MASH Manager at monthly liaison meetings as well as the SVPP partnership meetings. WCCG Designated Professional is aware.

[1] WHC is aware that LPS is no-longer to be implemented in the short to medium term. DoLS processes are being reviewed. MCA and DoLS polices are being updated in 2023/4

3 Standard 1 – Governance and Commitment to Safeguarding Adults

A safeguarding declaration has been ratified at board level in July 2022. It is available to review under publications on the WHC website and can be found in Appendix 1. The Safeguarding Team for WHC are:

- Board Executive Lead: Sara Quarrie, Director of Quality, Professions and Workforce
- Safeguarding Lead (Child): Netty Snelling.
- Safeguarding Lead (Adult): Sean Collins.
- Safeguarding Practitioner (Band 6 on a 18 month secondment) Lauren Hutchins
- Quality Governance Administrator (including safeguarding): Laura McLeod.

3.1 Contribution to Wiltshire Safeguarding Vulnerable People Partnership

Attendance at Wiltshire Safeguarding Vulnerable People Partnership (WSVPP) is fulfilled via attendance at the SVPP Partnership Meetings. Safeguarding Lead (Adults) attends all the adult workstreams. There are no formal subgroups for the adult element of the SVPP. This was agreed with the CCG Designated Nurse for Safeguarding Adults.

3.2 Governance

All reports and policies are currently presented at Quality and Planning (Q&P) meeting before being sent to the Commissioners. These reports are scrutinised at the Safeguarding Policy Oversight Group (POG) which meets quarterly.

3.3 Practice influencers

Although not formally a governance meeting, the Practice Influencers Forum consists of staff from all teams across WHC. This forum meets bi-monthly and gives the Safeguarding Team the opportunity to disseminate and discuss new legislation and guidelines and gain feedback from staff regarding challenges in practice. Attendance is monitored via Quality & Planning meeting on a quarterly basis.

The themes covered in 2022/2023 were:

- The impact of COVID on safeguarding practice
- Domestic Abuse (including 16 days of action and DHR's)
- SARs and SCR's, THINK family
- Exploitation and county lines
- Self-neglect
- Lasting Power of Attorney
- Managing risk in safeguarding.
- Practitioners have also been discussing case studies.

Every service in WHC sends a representative and we are working on ensuring that these practitioners are receiving additional training and support in their role.

3.3.1 Quality Improvement Programme

WHC have developed a quality improvement programme for safeguarding, which is used to capture issues, data, and progress against set criteria, including risk, training, and supervision.

3.4 Plans for 2023/24

- Yearly statement of compliance will be ratified by WHC Board in September 2023
- Further development of the Quality Improvement Programme to enable better data analyse

4 Standard 2 - Policies, Procedures and Guidelines

Policy title	Review due date	Update and RAG rating [Green in date / Amber draft or due a review / Red overdue]
Safeguarding Children Policy including links to Safeguarding Partnership websites	15/03/2022	Reviewed and new review date 15/02/2025
Safeguarding Adult Policy including links to Safeguarding Partnership websites	08/02/2021	Reviewed and new review date 18/05/2024
Managing child missed appointments.	19/10/2021	Reviewed and new review date 19/10/2024
Was Not Brought Policy	19/10/2021	Reviewed and new review date 19/10/2024
Safeguarding Allegations Against Staff Policy	17/11/2020	Reviewed and new review date 18/01/2025
Female genital mutilation	15/03/2022	Reviewed and new review date 15/02/2025
Safeguarding Children Supervision Policy	15/06/2021	Reviewed and new review date 20/07/2024
Domestic Abuse Policy	Update to definition May 21	Reviewed and new review date 20/09/2025
Employees as victims or perpetrators of domestic abuse	19/01/2021	Reviewed and new review date 19/01/2024
DoLs	14/10/2022 added caveat for 6/12 extension	Reviewed and new review date 14/04/2023
MCA	30/08/2019	Reviewed and new review date 19/10/2024
Consent for treatment for all patient's policy	19/11/2019	Reviewed and new review date 21/04/2023
Modern Slavery and human trafficking policy	04/06/2019	Approved at Safeguarding POG awaiting ratification at PPG July 2023
Chaperone Policy	In draft	Awaiting approvals and comment
Learning Policy	In draft	New policy
Young people's transition policy	In draft	New policy
Supporting patients' choice in discharge	In draft	BSW will be creating a policy that will be utilised by all in the next 12 months. Caveat added to the policy this has been reviewed by GW. The content is still accurate.
Enhanced Care and meaningful activities in cognitively impaired adults' policy	In draft	New policy
Care Co-Ordination with LD epilepsy autism	26/09/2022	Tabled at PPG 20/12/2022- awaiting RC to address comments from PPG
Adults with ASD in hospital SOP (SC and RC)	In draft	New policy

Table 2 Policies Procedures and Guideline tracker – Safeguarding POG

The majority of policies are reviewed and in date, there are a number of new policies that WHC is working to develop and two policies that are overdue. The Modern Slavery and human trafficking policy has been reviewed and endorsed by the Safeguarding POG and is ready for approval by the Policies and Procedures Group. The Supporting patients' choice in discharge policy was pending a BSW piece of work and WHC was waiting the outcome of this system wide review to align its policy – the content has been reviewed and remains accurate.

4.1 WSVPP (WSCB) policies

All the above policies are available on the organisation's W: drive and intranet pages. A link to the WSVPP website is also embedded. Staff have been made aware of this via the staff bulletin and Practice Influencers' Forum.

4.2 Priorities for 2023/24.

- Mental Capacity and DoLS policy will be updated in 2023/24
- RAMP planning will be formally approved with guidance document in a redrafted Safeguarding Adults Policy
- Use of Foods with medicines appendix to the Safeguarding policy being developed

5 Standard 3 – Appropriate Training, Skills and Competences

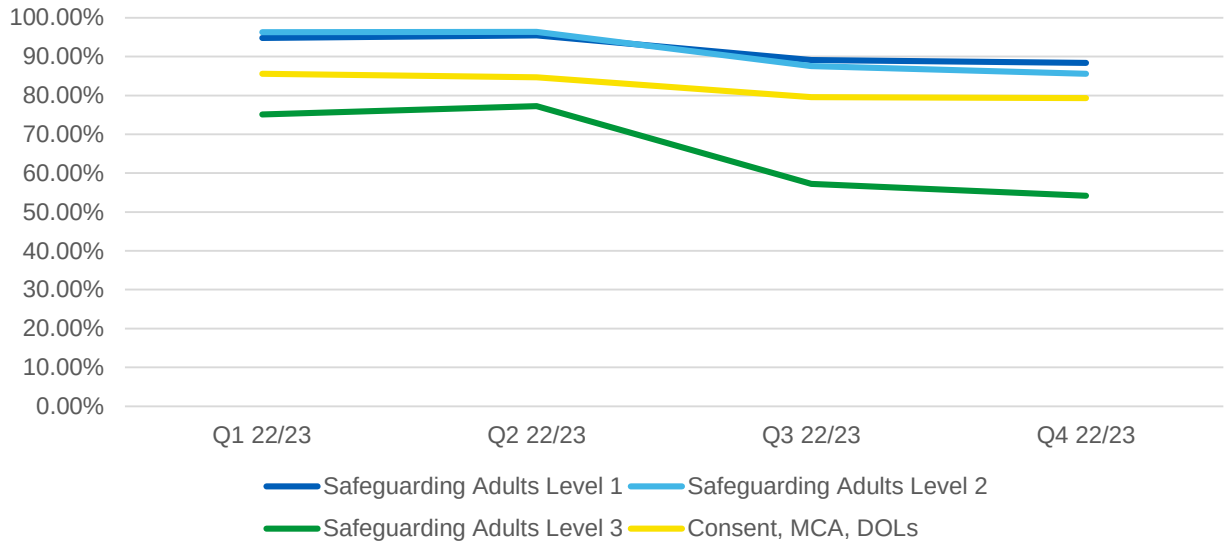


Figure 1 Percentage of staff completed Safeguarding Adults training.

5.1 Progress in 2022/2023

Safeguarding level 3 training has been a challenge in 2022/23. There are training places available. The issue has been discussed at Safeguarding POG. There are risk controls in place.

Think Family has been incorporated into all training levels, including volunteers. eLearning for Health has been evaluated and the move to this platform will happen in 23/24 for all levels of Safeguarding Adult training including Mental Capacity.

5.2 Priorities for 2023/24

Continued focus on improving compliance with Level 3 training.

Introduction of the ‘Leaving’ domestic abuse’ training resource. This will be coupled with DASH training and will be available for level 3 practitioners and can be used for level 3 training compliance.

Consent and Mental Capacity Act in Practice Course was designed and accredited with Oxford Brookes University in 2021 and two cohorts were delivered. A further course was delivered in 2023 and further course is planned to run in the winter of 2023.

6 Standard 4 – Effective Supervision, Reflective Practice and Case Consultation

WHC introduced adult safeguarding supervision project in 2022/23. This starts with a 6 session introduction to supervision with the team and then this progresses to a monthly team supervision session. Currently CTPLD, Diabetes Specialist Nursing Team and two of the community Team. Further Teams will be added through 2023/4

An Adults Safeguarding Supervision Policy will be developed in 2023/24.

6.1 Priorities for 2023/2024

An Adults Safeguarding Supervision Policy will be developed in 2023/24.

WHC is considering which staff will be responsible for delivering adult safeguarding supervision to team. They will be supervised by the Safeguarding Lead (Adults)

Safeguarding Lead (Adults) is available along with the Safeguarding Child Lead for case consultation and reflective practice if needed. Datix Quality Improvement Project (QIP) is examining how this work is recorded and collated in 2023/24.

7 Standard 5 - Compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) 2009

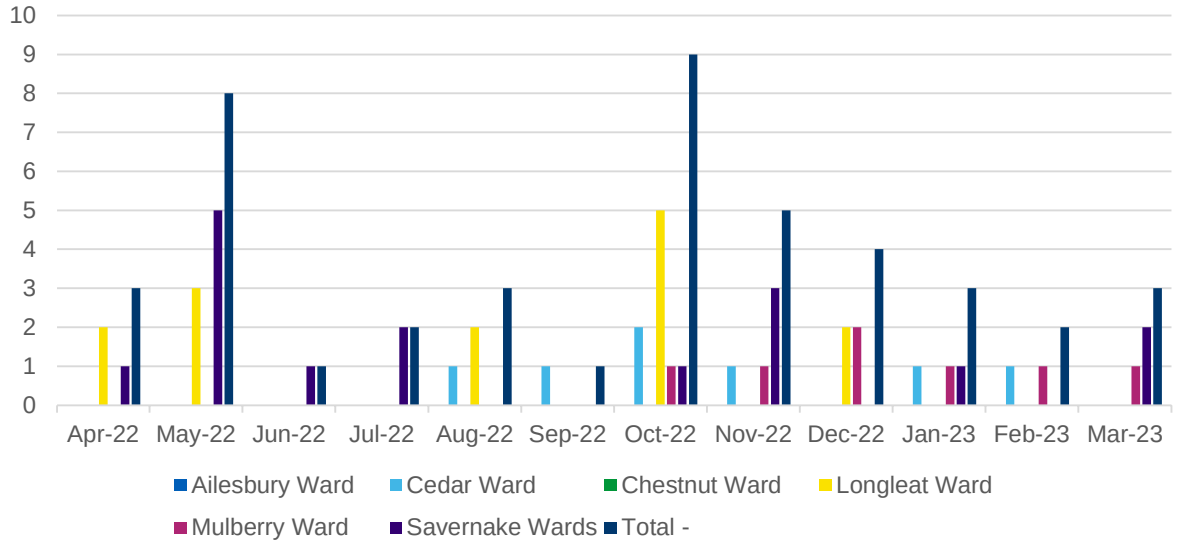


Figure 2 Deprivation of Liberty Applications 2022/2023

7.1 Progress in 2022/2023

eLearning for Health MCA and DoLS training has been evaluated and WHC will move to this platform in 2023/24. WHC will have new MCA and DoLS Polices being updated 2023/24.

7.2 Priorities for 2023/24

Planning for the move to LPS in 2023. Safeguarding Lead (Adults) is a member of the Southwest Health Group planning for LPS and is also a member of the Wiltshire Council LPS Group. (Please see footnote 1 above). MCA/safeguarding Risk management training to be delivered across community teams and In-patient wards.

8 Standard 6 — Compliance with statutory & contractual 'PREVENT' duties

The Safeguarding Lead (Adults) is WHC's operational PREVENT Lead. There were no PREVENT referrals within WHC within the reporting period and therefore no Channel Referrals. Safeguarding Lead (Adults) is a member of the Wiltshire PREVENT Board which meetings quarterly. Alongside the local and regional NHS Prevent Networks

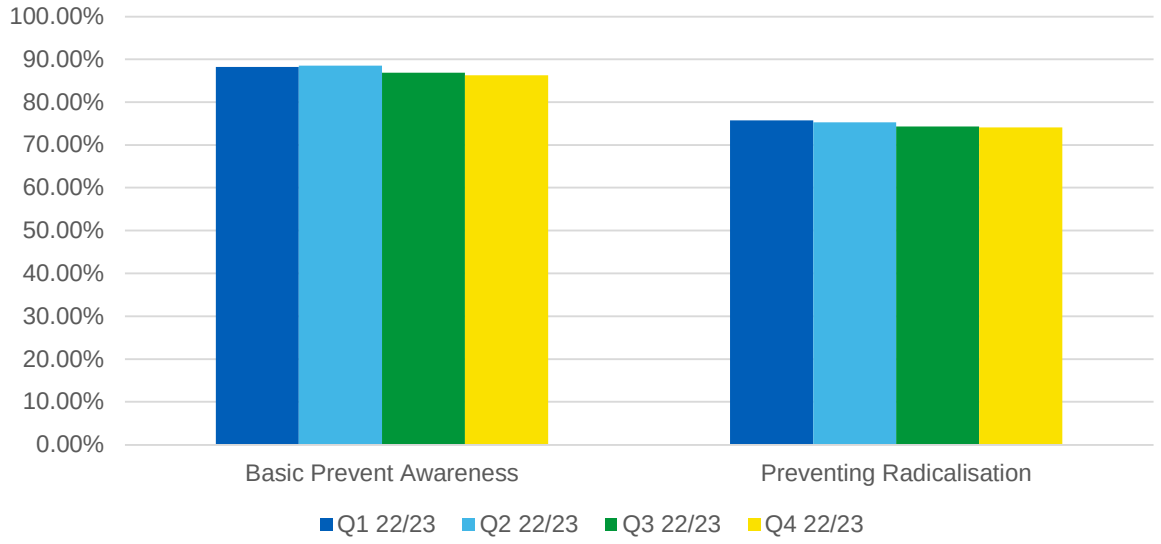


Figure 3 Prevent training compliance

(Prevent WRAP training is called Preventing Radicalisation within WHC)

9 Standard 7 - Safeguarding Adults criteria are applied to all new category 3 and 4 pressure ulcers

In 2020/21 WHC introduced the Safeguarding and Pressure Ulcer screening tool. This tool continued to be used . This tool is used to screen all Grade III and IV or multiple Grade II pressure ulcers. Practitioners are expected to use this tool when they encounter pressure damage whilst within the care of WHC services or when pressure ulcer care is inherited from other services/providers. Scores equal to, or greater than 15 require alerting to Wiltshire MASH.

Use of the tool is checked and recorded within the Post Incident Review (PIR) process. Safeguarding expertise at PIR is provided by the WHC Safeguarding Leads. The Safeguarding Lead (Adults) chaired PIR in 2022/23

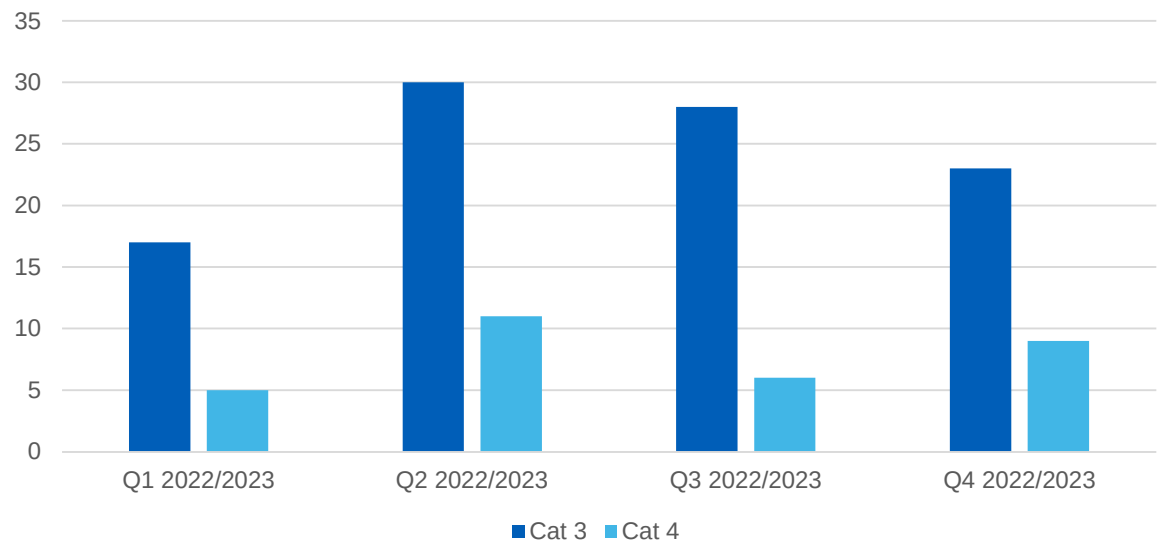


Figure 4 Pressure ulcer 2022/2023

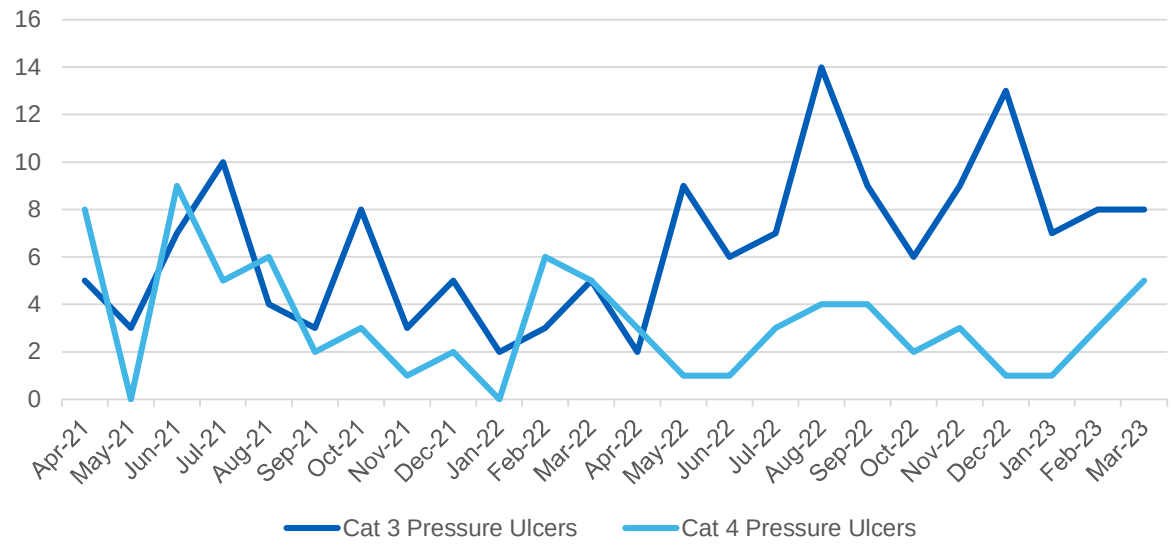


Figure 5 2 year comparison of pressure ulcers reported Apr 21- Mar 23

10 Standard 8 – Effective Multi-Agency Working

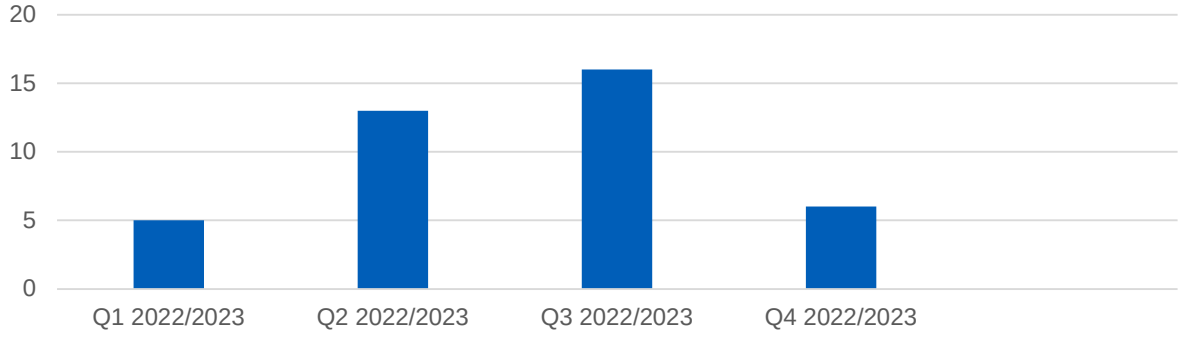


Figure 6 Number of Adult referrals made to Adult social care (triage/MASH)

10.1 Progress in 2022/2023

- WHC does not receive written notification of outcomes of MASH referrals consistently (please Risks Section above).
- Alerting Teams and Safeguarding Lead (Adults) attend safeguarding strategy discussions when invited.
- Safeguarding Lead (Adults) attends the WSVPP partnership meetings which occur on a quarterly basis. Along with the BSW Health Safeguarding Lead meetings and the Southwest Safeguarding Leads meeting.

10.2 Priorities for 2023/2024

- Continue to monitor quality of referrals via Datix, identifying themes to feedback into training.
- Further develop the Safeguarding QIP
- Explore the purchase and utilisation of the Datix Safeguarding Module to manage referrals and contribution to rapid reviews.

11 Standard 9 Engaging in Safeguarding Adult Reviews, Domestic Homicide Reviews and Serious Case Reviews (where relevant)

There we no local SAR. DHR's or SCRs in the reporting period.

12 Embedding recommendations from DHR, SAR and SCR's in policy and training. Standard 10 - Reporting Serious Incidents

WHC have reported x 26 serious incidents in relation to adults in 2022/2023. Where there were also safeguarding concerns, these were alerted to Wiltshire MASH.

13 Standard 11 — Evidence that the Duty of Candour is applied to all safeguarding cases relating to the organisation

Where safeguarding concerns are related to the provision of services by WHC, Duty of Candour was completed where appropriate. This is monitored and completed through the PIR and Clinical Risk Investigation processes.

14 Standard 12 – Safer Recruitment and Retention of Staff

All job descriptions include a statement on the responsibility to safeguard adults at risk of harm. There is also a similar safeguarding statement when posts are advertised. At least one member of the interview panel is required to undertake safer recruitment training which has been updated in line with WSCB policy in 2022/2023. A Safer Recruitment Audit was carried out in 2023.

14.1 Priorities for 2023/2024

Ensure appraisal paperwork includes reference to safeguarding cases and training compliance.

15 Standard 13 – Managing Safeguarding Allegations Against Members of Staff

No allegations were made against individual members of staff in the reporting year

16 Standard 14 – Engaging with Service Users

The Friends and Family Test is the current process used by WHC to collect the view of people who use our services. This is available in both paper format and via QR code on the WHC website. This feedback forms part of the PALS report.

16.1 Priorities for 2023/24

The Patient and Public Engagement Officer is working on how WHC engages with its services users.

Engage through the Health Safeguarding Leads networks to see how other organisations are collecting the views of people who have been involved in adult safeguarding processes.

17 Appendices

17.1 Appendix 1 - Wiltshire Health and Care Board Safeguarding Compliance Statement

Wiltshire Health and Care takes its responsibilities for safeguarding adults and children within Wiltshire seriously. Safeguarding is an important part of the care we provide to the population of Wiltshire and is underpinned by our values of quality, integrity, partnership and change. We can confirm that Wiltshire Health and Care is compliant with the statutory requirement to undertake a Disclosure and Barring Service (DBS) check prior to employment for all staff (including volunteers) who have patient contact. Dependent on role, staff will have a standard or enhanced level of assessment.

All of the organisation's policies and systems on safeguarding children (including child protection) and safeguarding adults are robust and are reviewed every two years or more frequently, if required, to comply with any new national guidance or legislation.

Wiltshire Health and Care has a robust training strategy in place to deliver safeguarding training (both safeguarding children and safeguarding adults) that complies with the relevant guidance. Staff receive level 1, 2 or 3 dependents on their role as defined in the Intercollegiate Documents for Adult and Child Safeguarding, and we aim to ensure 90% of the relevant staff have received training. The levels are as follows:

Children

Level 1: All staff are required to complete level 1 training: Knowing what to look for which may indicate possible harm and knowing who to contact and seek advice from if they have concerns.

Level 2: All clinical staff that have any patient contact are required to complete level 2 training: Knowledge and understanding to identify any signs of child abuse or neglect. Recognising potential impact of a parent's / carer's physical and mental health on the wellbeing of a child (level 1 competencies included).

Level 3: All clinical staff working with children, young people and/or their parents/carers and/or any adult who could pose a risk to children and who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not)

Adult

Level 1: All staff working in health care setting

Level 2: All practitioners who have regular contact with patients, their families or carers, or the public

Level 3: Registered healthcare staff working with adults who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).

Compliance with training requirements is monitored through electronic staff records and reported through performance monitoring. Keeping up to date with training is also an important part of staff appraisal.

The organisation has named individuals with clear roles and responsibilities for safeguarding children and adults; they are managed by the Executive Lead for Safeguarding (the Director of Quality, Professions and Workforce). They are clear about their role, have sufficient time and receive relevant support, and training, to undertake their roles, which includes close contact with other health and care organisations. The total number of professionals is as follows:

Director of Quality, Professions and Workforce	*1 Whole Time Equivalent (WTE)*
Safeguarding Lead(s) (Adult and Child)	*1.6 WTE*
Administrator	*1 WTE (also covers Medicines Governance, Infection Prevention and Control and Health and Safety, Fire and Security)*

The Wiltshire Health and Care Board takes its responsibilities to oversee the arrangements in place to safeguard adults and children extremely seriously and receives an annual report on safeguarding.

17.2 Appendix 2 - Staff training requirements for safeguarding adults: roles and competencies.

Adult Safeguarding: Roles and Competencies for Health Care Staff, RCPCH Intercollegiate Document August 2018

Level	Staff group	Minimum Time	Type of training
Induction	All staff	30 minutes	Face to face
Level 1	All staff including non-clinical managers and all staff working in a health care setting *For example: Board level Executives and non-executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, maintenance staff and volunteers, non-clinical staff working as contractors.*	2 hours every 3 years	Online LMS
Level 2	Minimal level required for non-clinical and clinical staff that have some degree of direct contact with children, young people, and/or adults. *For example: healthcare students, adult physicians, nurses working in adult/community services, allied health care practitioners (unless they see children on a weekly basis then L3). Adult learning disability staff (unless named L3), pharmacists.*	4 hours every 3 years	Online LMS
Level 3	Registered healthcare staff who engage in assessing, planning, intervening, and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role) *For example, medical staff, general practitioners, registered nurses, urgent and unscheduled care staff, psychologists, psychotherapists, adult learning/ intellectual disability practitioners, health professionals working in substance misuse services, paramedics, sexual health staff, care home managers, health visitors, midwives, dentists, pharmacists with a lead role in adult protection (as appropriate to their role).*	8 hours initially and then 8 hours every 3 years	Blended learning (online, face-to-face, and multidisciplinary). Captured in training passport.
Level 4 Specialist Roles	Named Professionals for Safeguarding Adults	24 hours over 3 years	Blended learning of an appropriate level as agreed by Designated Professional.
Board Level	Board level for chief executive officers, trust and health board executive and non-executive directors/members, commissioning body directors including the independent and voluntary sectors	2 hours every 3 years	Tailored package.

Wiltshire HEALTH AND CARE

NHS

Annual report and assurance of compliance audit for Safeguarding Children 2022-23

Netty Snelling, Safeguarding Lead (Child)
Wiltshire Health and Care

This document includes:

- Annual report
- The annual assurance of compliance audit

Wiltshire Health and Care

Chippenham Community Hospital
Rowden Hill
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SN15 2AJ

01249 454385

Contents

Context

Within the National Variation Agreement 2022/23 between BSW ICB and Wiltshire Health and Care (WHC), WHC will be expected to comply with all statutory/ national guidance related to safeguarding children. As an NHS provider WHC is required to comply with legislation and statutory guidance, this includes:

- Children Act 1989 and 2004.
- Children and Social Work Act, 2017
- Care Act, 2014
- Working Together to Safeguard Children 2018.
- CQC Fundamental Standards; Outcome 13.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Safeguarding Children & Young People: Roles and Competences for Health Care Staff (Intercollegiate Document 2019)
- Safeguarding Adults: Roles and Competencies for Health Care Staff First edition: August 2018
- Safeguarding CLA: Roles and Competencies for Health Care Staff : December 2020
- Prevent: Training and Competencies Framework, October 2017 England and Wales:
- Modern Slavery Act 2015
- Counter Terrorism and Security Act (2015)
- Statutory guidance under the Care Act 'Care and support statutory guidance updated March 2020'
- Mental Capacity Act 2005
- Mental Capacity Amendment Bill, 2018
- NICE public health guideline on 'Domestic violence and abuse: how services can respond effectively' (PH50) February 2014
- NICE guideline Decision-making and mental capacity (NG108) October 2018
- Behaviour change: individual approaches Public Health guideline (PH49) January 2014
- Safeguarding Vulnerable Groups Act (SVGA) 2006
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- Domestic Violence, Crime and Victims Act 2004
- Domestic Abuse Act 2021

WHC has agreed to adopt certain safeguarding children standards and performance indicators.

There are ten core Safeguarding children's standards which WHC must meet and provide the BSW ICB with assurance against each standard. This report contains further narrative to support the attached annual assurance of compliance with safeguarding children standards and these will be discussed alongside Section 11 requirements of the Children Act 1989.

Purpose

The purpose of this report is to inform the Safeguarding Policy and Oversight Group (POG), Quality Assurance Committee (QAC) and BSW ICB about activity and performance in relation to children's safeguarding arrangements and that WHC are meeting the statutory requirements and where not, to identify risks and mitigation.

Overview of 2022/23

WHC has taken responsibility under the legislation and guidance outlined above for safeguarding children in the service. Children refer to those aged under 18 including the unborn child. Children are seen in several services:

- Minor injuries (Chippenham and Trowbridge).
- Podiatry
- MSK Physiotherapy
- Dieticians
- Wheelchair services.
- Orthotics (provided under contract).

Other services that see and treat adults only are encouraged to take a THINK family approach, in considering how the adult's condition may be impacting on children under 18. Our priorities in 22/23 were:

- Ensure all policies and training are updated to reflect change in legislation and learning.
- Monitor management of CYP who present to MIU with self-harm.
- Analyse outcomes of referrals to MASH and incorporate learning into training and supervision.
- Work with HCRG Care Group to ensure parents of under 1's are signposted to alternative health care providers before attending MIU.
- Introduce the 'was not brought proforma' to more services.
- Introduce the 'safety question' to more services.

In collaboration with L&D department refresh training matrix and support the availability of safeguarding training on new Learning Management System.

Child Safeguarding lead has reduced hours within the team temporarily and a Band 6 post has been employed to support this gap.

Wiltshire HEALTH AND CARE

NHS

WHC Safeguarding Risks 22/23:

Risk Number	Title	Risk rating
17	Identifying and responding to domestic abuse	4
52	Mental Health Assessment Tool	4
67	Managing Missed Child Appointments	9
272	Managing injuries in non-mobile children	6

Progress in 2022/23

Domestic Abuse

Routine questioning in MIU was introduced in July 2020, in line with NICE guideline PH50 and QS 116. This was supported by training and supervision. The completion of the question was initially monitored on a quarterly basis, but this moved to monthly as compliance had fallen. We were unable to audit reasons for people NOT being asked due to how the narrative is capture but have agreed a compliance rate of 80%. Benchmarking has taken place with other local MIU's (Yate and Paulton) who make maximum of x1 referral to MARAC per year.

CP-IS		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Chippenham	Urgent attendances (Under 18s)	293	387	339	349	274	359	335	380	304	297	367	374
	CP-IS recorded as checked	250	364	311	301	221	296	298	334	253	260	330	320
	Percentage compliance	85%	94%	92%	86%	81%	82%	89%	88%	83%	88%	90%	86%
Trowbridge	Urgent attendances (Under 18s)	200	304	274	266	154	215	239	210	146	172	164	205
	CP-IS recorded as checked	183	273	249	220	113	179	200	172	119	154	136	146
	Percentage compliance	92%	90%	91%	83%	73%	83%	84%	82%	82%	90%	83%	71%
Both sites	Urgent attendances (Under 18s)	493	691	613	615	428	574	574	590	450	469	531	579
	CP-IS recorded as checked	433	637	560	521	334	475	498	506	372	414	466	466
	Percentage compliance	**88%**	**92%**	**91%**	**85%**	**78%**	**83%**	**87%**	**86%**	**83%**	**88%**	**88%**	**80%**

Table 1 Compliance in Safety Question April 2023 – March 2023

Routine questioning has also been introduced to the continence service and women's physiotherapy. Patients have welcomed this, and this will be monitored on a quarterly basis.

Safety Question		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Chippenham	Urgent attendances (All)	293	387	339	349	274	359	1281	1359	1146	1161	1207	1328
	Safety Question recorded as asked	235	342	301	319	229	307	1144	1238	1013	1044	1051	1133
	Percentage compliance	80%	88%	89%	91%	84%	86%	89%	91%	88%	90%	87%	85%
Trowbridge	Urgent attendances (All)	200	304	274	266	154	215	879	791	703	675	698	801
	Safety Question recorded as asked	159	224	181	160	94	149	670	557	510	529	513	592
	Percentage compliance	80%	74%	66%	60%	61%	69%	76%	70%	73%	78%	73%	74%
Both sites	Urgent attendances (All)	493	691	613	615	428	574	2160	2150	1849	1836	1905	2129
	Safety Question recorded as asked	394	566	482	479	323	456	1814	1795	1523	1573	1564	1725
	Percentage compliance	**80%**	**82%**	**79%**	**78%**	**75%**	**79%**	**84%**	**83%**	**82%**	**86%**	**82%**	**81%**

Mental health assessment

MIU now has both adult and child assessment tools. The level of children presenting with self-harm is 23 and staff are sourcing more training to better assess and treat these patients. We have completed an audit which captured the use of the HARMLESS tool and there is good evidence that this is used consistently when children present with self-harm and we are

exploring the use of online resources that we can signpost children and families too when appropriate.

Missed child appointments.

Missed child appointments remain at 7%. We have carried out an audit of the process followed by staff when a child is not brought, specifically the use of the WNB proforma, which walks clinician through a risk assessment and actions to consider. Unfortunately, this has not been embedded within all services and the team will provide further training to address this in 23/24. We also note that the recording of missed appointments is not consistent and therefore a process is being developed to address this and how we also risk assess frequent cancellations.

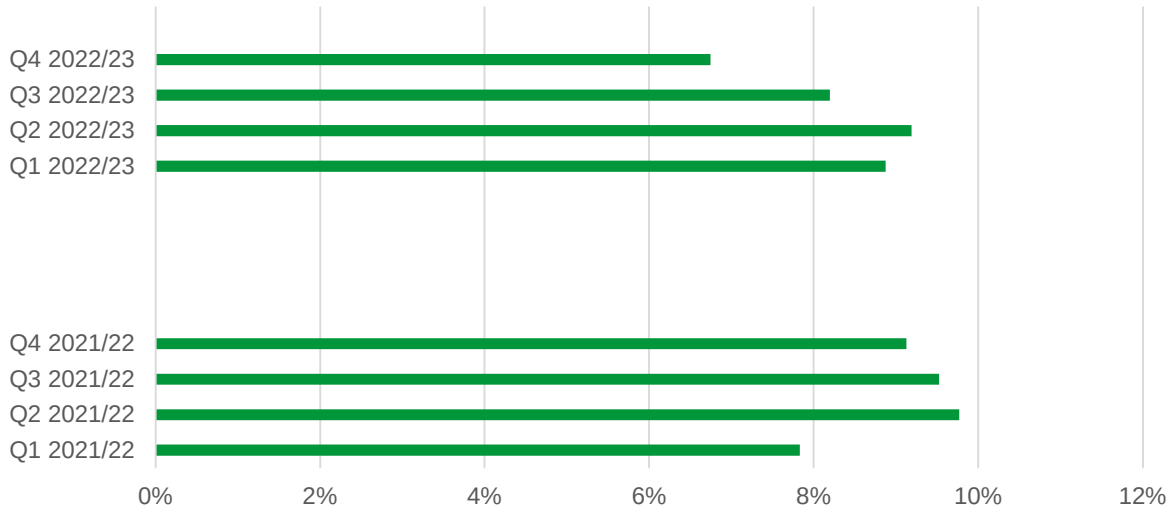


Figure 1 Children not brought to appointments 2021/22 vs 2022/23

Quality Improvement Programme

WHC have developed a quality improvement programme for safeguarding, which is used to capture issues, data, and progress against set criteria, including risk, training and supervision. This is an ongoing piece of work and will also reflect contractual reporting requests.

QIP driver diagram new.xlsx

Management of under 1's in MIU.

Following a process of analysis and benchmark, WHC decided to no longer see under 1's in MIU in 2022. However, parents and some professionals are still unaware of this change and therefore we have developed a SOP which outlines onward referral to an acute hospital. This is monitored on a weekly basis. We have also worked with HCRG Care group to improve knowledge to MIU's for under 1's. We are aware of the new Pan BSW under 1's policy.

	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
MIU baby attendances	30	36	27	27

Figure 2 MIU under 1 attendances

We undertake a weekly audit. All babies with injuries have been referred to the acute hospitals they are then followed up with the Child safeguarding nurses and Safeguarding leads. A thorough look through all the patient's records is completed by the safeguarding practitioner to ensure no detail is missed. There was an increase in safety questions being asked from March onwards. We are not often stripping the babies down to their nappies to identify other signs of Injuries but are reassured this is done in the emergency Departments. All MIU practitioners confirm arrival of the patients to the Emergency departments. Any non-attendance leads to a MASH referral or a telephone call to the social worker where appropriate. We still have some additional support needs with agency staff.

Planned Audit programme for 23/24

Audit	Quarter	Start date	Report due
CS-245/7	Safeguarding Missed Appointments 2023/24	01/01/24	31/03/24
CS-452/1	The Child's Voice	01/09/23	30/09/23
CS-453/1	Management of Under 1s presenting to MIU	From Sept 22	Every quarter in safeguarding report.

Overall Priorities for 23/24

Alignment with WSVPP 3 year plan

Safeguarding Under 1's, we continue to monitor as discussed above.

Domestic Abuse introduce 'safety' question more widely across Wiltshire Health and Care

Transitional safeguarding – will be included in Transitional Policy.

Exploitation and Contextual Safeguarding continue to promote professional curiosity and the use of HEADSS.

Social, emotional, and mental health.

Standard 1 - Governance and Commitment to Safeguarding Children

A safeguarding declaration has been ratified at board level in September 2022. It is available to review under publications on the WHC website and can be found in Appendix 3.

The Safeguarding Team for WHC are:

- Board Executive Lead: Sara Quarrie Director of Quality, Professions and Workforce
- Safeguarding Lead (Child): Netty Snelling (X1 day per week from Dec 23.).
- Safeguarding Lead (Adult): Sean Collins.
- Safeguarding Practitioner: Lauren Hutchins (from Feb 23).
- Quality Governance Administrator (including safeguarding): Laura McLeod

Contribution to Wiltshire Safeguarding Vulnerable People Partnership.

Attendance at Wiltshire Safeguarding Vulnerable People Partnership (WSVPP)is fulfilled via the Domestic Abuse Local Partnership Board on a quarterly basis. This was agreed with the Commissioners Designated Nurse for Safeguarding Children. Safeguarding lead (child) is also part of the transitional safeguarding steering group.

Governance

All reports and policies are currently presented at Quality and Planning (Q&P) meeting before being sent to the ICB. These reports are scrutinised at the Safeguarding Policy Oversight Group which meets quarterly and escalated to Executive Committee, Quality Assurance Committee and Board for assurance.

Practice influencers

Although not formally a governance meeting, the Practice Influencers Forum consists of staff from all teams across WHC. This forum meets quarterly and gives the Safeguarding Team the opportunity to disseminate and discuss new legislation and guidelines and gain feedback from staff regarding challenges in practice. Attendance is monitored via Quality and Planning meeting on a quarterly basis. The themes covered in 2022/23,

- Domestic Abuse (including 16 days of action and DHR's),
- SARs and SCR's,
- THINK family,
- Exploitation and county lines,
- Self-neglect,
- Lasting power of attorney,
- Managing risk in safeguarding.
- Self-neglect and the use of the modification of care policy.

Practitioners have also been discussing case studies. Every service in WHC sends a representative and we are working on ensuring that these practitioners are receiving additional training and support in their role, we are also counting this as Level 3 training. We have established a MS teams' channel to share relevant non-confidential information.

Section 11 audit

A request for a section 11 audit has not been made to WHC in 22/23. Please find attached the annual assurance of compliance in Appendix 1.

Plans for 2022/23

Yearly statement of compliance to re-ratified by WHC Board in September 2023

Membership and attendance at Practice Influencers Forum to be encouraged from inpatient wards and development of locality groups for peer support and local intelligence sharing.

Access to WSVPP training as part of reciprocal agreement in which WHC will support X1 training session/quarter.

Standard 2 - Policy, procedures, and guidelines: Progress in 2022/23

Policy Name	Available	Last updated	Review Due	Comments
Safeguarding Children Policy including links to Safeguarding Partnership websites	☒	15/3/22	15/3/25	
Safeguarding Adult Policy including links to Safeguarding Partnership websites	☒	08/02/21	08/02/24	
Managing child missed appointments. Was Not Brought Policy	☒	19/10/21	19/10/24	
WHC Recruitment Policy and Employment Checks	☒	20/4/21	20/10/23	
Safeguarding Allegations Against Staff Policy	☒	17/11/20	17/11/23	
Female genital mutilation	☒	15/3/22	15/3/25	
Freedom to speak up protocol	☒	02/04/19	02/04/22	Being replaced with a policy, sent for endorsement August 2023 to Safeguarding POG
Safeguarding Children Supervision Policy	☒	15/06/21	15/06/24	
Domestic Abuse Policy	☒	Update to definition May21.	20/09/2025	
Employees as victims or perpetrators of domestic abuse	☒	02/02/20	19/01/2024	

WSVPP policies

All the above policies are available on the Organisation W: drive and intranet pages. A link to the WSVPP website is also embedded. Staff have been made aware of this via the staff bulletin and Practice Influencers' Forum. We also circulate the WSVPP quarterly Newsletter.

WHC have noted the Rapid/learning reviews that have taken place and findings have been embedded within staff training supervision. Most recently the findings of the local learning review regarding baby Eva and engaging with men in households, has been shared with the children's dieticians encouraged to ensure that Dads are specifically invited to at least one appointment a year for those with long term needs,

WHC have attended the BSW health contextual and transitional safeguarding forum and the MIU champion has been stood down as no meetings have been held by Wiltshire Council for the past 6 months. WHC have established a Transitional working group to establish a transition policy from those moving from child to adult services but have asked the ICB to facilitate stronger working relationships across this boundary. The HEADSS tool is being used regularly in MIU and physiotherapy following training.

The S1 safeguarding launchpad has been launched and is accessible to all services, including CTPLD.

Policies, Procedures and Guidelines: Priorities for 2023/24.

Update safeguarding allegations against staff policy and ensure alignment with Conduct policy.

Develop of transition pathway for 18 – 25-year-olds to include risk assessment of safeguarding risk.

Continue to use national and local safeguarding enquiries to support teaching and supervision.

Continue to monitor under 1 presentation to MIU and ensure staff are following the pathway in line with the new Pan BSW policy.

Employees as victims or perpetrators of domestic abuse policy will be reviewed and Safeguarding team are supporting HR with this.

Standard 3 - Appropriate training skills and competencies: Progress in 2022/23

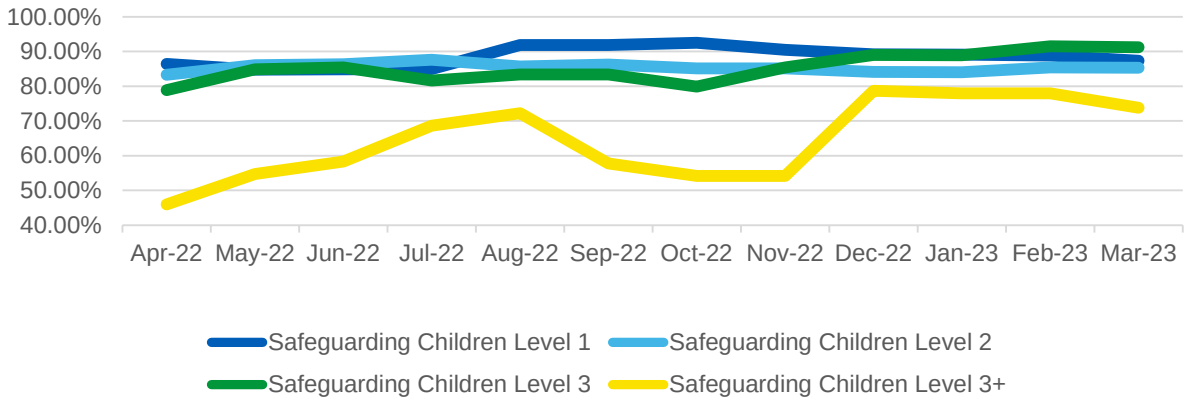


Figure 3 SAFEGUARDING TRAINING COMPLIANCE DURING 22/23

Progress in 2022/23

Other NAMED professionals within adult community/specialist teams (who were not identified as needing Level 3 by the RCPCH document) have undertaken Level 3 and act as a resource within teams for safeguarding concerns specifically THINK family. We have also completed training with Dorothy House practitioners.

Course evaluations showed improvement pre-and post-course re: safeguarding knowledge and confidence.

Teaching incorporated WSVPP priorities, including THINK family, 'invisible men' and contextual and transitional safeguarding and Domestic abuse will count towards both adult and children Level 3.

Physiotherapy services are refining the number of practitioners that see and treat children and pregnant women to ensure that they receive targeted training to support their role. This has been identified as a risk and child focused competencies are also being developed.

Type of Training	CPD Hours	Delivered in 22/23
Initial Child Safeguarding Level 3	8	4
UPDATE Domestic Abuse Training	4	3
UPDATE Child Sexual Exploitation	3	2
UPDATE Neglect	3	4
UPDATE Assessment and referral Training	3	9

Table 2 INTERNAL TRAINING DELIVERED OVER 22/23

These sessions will continue into next year. 8 hours of update training is delivered in one day, in response to staff feedback regarding the use of the passport.

Feedback regarding Level 3:

Excellent presentation…good interaction with group.

THINK family …understanding the bigger picture.

Not clear from education re: attending the whole dav.

Nice course for refreshing my knowledge and awareness of tools.

Consider DA and impact when people have a disability.

Appropriate training and skills competencies priorities for 2023/24.

- WHC is working with the WSVPP to reach and reciprocal arrangement to allow staff to access multiagency training,
- Ensure local and national review findings continue to be incorporated into training.
- Compliance rates will be monitored monthly by the Executive committee to ensure that Level 3 compliance is seen to improve and escalate as appropriate. This may be impacted by the review of the training matrix and the new learning management system.
- A deep dive paper will be presented to The Quality Assurance Committee in Sept 23.
- Support a roadshow that champions corporate roles in WHC and raise staff awareness.
- Introduce more domestic abuse training dates for both child and adult Level 3 practitioners.
- Use of WSVPP Neglect Framework in training.

Standard 4 - Effective safeguarding supervision and reflective practice and case consultation. Progress in 2022/23.

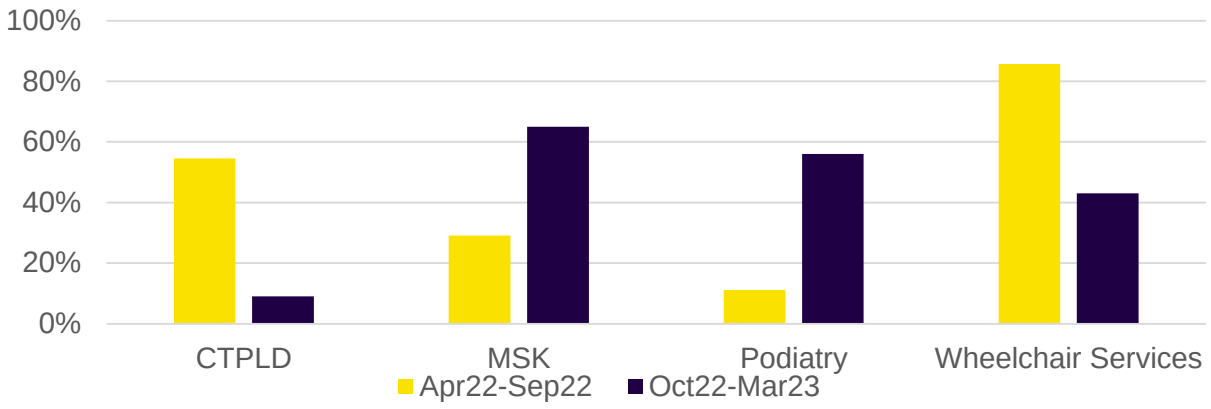


Figure 4 SUPERVISION COMPLIANCE ACROSS 22/23 FOR LEVEL 3 STAFF

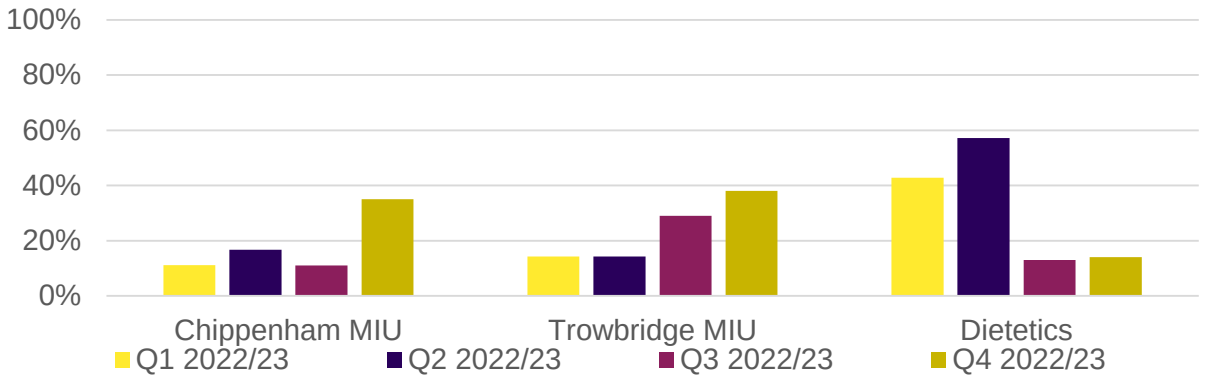


Figure 5 SUPERVISION COMPLIANCE ACROSS 22/23 FOR LEVEL 3+ STAFF.

Themes covered in safeguarding supervision

- Inappropriate referrals of children to Wheelchair Services
- Parents that smell of Cannabis
- Delayed Presentation to MIU
- Family victims of child sexual abuse material
- School's not responding to child injuries
- Missed appointments when children's parents are separated.
- Behaviour of parents at appointments

Progress in 2022/23

- Safeguarding supervision is available to all staff within WHC and is undertaken by the safeguarding lead.
- All staff groups (including MIU) who see and treat children on at least a weekly basis have engaged in supervision over the course of 2022/23. This has been maintained via MS Teams but remains challenging for some staff to engage with routinely.

- New safeguarding practitioner has undertaken inTRAC supervision sessions.
- We continue to deliver the majority of supervision sessions on MS teams and they include the MDT team.
- Staff have requested more face-to-face sessions.
- Adult supervision sessions to be rolled out. This will incorporate THINK family.

Service	Frequency of supervision	Model of supervision
Minor injury units	Four times a year	Group
Physiotherapy - outpatients	Twice a year	Group
Podiatry	Twice a year	Group
Wheelchair services	Twice a year	Group
CTPLD	Twice a year	Group
Orthotics	Ad hoc – as required	Group/Individual
Community teams	Ad hoc – as required	Group/Individual
Inpatient areas	Ad hoc – as required	Group/Individual
Continence team	Ad hoc – as required	Group/Individual
Diabetes team	Ad hoc – as required	Group/Individual
Respiratory team and oxygen service	Ad hoc – as required	Group/Individual
SALT	Ad hoc – as required	Group/Individual
Dietetics(child)	Quarterly	Group/Individual
Quality governance administrator (safeguarding)	Quarterly	Group/Individual

Table 3 TIMETABLE OF PLANNED SAFEGUARDING SUPERVISION SESSION.

Supervision, reflective practice, and case discussion Priorities for 2023/24

Survey to capture all types of supervision to be rolled out.

Introduction of the new Professional Nurse Advocate role likely to impact on safeguarding supervision.

Explore how supervision is captured via the new LMS.

Standard 5 - Effective Multi- agency working

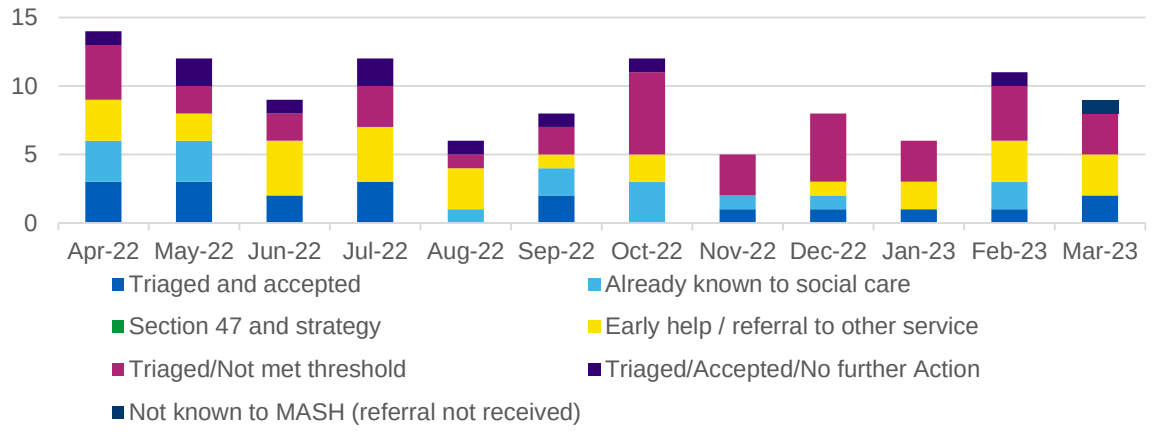


Figure 6 REFERRALS AND OUTCOMES IN 22/23

Our conversion rate had decreased in 2023. Staff have been given further advise about clarifying risk and capturing the child's voice, will be included in the audit programme.

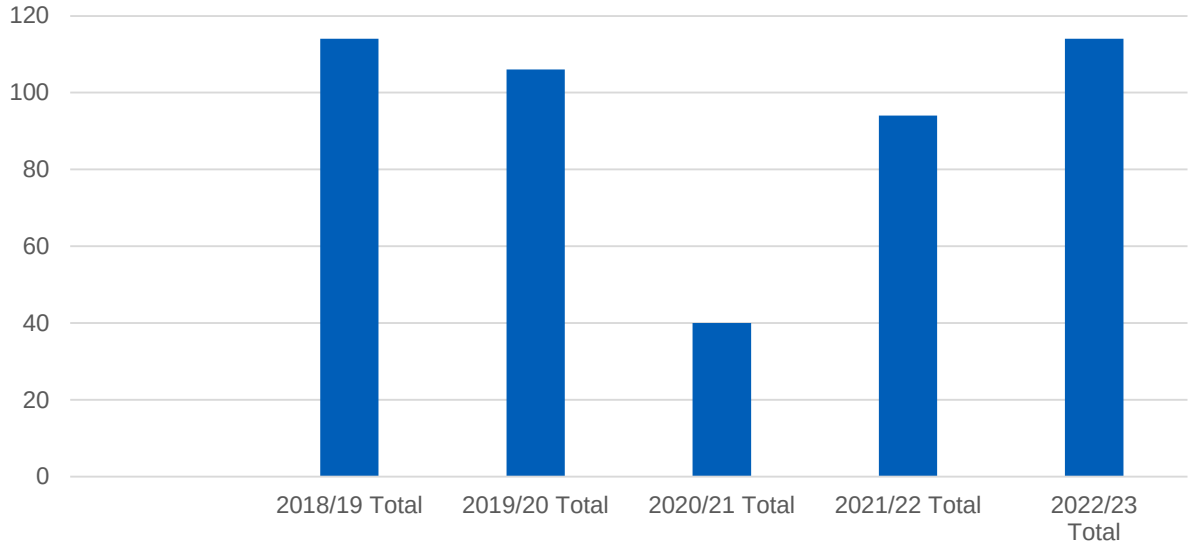


Figure 7 Comparison of referrals across 5 years

Noted a fall in referrals in 2020/2021 co indices with Covid-19 Lockdown and MIU restrictions/closures.

Progress in 2022/23

Safeguarding administrator now emails MASH on a weekly basis for outcomes – although we have been advised that we may need to wait up to 2 weeks for these. We must make 2 escalations at a lower-level due to lack of information provided by MASH when cases are closed. On discussion it is clear that a more thorough assessment has been made.

WHC acts as single point of contact for Wiltshire Council to access information for children who have been seen in our services. WHC have received individual requests and have

shared information on children. The latter are scrutinised for risk prior to submitting to the local authority against the Common Assessment framework. We had noted a drop in requests for information for review conferences since Wiltshire Council only sent outcomes out with the 1st review conference. This was escalated via the ICB to the FACT board – with the result that we now see more requests for review conferences.

Information for MARAC is provided directly from MIU. We have used this information to support supervision sessions. We are seeing more perpetrators in service which has raised concern regarding staff safety. The local domestic abuse partnership board have identified the need to signpost perpetrators to appropriate services.

We have introduced a mechanism to ensure that referrals are analysed for the 'voice of the child'.

We have started to collect information regarding children looked after, particularly those who do not attend.

There were an estimated 264 appointments with 89 Looked after Children over the last 12 months, and 34 associated Was Not Brought events (including those cancelled by carer). It is an estimate only as LAC status can change over time and we only have access to LAC status whilst we have access to a patient's shared record.

Multiagency working Priorities for 2023/24

Continue to monitor quality of referrals via Datix, identifying themes to feedback back into training and supervision.

Consider how staff respond to victims and perpetrators of DA when they present to services and increase staff knowledge of services and support for them.

Quarterly monitoring of children in care who are referred and seen in services.

Encourage staff to attend WSVPP training when this becomes available free of charge.

Analysis of all referrals for the voice of the child.

Align priorities with WSVPP including Neglect framework.

Standard 6 - Reporting safeguarding incidents

Children have been involved in X1 serious incidents this year, this was due to a missed fracture. Safeguarding lead (child) is made aware of all serious incidents involving those under 18.

Standard 7 - Engaging in any statutory reviews

We have used the National and local learning reviews to support training and supervision, including Star and Arthur and baby Eva. We are awaiting recommendations from a further X2 DHR's.

Priorities for 2023/24

Embedding recommendations from DHR's in policy and training.

Standard 8 - Safer recruitment and retention of staff

All job descriptions include a statement on the responsibility to safeguard children. There is also a similar safeguarding statement when posts are advertised. At least one member of the interview panel is required to undertake safer recruitment training which has been updated in line with WSCB policy in 21/22. There is currently no specific section for safeguarding on appraisal paperwork.

Progress for 2022/23

WHC are now carrying out DBS checks every 3 years.

Safer recruitment policy is out for consultation.

Priorities for 2023/24

Contribute to safer recruitment policy and training.

Standard 9 - Managing safeguarding children's allegations against members of staff.

WHC made a referral to the DOFA following a complaint from a parent in MIU who was unhappy with the assessment of their child who as part of the assessment was examined fully without clothes. The parent was initially not reassured that this was best practice and used language that showed some concerned about the appropriateness of this approach, but also reflected their own experience of childhood abuse. We sent a referral to the DOFA due to the nature of the allegations, and to make them aware. They were happy with our actions.

Standard 10 - Engaging children and their families.

WHC has devised a feedback form that includes the opportunity for children to make comments about the service. This is available in both paper and via WHC website and QR code. Children's feedback is discussed as part of the PALS report. We have promoted the transition questionnaire developed by NCEPOD to children, young people, and families.

Priorities for 2023/24

Patient engagement officer is reviewing accessibility for all patients.

New website would benefit from a child friendly section to illicit children's feedback directly.

Standard		Audit Question	Evidence/Response
1	Governance	• Does your organisation have a clear statement of their commitment to safeguarding children which is accessible to the public?	Yes – statement available on WHC website. Appendix 3
		• Does your organisation have a board level lead for safeguarding children?	Sara Quarrie Director of Quality, Professions and Workforce .
		• Does your organisation have the relevant named professional(s) to provide safeguarding children expertise?	Netty Snelling
		• Have you submitted an annual report which has been internally scrutinised by the organisation prior to submission to the CCG?	Annual report monitored at Quality Assurance Committee.
		• If the LSCB have requested a section 11 audit report from your organisation, has this been submitted?	No request has been made.
		• Has your organisation been required to engage in any planning and preparation for any inspection related to safeguarding children? If yes, please give details	Care Quality Commission inspected WHC services March 2023. We are awaiting report.
2	Policies, Procedures & Guidelines	• Do you have a safeguarding children policy and associated policies, procedures & guidelines? • Do you have a domestic violence policy? • Do you have a child sexual exploitation policy and/or link to LSCB strategy and protocol? • Do you have a female genital mutilation policy and/or link to LSCB policy/guidance? • Do you have a PREVENT policy? or link to LSCB policy? • Does your Children's Safeguarding Policy link with your Trust's Adult Safeguarding Policy?	All policies are available on request. See comment in Annual Report

		• How does your organisation document and communicate the safeguarding children policy, related policies; procedures and guidelines to the whole workforce?	New intranet and safeguarding launchpad available in-patient records from June 2021.

Appendix 1 - Annual Assurance Audit of Compliance with Safeguarding Children Standards

Standard		Audit Question	Evidence/Response
3	Training, Skills & Competencies	• Do you have a safeguarding children training strategy which includes a training matrix that identifies the safeguarding children training needs for the whole workforce, including induction and training for Board members	Yes
		• How do you ensure that your work force are appropriately trained regarding: ➢ Domestic Abuse ➢ Child Sexual Exploitation ➢ Female Genital Mutilation	All levels of child protection training consider these in some form. But we have face-to face training for the following. Child sexual exploitation Domestic abuse. Neglect. FGM training is via the government portal.
		• How many staff do you employ?	1262
		• How many staff require Level 1 training?	263
		• % of staff that are trained to Level 1	85% ↓ (see comment on report)
		• How many staff require Level 2 training?	999
		• % of staff that are trained to Level 2?	86%↓ (see comment in report)
		• How many staff require Level 3 (core) training?	88
		• % of staff that are trained to Level 3 (core) (single agency)?	91% (see comment in report)
		• How many staff require Level 3 (specialist) training?	Total above, includes specialist training as new training matrix does not differentiate at present. Our local spreadsheet does differentiate but this has been updated with new staff and will not be accurate.
		• % of staff that are trained to Level 3 (specialist) (single agency)?	73.78% compliance was recorded in March 2023 overall.
		• % of staff that are trained to level 3 (core & specialist) and have attended multi-agency safeguarding children training?	See comment and actions in annual report
		• Who provides the safeguarding children training in your organisation?	Netty Snelling
		• What teaching skills and experience do they have?	PG cert in education
		• How is the training evaluated for its effectiveness?	Form evaluation feedback and pre and post survey.
		• What is the impact of the training on practice and outcomes?	increase of awareness and quality of referrals made and supervision themes. Further training needs identified.

Standard		Audit Question	Evidence/Response
4	Safeguarding supervision & Reflective Practice	• Do you have a safeguarding children supervision strategy which includes a matrix that identifies the safeguarding children/reflective practice needs for the whole workforce?	Yes – this has also been updated in the WHC training matrix.
		• How do you evidence that all staff have received or had access to safeguarding children's supervision or the opportunities for reflective practice appropriate to role?	Supervision evaluation collected and recorded on supervision database.
		• Who provides safeguarding supervision in your organisation?	Netty Snelling Sean Collins and Lauren Hutchins. Identified senior practitioners have undertaken training and are being supervised in order to take on this role in teams. The new PNA role will also support safeguarding supervision.
		• What skills & experience in providing supervision do they possess?	Completed InTrac safeguarding supervision 2-day course.
5	Multi-Agency Working	• How does the organisation ensure that their staff follow statutory guidance on information sharing?	Mandatory IG training and within all level of child protection training. Circulation of Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers. July 2018. Information Governance lead in post. All information shared in checked for relevance and proportionality.
		• How does the organisation ensure that their staff are engaged in all stages of the safeguarding child process as appropriate?	Training and supervision process.
		• How does the organisation ensure that their staff are contributing to the LSCB Early Help strategy?	Involvement in 5 to Thrive project. Children's dieticians now also encouraged to undertake this training.

		• How does the organisation ensure that their staff include an analysis of the information and how it impacts on the child(ren)'s safety in reports regarding safeguarding children concerns?	Paperwork provided by Wiltshire Council. MIU use common assessment framework to analyse risk to children. Was not brought appointment proforma in all services that see and treat children. Use of the MIU safeguarding and missed appointment proforma. Use of DASH, and HEADSS, Information shared with the LA is analysed by safeguarding lead or practitioner prior to sending to LA.
		• How does the organisation ensure that all staff who undertake assessments of children understand the importance of including the 'voice of the child'?	Within training both internal and external and the use of the My World approach to the common assessment framework. From April 23 we will also be completing a 'live' analysis of all referrals to ensure the child''s voice is heard.
		• How does the organisation ensure that all staff who undertake assessments of adults recognise the risk those adults may pose to children?	See comment in annual report Think family!

	Standard	Audit Question	Evidence/Response
6	Reporting Serious Incidents (SIs)	• Does the organisation have a process set out in their safeguarding children policy to ensure that any serious incident related to safeguarding children is reported to the CCG?	As per local policy
7	Engaging inany statutory reviews.)	• Has your organisation been asked to complete any reports (e.g. individual management reviews - IMRs) for a serious practice review? If yes, how many?	Chronology given x4
		• Have these reports been completed within the CCG/LSCB/SPA timeframes? If not, please explain why.	Yes
		• Has progress against subsequent single agency action plans been reported to the CCG & LSCB/SPA?	Yes, see narrative above.
		• How can the organisation demonstrate that they have engaged with/implemented the multi-agency recommendations from the serious case reviews they have participated in.	See above
		• How can the organisation demonstrate that they have adopted the learning from serious case reviews they have participated in.	Action plans monitored as part of governance structure.

8	Safe Recruitment & Retention of Staff	• Do you have a Safe Recruitment Policy which also takes into account the work of any volunteers, charity fundraisers or celebrities?	Yes
		• Is the Safe Recruitment Policy reviewed annually?	One Workforce
		• Do all job descriptions include a statement on the roles & responsibilities to safeguarding children? If not, please explain why.	Yes
		• Do all relevant staff have a DBS check before work commences (LSCB/SPA PI) with children or young people and families (Target 100%)	Yes.
		• Does your organization have a process that ensures two written references are provided before work commences (LSCB/SPA PI) with children or young people and families (Target 100%)	Yes

Appendix 2 - Staff training requirements for safeguarding children training safeguarding children and young people: roles and competencies (2019)

Level	Staff group	Minimum Time	Type of training
Induction	All staff	30 minutes	Face to face
Level 1	All staff including non-clinical managers and all staff working in a health care setting *For example: Board level Executives and non-executives, lay members, receptionists, administrative, caterers, domestics, transport, porters, maintenance staff and volunteers, non-clinical staff working as contractors.*	2 hours every 3 years	Online Training tracker
Level 2	Minimal level required for non-clinical and clinical staff that have some degree of direct contact with children, young people, and/or adults. *For example: healthcare students, adult physicians, nurses working in adult/community services, allied health care practitioners (unless they see children on a weekly basis then L3). Adult learning disability staff (unless named L3), pharmacists.*	4 hours every 3 years[1]	Online via Training tracker
Level 3 Core Competencies	Clinical staff working regularly with children, young people and/or parents/carers/ any adult who could pose a risk to children who could potentially contribute to assessing, planning, intervening, and evaluating the needs of a child and parenting capacity, regardless of whether there have been previous safeguarding risks/concerns. *For example: NAMED adult community and learning disability staff, paediatric allied health professionals/allied health professionals who work with children on a weekly basis , all children's nurses, Administrators within the Safeguarding Team.*	8 initially and 8 hours[2] every 3 years	Blended learning (online, face –to-face and multidisciplinary). Captured in training passport.

[1] Level 2 - An increase from 3 hours
[2] Level 3 core - An increase from 6-8 hours

Level 3 Additional Specialist Competencies	As above – with additional competencies to include IT and screening tools to assess risk to children. Contribute to chronologies and child protection plans when there is concern regarding fabricated illness. *For example: Unscheduled care staff, paediatric dieticians*[3]	16 hours initially and then 12-16 hours every 3 years	Blended learning Captured in training passport.
Level 4 Specialist Roles	Named professionals for safeguarding children and young people	24 hours over 3 years	Blended learning of an appropriate level as agreed by designated nurse.

[3] New level of competency for MIU and paediatric dieticians

Appendix 3 - Wiltshire Health and Care Board Safeguarding Compliance Statement

Safeguarding Compliance Statement

Wiltshire Health and Care Board Safeguarding Compliance Statement

Wiltshire Health and Care takes its responsibilities for safeguarding adults and children within Wiltshire seriously. Safeguarding is an important part of the care we provide to the population of Wiltshire and is underpinned by our values of quality, integrity, partnership and change. We can confirm that Wiltshire Health and Care is compliant with the statutory requirement to undertake a Disclosure and Barring Service (DBS) check prior to employment for all staff (including volunteers) who have patient contact. Dependent on role, staff will have a standard or enhanced level of assessment.

All of the organisation's policies and systems on safeguarding children (including child protection) and safeguarding adults are robust and are reviewed every two years or more frequently, if required, to comply with any new national guidance or legislation.

Wiltshire Health and Care has a robust training strategy in place to deliver safeguarding training (both safeguarding children and safeguarding adults) that complies with the relevant guidance. Staff receive level 1, 2 or 3 dependents on their role as defined in the Intercollegiate Documents for Adult and Child Safeguarding, and we aim to ensure 90% of the relevant staff have received training. The levels are as follows:

Children

- Level 1: All staff are required to complete level 1 training: Knowing what to look for which may indicate possible harm and knowing who to contact and seek advice from if they have concerns.
- Level 2: All clinical staff that have any patient contact are required to complete level 2 training: Knowledge and understanding to identify any signs of child abuse or neglect. Recognising potential impact of a parent's / carer's physical and mental health on the wellbeing of a child (level 1 competencies included).
- Level 3: All clinical staff working with children, young people and/or their parents/carers and/or any adult who could pose a risk to children and who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not)

Adult

- Level 1: All staff working in health care setting
- Level 2: All practitioners who have regular contact with patients, their families or carers, or the public
- Level 3: Registered healthcare staff working with adults who engage in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role).

Compliance with training requirements is monitored through electronic staff records and reported through performance monitoring. Keeping up to date with training is also an important part of staff appraisal.

The organisation has named individuals with clear roles and responsibilities for safeguarding children and adults; they are managed by the Executive Lead for Safeguarding (the Director of Quality, Professions and Workforce). They are clear about their role, have sufficient time and receive relevant support, and training, to undertake their roles, which includes close contact with other health and care organisations. The total number of professionals is as follows:

Director of Quality, Professions and Workforce	1 Whole Time Equivalent (WTE)
Safeguarding Lead(s) (Adult and Child)	1.6 WTE
Administrator	1 WTE (also covers Medicines Governance, Infection Prevention and Control and Health and Safety, Fire and Security)

The Wiltshire Health and Care Board takes its responsibilities to oversee the arrangements in place to safeguard adults and children extremely seriously and receives an annual report on safeguarding.

WHC Adult and Children's Safeguarding Statement

09 September 2022

Netty Snelling and Sean Collins - Safeguarding Leads

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 16

Safety Services Annual Report

PAPER

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Board	**For decision**
Subject:	Annual Report for Safety Services
Date of Meeting:	**10 November 2023**
Author:	Jo Woodward, Safety Services

1 Purpose

To review Safety Services performance for Wiltshire Health & Care during 2022/23.

2 Background

The Wiltshire Health & Care Executive Committee have responsibility for the monitoring organisational compliance against legislative requirements.

This paper is a summary of performance in Safety Services between 1st April 2022 and 31st March 2023.

3 Discussion

3.1 Safety Services

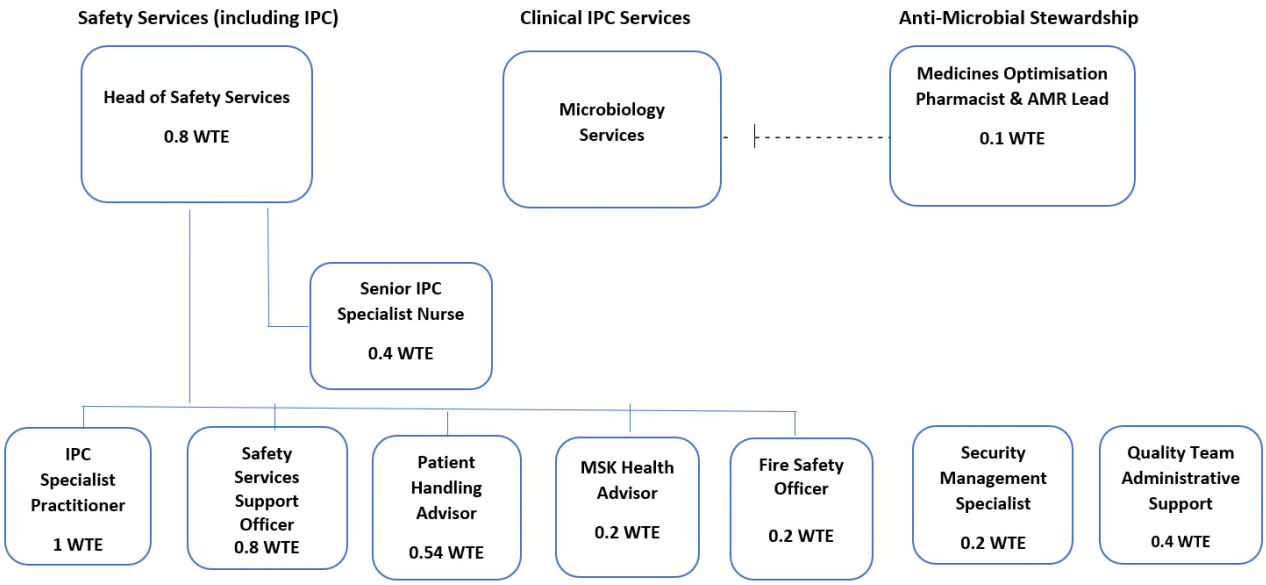


Figure 1

Safety Services have recruited to all vacancies in 2022 (see Figure 1).

During the year two team members have moved into their new roles, we have reviewed Anti-microbial Resistance Lead resourcing and created a new post of Safety Services Operational

Support Officer. The Safety Services Operational Support role will have a key compliance monitoring and audit function. The Quality Team Administrative Support role provides data and performance analysis function for the team.

Team members are developing their expertise in Infection Prevention and Control by completing the first modules of their Post Graduate Certificate and master's course this year. The Safety Services Operational Support Officer has also completed the Florence Nightingale Foundation - Fundamentals in IPC course and the Infection Prevention Best Practice and Behaviours Course with Bangor University as part of their development learning.

The Fire Safety Officer successfully completed their Fire Risk Assessment in Healthcare training in year and is now able to complete Fire Risk Assessment reviews across sites as well as deliver the internal Fire Warden Training courses.

3.2 Health, Safety, Fire & Security Services Overview

There were no health & safety convictions, enforcement or improvement notices issued by the Health & Safety Executive or Fire Enforcement Authority to WHC during the year.

One RIDDOR incident reported in September 2022 compared to 5 RIDDOR incidents in 2021-22.

This was a specified Injury (fracture) for a staff member following a fall outside a patient's home on public property. No work identifiable factors or environmental factors raised through the investigation/PIR.

The Health & Safety Management System for WHC is described in the Health & Safety Policy. The Health & Safety Policy was reviewed in June 2021 and will be due a full review again in June 2024.

The Safety Services Risk Profile and organisational level risk assessments have been reviewed for the coming operational year (see 6.1).

Safety Services Work and Improvement Plan for 2023-24 has been agreed. Progress against these plans will be monitored by the Safety Services Policies and Oversight Group and Safety Forum.

3.3 Safety Services Risk Register

Significant operational health & safety hazards and risks are managed through the WHC Risk Register**.**

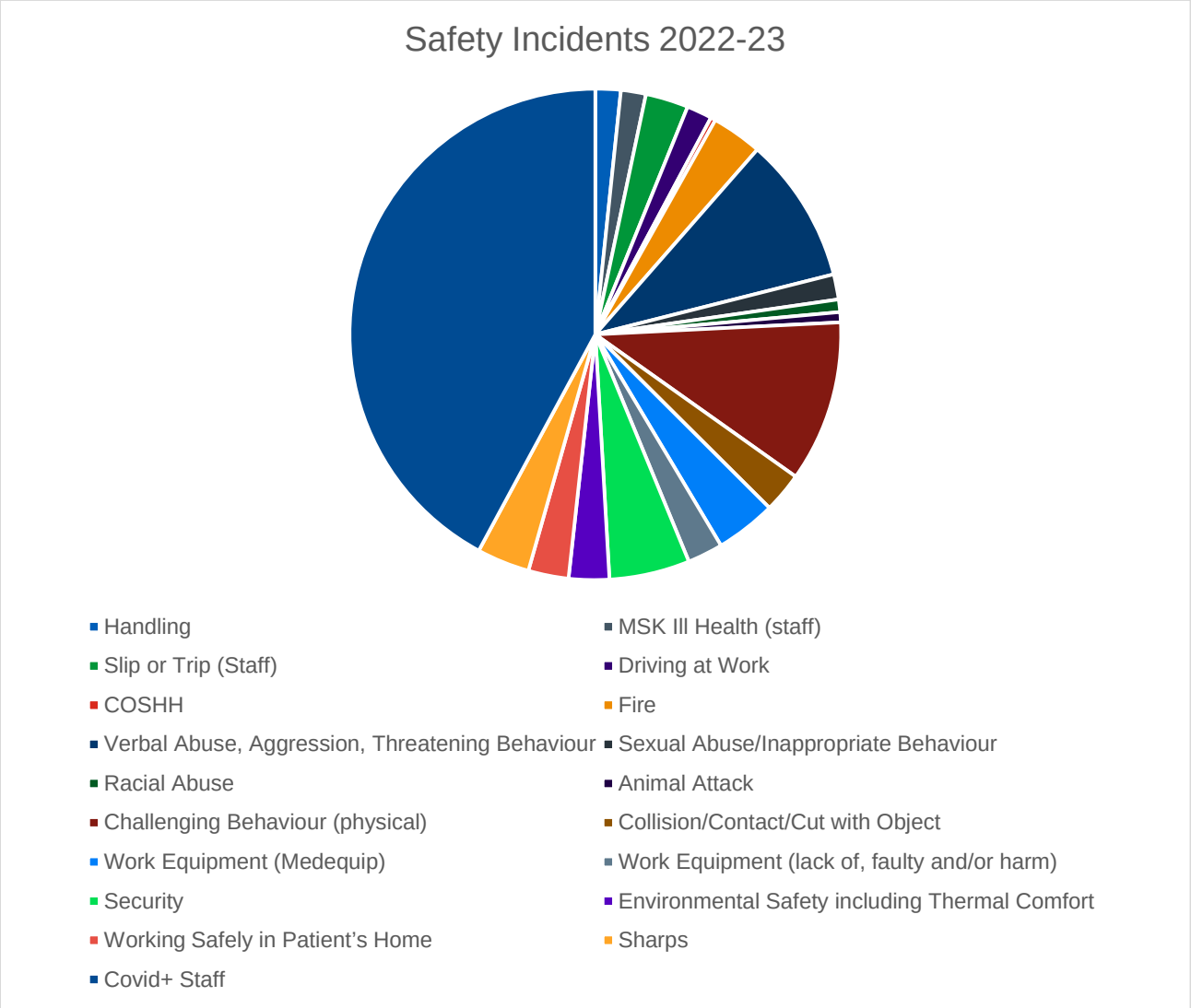
Risks on the risk register are reviewed regularly through the Safety Services Policy and Oversight Group.

There is only one risk jointly held by Safety Services and Estates on the risk register at present.

> Risk 92: The securing of staff only areas on Savernake Wards (originally identified as a requirement following an Estates Alert in 2019) has made some progress with quotes being provided in year. However, the existing electronic access system is at capacity so additional works will be required. This has been slow to progress as the site is PFI owned. This outstanding work has been documented in the broader NHS Property Services Improvement Plan.

3.4 Safety Services Reported Incidents

The graph below displays the safety services categories of incidents reported on DATIX this year. A summary of the incidents reported this year are available in Section 7.1.



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Graph 1 Safety Services Incidents 2022/23

The highest category of incidents reported in the operational year 2022-23 was COVID-19 positive staff with 252 incidents reported in total. This reflects rates of community cases of COVID-19 during the year.

There were 58 verbal abuse and aggression incidents reported in the year which is a reduction on the last operational year (77). There were no intentional physical assaults reported.

Despite the reduction in general abuse incidents unfortunately there was an increase in sexually inappropriate behaviour incidents (10) and racial abuse incidents (5) over the year. WHC recognises that it must do all that it can to manage these incidents that have a disproportionate impact on protected characteristic groups. We are working with HR/Equality Diversity and Inclusivity Lead to ensure there is appropriate support, monitoring and oversight of incidents of this nature. Although we have seen an increase in these incidents they are still predominantly relating to patients with a health, clinical or organic cause (behaviour that challenges).

There have been 64 incidents reported due to challenging behaviour (where there is a health, clinical or organic cause). This remains an issue for Ward teams and whilst WHC staff work with colleagues from mental health services and expertise through SAFE to agree additional measures it is not always quick or easy to implement actions that would see a significant change in behaviour. It is common for one patient to generate multiple incident reports whilst they are on the Ward or on the Community Team caseload.

There were thirty-two security related incidents in year. This is similar to the previous year (29) but these incidents have increased over recent years (17 in 2020-21). The issue with this reporting category is that it is quite a broad category of incident reporting –windows left open, door failing to secure, security alarms sounding – making it difficult to understand if there is broad learning. For 2023-24 we will break this category down further to support that learning.

Twenty-one sharps' incidents were reported in year (compared to 21 last year). Needlestick injuries are a relatively small proportion of incidents reported (7) with unsafe disposal being the most common theme (10).

There have been 17 staff slips, trips, and falls in year which remains stable compared to other years. Although these incidents are relatively low in number, they are the most likely to generate specified injuries or over 7-day absences that would be reportable under RIDDOR.

3.5 Security Services and Personal Safety

Key Work Streams

- Quarterly Contract Meetings - Head of Service for SAFE and the Head of Safety Services H&S/Fire/Security continue to meet quarterly to discuss all aspects of security provision under contract
- Security Advisory Support - The SAFE SMS has continued to provide advisory support to teams and individuals.
- Clinically Related Violence – SAFE Specialist Support has been accessed by teams throughout the year to review management plans for behaviour that challenges.
- The Annual High Risk Security Reviews for MIUs and Wards was completed in November 2022 and the report is under review in partnership with WHC Estates Team.

The National Standards for Violence Prevention and Reduction (VPR) in 2022. WHC & SAFE have been pro-active in embedding the new standards into our approach - using the new Self- Review Tool with the Security Management Standards this year and rebranding existing policies and documents to align with this new terminology. Further national guidance on the development of a VPR Strategy was expected to be made available during the operational year but is yet to be published. The VPR Strategy guidance is out for consultation and expected to be available for organisations to use as a template by the summer 2023.

3.6 Handling & MSK Health Services

There were 10 manual handling incidents reported and 10 musculoskeletal health incidents in the reporting period – this is a reduction from 32 overall last year.

The Patient Handling Advisor has been on maternity leave since May 2022 and that was factored into the workplan for the year.

The Head of Safety Services and MSK Health Advisor have worked in partnership this year to provide support to individuals reporting handling incidents and MSK ill health to ensure that any learning and improvement is identified and shared.

Following a review of the Handling Training Needs Analysis a new training programme has been developed and delivered this year. The new level 3 patient handling course has been made available to staff this year with 90 staff completing the learning. It is proposed that in 2023-24 this will become mandatory training for new starters.

Work with the Community Equipment Provider has remained on hold during this reporting period – previously held contract meetings have not taken place - but building those partnerships is on the workplan for 2023-24 when the Patient Handling Advisor returns from maternity leave.

3.7 Fire Safety Services

There were 20 fire safety incidents on WHC sites in the last year – compared to 13 in the last operational year. There were no fires.

There were 3 unwanted alarms due to Contractor's work activities, 3 fire alarm system faults, 3 incidents relating to failed or delayed reset of fire alarms. There were also five unwanted alarms due to cooking fumes, a patient trigger in error and clinical activity. Six incidents were captured under fire incident reporting category but related to general fire hazards in our areas of work (e.g. in patients' home, patient electrical equipment (e-cigarettes) or unauthorised smoking.

There are robust arrangements for 'standing down' the Fire & Rescue Service when an alarm is unwanted to reduce unwanted FRS attendances.

NHSPS and WHC have been working together to make improvements to fire safety arrangements at Chippenham Community Hospital. NHSPS received a letter of concern from the Fire & Rescue Service in November 2022. A paper provide assurance on the issues raised was accepted by WHC Audit & Assurance Committee in March 2023.

The Community Fire Safety Forum continued to meet virtually this year - this Forum is a partnership of the landlord, estates provider and co-tenants to ensure co-operation and co-ordination of fire safety arrangements across our shared sites.

Fire Risk Assessments have been completed as per assessment timescales for all WHC sites in the reporting period.

Whole site fire drills, using the Fire Alarm, have been postponed during the pandemic. Instead, unwanted alarms for sites have been used as an opportunity to learn and improve arrangements and have been documented as drills. In addition, Departments have been asked to complete Department Fire Exercises in their own work areas to refresh understanding of fire arrangements. The Department Fire Exercises are documented and audited as part of the annual Managing Safely Audit. There is an expectation that whole site fire drills will be reinstated in 2023-24.

3.8 Infection Prevention & Control Services

3.8.1 IPC Services Overview

Wiltshire Health and Care (WHC) has a core value of providing quality care for all and demonstrating integrity in all that we do. Always Promoting and maintaining Infection Prevention & Control (IPC) best practice, along with ensuring and demonstrating IPC is everyone's business within WHC, are vital parts of the WHC patient safety and quality agenda.

This annual report provides an account of the main IP&C activities in 2022-23. It aims to provide assurance that WHC has effective processes in place to minimise the risk of harm to our patients.

3.8.2 Reportable Infections & Outbreaks

Some infections, when identified in the laboratory, are mandated to be reported, for surveillance purposes, to the UK Health Security Agency's Data Capture System. Current mandatory reportable infections are:

- *Clostridioides difficile* infection,
- Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia,
- Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia,
- *Escherichia coli* bacteraemia,
- *Klebsiella.spp* bacteraemia
- *Pseudomonas aeruginosa* bacteraemia.

This mandatory reporting is undertaken by the Acute hospital hosting the laboratory where the positive result is identified. WHC IPC team informs BSW ICB of each case of reportable infection and reviews the care given to the patient to ensure best practice is in place and identify any lessons learned. Reportable and significant infections are monitored and reviewed by the Safety Services POG and the monthly Quality Report.

Figures 1 and 2 summarise reportable infection and infections outbreaks for the operational year.

Incidence of:	Prev 12 mths
Influenza A	3
MRSA bacteraemia	0
MSSA bacteraemia	0
C. difficile infection	3
E. coli bacteraemia	0
Klebsiella bacteraemia	0
P. aeruginosa bacteraemia	0
COVID-19	74

Figure 1: Summary of Reportable Infections WHC 2022-23

Ward	**Opened**	**Closed**	**Days in Outbreak**
Savernake			
COVID-19	30/12/2021	22/04/2022	114
D+V	26/04/2022	06/05/2022	10

COVID-19	07/10/2022	27/10/2022	20
Cedar			
COVID-19 -1	15/04/2022	03/05/2022	19
COVID-19 - 2	20/12/2022	09/01/2023	20
Influenza A	21/12/2022	09/01/2023	18
COVID-19 - 3	17/02/2023	06/03/2023	18
Mulberry			
COVID-19 - 1	11/03/2022	05/04/2022	26
COVID-19 - 2	16/05/2022	31/05/2022	17
COVID-19 - 3	24/10/2022	07/11/2022	14
Norovirus	24/01/2023	06/02/2023	14
COVID-19	03/03/2023	20/03/2023	17
Longleat			
COVID-19	28/04/2022	12/05/2022	15

Figure 2: Summary of Infection Outbreaks

3.8.2.1 COVID-19

There were 74 COVID-19 cases in 2022-23 on the inpatient wards. This year has, like the previous year, been dominated by the impact of COVID-19 on health services including those provided by WHC. There have been many changes to national guidance that affects both patients and staff. The IPC team, as part of Safety Services, has responded to these changes by producing and disseminating summarised documents and flow charts to aid clinical teams to navigate those changes.

WHC has seen ten COVID-19 outbreaks on the inpatient Wards. The outbreak management and decision-making process is embedded within the WHC clinical and administrative activity of outbreak meetings and includes the appropriate reporting to the Southwest region. The WHC DIPC is the chairperson of the Outbreak Control Team and membership includes the Infection Control Doctor, Clinical team representatives, and Incident Control Coordinator.

'Living with covid' continues to create challenges and achieving a balance of risks is not always easy. Staff, patient and visitor safety remains a priority.

3.8.2.2 *Clostridiodies Difficile*

The Infection Prevention and Control Team were informed 3 *Clostridiodies difficile* infections on the inpatient wards in this operational year.

The first case was noted to be positive in April 2022 and was successfully treated with antibiotics and made a full recovery.

The other two cases arrived on two wards on the same day. The first case became very unwell but declined admission to the Acute Trust and continued to be treated but unfortunately passed away 48 hours later. The second case was not picked up for some time and they did deteriorate and were admitted to the Acute Trust. Both these cases are undergoing an RCA and are due in Harm Free Care in July 2023.

3.8.2.3 Influenza

WHC had three cases of Influenza A on Cedar ward during January 2023. Interestingly this year, these cases were also at the same time as a COVID-19 outbreak, and we had one patient that was positive to both Influenza A and COVID-19. These cases were related in time and place and therefore met the definition of an outbreak. This outbreak was monitored by the Outbreak Control team; all three patients recovered.

3.8.3 Assurance frameworks

The Health and Social Care Act 2008; Code of Practice on the prevention and control of infections and related guidance (the Code) makes clear the infection prevention and control (IPC) requirements each organisation providing healthcare must adhere to. The Code specifies ten compliance criteria with detailed guidance to achieve compliance. The Care Quality Commission (CQC) uses the Code to make decisions about registration. The Code is not mandatory, a registered provider may be able to demonstrate that it meets the regulations in a different way that is equivalent or better. This guidance was updated during the year and our work has been completed using this new guidance.

This year the service has worked with colleagues across all services to review compliance against the Code of Practice and establish understanding of areas for improvement – advising services on how these can be actioned within their areas of work.

Additional reassurance for the WHC Board members is provided by the Board Assurance Framework. It uses the same compliance criteria as the Code and is focused on strategic, governance and operational management of infection prevention and control. WHC outcomes against the 2022-23 version of the BAF are 92 green, 8 amber and 0 red RAG rated standards.

WHC holds a Safety Services Policy and Oversight Group quarterly. These meetings are the forum where IPC performance is monitored and reviewed. This meeting is chaired by the WHC Director of Infection Prevention and Control (DIPC).

In addition to the Policy and Oversight group (POG) the IPC team attend and contribute to the following meetings: -

- Quality Team Meeting
- Outbreak control team meetings
- COVID-19 weekly meetings
- Inpatient calls – held Monday-Friday
- Ward Managers and IPC weekly meetings
- Estates and Digital information Technology POG
- Quality and Planning Group
- Equipment Governance Group
- Post incident Review
- Policy Governance Group

- NHS Property Services Water Safety Group
- Contract meetings regarding refurbishment work
- Meetings with the Waste officer and Hotel services operational Manager

3.8.4 IPC Team Membership

The structure of the IPC team was reviewed in the mid 2022 following a part-time IPC Specialist Practitioner being successful in gaining a promotion in another organisation. WHC interviewed and appointed, a member to be a Safety Services Operational Support Officer to assist the team with compliance monitoring, audits and general service support activities.

Two team members have been successful in gaining support and sponsorship to undertake a master's degree and Post Graduate Certificate in IPC and the first two modules have been completed.

The support received from the Consultant Medical Microbiologist, who provides Infection Control Doctor (ICD) advice continues to be invaluable. The ICD contributes to the review of IPC policies, advises on the built environment, provides clinical expertise at outbreak meetings and for ad hoc IPC queries and is a member of the Safety Services POG.

The Medicines optimizing Pharmacist left WHC in March 2022 to take up a position in another organisation; recruitment for a replacement commenced promptly but it took some time to recruit a Pharmacist Technician who commenced with us, this has enabled the lead pharmacist to aid our Antimicrobial Stewardship agenda.

3.8.5 IPC Networking

The WHC IPC team contributes to the Bath and Northeast Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) IPC professionals peer network. This forum is a very supportive group allowing open discussion of all IPC issues. The group is particularly useful in the interpretation and application of national COVID-19 guidance to the varied clinical environments represented by the group, aiming to maintain best IPC practice and optimal patient flow by adopting similar IPC principles.

The WHC IPC team also attends the BSW *Clostridioides difficile* collaborative meeting, BSW Antimicrobial Stewardship meeting and the Regional Infection Control Network. There are several Quality Improvement agenda's that the team are actively involved in - including the SW UTI Improvement, Clean Care Environment, Sustainability Special Interest Group (Infection Prevention Society) and Reducing Healthcare acquired Infection.

3.8.6 IPC Link Worker Meetings

A new format for the IPC Link Worker meetings started in July 2021 using Microsoft teams for virtual meetings. The meeting frequency of approximately every six weeks for 45-60 minutes was agreed with the group. The group are invited to suggest agenda items and the IPC team provide updates on current national guidance and reminders of where electronic information can be found. It continues to be a challenge for teams and services to support their link workers with time to attend regular meeting - this is especially true of the Inpatients Services.

3.9 Safety Services Training Competence & Compliance

Detailed data on compliance with Safety Training is available in section 6.4.

Training compliance across mandatory and role-specific safety training is above 80%+ with the exception of face-to-face conflict resolution training.

The reduced compliance for face-to-face conflict resolution us the result of a change of our Training Needs Analysis in 2021 when it was agreed that all patient facing staff should complete the face-to-face learning rather than completing the training tracker module. This aligns with national guidance and provides our staff with a higher level of learning to manage incidents of conflict.

Safety Services have completed a review of their on-line learning modules in 2022/23 to ensure they align with the national Core Skills Training Framework. The new on-line learning platform i-Learn is launching in April 2023.

Lesson plans for face-to-face training are developed by Safety Services in partnership with Training Services colleagues. Lesson plans are reviewed and amended regularly to ensure learning from incidents is captured and shared through training.

IPC Services have developed and delivered the new Management of Infection and Infection Risks training course this year and delivered to 30 key staff this year with a programme for delivery in 2023-24 already in place. This provides additional training for those who are expected to make IPC decisions as part of their work – on the Ward or as part of the Patient Flow Team.

Safety Services makes use of links and representative (Fire Wardens, Safety Reps, IPC Links, Musculoskeletal Health Champions, Handling Links) networks to share learning and deliver key messages across services.

3.10 Safety Policies

Health, Safety, Fire & Security Policies are up to date except with 4 requiring review in the next operational year.

3.11

Document name	Type	Review Date
Young Persons Health & Safety at Work	Policy	14/07/2023
Managing the Risks of Self Harm and Ligature Point Audit Protocol	Protocol	21/07/2023
Bariatric Care Protocol	Protocol	09/03/2024
Thermal Comfort Policy	Policy	March 2024

Table 1 Health and Safety, Fire and Security Polices and Standard Operating Procedures position for 2023-24

A significant amount of work and time was invested during 2022-23 to ensure IPC policies have been reviewed and are in date. In 2023 many of the policies will be converted into a SOP format and a large number of best practice policies will be merged into one key policy resource. As a

consequence we have agreed through Policies Governance Group to retain our existing Standard Infection Prevention and Control Policy as this will form part of the new key policy resource.

Name	Type	Date Ratified
Respiratory Viruses Policy	FAQ	Every 3 months
Standard Infection Prevention and Control Precautions Policy	Policy	July 2023
Infection Prevention and Control of CJD vCJD and other Human Prion Diseases Policy	SOP	April 2023
Management of Diarrhoea and Vomiting (D&V) including Norovirus Policy	Policy	December 2022
Management and Control of Viral Haemorrhagic Fevers Policy	Policy	July 2023

Table 2 IPC Polices and Standard Operating Procedures position for 2023-24

3.11 Safety Services Audit & Assurance

A programme of safety auditing has been carried out during the year confirming that Departments have the safety documents required in place (are Managing Safely) and that standards of safety in work areas are generally good (Safe Workplace Inspections). Every Department Manager receives reports and recommendations to address areas of non-compliance following each stage of the audit.

Infection Prevention and Control also have a series of audits that are reviewed for learning and improvement and includes: -

- Quarterly IPC Audit programme
- Daniels Audit
- Waste Audits
- Hotel Services Audits
- IPC Ward Walkarounds

Learning is generally provided directly to the Department Manager for action, but broader learning is also shared through the IPC Link Network, Quality & Planning and Safety Forum.

3.12 Safety Governance

The Safety Services Policy and Oversight Group monitor performance for Health, Safety, Fire, Security, MSK Health & Handling and Infection Prevention and Control. These meetings, which are currently held virtually, are the forum where performance is monitored and reviewed, exceptions to compliance are discussed and any actions required agreed. This meeting is chaired by the WHC Director of Infection Prevention and Control (DIPC)**.**

In addition to the Policy and Oversight group (POG) Safety Services attend and contribute to the following meetings many of which are currently held virtually.

- Outbreak control team meetings
- COVID-19 weekly meetings
- Inpatient calls – held Monday-Friday
- Ward Managers and IPC weekly meetings
- Estates Policy & Oversight Group
- Wiltshire Community Fire Safety Forum
- Quality and Planning

- Equipment Governance Group
- Post incident Review
- Policy Governance Group
- NHS Property Services Water Safety Group
- Contract meetings regarding refurbishment work
- Developing and maintaining relationships by regular meetings with the Waste officer and Hotel Services Operational Manager

The Safety Forum (Health & Safety Representatives Forum) continues to meet virtually quarterly and provides an opportunity to monitor Health, Safety, Fire and Security incidents, share learning and receive feedback from staff.

4 Recommendation

The Committee is invited to:

(a) Accept the content of the report and the actions to be taken forward during 2022/ 2023.

(b) Approve, and sign, the WHC Statement of Commitment for Health & Safety for the coming operational year (see section 6.3)

5 Impacts and Links

Impacts	
Quality Impact	Ensuring safe workplace and safe working practice to support the delivery of high-quality patient care and delivery of high-quality services. A robust health & safety management system should reduce the risks of harm to staff, patients, and visitors.
Equality Impact	Effective health and safety arrangements support the provision of safe care to all patients and allow for reasonable adjustments for staff with existing health conditions.
Financial implications	Compliance with legislative requirements should minimise the likelihood of prosecution and civil litigation against Wiltshire Health & Care. Investment in safety should reduce the risks of harm to staff, minimising work-related incidents and contribute to the reduction in staff absence. Fire Safety risks identified through Site Fire Risk Assessment should be addressed by the premises owner to ensure compliance with legislation and healthcare premises guidance outlined in the Healthcare Technical Memorandum.
Impact on operational delivery of services	Effective health and safety arrangements support staff to deliver services efficiently
Regulatory/ legal implications	Ensuring compliance with Health & Safety at Work Act etc 1974, Management of Health & Safety at Work Regulations 1999, Manual Handling Operations Regulations 2002 and Regulatory Reform (Fire Safety) Order 2005
Links	
Link to business plan/ 5 year programme of change	Core element of WHC Quality agenda
Links to known risks	Health & Safety Risks are documented and monitored through the Wiltshire Health & Care Risk Register and Health & Safety Hazard Profile
Identification of new risks	Click here to enter text

6 Appendices

6.1 Organisational Safety Risk Profile

Safety Hazard Profile

Hazard Risk Profile	Risk Score
Asbestos	2
COSHH including Personal Protective Equipment & Respiratory Illness	2
Display Screen Equipment	2
Driving at Work	3
Electricity at Work	2
Falls from Height (Staff)	2
Falls from Height (Patients)	2
Fire Safety	4
Ligature Points Accidental strangulation (including blinds)	1
Ligature Points Intentional strangulation	3
Lone Working	4
MSK Health & Handling	3
Medical Gases	2
New & Expectant Mothers	2
Night Workers	2
Non-Ionising Radiation (Optical & Laser)	N/A
Patient Handling	3
Security	2
Sharps (non-clinical contact)	3
Slips and Trips	3
Temporary Staff	4
Thermal Comfort	2
Vibration	N/A
Violence at Work	4
Water Management	3
Wellbeing at Work	3
Work Equipment	2
Work Related Skin Disease	2
Young Persons at Work	2

6.2 Incident Data Year on Year

Incident Category	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
Handling	10	17	17	9	13	23
MSK Ill Health (staff)	10	15	16	8	-	-
Slip or Trip (Staff)	17	16	12	20	11	12
Driving at Work	10	19	16	15	19	19
COSHH	2	4	6	5	3	2
Fire	20	13	14	13	7	10
Verbal Abuse, Aggression, Threatening Behaviour	58	77	42	22	41	30
Sexual Abuse/Inappropriate Behaviour	10	5	13	0	5	1
Racial Abuse	5	1	1	0	0	1
Animal Attack	4	3	3	6	4	4
Challenging Behaviour (physical)	64	63	22	30	38	61
Collision/Contact/Cut with Object	16	6	8 (staff only)	7 (staff only)	13	26
Work Equipment (Medequip)	24	75	65			
Work Equipment (lack of, faulty and/or harm)	14	24	6	9	8	7
Security	32	29	17	17		
Environmental Safety including Thermal Comfort	16	27	23	26		
Working Safely in Patient's Home	16	9	15	14		
Sharps	21	25				
Covid+ Staff	254	256				
RIDDOR	1	5	8 Inc 2 Covid	5	4	3

6.3 WHC Statement of Commitment

WHC Board

Health & Safety

Statement of Commitment

We are committed to identifying and managing health & safety risks, meeting legislative requirements, and achieving best practice standards.

We recognise the legal requirements under the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999 to ensure the health & safety of staff delivering services on behalf of Wiltshire Health & Care (WHC) and anyone else whose health, safety and welfare could be affected by the work and activities of WHC.

WHC will do all that it can to ensure staff delivering services on behalf of WHC, and others, are not exposed to unacceptable risk.

We recognise that a healthy workforce, working within a safe working environment, has a positive impact on our abilities to deliver services and achieve excellence in our work.

To achieve this objective, we will ensure a safety management system is maintained that supports individuals and managers to actively manage foreseeable or identified health & safety risks.

Expectations and standards for Health & Safety will be clearly defined and local arrangements will be documented.

WHC will ensure the leadership and resources are in place so that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, safe working environment and safe working practice.

Implementation of the Health & Safety Policy is an individual and management responsibility and accountability will be clear at every level.

Health & Safety Management will be part of our everyday approach to our work and its effectiveness will be measured and monitored as a core business activity.

I and other members of the Wiltshire Health & Care Board are committed to ensuring the implementation and maintenance of the highest standards of health, safety and welfare across the Wiltshire Health & Care Partnership. We expect every member of staff working on behalf of Wiltshire Health & Care to share this commitment and to work together to achieve it.

Managing Director Date

6.4 Safety Services Training Compliance

Competence	Assignment Count	Required	Achieved	Compliance %
NHS|CSTF|Fire Safety - 1 Year|	1216	1216	1062	87.34%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	1216	1216	1112	91.45%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	251	251	229	91.24%
NHS|CSTF|Infection Prevention and Control - Level 2 - 1 Year|	961	961	813	84.60%
NHS|CSTF|Moving and Handling - Level 1 - 3 Years|	251	251	221	88.05%
NHS|CSTF|Moving and Handling - Level 2 - 2 Years|	961	961	808	84.08%
NHS|CSTF|NHS Conflict Resolution (England) - 3 Years|	1216	1216	1075	88.40%

Competence	Assignment Count	Required	Achieved	Compliance %
085|LOCAL|Conflict Resolution - Face to Face - 3 Years|	989	989	716	72.40%
085|LOCAL|Corporate Induction - No Specified Renewal|	1216	1216	1151	94.65%
085|LOCAL|Dementia Awareness - 3 Years|	963	963	800	83.07%
085|LOCAL|Departmental Induction Checklist - No Specified Renewal|	1216	1216	1055	86.76%
085|LOCAL|Positive Behaviour Management - 1 Year|	28	28	23	82.14%
085|LOCAL|Slips, Trips & Falls - No Specified Renewal|	934	934	845	90.47%

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 17

Estates Annual Report and Sustainability Statement

PAPER

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Executive Committee	**For decision**
Subject:	**Annual Estates and Facilities Update**
Date of Meeting:	**03 November 2023**
Author:	**Victoria Hamilton**
Executive Sponsor:	**Victoria Hamilton**

1. Purpose

This Annual Estate report provides an update and assurance on estates and facilities.

This paper covers the following areas:

1.1 Estates Strategy / the way forward
1.2 Estates and Facilities Management Assurance
1.3 Estates Risks
1.4 Estates progress / delivery

2. Executive Summary

Wiltshire Health and Care is working well with estates and facilities providers and partners to deliver safe and improving environments for patients and staff.

3. Background

Wiltshire Health and Care is unusual as a health care provider in that it rents all the space that it delivers services from, and it does not directly deliver any of the facilities management services that it uses. It rents most of its estate from NHS Property Services and buys cleaning and catering services from Great Western Hospitals Trust. It receives an 'informed client' estates support service from the Royal United Hospital Trust. Despite challenges, all of the organisations have worked well together and there continues to be a significant level of investment in the Wiltshire estate. This has provided opportunities to improve environments for patients and staff and together with the improved IT infrastructure it has enabled better utilisation of space and more agile working.

4. Discussion

4.1 Estates Strategy / the way forward

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

- specific principles for the team/service

- current provision
- future/preferred solutions

Following extensive engagement across the health system, including with WHC, BSW CCG completed its interim Estates Strategy in June 2022. Since then, Wiltshire Health and Care have been working with BSW and other system partners to develop the BSW Infrastructure Strategy. The first draft of the BSW Infrastructure Strategy is due to be approved by the ICB Board and Finance Committee imminently.

Between the BSW Infrastructure Strategy, the BSW interim Estates Strategy and the WHC Estates Blueprint there is a clear framework to inform any estates related decisions required in the short to medium term. In the longer term it is anticipated that the BSW Infrastructure Strategy will continue to be developed informed by the developing clinical strategy for BSW. As WHCs current contract ends in 2025 there needs to be some clarity around the services and organisational form before the Estates Blueprint can be revisited and/or a WHC specific Infrastructure Strategy written.

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

4.2 **Estates Assurance**

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

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

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

Audit Area	**Date**	**Outcome**	**Action Plan**	**Comments**
Planned and Reactive Maintenance	14/9/23	Compliant	Minor actions identified	The audit went well with a small number of deliverable actions identified.
Waste	Sept/Oct 23	Compliant	Minor actions identified	The only areas where significant numbers of waste segregation issues were identified were the wards. The action plan sets out the actions required to improve the situation.
Soft MF (Cleaning & Catering)	11/8/23	Compliant	Minor actions identified	The progress on the action plan is being included in the monthly reporting.

Water	16/5/23	Compliant	Minor actions identified	Actions are being progress and monitored via the water safety group.
PLACE	12/2022	No major issues	Actions being progressed with providers	2023 report is not due to be completed until December 2023 in line with national requirements. No major issues were flagged in the 2022 audit.

4.3 **Estates Risks**

As would be expected with the amount and age of the estate that WHC occupies, there are a number of estates related risks on the estates risk register. These risks are graded below 12 and the risk mitigations in place are sufficient. In March 2023, following a period of reorganisation at NHS PS, two incidents at Chippenham Community Hospital and the continued deterioration in the quality of the estates and facilities service at Savernake Hospital a risk was entered onto the corporate risk register scoring 12 and a formal complaint was filed with NHS PS. This risk has subsequently been closed.

The incidents at Chippenham Community Hospital relate to the effectiveness of the Fire Alarm system and the electrical back up generators. Extensive work has been undertaken on the fire alarm system and WHC has received confirmation that the fire alarm system is fully operational. In addition, it has also been confirmed that it will be replaced as part of the capital investment programme. There has been a full investigation into the issues with the backup generators.

As part of the NHS PS reorganisation a separate PFI management team has been established. This new team has been created to ensure that the quality of the estate and facilities management service received at Savernake is significantly improved. It is fully utilising the PFI contract to performance manage the provider, including the use of the financial penalties. There are signs of improvement but there is further work to be done.

Estates Progress/Delivery

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

4.3.1 Estates workstreams that are currently underway:

- Following WHC's Community Physiotherapy service moving off the Salisbury District Hospital Site a permanent solution for the Orthopaedic Interface Service is due to be delivered in early winter 2023.
- Sustainable estates solutions for the Community team for People with Learning Disabilities have been delivered across Wiltshire. The West team have moved to Warminster Community Hospital, the North Team to Chippenham Community Hospital and the South Team to Salisbury Central Health Clinic. The East team remains at Savernake Community Hospital. The teams are happy with the improved accommodation and a small financial saving is being delivered.
- Working with NHS PS improvements are being made to the estate in Chippenham and the utilisation of space. Some corporate teams have moved to Jenner House which has allowed

space on the Chippenham Hospital Site to be better utilised and the estate improved. NHS PS are:

  - replacing the boilers for both wards,
  - replacing the fire alarm for the whole site,
  - creating a new out-patient area in the space previously occupied by the Chippenham Community Team,
  - re-roofing the Wessex Suite to accommodate the Physiotherapy service,
  - demolishing the old physiotherapy wing that is beyond economic repair.

- Improved space utilisation and agile working – The work is being progressed by the Transformation Team working closely with the Infrastructure Team, as set out in the 22/23 Delivery Plan and includes the continued implementation of room and desk booking systems.
- BSW continues to develop the short form business case for an Integrated Care Centre in Trowbridge. The BC now includes moving the WHC Community Team, virtual consultation spaces and specialist services administration and hot desks to County Hall. A group from WHC visited County Hall and confirmed that the space identified would work well.
- BSW have confirmed that, if approved, the project should be completed by early summer 2025.
- It has been confirmed that the WHC does not need to sign off the Business Case, but it will be asked to sign a letter of support. The signed letter is likely to be required in November 2023.
- It has been highlighted that the WHC Board will need certainty about the availability of the required estate at County Hall and overall affordability in order to be in a position to sign a letter of support.

5. Recommendation

5.1 The Board is invited to:

- **Estates Strategy / the Way Forward;**
  - Support continuing to deliver estates solutions at WHC in line with the BSW Infrastructure Strategy, interim Estates Strategy and the WHC Estates Blueprint.
  - Support WHC engaging in system wide estates work in Wiltshire.
  - Consider, if/when it is appropriate to develop a WHC specific Infrastructure Strategy once the organisational form and scope of WHC services is better understood.
- **Estates Assurance**;
  - Confirm that it is content with the current estates assurance measures or if not outline what assurance it would like.
- **Estates Risks**;
  - Confirm that it is content with current measures in place to manage the estates related risks or if not outline what further action it would like.
- **Estates Progress/Delivery;**
  - Note the progress delivered and the work planned.
  - Note that there is no longer the need for the WHC Board to approve the Business Case for the West Wiltshire Health Centre but it will be asked to sign a letter of support, probably in November 2023.

- Confirm if it is happy to approve the letter of support via circulation if a Board meeting is not scheduled when the letter of support is required.

Impacts and Links

Impacts	
Quality Impact	The work on estate is driven by the aim of providing the best accommodation possible with the resources available to the system.
Equality Impact	Estates works aim to better facilitate equality of access for patients, visitors and staff.
Financial implications	Any financial implications are worked through on a project by project basis. Where appropriate the necessary Business Cases written and procurement processes are followed.
Impact on operational delivery of services	Any estates works are planned with operational colleagues to ensure that works are undertaken while minimising the impact on services.
Regulatory/ legal implications	The estates function is delivered within the regulatory and legal frameworks.
Links	
Link to business plan/ 5 year programme of change	Some of the workstreams are reflected in the Wiltshire Health and Care Delivery Plan.
Links to known risks	As set out in the paper
Identification of new risks	As set out in the paper.

Wiltshire Health and Care Board	For decision
Subject:	**Annual Environmental Sustainability Update**
Date of Meeting:	**10 November 2023**
Author:	**Victoria Hamilton**
Executive Sponsor:	**Victoria Hamilton**

1. Purpose

To gain approval from the Wiltshire Health and Care Board for the 2023 Sustainability Statement and to note the progress being made towards carbon net zero.

2. Executive Summary

The Sustainability Statement that the WHC Operational Board approved in November 2022 continues to be appropriate and progress is being made on the environmental objectives set out in the 23/24 Delivery Plan.

3. Background

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

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

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

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

4. Discussion

4.1 Sustainability Statement

The attached draft 2023 Sustainability Statement remains the same as the 2022 Statement. There are no changes recommended at present.

4.2 4.2 Progress

The actions and progress, associated with environmental sustainability set out in the 23/24 Delivery plan are as follows:

Delivery Plan scheme number	Description of Scheme	Environmental Benefit	WHC Executive Lead	Progress/Comment
21	Work with system to deliver new/improved accommodation in Trowbridge	The new building will be carbon net zero to operate.	Victoria Hamilton	The business case is due to be approved by the system in Autumn 2023 with a view to the new building being completed in spring 2025.
36	Introduce salary sacrifice scheme to support lease of electric cars	Encouraging staff to move to electric cars reducing carbon footprint	Nikki Rowland	The scheme was implemented in October 2023**.**
37	All pool cars hybrid or electric, with associated infrastructure	Reduction in the carbon footprint of delivering services in the community	Nikki Rowland	All leased pool cars were hybrid by June 23 (22 out of 23 current vehicles were be hybrid by March 23)
40	To reduce the environmental and carbon impact of our estate, services and activities.	Reduction in the carbon footprint from the estate and facilities services.	Victoria Hamilton	Devizes Health Centre is now up and running and is carbon neutral to run. There are schemes underway with NHS PS including a light replacement program, work at Chippenham Hospital which includes demolishing old estate which is beyond end of life. GWH is also re-procuring the waste contract which should have a positive impact on recycling levels.

It should be noted that these objectives are predominantly being delivered by third parties, not directly by WHC and that progress is not under the direct control of Wiltshire Health and Care.

5. Recommendation

The Board is invited to:

5.1.1 Approve the 2023 WHC Sustainability Statement.

5.1.2 Note the progress made on the workstream associated with environmental sustainability in the 2023/24 Delivery Plan.

5.1.3 Note that progress is dependent on delivery partners and that there is not dedicated environmental sustainability resources within Wiltshire Health and Care.

Impacts and Links

Impacts	
Quality Impact	The work on estate is driven by the aim of providing the best accommodation possible with the resources available to the system.
Equality Impact	Estates works aim to better facilitate equality of access for patients, visitors and staff.
Financial implications	Any financial implications are worked through on a project by project basis. Where appropriate the necessary Business Cases written and procurement processes are followed.
Impact on operational delivery of services	Any estates works are planned with operational colleagues to ensure that works are undertaken while minimising the impact on services.
Regulatory/ legal implications	The estates function is delivered within the regulatory and legal frameworks.
Links	
Link to business plan/ 5 year programme of change	Some of the workstreams are reflected in the Wiltshire Health and Care Delivery Plan.
Links to known risks	As set out in the paper
Identification of new risks	As set out in the paper.

Sustainability Statement

To be Approved November 2023

OVERVIEW

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

OUR BUSINESS AND VALUES

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

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

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

PRIORITIES AND FOCUS

The BSW sustainability targets are clustered by the following themes:

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

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

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

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

OUR EFFECTIVENESS IN TACKLING CLIMATE CHANGE

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

This statement is approved by the Board and signed on its behalf by Shirley-Ann Carvill, Managing Director.

November 2023

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 18

Patient & Public Involvement Strategy

PAPER

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Board	**For information**
Subject:	Patient and Public Involvement Strategy
Date of Meeting:	10 November 2023
Author:	Lina Middleton, Patient & Public Involvement Officer

1. Purpose

To present the Patient and Public Involvement Strategy to the members of the Board for sign off.

2. Background

The PPIO has re-worked the previous Patient and Public Involvement Strategy 2022 – 2025 document in light of new management director joining the organisation.

The new Patient and Public Involvement Strategy 2023 – 2026 sets out WHC's commitment to ensuring we hear the patient voice, sets out priorities over the three period and how they will be achieved and measured. It has been designed to be more user friendly and inviting to read.

The rewritten PPI Strategy has been to the PPIG for review and feedback incorporated.

The strategy has been signed off by the Quality Assurance Committee and once approved by the Board the PPIO will be launching the PPI Strategy alongside the PPI Policy to raise the awareness of engagement across the organisation.

3. Recommendation

3.1 The Board is invited to:

(a) Approve the Patient and Public Involvement Strategy 2023 – 2026

Wiltshire HEALTH AND CARE

NHS

Impacts and Links

Impacts	
Quality Impact	Positive impact
Equality Impact	Positive impact
Financial implications	None
Impact on operational delivery of services	Positive impact
Regulatory/ legal implications	The NHS Constitution The NHS Constitution details the rights of patients, the public and staff. It clearly sets out the expectations and importance of involvement. One of the guiding principles of the NHS Constitution states that "the patient will be at the heart of everything the NHS does". It further mandates that the NHS will "actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services." The Constitution also gives patients the right to "be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services." Local Government and Public Involvement in Health Act 2007 This amends Section 242(1B) of the National Health Service Act 2006 as follows: "Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in: a. the planning of the provision of those services, b. the development and consideration of proposals for changes in the way those services are provided, and c. decisions to be made by that body affecting the operation of those services." Equality Act 2010 WHC recognises the importance of engagement with service users, carers, the public and communities on equality considerations relating to access, experience and outcomes. We also recognise the importance of encouraging participation and involvement of under-represented groups. Next steps on the NHS Five Year Forward View Under *Community participation and involvement*, the document states that the NHS must "work with patients and the public to identify innovative, effective and efficient ways of designing, delivering, and joining up services. And by prioritising the needs of those who experience the poorest health outcomes, we will be better able to improve access to services, reduce health inequalities in our communities and make

	better use of resources." NICE Guidance NG 44 – Community Engagement: improving health and well-being and reducing health inequalities Statutory obligations on public bodies recognise that the NHS and local government cannot improve people's health and well-being on their own. This guidance suggests working with local communities to create services that better meet people's needs, improve health and well-being and reduce health inequalities. NICE Quality Standard QS148 – Community engagement: improving health and well-being This quality standard covers community engagement approaches to improve health and well-being and reduce health inequalities; as well as initiatives to change behaviours that harm people's health. This includes building on the strengths and capabilities of communities, helping them to identify their needs and working with them to design and deliver initiatives whilst improving equity. Patient experience in adult NHS services: improving the experience of care for people using adult NHS services This guideline covers the components of a good patient experience. It aims to make sure that all adults using NHS services have the best possible experience of care. Babies, children and young people's experience of healthcare This guideline describes good patient experience for babies, children and young people, and makes recommendations on how it can be delivered. It aims to make sure that all babies, children and young people using NHS services have the best possible experience of care. PSIRF Patient Safety Incident Response Framework supporting guidance: Engaging and involving patients, families and staff following a patient safety incident
Links	
Link to business plan/ 5 year programme of change	38. **Expand** our engagement with **Patients and Carers** regarding delivery of our services (Quality Priority 6) | Director of Quality, Professions and Workforce (Sara Quarrie) | • Develop the Patient Engagement Framework / Strate 2022/23 (Public and Patient Involvement Officer - Lin • Work throughout 2022/23 to improve the number of F Test responses across all WHC services, to provide more diverse population. • Respond to the patient experience and listening reco Ockenden (April 2022) report by Q2 2022/23.
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Quality Assurance Committee	**For information**
Subject:	Patient and Public Involvement Strategy
Date of Meeting:	**11 October 2023**
Author:	**Lina Middleton**

1. Purpose

To present the Patient and Public Involvement Strategy to the members of the Quality Assurance Committee for sign off.

2. Background

The PPIO has re-worked the previous Patient and Public Involvement Strategy 2022 – 2025 document in light of new managing director joining the organisation.

The new Patient and Public Involvement Strategy 2023 – 2026 sets out WHC's commitment to ensuring we hear the patient/carer voice and our priorities over the three year period.

The rewritten PPI Strategy incorporates the ambition of the previous strategy that members of QAC approved in March 2023, but the PPIO has improved the readability, length and look of the document

Once signed off the PPIO will be launching the PPI Strategy alongside the PPI Policy to raise the awareness of engagement across the organisation.

3. Recommendation

3.1 The Committee is invited to:

(a) Approve the Patient and Public Involvement Strategy 2023 – 2026 ahead of the November Board meeting.

Wiltshire HEALTH AND CARE

NHS

Impacts and Links

Impacts	
Quality Impact	Positive impact
Equality Impact	Positive impact
Financial implications	None
Impact on operational delivery of services	Positive impact
Regulatory/ legal implications	The NHS Constitution The NHS Constitution details the rights of patients, the public and staff. It clearly sets out the expectations and importance of involvement. One of the guiding principles of the NHS Constitution states that "the patient will be at the heart of everything the NHS does". It further mandates that the NHS will "actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services." The Constitution also gives patients the right to "be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services." Local Government and Public Involvement in Health Act 2007 This amends Section 242(1B) of the National Health Service Act 2006 as follows: "Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in: a. the planning of the provision of those services, b. the development and consideration of proposals for changes in the way those services are provided, and c. decisions to be made by that body affecting the operation of those services." Equality Act 2010 WHC recognises the importance of engagement with service users, carers, the public and communities on equality considerations relating to access, experience and outcomes. We also recognise the importance of encouraging participation and involvement of under-represented groups. Next steps on the NHS Five Year Forward View Under *Community participation and involvement*, the document states that the NHS must "work with patients and the public to identify innovative, effective and efficient ways of designing, delivering, and joining up services. And by prioritising the needs of those who experience the poorest health outcomes, we will be better able to improve access to services, reduce health inequalities in our communities and make better use of resources."

	NICE Guidance NG 44 – Community Engagement: improving health and well-being and reducing health inequalities Statutory obligations on public bodies recognise that the NHS and local government cannot improve people's health and well-being on their own. This guidance suggests working with local communities to create services that better meet people's needs, improve health and well-being and reduce health inequalities. NICE Quality Standard QS148 – Community engagement: improving health and well-being This quality standard covers community engagement approaches to improve health and well-being and reduce health inequalities; as well as initiatives to change behaviours that harm people's health. This includes building on the strengths and capabilities of communities, helping them to identify their needs and working with them to design and deliver initiatives whilst improving equity. Patient experience in adult NHS services: improving the experience of care for people using adult NHS services This guideline covers the components of a good patient experience. It aims to make sure that all adults using NHS services have the best possible experience of care. Babies, children and young people's experience of healthcare This guideline describes good patient experience for babies, children and young people, and makes recommendations on how it can be delivered. It aims to make sure that all babies, children and young people using NHS services have the best possible experience of care. PSIRF Patient Safety Incident Response Framework supporting guidance: Engaging and involving patients, families and staff following a patient safety incident
Links	
Link to business plan/ 5 year programme of change	38. **Expand** our engagement with **Patients and Carers** regarding delivery of our services (Quality Priority 6) | Director of Quality, Professions and Workforce (Sara Quarrie) | • Develop the Patient Engagement Framework / Strategy by 2022/23 (Public and Patient Involvement Officer - Lina Mic • Work throughout 2022/23 to improve the number of Family Test responses across all WHC services, to provide a rich more diverse population. • Respond to the patient experience and listening recomme Ockenden (April 2022) report by Q2 2022/23.
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care

Patient and Public Involvement Strategy

2023 – 2026

Contents

Author Lina Middleton
Version 3.0 May 2023

1. Who are we?

Wiltshire Health and Care (WHC) predominantly delivers a diverse range of community services for adults across Wiltshire. We also care for patients across four community inpatient wards and two minor injury units. We are an NHS partnership; our vision is to enable people to live independent and fulfilling lives for as long as possible.

We published our previous Patient and Public Involvement (PPI) Plan 2018 – 2021 with contributions and support from our patients, service users, carers, volunteers, staff, the Wiltshire Health and Care Board and other stakeholder representatives.

In 2021 we established our Patient and Public Involvement Group (PPIG) which is made up of a range of patient, service user, carer, volunteer staff and external organisation representatives. The group has led the refresh of our Patient and Public Involvement Strategy 2023 -2026.

2. Our commitment to you

We want you to be at the heart of what we do. We strive to provide safe, effective and caring services that will meet the needs of our patients, service users and carers. We are committed to learning from the experiences of patients and service users and those who care for them.

We uphold the WHC Values and Behaviours that reflect the importance of patient and public involvement. We continue to build and strengthen our partnerships and deliver quality care that is centred around our patients and service users.

We have always sought to involve, listen, and learn from you, to inform how we improve and will communicate on what we are doing.

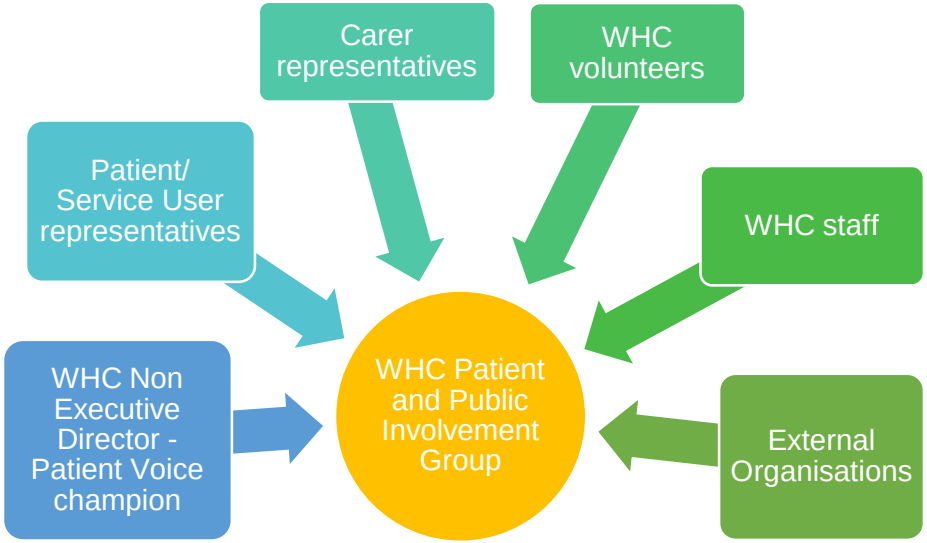

Image showing PPIG membership

3. Message from the Board

"The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives." NHS Constitution

In order to continue delivering community services that best meet the needs of the people of Wiltshire and reduces inequalities within our communities, we want to hear from you.

This Strategy sets out our way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

We want to engage and learn from people across the diversity of our population with 'lived experience' of a particular condition who are often best placed to advise on what support and services will make a positive difference to their lives. Done well this will help us to maintain a person-centred perspective.

Please do get involved your voice matters to us.

Shirley-Ann Carvill, Managing Director

At Wiltshire Health and Care we know that we are in a partnership with our patients. This sense of partnership plays out every time we see a patient or a carer, every time we plan a new service or evaluate or redesign an existing one, and every time we assess how good an organisation we are.

Covid made unprecedented demands on the NHS including Wiltshire Health and Care. Priorities were largely set nationally and across the local area in response to the greatest crisis the NHS has faced. The next set of challenges are different but no less serious. The only way we can make good clinical decisions, plan how we use our resources, work safely and effectively and help people to make the best use of us is to work that out with our patients and with the communities we serve.

This strategy explains what we've been striving to do in patient engagement over the last 3 years, and begins to set some priorities for the next 3 years. It is not the last word. It is an invitation to get involved, to talk to us, to tell us when we're doing well, when we get things wrong, and how we can do better. Above all, it is a commitment on our part to listen, to understand, to learn, and to respond with humility and respect.

Richard Barritt, Non Executive Director, Patient Voice

4. Our voices

As a Long Covid patient, it has become evident that the care required for a condition with over 200 symptoms needs to be flexible and responsive to patient needs. Understandably, this is challenging for a service provider as each patient's experience is different and individual. Yet, through patient engagement, it has been possible to ensure that the services available are appropriate and fit for purpose and have adapted and grown according to patient feedback and evidence-based treatments.

My personal experience of using the Long Covid service provided by Wiltshire Health and Care has been a positive one with all members of staff taking a patient-centred holistic approach. Within the patient forums feedback has been well received and action taken where needed. Group members have been listened to and concerns or questions have been answered or the information sought.

Placing the patient's voice at the centre of their care ensures that priorities and goals are informed by those with a lived experience and that the service is inclusive and available to all.

Aimee Jones, Patient Representative, WHC Long Covid Patient Forum

As a carer for over thirty years, a variety of experiences with different health and social care services have led me to understand the importance of giving feedback in order to improve delivery. While supporting a family member can be rewarding, it is also frustrating to observe that care could often be improved just by capturing thoughts from patients and carers.

The PPIG creates a forum for the sharing and listening that is essential for meaningful change. As a member of that group, it is encouraging to see how this strategy aims to widen participation and prepare services to respond and adapt to diverse feedback. Let's hope more people will share their experiences to guide us to develop the best ways to move forward together.

Mary, Carer Representative, WHC PPIG

Healthwatch Wiltshire is your local health and social care champion. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We also help people to find reliable and trustworthy information and advice.

We welcome being part of Wiltshire Health and Care's (WHC) Public and Patient Involvement Group which was set up in April 2021 to seek involvement from the public in developing WHC's services. We believe that Healthwatch Wiltshire can bring an important and useful perspective to WHC by representing local people's and patients' views.

WHC's PPI Strategy shows a clear commitment to listening to and involving a broad representation of community members to make their services inclusive and accessible to all and empower patients to live healthy and independent lives. The strategy sets out how these aims will be implemented and Healthwatch Wiltshire will seek to support as well as monitor WHC in achieving these aims.

Catharine Symington, Interim Manager, HealthWatch Wiltshire

4. What we have achieved (2018 – 2023)

2018

Patient and Public Involvement Plan 2018 - 2023 published.

2019

Patient and Public Involvement Officer (PPIO) recruited

Improved Friends and Family Test (FFT) survey format and internal promotion.

2020

Start of Covid pandemic - huge impact on ability to engage with stakeholders.

Requirement to submit FFT to NHS England suspended.

WHC volunteers who normally support with engagement unable to be onsite.

2021

Patient and Public Involvement Group (PPIG) established. Developed action plan and priorities for PPI Strategy. Also supporting engagement work across WHC.

PPIO joins BSW Engagement Network

Long Covid Service Survey to understand how the service could be improved and as a first step to developing a patient forum.

2022

Collaborated with Healthwatch Wiltshire and the other providers to develop a joint survey regarding new Devizes Health Centre. Over 2,500 responses received.

Engagement process to gather views to influence refurbishment on Longleat Ward, Warminster Community Hospital.

Carer Strategy Forum established to develop WHC Carer Strategy

Patient and Public Involvement Strategy developed.

2023

Patient and Public Involvement Policy developed and approved.

Big drive to improve FFT return rates across WHC.

Long Covid forum consulted on Long Covid webinars filmed for WHC website.

The PPIO is supporting and facilitating an increasing number of service review/ development engagement projects across WHC.

Patient Stories
Board Members welcome hearing patient stories and they have been a fixture of Board meetings since 2017.

5. Measuring our success

These are the six objectives that were included in the Patient and Public Involvement Plan 2018 – 2021:

1

Patient and Public Involvement in all stages of new service delivery; by helping inform initial service model proposals, attending project meetings and helping with public consultations.

The Long Covid Service was set up as a Bath and North East Somerset, Swindon and Wiltshire (BSW) wide response to the COVID-19 pandemic, it is a new service that was developed by the WHC clinical teams as well as commissioners and a multidisciplinary team of clinicians from the acute hospitals (Royal United Hospital, Great Western Hospital and Salisbury Hospital).

We are actively seeking to further develop this service with our patients and service users including a patient forum.

2

An increase in active participation across our service. This will be measured regularly by staff through a Patient Activation Survey, which will capture patient and public involvement in their particular area.

In WHC, feedback from patients and service users is now collected as part of our service reviews and developments.

We are also improving our response rates to the NHS Friends and Family Test

3

Increased relationships with new stakeholders.

The PPIO has strengthened relationships with HealthWatch Wiltshire and Carer Support Wiltshire as well as developing links with the BSW Engagement Network and the Army Welfare Service South West Allied Services

4

A reduction in complaints and concerns.

In 2020 the impact of the COVID-19 pandemic led to an increase in concerns and complaints about delays in service delivery.

We have also improved our recording process to capture concerns that had a corresponding impact on to increased numbers reports too.

5

Increased number of volunteers.

Similarly, the COVID-19 pandemic impacted out ability to recruit new volunteers. Today we are proud to have 130 volunteers as part of our workforce.

We have welcomed a number of volunteers to our Patient and Public Involvement Group.

In addition we have patients, service users, carers and family members supporting projects such as reviewing patient information or the external website.

6

Improve our Friends and Family Test.

We have variable FFT responses. Numbers increased during 2020 as part of an online survey via weblink following virtual appointments.

Face to face dropped in the same period but we are now returning to higher levels with 2023 figures reaching record levels in comparison to previous years.

6. Patient and public engagement

6.1 Co-production

We want our services to respond to the needs of those that use them and deliver them. We want our patients, service users and carers to feel they are part of WHC. NHS England has released Statutory Guidance on Working in Partnership with People and Communities which we will incorporate into the PPI Policy and in how we conduct service reviews and development.

We will actively work with patients, service users, carers, and other stakeholders to ensure their opinions are sought and voices heard when developing and reviewing services. We will work with our stakeholders to find out what is working well and what could be improved as well as listen to ideas and suggestions that are brought up through surveys, conversations, or forums.

6.2 The NHS Friends and Family Test

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients, service users and carers are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS.

WHC staff supporting patient

Where WHC services have zero or low numbers of FFT responses we will work with these teams to promote FFT to their service users, families and carers and improve the levels of feedback we receive. Our ambition is to achieve an overall 5% return rate initially, and then improve on this year on year.

6.3 Children and young people's voice

Whilst we mainly deliver adult services, some of our services do provide care for children and young people, as well as patients and service users who transition from child services to adult services. We believe it is important to make sure their views are heard too.

We will create child friendly ways of providing feedback as well as carry out more focussed engagement work within the services that children and young people access.

6.4 Compliments, concerns and complaints

We have processes in place to collate any compliments, concerns and complaints raised. We will continue to

promote to staff the importance of listening to all compliments and concerns made as well as ensuring that patients, service users, families and carers are clear on how they can raise a complaint and what they can expect in how their complaint is handled.

Our complaints policy is available to the public on our website explaining how complaints can be made, the process and time limits involved and how we investigate complaints. It is also accessible to all staff via the intranet.

6.5 Patient Safety Incident Review Framework (PSIRF)
We will adopt the new Patient Safety Incident Review Framework that is being launched by NHS England in Autumn 2023.

The framework outlines how we and other NHS organisations should respond to patient safety incidents to facilitate learning and improvement.

We will develop a broad understanding of how to respond to an incident and continue to build capacity to support compassionate engagement for everyone affected by patient safety incidents.

We will create a proactive culture with focus on addressing issues and concerns in advance of an incident by using our Local Risk Management program; DATIX.

7. Partnership working

7.1 Embed the Patient and Public Involvement Group (PPIG) and increase member numbers.
Our PPI group will meet at least every 3 months. The PPIG will participate in other working groups to support engagement activities across WHC. Patients, service users and carers will be active contributors.

7.2 Link in with other organisations and community groups
Our organisation works with a wide range of partners, some are Commissioners, providers of primary and secondary care, local authorities and social care as well as voluntary and community organisations.

This extends our ability to work more collectively and connect with more people whilst sharing resources, expertise and knowledge. We will make sure that our own engagement work and learning is enhanced by the ongoing work and efforts being carried out across BSW.

We want to support shared objectives to influence change through the engagement we have carried out with our own stakeholders.

We will maintain good working relationships with partners. We will participate in forums to share information and ideas. We will embrace opportunities to work with others or support each other's work.

7.3 Membership to the BSW ICS Engagement Network
We will ensure we support overarching ambition of the Five Year BSW People and Community Engagement Strategy.

We will better understand engagement work being carried out across BSW.
We will share priorities and goals as well as our individual ambitions.
We will share resources and increase support to deliver our strategies.

7.4 Membership to NHS Engagement Practitioners Network
We will share advice and support and we will use new skills/knowledge and enhance engagement work at WHC.

8. Equality and diversity

8.1 Equality and diversity
Equality and Diversity remains a priority with in the WHC Delivery plan. We plan to implement the Patient Equality, Diversity and Inclusion Strategy by Q4 2022/23 and should be read in conjunction with this strategy.

We want to embrace a broad perspective; listening to people from all parts of the community.

We will actively engage with a wide representation of the communities that we serve and including members of seldom heard groups.

We will develop engagement methods that are equitable and do not pose barriers to some groups, for example, being able to offer meetings online for those that are unable to attend in person.

8.2 Health Inequalities
As an organisation WHC wants to ensure that we are reaching communities and groups of people that are seldom heard or face barriers to engage.

We want to embrace new ways of collecting feedback and provide everyone with opportunities to tell us what they think, understand what difficulties our patients and service users face to access our services and what we can do to improve this.

Where the expectation may have been for participants to come to us, we must change this and show that we will go to them.

We want to better understand the health inequalities within our patient community.

We will develop relationships with seldom heard groups and will invite people from diverse communities to attend groups and meetings as representatives of WHC.

We will share the information captured during those meetings across WHC to support plans to address health inequalities.

8.3 Understanding Patient Demographic
This will enable us to better understand our patient community.

We will improve data collection of demographics throughout our organisation.

We will work closely with the Integrated Care Board who also have data regarding Wiltshire's population demographic.

We will communicate with patients, service users, families, carers and staff as to why collecting this data is helpful to delivering improved services.

We will identify and understand our patient population in reference to the Core20PLUS5 approach.

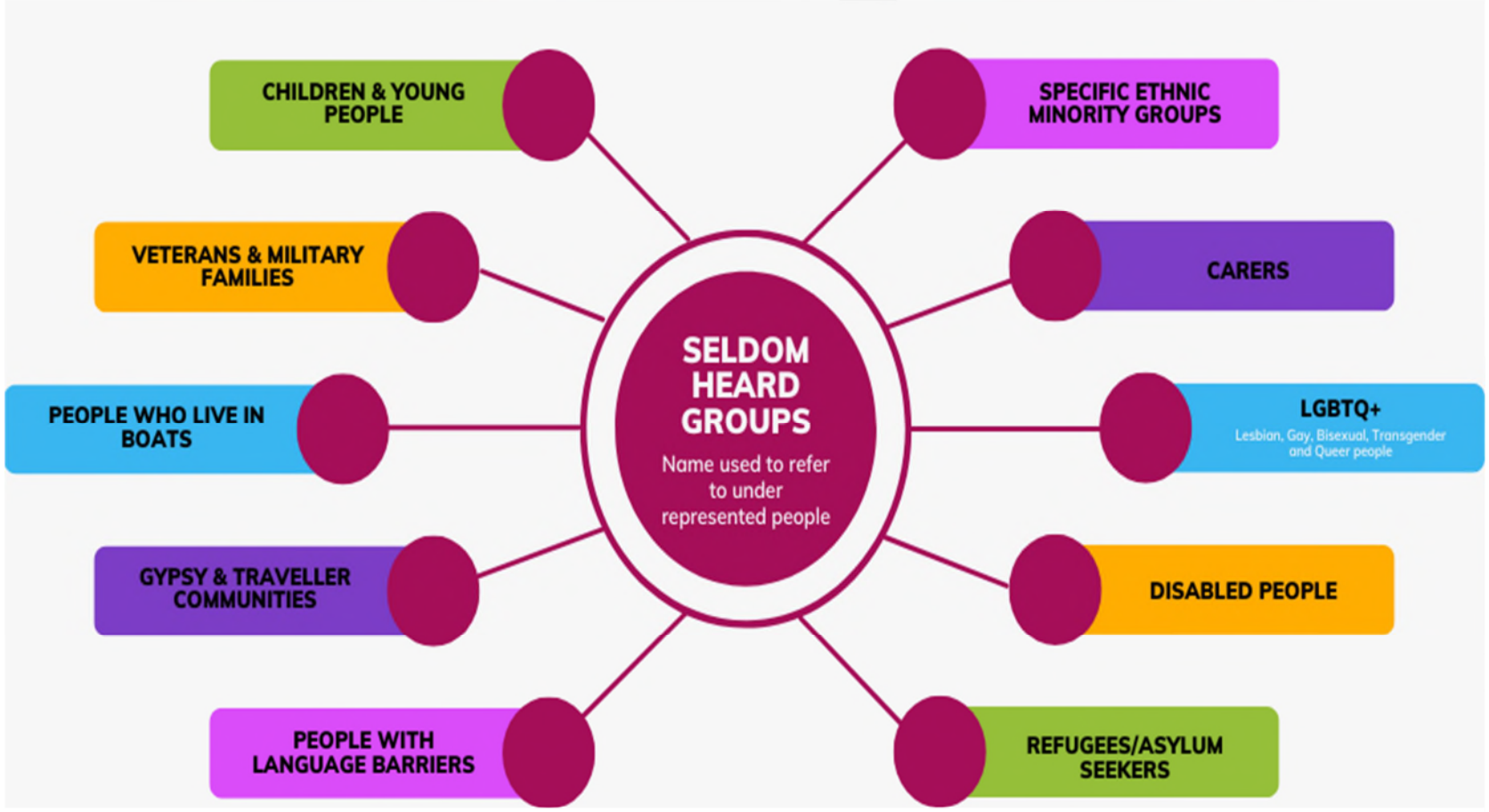

Diagram showing different seldom heard groups.

9. Success criteria

We will measure the success of delivering this strategy by:

- Evidencing public and patient engagement and involvement in our work.
- Engaged membership to Patient and Public Involvement Group
- Functioning patient forums across WHC
- Active patient, service user and carer involvement in our transformation work, service reviews, design and delivery.

10. Monitoring impact of engagement

We will analyse outcomes from our PPI work.

We will review actions and offer support to teams to achieve greater engagement where needed.

We will measure our participation in the wider health and social care forums.

We will assess outcomes through various methods including:

- The NHS FFT response rates and feedback
- Bespoke patient satisfaction surveys
- Patient Stories presentations
- Complaints and PALS outcomes
- NICE (National Institute for Health and Care Excellence) Guidance Compliance

We will report via:

- Updates and reviews to PPIG
- Quality and Planning reports
- Quality Assurance reports
- Annual Quality Accounts

11. Review

Evaluation and review of this strategy will be on-going and in 'real time'. The strategy will be reviewed by the Patient and Public Involvement Officer annually to ensure it continues to meet the emerging needs of WHC.

12. We want you to get involved

We hope we have demonstrated our commitment to involving you in all that we do. The Patient and Public Involvement Group will review this annually to ensure it aligns with the current WHC Delivery Plan and organisational priorities.

You may wish to consider joining our Patient and Public Involvement Group. We meet online via Teams at least quarterly. We are always looking for new patients, service users, families and carers to join us and contribute to the conversation.

We also have various forums and groups that you may think about joining, whether to review a specific service or to review patient information material – a list of current projects can be found on our website here.

If you are interested and want to get involved, or would like to talk about your experience, please contact the Patient and Public Involvement Officer at ask.wiltshirehealthandcare@nhs.net or call 07766 726513.

To leave feedback you can complete a Friends and Family Test survey here:
www.smartsurvey.co.uk/s/WHCFFTsurvey/ or scan this QR code on your smart phone/tablet.

To make a complaint you can email whc.pals@nhs.net or call the Patient Advice and Liaison Service (PALS) team on 0300 123 7797. You may wish to write to:

Wiltshire Health and Care PALS Team
Room 2060
Chippenham Community Hospital
Rowden Hill
Chippenham
SN12 2AJ

Our complaints policy can be found on our website here.

If you have any comments or would like to discuss this strategy, please email the Patient and Public Involvement Officer at ask.wiltshirehealthandcare@nhs.net.

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 19

Highlight Report – Audit Committee

PAPER

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Board	**For information**
Subject:	**Audit Committee Highlight Report**
Date of Meeting:	17 October 2023
Author:	Martyn Burke – Chair of Audit Committee

1 Introduction

The Audit Committee (AC) is a sub-committee of Wiltshire Health and Care's (WHC) Board. This paper summarises the key issues considered by the Audit Committee at its meeting on 17 October 2023, which it is considered should be drawn to the attention of the full Board.

2 Advise

- **Internal Audit**: The Board governance efficiency audit terms of reference had been agreed and meetings with Board members were in diaries. The risk man audit had been pushed back and would be started in Q4. The committee agreed that any changes to the audit process would be agreed at Executive Committee and then by MB as Aduit Committee Chair. The payroll audit was in the planning stages.

- **Counter Fraud**: A couple of emerging risks were highlighted, one relating to HR and staff working multiple employments and the second being a worrying trend of impersonating medical personal. JS would be carrying out an exercise with out of date expenses and the findings would be presented at the next meeting.

- **Finance Position and finance policy process**: NR thanked SHP and the team for their efforts to get the finance policies up together. SOPs also need to be reviewed at the Finance POG. Approved policies would now go live.

- **External Audit Update**: Expressions of interest were due on 17th November and then the timetable could be reviewed.

- **Emerging work on Strategic vision**: The Executive team had developed strategic pillars for WHC: People, Users and Community, Services, Governance, Partners. Six major priorities were shared. The BAF would be updated following this work. It would need to come to Audit Committee before going to Board. Risk appetite would be updated following the BAF.

- A debate around quality and risk assessment took place.

3 Alert

3.1 There are no alerts.

4 Action

4.1 There are no actions

5 Date of next meeting

5.1 The Audit Committee next plan to meet on 23 January 2024.

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 20

Highlight Report – Quality Assurance Committee

PAPER

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Board	**For information**
Subject:	Quality Assurance Committee Highlight Report
Date of Meeting:	14 September 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 14 September 2023, which it is considered should be drawn to the attention of the full Board.

2 Advise

2.1 Frequency of QAC Meetings: The committee discussed the possible requirement of more frequent Quality Assurance Committee meetings to ensure timely review of data. AH would discuss options with SAC and SQ.

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 16 November 2023.

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 21

Key points for Member Organisations –PART I

VERBAL

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 22

Any other business – PART I

VERBAL

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Date of Next Meeting

Full Board Meeting:
Friday 2 February 2024
10:00-13:00
Venue TBC

NHS

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Working in partnership
Great Western Hospitals NHS Foundation Trust
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