

Wiltshire Health and Care LLP Board Papers

PART I

3 May 2024



Wiltshire
HEALTH AND CARE

Wiltshire Health and Care Board Meeting Agenda - PART I

Venue:	Board Room, Jenner House
Date:	Friday 3 May 2024
Time:	10:00-13:00 (Part I 10:00-12:00 approx)

WHC Board Members		
Stephen Ladyman	Chair of Wiltshire Health and Care (Chair)	SL
Martyn Burke	Non-Executive Member, Finance and Audit	MB
Niall Prosser	Non-Executive Member, Nominated by Salisbury NHS Foundation Trust (SFT) Board	NP
Shirley-Ann Carvill	Executive Member, Managing Director	SAC
Sara Quarrie	Executive Member, Director of Quality, Professions and Workforce	SQ
Lisa Haywood	Executive Member, Chief Operating Officer	LH
Nikki Rowland	Executive Member, Interim Director of Finance	NR

Other attendees		
Becky Watson	Corporate Officer	BW
Andrea Benham	Corporate Governance Lead and Company Secretary	AB
Simon Sethi	Director of Future Community Services BSW Communities Together Programme	SS
Gemma Lithgo	For Patient Story	GL

Apologies		
Simon Wade	Non -Executive Member, Nominated by Great Western Hospitals NHS Foundation Trust (GWH) Board	SW
Richard Barritt	Non-Executive Member, Patient Voice	RB
Andrew Hollowood	Non-Executive Member, Nominated by Royal United Hospital NHS Foundation Trust (RUH) Board	AH
Gill May	Chief Nurse Officer, BSW ICB	GM
Fiona Slevin-Brown	Place Director for Wiltshire, and BSW ICB Executive Lead for PC	FSB

Item No.	Agenda Item	Presenter	Verbal/Paper	Published/Unpublished	Information/Discussion/Decision/Approval	Timing (approx.)
	Patient Story: Neurology	GL	Presentation	Unpublished	Information	10:00
1.	Welcome, Introductions and Apologies	Chair	Verbal	Published	Information	10:30
2.	Declarations and Conflicts of Interests	Chair	Verbal	Published	Information	
3.	a) Review Part I Minutes (no minutes) b) Review Action Tracker	Chair	Paper	Published	Decision	
4.	Chair's Update	Chair	Verbal	Published	Information	
5.	Managing Director's Update	SAC	Verbal	Published	Information	
Strategy/ Delivery						
6.	Quality, Workforce, Performance, Finance and Infrastructure Highlight Report. a) Quality, Workforce, and Performance Dashboards b) The Appraisal and Revalidation compliance for medical staff to note	SQ/ NR/ / LH/ VH/ SAC	Paper	Published	Information/ Discussion	10:45

7.	Draft Operational Plan	AB	Paper	Published	Discussion	11:00
Governance /Scrutiny						
8.	Review Terms of Reference	AB	Paper	Published	Decision	11:15
9.	Review Register of Interests	AB	Paper	Published	Discussion	
10.	Risk Report 15+	SQ	Paper	Published	Discussion	
11.	Staff Survey Results / Recommendations	SAC	Paper	Published	Discussion	
12.	Non-Executive Director Induction SOP	AB	Paper	Published	Decision	
13.	Board Effectiveness	Chair	Verbal	Published	Discussion	
Highlight Reports and AOB						
14.	Highlight Report from Audit Committee	MB	Paper	Published	Decision	11:45
15.	Highlight Report from Quality Assurance Committee	AH	Paper	Published	Information	
16.	Key points to Member Organisations	Chair	Verbal	Published	Discussion	
17.	Any other business	Chair	Verbal	Published	Information	
Date of next meeting: Friday 6 September 2024 10.00-13.00 Board Room, Jenner House						

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

Patient Story

PRESENTATION ON DAY

Wiltshire Health and Care Board**For information****Subject: Patient Story****Date of Meeting: 03 May 2024****Author: Gemma Lithgo, Clinical therapy lead, Integrated community neurology and stroke 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.

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

2. Background

The patient story being heard is regarding input provided by the Integrated Community Neurology and stroke service to a gentleman with multiple sclerosis. This includes support from community neuro physiotherapists, neurology specialist practitioner (Nurse) and within spasticity clinic with neuro physio present.

This will be presented by Gemma Lithgo.

Video kindly recorded independently by the patient with consent to share to Board and Integrated community neuro service.

3. Recommendation

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

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

Item 1

Welcome, Introductions, and Apologies

VERBAL

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

Item 2

Declaration and Conflicts of Interests

VERBAL

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

Item 3

3a Review Part I Minutes (no minutes to review)

3b Review Part I Action Tracker

PAPER

Wiltshire Health and Care Board Action Tracker - Part I

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

No	Date Entered	Action	Assigned to	Status	Due date	Date closed	Notes
178	08/09/2023	SAC to link the delivery plan with the development of Operational Plan and Strategic Plan moving forward	SAC	Open	31/03/2024		Linked to approval of Strategic priorities also aligned with WHC financial position end of March 24 28/03 - AB working on operational plan

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

Item 4

Chairs Update

VERBAL

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

Item 5

Managing Directors Update

VERBAL

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

Item 6

Quality, Workforce, Performance, Finance & Infrastructure Highlight Report

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

Wiltshire Health and Care Board**For information****Subject: Quality, Workforce, Finance, Performance and Infrastructure Report****Date of Meeting: 3 May 2024****Author: Sara Quarrie, Niamh Hughes, Nikki Rowland, Lisa Haywood, Victoria Hamilton****1. Purpose**

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

Quality

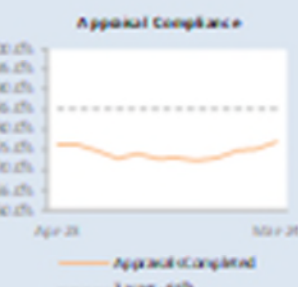
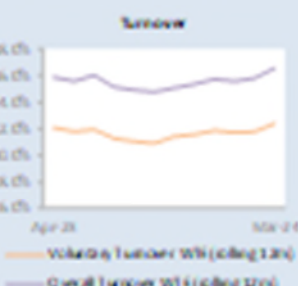
1.1 From analysis of this information and triangulation with other sources of information and intelligence, the following issues are highlighted in relation to the quality of services:

ADVISE		
B	ADVISE TO THE BOARD	See QAC highlight report
ALERT		
B	ALERT TO THE BOARD	See QAC highlight report
ACTION		
B	ACTION FOR THE BOARD	Nil

Workforce

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



Leaving reasons

Having less than 10 days notice

Wanted to leave	27.8%	▼
Resignation	36.3%	▲
Redundancy	30.2%	▲
Retirement	9.2%	▲
Reassignment	6.8%	▼
Retirement package	5.5%	▲

Workforce data

	WHIC	Trend (previous)	Average	NSIP	COMM	SPS	COMP
Substantive staff headcount	1,292	-8 ▼	1,276	260	628	828	95
Full-time	541	-7 ▼	545	97	238	198	62
Part-time	751	+4 ▲	729	163	390	225	33
Part-time %	58.13%	0.04% ▲	57.24%	36%	36%	6.7%	66%
WTE	1,062.66	-8 ▼	1,050.93	266	543	218	38
Flexible Workforce headcount (Bank only)	218	+8 ▲	210	-	-	-	-
Volunteers headcount	157	+7 ▲	153	-	-	-	-
Fixed term contracts	85	-1 ▼	55	6	20	15	4
Number of candidates in recruitment pipeline	32	+4 ▲	59.00	5	15	9	8
Establishment Variance (WTE)	-184.90	-4.2 ▼	-	-4.2%	-10.3%	-36.3%	-104.7
Vacancy %	14.83%	0.26% ▲	-	1.19%	15.4%	11.4%	11.6%
Starters	16	+8 ▲	19	4	9	2	1
Leavers	22	+2 ▲	17	5	10	5	2
% Voluntary Turnover (WTE) - rolling year	12.39%	+0.36% ▲	-	20.0%	30.6%	30.2%	13.4%
% Total Turnover (WTE) - rolling year	16.54%	+0.30% ▲	-	26.3%	34.9%	34.7%	15.4%

Flexible Workforce and Agency

	WHIC	Trend (previous)	Average	NSIP	COMM	SPS	COMP
Flexible Workforce WTE **	60	+8 ▲	55	12.8	13.2	90	0.8
Flexible Workforce usage (hrs unit)**	9,791	+61.7 ▲	9,980	5,328	2,996	1,498	42
Agency WTE **	53	+2 ▲	58	11.4	1.6%	1.1	0.4
Agency usage (hrs unit)**	8,559	+27.1 ▲	9,479	6,084	2,731	1.7%	90

Learning and Development

	Target	WHIC	Trend (previous)	Average	NSIP	COMM	SPS	COMP
Appraisals	98%	76.9%	+1.7% ▲	74.3%	34%	27%	30%	34%
Corporate Induction	98%	91.6%	+0.2% ▲	89.6%	36%	30%	94%	94%
Local Induction	98%	82.1%	-0.1% ▼	83.4%	30%	34%	33%	30%
Mandatory Training	98%	84.5%	+0.4% ▲	83.2%	36%	30%	33%	31%
Role Specific Training	98%	82.4%	+1.0% ▲	78.2%	37%	34%	34%	36%

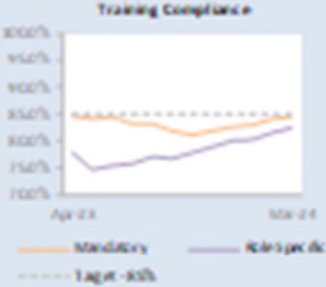
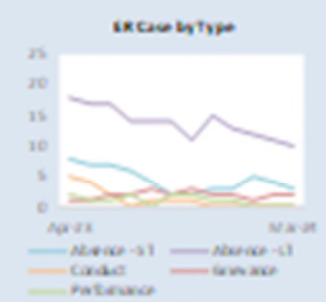
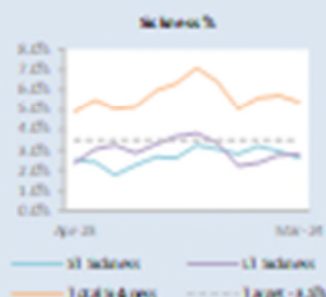
Human Resources

	Target	WHIC	Trend (previous)	Average	NSIP	COMM	SPS	COMP
Professional Registration lapsed	0	0	0	0	0	0	0	0
Live ER cases	15	15	-2 ▼	22	6	7	7	0
Long term sick	22	22	-4 ▼	31	8	11	8	0
% staff sickness	4.3%	5.41%	+0.31% ▼	5.64%	3.3%	5.3%	2.9%	23.4%
Short term	2.61%	2.61%	-0.16% ▼	2.28%	1.8%	3.3%	1.8%	10.6%
Long term	2.80%	2.80%	+0.05% ▲	3.36%	1.5%	2.0%	1.1%	12.8%
Sickness costs	£187,955	£187,955	+61.7% ▲	£181,535	45,544	41,014	4,228	4,904
Flu vaccination	67.0%	67.0%	-	67.0%	5.1%	49.4%	54.4%	90.4%

Recruitment KPI's

	Target	WHIC	Trend (previous)	Average	NSIP	COMM	SPS	COMP
Offer to Pre-emp. Checks Complete	< 21	23	-4 ▼	30	10	20	20	17
Offer to Start Date	< 30	44	-8 ▼	53	62	47	46	64
RAP to Start Date	< 30	67	4 ▲	83	91	71	71	44

KEY: ▲ = Better than target, ▼ = Worse than target, ● = On target, ○ = Not on target
 NSIP - NSIP Services & Role, COMM - Community Services, SPS - LIC & Specialist Services, COMP - Copied to Services



Sickness reasons (if not specified)

Anxiety/Depression	26.4%	▲
Cold, cough, flu	12.4%	▲
Other non-physical problems	9.7%	▲
Chronic respiratory problems	8.2%	▼
Musculoskeletal problems	7.0%	▼
Tumours, cancer	6.2%	▼

Average - using rolling 12 months data
 ** - includes rates of 0 only

Finance

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

ADVISE		
B	ADVISE TO THE BOARD	Separate Finance Report sets out the financial position for the end of the financial year in part 2
ALERT		
	ALERT TO THE BOARD	Separate Finance Report sets out the financial position for the end of the financial year in part 2
ACTION		
B	ACTION FOR THE BOARD	Separate Finance Report sets out the financial position for the end of the financial year in part 2

Performance

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

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

Infrastructure

1.5 The following issues are highlighted in relation to infrastructure:

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

2. Recommendation

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

Wiltshire Health and Care Executive Committee

For information

Subject: WHC 2024-appraisal and revalidation compliance for medical and consultant practitioner

Date of Meeting: 24 January 2024

Author: Dr Chris Dyer, WHC Medical Adviser

Executive Sponsor Sara Quarrie, Director of Quality, Professions and Workforce

1 Purpose

To provide assurance to the Exec Committee and Quality Assurance Committee of mechanisms in place to ensure the safety of the practice of medical and consultant practitioner staff employed by WHC.

2 Background

As part of yearly governance assurance mechanisms WHC's medical adviser completed a paper on the appraisal and revalidation compliance for medical and consultant practitioner practice.

3 Discussion

3.1 Medical

Please see attached paper: "Quality Assurance regarding Appraisal and Revalidation Wiltshire Health and Care April 2024".

3.2 Consultant practitioner

As per the Extended Practice Policy the Medical Adviser has implemented quarterly medical supervision meetings with inpatient Consultant Practitioners to provide assurance to WH&C and support their appraisal and revalidation.

	Q3 supervision	Q4 supervision [scheduled]	Start date in position	Appraisal date	Professional registration	Revalidation due	Registration due
Paul Jones	22/11/24	31/01/24	07/08/2023	None recorded	NMC	30/06/25	30/06/2024
Gary Cleeve	27/11/23	26/2/24	01/04/2023	None recorded	NMC	30/09/26	30/09/24
Craig Marshall-Aherne	27/11/23	26/2/24	01/06/2023	01-Jul-22	NMC	31/10/25	31/10/24
Donna Little	01/11/23	07/02/24	01/04/2023	None recorded	NMC	30/09/26	30/09/24

An addition has been made to the policy, rectifying a gap identified in late 2023 so that the Consultant Therapist has the same assurance mechanisms as the inpatients with quarterly medical supervision meetings being scheduled:

	Q3 supervision	Q4 supervision [scheduled]	Start date in Position	Appraisal date	Professional registration	Revalidation due	Registration due
Sam Olden	Not yet commenced	07/02/24	01/02/2023	06-Feb-23	HCPC	n/a HCPC	30/04/24

Heart failure Consultant Practitioner has provided evidence of assurance¹:

	2023/24 Supevision	Start date in position	Appraisal date	Professional registration	Revalidation due	Registration due
Rebecca Hyland	Attends weekly MDTs with Dr Jackson from SFT, but also links in with Dr Foley (GWH) and Dr Watkinson (RUH) depending on the geography of the patient involved.	08/06/2023	31-Aug-23	NMC	31/01/2027	31/01/2025

NHS@Home formal medical supervision capacity remains unclear, with multiple informal and formal requests for funding to be released to facilitate appropriate clinical supervision for their speciality.

	Q3 supervision	Q4 supervision [scheduled]	Start date in position	Appraisal date	Professional registration	Revalidation due	Registration due
Mandy Waldon	Not yet established	Not yet established	02/01/2023	None recorded	NMC	30/11/2024	30/11/2024
Vivian Zinyemia	Not yet established	Not yet established	06/03/2023	None recorded	NMC	28/02/2025	28/02/2025
Phillipa Nash	Not yet established	Not yet established	01/12/2023	None recorded	NMC	28/02/2026	29/02/2024
Lucy Lewis	Not yet established	Not yet established	01/01/2023	None recorded	NMC	28/02/2027	28/02/2025
Nichole Edwards	Not yet established	Not yet established	12/12/2022	None recorded	NMC	30/09/2026	30/09/2024
Shelley Ripper	Not yet established	Not yet established	09/03/2023	None recorded Leaves 6/2/24	NMC	31/03/2026	31/03/2024
Emma Hanrahan	Not yet established	Not yet established	27/02/2023	28/06/2021	NMC	31/05/2025	31/05/2024
Carol A Langley-Johnson	Not yet established	Not yet established	07/11/2022	23/07/2018	HCPC	n/a HCPC	30/04/24
Rachel L Jackson	Not yet established	Not yet established	07/11/2022	None recorded	HCPC	n/a HCPC	30/04/24

Please note all Trainee Consultant Practitioners have all an allocated supervisor to support their developmental pathway to consultant practice.

4 Recommendation

The Committee is invited to:

¹ Required assurance as per the policy is Heart Failure Community: This involves MDT meetings with consultant cardiologists from the acute Trusts; cases are discussed which enables appropriate management, oversight and onwards referral as required.

(a) Accept this paper as incomplete assurance of the revalidation, appraisal and medical supervision of the medical and consultant practitioner workforce.

(b) Agree next steps to support assurance including adding a new risk to the risk register regarding incomplete assurance of the medical and consultant workforce in WHC.

Impacts and Links

Impacts	
Quality Impact	Yes
Equality Impact	N/A
Financial implications	Yes – supervision of NHS@Home and HF CPs
Impact on operational delivery of services	Yes
Regulatory/ legal implications	Yes
Links	
Link to business plan/ 5 year programme of change	Safe services
Links to known risks	None
Identification of new risks	Yes - new risk to the risk register regarding incomplete assurance of the medical and consultant workforce in WHC.

**Quality Assurance regarding
Appraisal and Revalidation
Wiltshire Health and Care
April 2024**



Annual Report

Section 1 – General:

1. An Annual Organisational Audit (AOA) for this year has been submitted.

The RUH conducts audits of appraisal which includes medical appraisals conducted by WH&C (1 appraisal)

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Yes - this is role undertaken by the Royal United Hospitals (RUH), Bath RO, Dr Andrew Hollowood.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Yes: Currently only one doctor has a prescribed connection with WH&C (via RUH) and is up to date with her regular annual appraisal.

One other doctor is employed regularly part-time to work in WH&C community hospitals, but her RO is in primary care as she is a GP.

5. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

This is delegated to RUH Bath with whom WH&C has a contractual arrangement.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

The RUH has its own system of compliance, WH&C has a contract with RUH to provide appropriately compliant services for revalidation.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

WH&C has a contract with one local practice (Rowden surgery) in Chippenham to provide medical services to Chippenham Community Hospital. The medical support is 13 hours per week and is provided by GPs working at these practices. All GPs are required to keep up with their annual appraisal as part of their revalidation.

WH&C employs locum doctors from medical agencies on an ad hoc basis to cover gaps in provision in our community hospitals. Their CV and details confirming registration is scrutinised either by a clinician (Consultant nurse practitioner) or the manager for the inpatient service.

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

The doctor with a prescribed link to WH&C (0.4WTE) has had annual appraisals and the next one is booked in for February 2024 and her next revalidation date of is 19.01.2028.

The appraisals cover the whole scope of practice, including complaints, significant events and clinical outcomes.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

N/A

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

The RUH has a fully compliant process.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

The RUH has a list of appraisers including Dr Dyer, but each appraisee can only have the same appraiser for 3 years.

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

Yes, currently Dr Dyer is a Medical Appraiser and complies with the mandatory training offer at RUH as all appraisers must do.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Yes, this is contracted to RUH and reported to the relevant Board committee.

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

Yes, this is undertaken by RUH and one meeting per year takes place with the GMC liaison officer where WH&C doctor(s) specifically are discussed.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Yes, there is a solid system for this.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Dr Dyer holds a weekly virtual meeting with the doctors and all Consultant Practitioners / nurse practitioners to discuss clinical and governance issues. All clinical staff are expected to attend their own governance meetings or read the minutes if they are unable to attend in person.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Yes

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Yes

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors².

As a small organisation with only one prescribed doctor this is done on an individual basis

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation³.

Yes, this would be initiated by Dr Dyer through the RO for RUH (Andrew Hollowood). We do have locum doctors and GPs who are contracted to work

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

for WH&C and are subject to their own regulation, and if there was an issue DR Dyer would flag to the local GMC liaison officer.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Yes

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Yes

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- WH&C can be assured that there is a proper process for the appraisal and revalidation of its prescribed doctor and any future appointments.

Name: Christopher Dyer

Role: _ Consultant Geriatrician and Medical Advisor, Wiltshire Health and Care, and RUH Bath Date: _ 15/01/2024

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

Item 7

DRAFT Operational Plan

PAPER

Wiltshire Health and Care Operating Board**For decision****Subject: Wiltshire Health and Care Operating Plan 2024-25****Date of Meeting: 03 May 2024****Author: Andrea Benham, Corporate Governance Lead and Company Secretary****1. Purpose**

The purpose of this paper is to present the draft Operating Plan 2024-25.

2. Background

For the last five years, WHC has produced a Delivery Plan – a published plan setting out a range of objectives that it will pursue in the upcoming financial year. This has been used to communicate with our staff and stakeholders in order to establish an agreed understanding of our goals. The plan has previously been updated each year on a rolling basis and reported on at regular intervals through the Operating Board.

In 2023-24, the Board agreed to review this approach and evolve the Delivery Plan into a broader annual operating planning cycle. This will enable us to triangulate our planned activity and performance, financial plans and workforce in order to deliver on our contractual commitments coupled with objectives for the coming year. The aim is that this approach will build a more holistic view upon which we can then engage staff and stakeholders and monitor delivery.

Alongside this, we will be looking to develop a longer-term Clinical Services Strategy during 2024-25. This will articulate our longer-term strategic aspirations for how community services should be managed and developed into the future. It will align to and be reflective of the wider Integrated Care Board (ICB) Strategy and will inform future iterations of our operating plans.

3. Operating Plan

The Operating Plan 2024-2025 pulls together our activity, performance, workforce and financial plans for the next 12 months into a single document.

As acknowledged in the plan, the 2024/25 year is likely to be especially transformative for us. The ongoing procurement of a single Community Services contract across Bath, Swindon and Wiltshire will have a direct impact on Wiltshire Health and Care and its future form. The plan is reflective of this – it focuses on what our core contractual requirements are for the coming year as well as key workstreams which we have identified for ensuring that we are best placed as an organisation for the outcome of the procurement process and smooth transition to new arrangements.

The plan is currently in draft form for comment and review by the Board. It is proposed that, following agreement on the plan, it will be finalised and a summary version also developed which can be used to communicate and engage with staff.

4. Recommendation

The Operating Board is asked to approve the draft Operating Plan 2024-25.

In producing this paper, the author has given due care and attention to creditors and has considered the Going Concern of Wiltshire Health and Care

Impacts and Links

Impacts	
Quality Impact	The Operating Plan includes a Quality section, linking in with our annual quality accounts and priority setting process.
Equality Impact	The Operating Plan sets a commitment to engage with a wide representation of the communities that we serve, including through accessible channels with our patients and public. It also sets out that we will work with the ICS and partners to further understand our patient population in reference to the Core20Plus5 approach.
Financial implications	The Operating Plan sets out a summary of the 23-24 outturn position and 24-25 budget
Impact on operational delivery of services	The Operating Plan sets out the high-level service commitments for 24-25
Regulatory/ legal implications	Click here to enter text
Links	
Link to business plan/ 5 year programme of change	The Operating Plan looks to align with the wider BSW ICS Integrated Care Strategy and Implementation Plan
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text



DRAFT Operating Plan | 2024-2025



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Introduction

At Wiltshire Health and Care (WHC), we are passionate about delivering high-quality services that enable our local population to live independent and fulfilling lives for as long as possible. As a cornerstone of the local healthcare system, our services deliver a wide range of preventive, rehabilitative, and supportive interventions, tailored to meet the diverse needs of our patients.

The purpose of this document is to set out WHC's operating plan for 2024-25. It presents our activity, performance, workforce and financial plans in a single document to ensure they are aligned to each other and reflect our commitments for the next 12 months.

The 2024-25 year is likely to be especially transformative for us. The ongoing procurement of a single Community Services contract across Bath and North East Somerset, Swindon and Wiltshire (BSW) will have a direct impact on WHC and its future form. The plan is reflective of this. It focuses on what we will be delivering and our commitments this year to ensure we are best placed as an organisation for the outcome of the procurement process and the smooth mobilisation and transition to new arrangements.

Alongside this, we will be developing a new Clinical Services Strategy which will articulate our longer-term strategic aspirations, detailing how we will manage and develop our community services into the future. It will align to the wider BSW Integrated Care Board (ICB) Strategy and will inform future iterations of our operating plans.

Our plan is also reflective of national priorities including those set out in the national planning guidance issued in March 2024. For 2024-25, key priorities for us include:

- Improving waiting times, with a focus on reducing long waits
- Delivering a breakeven financial position for 2024-25
- Continuing work on Patient Initiated Follow Up (PIFU) to support a self-management approach



Context

Wiltshire encompasses over 500,000 people living across large and small towns, villages, and rural areas. Whilst the area as a whole is considered one of the 'least deprived' in England, we know that this masks pockets of deprivation and inequality and that approximately 3% of our population live in areas considered 'most deprived'.

WHC is committed to working with our health system partners to build a shared understanding of health inequalities and focus on our Core20Plus5 population to consider how we best develop inclusive and accessible services for all. In Wiltshire, this includes a focus on our routine and manual workers, rural areas and Gypsy, Roma, Boater and Traveller communities. We also know that, across Wiltshire, we are expecting our residents over 65 years of age to increase by 43% by 2040 and our over 85s population to rise by 87%. This will impact on the demands and way we design our services.

More broadly, it continues to be an incredibly challenging time for the whole of the health and care system. Within the NHS, we continue to see increasing demand for services, constrained budgets and the need to deliver efficiencies without compromising on the quality of our care. This landscape means a further challenging year ahead for WHC with national uplifts not fully covering inflationary demands, non-recurrent funding diminishing and limited growth funding available.

All of this requires us to think differently as we plan for the future. This means driving innovation and service re-design, maximising the impact of our funding and continuing to build on our collaborative relationships with partners from across the system to deliver person-centred, seamless care to patients. Ultimately, we are focused on developing sustainable services that will best meet the needs of our population into the future.

This will only be achieved by staying true to the core values that drive WHC. These values will be the golden thread interwoven across our activities and reflected in everything that we do.



Strategic context

Whilst this Operational Plan captures the key actions (the ‘what’) that we will be focusing on in 2024-25, it is important to frame it within the wider strategic context.

The BSW ICB Integrated Care Strategy sets out the overarching ambition of our partners working across health, social care, voluntary and other sectors. The stated BSW vision (the ‘why’) is to ‘listen and work effectively together to improve health and wellbeing and reduce inequalities’.

As a key partner to the BSW ICB, WHC is focused on delivering our part. Alongside our own WHC values, the objectives set out in the ICB Strategy will guide the way in which we design and deliver our services:

- A focus on prevention and early intervention
- Fairer health and wellbeing outcomes
- Excellent health and care services

And whilst our Clinical Services Strategy will articulate our own strategic direction in more detail, we have already begun to identify the key priorities we want to focus on at WHC, set out on the right of this page.

Ensure our staff have a great place to work

- The right people with the right values, capacity and capability to deliver our ambitions.
- Provide good facilities with access to the right tools and equipment for the job
- Reward staff, provide increased flexibility with opportunities for research & personal development to continually improve and innovate quality of care.

Improve the quality of care that we provide

- We meet Adult & CYP needs first, keep them free from harm, enhance patient recovery and provide excellent care throughout life.
- Excel and demonstrate best clinical practice across our clinical services.
- We put the user’s experience at the centre of everything we do, ensuring we support the needs of diverse population and tailor individual needs.
- We will achieve better outcomes for our users, continuously learn and improve, address issues raised by CQC/service reviews/feedback.
- Lived experience of users will help shape development of our services.

Deliver a better patient journey and experience

- Streamline our own processes and work with partners to minimise time taken to receive care, right staff and facilities available at the right time.
- Support model of care closer to home, be more locally responsive & increase our capacity and availability.
- Promote delivery of care in partnership with our Neighbourhood Collaboratives.

Ensure seamless patient pathways with our partners

- Ensure our users receive joined-up care from every partner underpinned by digital enablement & shared personalised outcomes.
- Improve connection and access through cohesive coordination hubs.
- Make the most of the opportunities presented by regional networks to share learning and develop together to extend overall capacity and capabilities that support clinical leadership and delivery.
- Focus on improving the health and emotional well-being of every member of our population providing equitable access and standards of care aligned with social care and partners ensuring implementation at a local level.

Make our community services more sustainable

- Deliver maximum value for every pound spent using all our resources optimally to address the greater needs of our population.
- Champion digital transformation requirements to become a digitally connected community provider enabled to compete for national and system funding.
- Embrace the zero-carbon agenda and act in an environmentally responsible way to deliver community-based services.

Enhance the wider health & wellbeing of our communities


- With our partners, ensure that Bath, Swindon and Wiltshire is a great place to grow up in, to work in, to raise a family in and to grow old in.
- Fully participate in and advocate the development of population health management addressing the wider determinants of health & wellbeing.
- Provide holistic support to ensure a vibrant regional economy.
- To promote prevention and keeping well within our communities and consider how we can reduce health inequalities.








Service Commitments








WHC is responsible for the delivery of adult community health services across Wiltshire, some of which also provide care and treatment to children. We have a broad range of agreed Key Performance Indicators (KPIs) which form the basis of our contract management framework with the ICB. These KPIs reflect the service specifications we are operating to and capture both national and locally agreed targets and statutory obligations. The below sets out, at a high level, our key contractual service commitments for 2024-25:








Alongside the commitments set out in the table below, we will be maintaining an overarching service delivery focus in 2024-25 on:

- Ensuring our referral to treatment in under 18 weeks (incomplete waits) is 92% or less for all applicable services
- Improving our waiting times, with a focus on reducing long waits to meet our service targets
- Continuing to develop and roll out use of Patient Initiated Follow Up (PIFU) to support a self-management approach and effective case load and appointment management

Service Area	Overview	Target	
 <p>Community Beds</p>	<p>Providing adults with care, treatment and rehabilitation services in our three hospital sites, Chippenham, Savernake and Warminster.</p> <p>The Community Hospitals are:</p> <ul style="list-style-type: none"> ■ Chippenham Hospital – Cedar Ward: 17 beds, Mulberry Ward: 20 beds ■ Savernake Hospital – 30 bed capacity ■ Warminster Hospital – Longleat Ward: 27 bed capacity 	■ NEWS assessment within 1 hour of admission	≥95%
		■ Falls assessment within 2 hours of admission	≥95%
		■ Pressure Ulcer assessment within 6 hrs of admission	≥95%
		■ MRSA screening within 24 hrs of admission	≥95%
		■ Dementia screening within 24 hrs of admission	≥90%
		■ Nutritional assessment within 24 hrs of admission	≥95%
		■ VTE assessment within 24 hours of admission	≥95%
		■ VTE prophylaxis given	≥95%
		■ Average Length of Stay - Cedar, Longleat and Savernake wards	≤20 days
		■ Average Length of Stay - Mulberry ward	≤30 days
		■ Midday discharges	≥50%
		■ Weekend discharges	≥15%
■ Discharges to usual residence	≥75%		

 <p>Community Teams</p>	<p>Providing holistic care to patients, carers, and families. The Community Team provision also incorporates: Home First, Overnight Nursing, Urgent Care, End of Life Care, and Enhanced Health in Care Homes.</p>	<ul style="list-style-type: none"> ■ Urgent Community Response within 2 hours ■ End of life patients dying in preferred place ■ Reablement – at home 91 days after Home First 	<p>≥70%</p> <p>≥90%</p> <p>≥86%</p>
 <p>Stroke, Neuro & ESD</p>	<p>Providing assessment, advice, support, management and/or rehabilitation to adults with acquired or long-term neurological conditions.</p>	<ul style="list-style-type: none"> ■ Supply an action plan against each domain of the SSNAP where performance is a Level C or lower. 	<p></p>
 <p>Speech & Language Therapy</p>	<p>Providing a wide range of expertise for patients with different types of communication and swallowing difficulties.</p>	<ul style="list-style-type: none"> ■ Referral to treatment within agreed times 	<p>≤ 18 wks</p>
 <p>Minor Injury Unit (MIU)</p>	<p>Providing minor injury treatments for patients in Chippenham and Trowbridge.</p> <ul style="list-style-type: none"> ■ Chippenham MIU operates 08:00-20:00 ■ Trowbridge MIU operates 8:30-16:00 	<ul style="list-style-type: none"> ■ Arrival to departure in 4 hours or less ■ Patients who leave without being seen (LWBS) ■ Patients transferring to acute services 	<p>≥95%</p> <p>≤1.9%</p> <p>≤4.7%</p>
 <p>Continenence</p>	<p>Providing specialist clinical assessments, advice, and treatment related to continence.</p>	<ul style="list-style-type: none"> ■ Urgent referral to treatment in under 1 week 	<p>≥95%</p>
 <p>CTPLD</p>	<p>Supporting people over 18 years old with learning disabilities who require support with a health need.</p>	<ul style="list-style-type: none"> ■ Referral to treatment within agreed times ■ Urgent assessments within agreed times 	<p>≤ 18 wks</p> <p>≤ 72 hrs</p>
 <p>Tissue Viability Nurse & Lymphoedema</p>	<p>Managing patients with complex or compromised skin integrity or leg ulcers as well as providing non-palliative lymphoedema care.</p>	<ul style="list-style-type: none"> ■ Lymphoedema - routine referral to treatment within 6 weeks ■ Lymphoedema - urgent referral to treatment within 1 week 	<p>≥95%</p> <p>≥95%</p>

 Diabetes	<p>Providing specialist and complex support and education in the community. Caring for those living with all types of diabetes and aim to optimise all aspects of diabetes management so that people can live independently.</p>	<ul style="list-style-type: none"> ■ Routine referral to treatment within 8 weeks ■ Urgent referral to treatment within 2 weeks 	<p>≥92%</p> <p>≥92%</p>
 Dietetics	<p>Supporting people to make dietary changes to prevent and treat a range of nutrition related diseases.</p>	<ul style="list-style-type: none"> ■ Referral to treatment within agreed time 	<p>≤ 18 wks</p>
 Podiatry	<p>Providing specialist and general interventions for high-risk foot health, nail surgery and musculoskeletal podiatry services.</p>	<ul style="list-style-type: none"> ■ Referral to treatment within agreed time 	<p>≤ 18 wks</p>
 Physio, MSK, Orthopaedic Interface Service & USGI	<p>Providing a comprehensive service for the assessment, diagnosis, and management of musculoskeletal (MSK) conditions.</p>	<ul style="list-style-type: none"> ■ Orthopaedic Interface - routine referral triage to treatment within 8 weeks 	<p>≥85%</p>
		<ul style="list-style-type: none"> ■ Orthopaedic Interface - urgent referral triage to treatment within 4 weeks 	<p>≥85%</p>
		<ul style="list-style-type: none"> ■ Outpatient physiotherapy - routine referral to treatment in 8 weeks 	<p>≥80%</p>
		<ul style="list-style-type: none"> ■ Outpatient physiotherapy - urgent referral to treatment in 2 weeks 	<p>≥80%</p>
 Orthotics	<p>Providing functional orthoses and specialist footwear to support a person's activities of daily living, prevent wounds and support function/mobility.</p>	<ul style="list-style-type: none"> ■ Delivery of equipment/service within agreed timescales 	<p>≤ 18 wks</p>
 Wheelchairs	<p>Providing specialist assessment, prescription, issue and ongoing review of wheeled mobility, pressure care and postural equipment, determined by eligibility. Also provides in-house delivery and ongoing repair service.</p>	<ul style="list-style-type: none"> ■ Delivery of equipment within agreed waiting times 	<p>≤ 18 wks</p>
 COPD / PACE	<p>Providing specialised support for patients with complex chronic lung disease, including a structured education and exercise programme as Pulmonary Rehabilitation and the Wiltshire Home Oxygen service for respiratory and heart failure patients.</p>	<ul style="list-style-type: none"> ■ No. patients receiving PACE assessment in under 8 weeks of referral 	<p>80%</p>

 Fracture Clinic	Providing a complete follow-up service with specialist orthopaedic clinicians. It allows patients to be seen at their local community hospital or receive a telephone consultation.	<ul style="list-style-type: none"> Number of referrals 	
 Intensive Rehab Service within PW2 Hubs	Working with the relevant providers of additional care to provide holistic assessment, supporting the system to function effectively.	<ul style="list-style-type: none"> Average length of stay % discharges with EDD recorded 	≤ 21 days ≥95%
 Post Covid Syndrome Assessment Clinics	Helping people who continue to have symptoms related to a COVID-19 infection after 12 weeks. They identify what symptoms and how these affect their day to day and support people to learn how to manage these symptoms to improve their quality of life.	<ul style="list-style-type: none"> Waiting times within national targets Routine assessment following triage Urgent assessment following triage Rehabilitation underway following assessment 	≤ 6 wks ≤ 4 wks ≤ 2 wks ≤ 6 wks
 NHS@Home	Supporting patients who would otherwise be in hospital to receive acute care, monitoring and treatment they need at home. Including either preventing avoidable admission to hospital or supporting early discharge out of hospital.	<ul style="list-style-type: none"> Targets to be agreed with ICS in 2024-25 (including capacity, occupancy and average length of stay) 	
 Patient Flow and Acute Trust Liaison	Providing a single point of referral for all discharge pathways one to three by working in collaboration with health and social care colleagues as part of the integrated transfer of care hub team.	<ul style="list-style-type: none"> Assessed and discharged from hospital on the right pathway Attrition of referral to discharge 	≤ 2 days ≤ 30%
 Heart Failure Service	Providing diagnostic and chronic disease management care to people living with heart failure, including assessment of suspected heart failure, providing heart scans and delivering evidence-based care.	<ul style="list-style-type: none"> Routine referral to treatment within 6 weeks: Urgent referral to treatment within 2 weeks: 	≥90% ≥90%
 Cardiac Diagnostics	Providing a community cardiac diagnostic service, including echocardiography, electrocardiography, and ambulatory monitoring for suspected heart failure.	<ul style="list-style-type: none"> Routine referral to treatment within 6 weeks: Urgent referral to treatment within 2 weeks: 	≥90% ≥90%

Recovery & Sustainability Programme

As WHC continues to engage with the procurement process for the Community Services contract beyond 2024-25, our overarching ambition this year is to set the course, stay focused on delivering our core service commitments and the continued provision of safe and effective services. This will allow us to target our capacity effectively around what is most important and ensure we are well placed as an organisation for the outcome of the procurement process.

Alongside this, there continues to be significant financial pressure across the health and care system and WHC is no different. To address this, WHC's Recovery & Sustainability Programme is focused on identifying efficiencies, cost improvements and opportunities to improve the sustainability and performance of our services.

2023-24 Programme

In 2023-24, a number of workstreams were realised which released savings or improved service performance. Excluding those which have been carried forward into 2024-25 (see page 11), this included:

- Delivering removal of long day agency locum cover on our inpatient wards through the onboarding of an experienced Bank General Practitioner, FYE >£100k if medical agency completely stopped and bank at levels seen in M9-12. £3,900
- Implementing stringent controls within our agency utilisation approval process. Since implementation, estimated monthly agency costs for HCSWs have fallen from a peak of £214k in Oct 23, which was significantly higher than previous months to £74k in Feb 24 as controls have been tightened (average costs for Apr–Nov extrapolated for full year is £1.62m versus outturn of £1.48m). £14,000
- 23-24 Cost Improvement Programme delivering £3,318,000 savings
- Recruitment lag / vacancies that occurred on a non-recurrent basis £2.6m



2024-25 Programme

The 2024-25 Recovery and Sustainability Programme is in the process of being developed. It brings together workstreams being carried forward from 2023-24, as well as new identified workstreams and cost improvement programmes for the next 12 months which seek to bring efficiencies, savings or improve the sustainability and performance of our services. The current identified workstreams are set out below and the PMO Team will be working during 2024-25 to develop these options and model the anticipated benefits:

Scheme	Scope
Establish work to model for inpatient nursing	Seek to address the significant use of temporary workforce across our inpatient wards and provide a staffing level (nursing, medical, therapy, pharmacy and support staff) appropriate for the increase in patient acuity and dependency, that reflects the nuance of each of our ward environments.
Trajectory reduction of Agency cost	Work within the system's parameters to comply with a ceiling for total agency expenditure, moving to procure all agency staff at or below price caps, and only using approved framework agreements to procure agency staff.
Medical Model	Consolidate the required medical staffing required across the organisation.
CIP 24/25	Identify all potential cost improvement opportunities to reduce the financial deficit.
Increased Agency Controls and IA feedback/recommendations	Consolidate the effectiveness of current agency controls in place across inpatient and community teams and explore additional processes to further tighten and reduce agency utilisation with a target to complete the plan to remove off-framework agency utilisation by July 24.
Inpatient ward consolidation	Compose criteria for community beds and develop a proposal comprised of demand and capacity modelling based on budgeted establishment.
MIU	Work with system partners to stabilise operational running of both MIUs and improve sustainability.
Community Teams Work to Model	Consolidate the 2024-25 nursing and therapy model for community teams.
Flow Hub	Align the flow hub with system wide care coordination and the exploration of single point of access possibilities.
Heart Failure and Cardiac Diagnostics	Work closely with system partners to develop and stabilise the operating model for 24/25 and enable the shaping of future model.
Long Covid Service/LTC PoC	Full scope to be developed focused on exploring the sustainability of the service.
NHS@Home	Full scope to be developed focused on exploring the sustainability of the service.
Cost Pressures	Identify and plan high-priority cost pressures required to continue safe delivery of services. This includes the investigation of spend-to-save initiatives.

Cross Cutting & Enabling Workstreams

In order to successfully deliver on the commitments set out above, we know just how important our strategic enablers are – be they relationships, technologies, tools, resources or infrastructure. Below captures key enablers and cross cutting projects taking place in 2024-25:

Joint Working

We will continue to work with our ICB and wider health system to build integrated and sustainable health and care services for the future. We are an active partner in a wide range of system facing work – both operationally (including daily system calls to support patient flow across pathways of care) and strategic (involving various forums for engaging on work including Ageing Well, Urgent Care and Flow, and Health Inequalities).

In 2024-25, we will also continue to be involved in the developing Neighbourhood Collaborative model. Aligned to the [Fuller Stocktake recommendations](#), this model builds on the vision of joined up working across a wide network of partners with the aim to improve population health and wellbeing and reduce inequality gaps in each Wiltshire neighbourhood area.

Estates

We will work with NHS Property Services during 2024-25 to deliver the required improvements to our estate at Warminster and Chippenham Community Hospitals. This includes improvements to our outpatient clinic spaces at Chippenham Hospital, scoping improvements to the outpatient clinic spaces at Warminster and replacement of our fire alarms at both of these sites.





Beyond this, we will work with the wider system to address the quality of our estate in Trowbridge. We will also continue to feed in and support the BSW Communities Together bid from an estate's perspective. This includes looking at efficiencies and options to ensure that our estate is sustainable for the future and facilitates collaborative and integrated working with our system partners.

Patient and Public Engagement

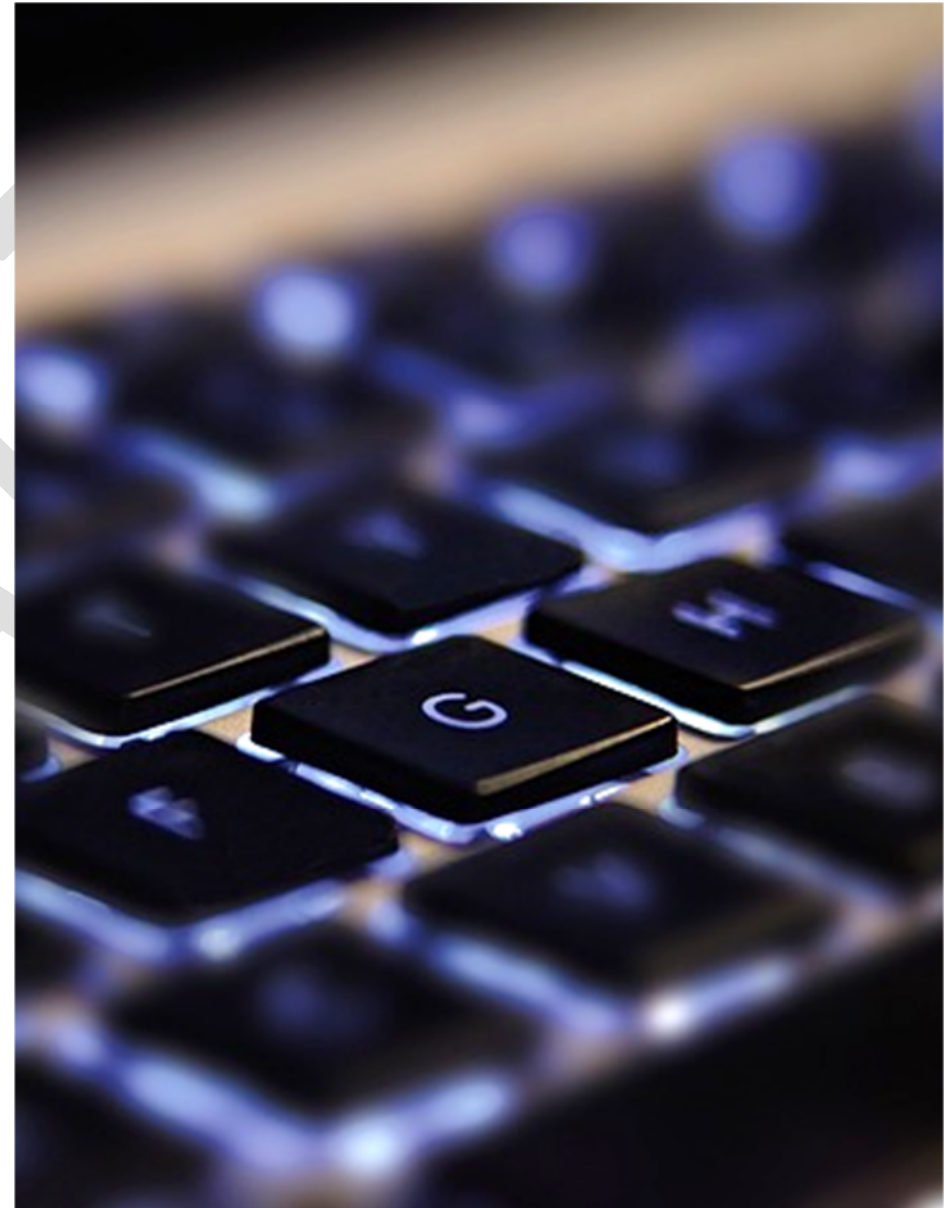
WHC is committed to actively involving service users, their friends and family, carers, staff, volunteers, our partner organisations and the public in the planning, development and evaluation of the services we provide. Our refreshed Patient and Public Involvement Strategy 2023-26 sets out some of our key commitments and priorities in this space. This includes:

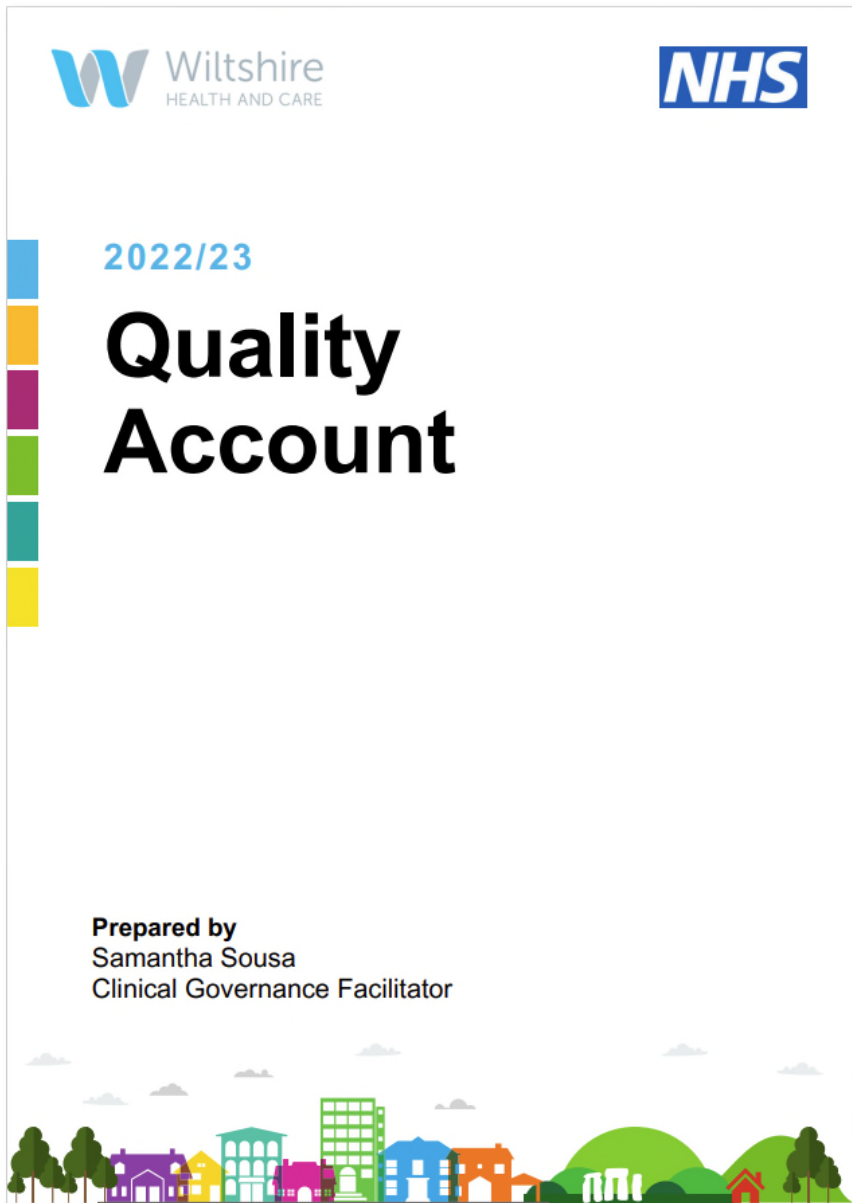
- Improving the Friends and Family Test response rate, supporting teams with low number of responses to more actively promote the survey and improve the levels of feedback we receive. Our ambition is to achieve an overall 5% return rate and then improve on this each year.
- Continuing to embed the Patient and Public Involvement Group (PPIG) as well as link in with wider organisations and community groups and the BSW ICS Engagement Network
- Embracing new ways of collecting feedback and providing everyone opportunities to tell us what they think, including:
 - Actively engaging with a wide representation of the communities we serve, including seldom heard groups.
 - Creating child friendly ways of providing feedback and conducting focussed engagement work within the services that children and young people access.
 - Working with the ICS and partners to identify and understand our population in reference to the Core20Plus5 approach and how we best engage with these cohorts.

Digital Programme

WHC has been on a significant digital transformation journey in recent years and our refreshed priorities build on this, unlocking further efficiencies and improvements and reviewing our arrangements to ensure we are ready for the new community care arrangements in 2025. Key priorities for 2024-25 include:

- **Digital Care:** Improving the configuration and utilisation of the Electronic Patient Record (SystemOne) system by Community Nursing and Therapies teams which reduces the burden on clinical staff to record unnecessary data and capture more patient-centred care plans whilst ensuring the relevant data is captured in a logical and safe way.
- **Future Business Intelligence and Population Health Analytics:** The software WHC currently relies on to generate statutory and operational reporting (Business Objects) is outdated and running on infrastructure which is end of life. Work is needed to identify and confirm an alternative solution for generating the necessary reports and data WHC relies on.
- **Collaborative IT Services:** Limited specialist IT resources available to WHC mean it has been challenging to deliver some services without support of high value third party contracts. Current services provided by these partners will need to migrate into a BSW-wide collaborative arrangement. This will provide IT support at scale and deliver the flexibility and breadth of services that are required to run a modern community health service. WHC will review the services provided by third parties in order to plan effectively for the safe and secure exit from these arrangements when appropriate.
- **Collaboration Tools:** This programme of work is focused on delivering more accessible collaboration tools, leveraging existing resources (such as Microsoft SharePoint), improvements in efficiency and patient experience through the development of modern communication systems including IP telephony, virtual consultations and support to mobile working.





Quality

We are committed to providing safe, effective, high-quality care to our patients and placing their health and wellbeing at the heart of our service planning and delivery. Our quality priorities for 2023/24 were developed through reflecting on quality improvements that have been achieved to date, what our patients and the public are telling us, alignment with our organisational plans and the continual process of checking against quality and performance data, best practice, clinical evidence, and national guidance. 2023-24 priorities were:

- Review Decontamination Lead arrangements to ensure compliance with the Infection Prevention and Control Code of Practice
- Robust, proportionate implementation of Patient Safety Incident Response Framework (PSIRF)
- Pressure ulcers - The Key Performance Indicators (KPIs) will be determined following the publication of the BDO audit
- Inpatients - Missed medication incidents
- Ensure patients receive their medication at the prescribed time
- Community - Reduction of harm caused by insulin, safe administration and management of insulin
- Implementation of Liberty Protection Safeguards (LPS)

The 2023-24 Quality Accounts will be published by 30th June 2024. This will report on the quality of services we offered during 2023-24, progress on delivering the priorities set out above and the refreshed priorities for 2024-25.

Care Quality Commission (CQC) Action Plans

The CQC visited WHC in 2023, following which we received an overall rating of Requires Improvement. In response to this, we developed a 'Must Do' and 'Should Do' action plan. The CQC have welcomed our action plans as a comprehensive response to their feedback and we will be continuing work in 2024-25 to complete the final remaining actions on the 'Must Do' list and move on to delivery of the 'Should Do' action plan. Progress on these action plans is reported regularly through both Executive Committee and Quality Assurance Committee.

Workforce

WHC is nothing without its people – people who bring their heart and head to work, people who care, people who work as a team and people who enjoy their work. The NHS Long Term Workforce Plan establishes a focus on ‘training, retaining and reforming’ in order to ensure the NHS has the workforce it needs for the future. Our own commitments are reflective of this, and the below table sets out WHC’s workforce priorities for 2024-25:

Area	Scope	Target
Agency Spend	Reduce agency spend in-line with price cap and pan regional targets and timelines.	Registered Nursing paid at cap rates by 1 st July 2024.
		Alignment to price limit for specialist roles: ENP and Band 2/3 (to be decided at regional level).
		Removal of off-framework agency for roles paid at cap.
Recruitment and Retention	Ensure targeted recruitment to fill roles substantively to reduce reliance on agency usage. Stabilise turnover to improve retention, stabilise the workforce, retain organisational knowledge, increase efficiency, and reduce our costs.	Recruitment campaigns focussed on hard to recruit roles.
		Time to hire (RAP-> Start Date) <= 100 days
		Turnover <= 15% This notes historic rates and the impact of change programmes through 24/25 that can see an increase in turnover.
		Align with the new NHSE Preceptorship Framework to support recruitment and retention of newly qualified staff.
Change Management	Lead and support on workforce organisational change initiatives.	Manage workforce implications as a result of the Community Services procurement process.
		Enable and lead on Recovery Programme workforce initiatives.
Talent Pipeline	Development and training opportunities that target high-risk roles and teams to enable a talent pipeline.	Action plan created in conjunction with Education, Workforce and Operational teams to address high-risk roles and teams.
		All funding for training is accessed and utilised with requests via sign-off processes to ensure spend is optimised.
		Review utilisation of the apprenticeship role to address current and future gaps in workforce.
Learning and Development	Support our workforce to have the skills and knowledge needed to deliver the right care for our patients. Grow our future workforce including students, apprenticeships, return to practice and continuing professional development.	As per NHS contract, embed Professional Nurse Advocate and supervision role in WHC
		Support all learners more widely in line with the new NHSE Safer Learning environment
		Reintroduce face to face work experience to over 16-year-olds alongside virtual work experience offer.

Alongside this, we will continue to track and report on a number of workforce measures including the below key performance targets and our annual staff survey:

Workforce measures	Target
Vacancy rate	≤8%
Sickness absence	≤3.5%
Turnover	≤13%
Appraisals	≥85%
Mandatory training	≥85%
Clinical bank spend	≤5%
Clinical agency spend	≤5%



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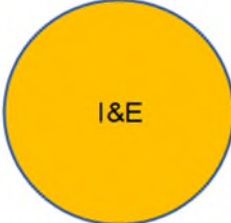
Finance

2024-25 will continue to be a financially challenging year for WHC. This is due to the national landscape WHC operates in and wider system as well as local pressures. This includes national uplifts not fully covering inflationary demands, non-recurrent funding diminishing and limited growth funding available (other than funding supporting national priorities).

2023-24 Summary Outturn

Work at the start of 2023-24 identified a risk of a ~£9m deficit for WHC. Drivers of this deficit included cessation of non-recurrent funding, unidentified efficiencies and continued unfunded agency spend. Several mitigations were identified to reduce this including reducing off-framework agency use, improving controls, and identifying additional cost improvement opportunities, with the biggest deliverable identified being recruitment lag. A Financial Recovery Plan was developed to identify further opportunities and drive delivery of these. As set out in the Plan above, we have carried this programme of work forward into 2024-25 to continue identifying and delivering efficiencies in our budget.

The final end of year financial position for WHC is a surplus of £6k, whilst recognising £2.4m of support funding from within BSW IC which has enabled this delivery and supports in particular the cash position.

Status	Position						
	March YTD			Forecast Outturn			
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	
	Operating Income						
	NHS ICB Income	65,753	68,050	2,296	65,753	68,050	2,296
	Other income	5,044	7,611	2,567	5,044	7,611	2,567
	Total income	70,797	75,660	4,863	70,797	75,660	4,863
	Operating Expenditure						
	Pay	56,494	58,901	2,407	56,494	58,901	2,407
	Non-Pay	14,303	16,754	2,450	14,303	16,754	2,450
	Total Expenditure	70,797	75,655	4,858	70,797	75,655	4,858
	Surplus/(Deficit)	0	6	6	0	6	6

2024-25 Budget position

The development of the 2024-25 financial plan and associated budget is in progress. However, our forecasting identifies that it will continue to be financially challenging. All NHS organisations that make up an ICS have a mutual obligation to work to deliver financial balance as a system and we will continue to work through our Operating and Members Board to develop a financial plan for 2024-25 that will deliver a breakeven position.

[2024-25 Budget Summary to be added here once finalised and agreed with Operating Board]

DRAFT

Delivery of the Operating Plan

Key to ensuring the success of our Plan will be how effectively it is implemented and monitored to make sure that the intended outcomes are realised.

The WHC Operating Board will have oversight of this Plan including the service commitments and streams of work it sets out. The Board will also review their Board Assurance Framework for 2024-25 to ensure the strategic risks associated with the Plan and wider strategic priorities are understood and mapped.

Underpinning this, the Executive will monitor delivery of the Plan through the below internal governance mechanisms:

Section	Internal governance mechanism for reviewing/reporting on progress
Service Commitments	Executive Committee: Performance and Workforce Meeting POG: Operational Performance & Oversight Group
Recovery and Sustainability Programme	Executive Committee: Finance & Efficiency Meeting POG: Various – workstream dependent
Cross-cutting and Enabling	WHC Network: Patient and Public Involvement Meeting [Patient and Public Involvement] POG: Digital, IG and IT Policy & Oversight Group [Digital Programme] Estates and Sustainability Policy & Oversight Group [Estates]
Quality	Executive Committee: Performance and Workforce Meeting / Impact on Core Business POG: Medicines Governance, Safety Services, Safeguarding and Harm Free Care
Workforce	Executive Committee: Performance and Workforce Meeting POG: Workforce Development Policy & Oversight Group
Finance	Executive Committee: Finance & Efficiency Meeting POG: Finance Policy & Oversight Group



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

Item 8

Review Terms of Reference

PAPER

Wiltshire Health and Care Board**For decision**

Subject: Operating Board Terms of Reference Review
Date of Meeting: 03 May 2024
Author: Andrea Benham, Corporate Governance Lead and Company Secretary

1. Purpose

The purpose of this paper is to present the Operating Board Terms of Reference for review, as part of an annual process to support the Board in continuing to discharge its business effectively.

2. Background

As part of an annual review of the Terms of Reference of the Operating Board, members are invited to review the current terms of reference, proposed updates and identify any further updates they would welcome.

It is also timely to review the Terms of Reference in light of the recent Governance Effectiveness Review that was undertaken by BDO in November/December 2023. As part of the recommendations from this review, BDO advised that the terms of reference be reviewed to strengthen the following:

“Make explicit if a decision has a potential conflict and record the decision and/or invite members to leave as appropriate. Ensure the membership is correct, its remit is clear and the delegated authority to its committees is also clear. The quorum should be reviewed to ensure it is adequate for the organisation to make collective decisions. The Chair’s role in the quorum should be considered.”

Attached is an updated copy of the Terms of Reference which incorporates:

- Amending the responsibilities to ensure remit is clear
- Updating the membership to reflect current arrangements
- Amending the quoracy arrangements to incorporate Chair and Executive
- Updating the references to meeting frequency to reflect current arrangements
- Clarifying the approach to actual/potential conflicts of interest

3. Recommendation

The Board is invited to review the Operating Board Terms of Reference and agree any updates.

In producing this paper, the author has given due care and attention to creditors and has considered the Going Concern of Wiltshire Health and Care

Impacts and Links

Impacts	
Quality Impact	Click here to enter text
Equality Impact	Click here to enter text
Financial implications	Click here to enter text
Impact on operational delivery of services	Click here to enter text
Regulatory/ legal implications	Click here to enter text
Links	
Link to business plan/ 5 year programme of change	Click here to enter text
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text

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

Wiltshire Health and Care (“WHC” or “LLP”)
Operating Board
Terms of Reference

1. CONTENT

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

2. DEFINITIONS

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

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

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

3. ESTABLISHMENT

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

4. RESPONSIBILITIES

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

#	Responsibility	Action of Operating Board	Approval required
4A	Agree the strategic objectives and commitments of the LLP (the “Strategic Plan”) and plans for the delivery of community health and associated services in Wiltshire, and how Wiltshire Health and Care will plan for continued improvement in quality and experience of its service users (the “Operational Plan”)	<ul style="list-style-type: none"> • In accordance with clause 6.1 of the Members Agreement, the Strategic Plan shall be formally reviewed at least annually by the WHC Operating Board for approval by the Members Board. • In accordance with clause 5.2 of the Members Agreement the Operational Plan will be presented to the Operating Board not later than 2 months after the beginning of the first Accounting Reference Period to which it relates. • As per the Members Agreement, the Operational Plan shall be formally reviewed at least annually by the WHC Operating Board, and subsequently presented for approval by the Members Board. 	<ul style="list-style-type: none"> • Approval of the Strategic and Operational Plan is a “Part 1” Reserved Matter, requiring the unanimous approval of the Members.

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

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

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

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

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

5. MEMBERSHIP

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

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

6. QUORUM

- A meeting of the Operating Board shall be considered quorate provided that there are not less than the following in attendance:
 - Chair of WHC Operating Board
 - Two Non-Executive Board Members
 - Executive Member, Managing Director
 - One other Executive Member
- Unless a quorum is present at any meeting of the WHC Operating Board, no WHC Operating Board Resolution relating to any business may be proposed or passed.
- In the absence of a quorum, meetings of the WHC Operating Board may be reconvened on not less than five Business Days' written notice, such notice to be dispatched to all of the WHC Operating Board Members together with a meeting agenda.

7. CHAIR

- Meetings of the Operating Board shall be chaired by the WHC Chair.
- Where the Chair indicates a conflict of interest related to an agenda item, an alternative Chair for that agenda item will be agreed.

8. FREQUENCY OF MEETINGS

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

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

- Enabling the development and training of Board members.

9. MATTERS THAT MUST BE DECIDED BY THE MEMBERS BOARD

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

10. VOTING BY THE OPERATING BOARD

- Provided the meeting is quorate, the Committee will take decisions through voting and by a simple majority of those present. In the case of equality of votes, the Chair will have a casting vote.
- If a Member has an actual or potential conflict of interest, this is to be raised with the Chair and Company Secretary and agreement reached on the appropriate approach from the below:
 - Requiring the member to not attend the meeting;
 - Ensuring that the member does not receive meeting papers relating to the nature of their interest;
 - Requiring the member to not attend all or part of the discussion and decision on the related matter;
 - Noting the nature and extent of the interest, but judging it appropriate that the member remain and participate in the discussion and/or vote.
- The conflict and reason for the chosen action will be documented in the meeting minutes and added to the register of interests if appropriate.

11. RECORDING THE MEETINGS OF THE OPERATING BOARD

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

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

12. REPORTING LINES

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

13. REVIEW

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

May 2024

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

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

Item 9

Review Board Register of Interests

PAPER

Wiltshire Health and Care Board**For decision****Subject: Register of Interests****Date of Meeting: 03 May 2024****Author: Andrea Benham, Corporate Governance Lead and Company Secretary****1. Purpose**

The purpose of this paper is to note the updated Register of Interests and highlight any further updates that may be needed.

2. Background

The Board is required to receive the Members' Register of Interests on an annual basis to assure the Board that the Register is being maintained and that there are no conflicts of interest which could adversely affect the LLP and its operations.

It is also timely to review the Register of Interests in light of the recent Governance Effectiveness Review that was undertaken by BDO in November/December 2023. As part of the recommendations from this review, BDO advised the following:

“The conflicts register should be updated. The director roles identified that have not been declared by non-executive directors should be included on the individual’s declaration of interest’s form. Additionally, the Trust nominated non-executive directors should formally declare a conflict with their executive director role as good governance.”

Attached at Appendix One is an updated copy of the Register of Interests which incorporates this feedback.

Please note that the Register is displayed on WHC’s website.

3. Recommendation

The Board is invited to agree the updated Register of Interests and highlight any further updates that may be needed.

In producing this paper, the author has given due care and attention to creditors and has considered the Going Concern of Wiltshire Health and Care

Impacts and Links**Impacts**

Quality Impact	Click here to enter text
Equality Impact	Click here to enter text
Financial implications	Click here to enter text
Impact on operational delivery of services	Click here to enter text
Regulatory/ legal implications	The Board is required to note the Register of Interests on an annual basis.
Links	
Link to business plan/ 5 year programme of change	Click here to enter text
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text

Wiltshire Health and Care – Register of Interests

Wiltshire Health and Care LLP is committed to openness and transparency in its work and decision making.

As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board, and those working for the organisation with significant control (those who sit on our Executive Committee or Board, plus anyone else in an 8D or above role).

How we ensure conflicts are taken into account in our decision making

Board Members are required to register any relevant and material interests as soon as they arise, or within seven clear days of becoming aware of the existence of the interest.

As such the Board Member will contact the Company Secretary to provide notification of the interest so that our Register of Interests may be updated as appropriate.

At the commencement of each Board meeting, Members of the Board are required to declare any interests.

The Board will receive the Members' Register of Interests annually to assure the Board that the Register is being maintained and that there are no conflicts of interest which could adversely affect the LLP and its operations.

It is the responsibility of the Company Secretary to ensure that at all times the Board takes into account relevant conflicts in its decision making, and will bring to the attention of the Chair and known conflicts that may be relevant to the discussion.

REGISTER ENTRIES

WILTSHIRE HEALTH AND CARE OPERATING BOARD

Reviewed: 24/04/2024

1: Independent Chair and Non-Executives

1A. Independent Chair

STEPHEN LADYMAN

Title	Organisation	Date of Commencement
Director	<p>Oak Retirement Ltd</p> <p>Oak Retirement is the operator and managing agent of three extra-care retirement developments:</p> <ul style="list-style-type: none"> • Honeybourne Gate, Cheltenham • Friary Meadow, Fareham • Albany Meadows, Balsall Common <p>Oak Retirement is the provider of staff to Albany Meadows, Balsall Common</p> <p>Oak Retirement Ltd also acts as company secretary to:</p> <ul style="list-style-type: none"> • 2 Gloucester Road (Management) Ltd, trading as Honeybourne Gate; and • Friary Meadow Ltd, trading as Friary Meadow. 	2012
Director	Rusty Oak Ltd	2015
Chair	National Autistic Society	Nov 2021

1B. Non-Executive Board Member, Patient Voice Representative

RICHARD BARRITT

Title	Organisation	Date of Commencement
Consultant in Organisational Development / Leadership development / coaching	The Wellbeing Collective for clients: Sussex Partnership NHS Trust, Kent & Medway NHS Partnership Trust, Somerset CCG, Huntercombe Group	July 2017
Consultant: Support for Local Minds; Mind Community Partnership Agreement	Mind	August 2018
Trustee	Action Hampshire	Dec 2019
Consultant: Governance review	Simon Says	Feb 2021
Coach: Local Mind CEOs	Various local Minds	March 2021

1C. Non-Executive Board Member, Finance & Audit

MARTYN BURKE

Title	Organisation	Date of Commencement
Non-Executive Director	Peabody Group (this also includes a temporary NED role at Rosebery HA too which is in the process of winding up as it merges into Town and Country Housing)	September 2023
Non-Executive Board Member and Chair of the Audit and Risk Committee	Office of the Public Guardian at the Ministry of Justice	June 2021
Chair of the Board substantive from September 2023. Previously Audit Chair & NED	Town & Country Housing Association (Peabody Trust)	October 2020

1D. Trust-Nominated Non-Executive Board Member - Great Western Hospitals NHS FT (GWH)

SIMON WADE

Title	Organisation	Date of Commencement
Chief Finance Officer	Great Western Hospitals NHS FT	

1E. Trust-Nominated Non-Executive Board Member - Royal United Hospitals NHS FT (RUH)

ANDREW HOLLOWOOD

Title	Organisation	Date of Commencement
Chief Medical Officer	Royal United Hospitals NHS FT	Nov 2022
Chair	Boomsatsuma	May 2023

1F. Trust-Nominated Non-Executive Board Member – Salisbury Foundation Trust (SFT)

LISA THOMAS (not attending Board from Feb 2024 due to stepping into SFT CEO interim role)

Title	Organisation	Date of Commencement
Director	Salisbury Trading Limited	1 September 2017
School Governor	Dauntsey Academy Primary School West Lavington	July 2019
Director	Healthcare Storage Solutions Limited	June 2019
Director	My Trusty Co Limited	December 2017
Director	Replica 3DM Ltd	August 2017
Director	Sterile Supplies Limited	August 2017

1G. Trust-Nominated Non-Executive Board Member – Salisbury Foundation Trust (SFT)

NIALL PROSSER (INTERIM - attending Board from Feb 2024 due to Lisa Thomas stepping into SFT CEO interim role)

Title	Organisation	Date of Commencement
Substantive contract is held by the Royal United Hospital Bath		
Chief Operating Officer	Salisbury Foundation Trust	

2: EXECUTIVE TEAM ON THE BOARD

2A: Managing Director

SHIRLEY-ANN CARVILL

Title	Organisation	Date of Commencement
None identified	-	-

2B: Chief Operating Officer

LISA HAYWOOD

Title	Organisation	Date of Commencement
Sole trader	Lisa Hodgson, Healthcare Solutions	June 2013
Pool member	NHS Interim Management and Support (IMAS)	June 2017
On Agenda for Change Pay Scale (in relation to non-consolidated pay award and contractual issues re annex 1)	Wiltshire Health and Care	

2C: Director of Quality, Professions, and Workforce

SARA QUARRIE

Title	Organisation	Date of Commencement
On Agenda for Change Pay Scale (in relation to non-consolidated pay award and contractual issues re annex 1)	Wiltshire Health and Care	
Royal College of OT member (clinical indemnity insurance)		

2D: Interim Director of Finance

NICOLA ROWLAND

Title	Organisation	Date of Commencement
Non-Executive Director	Care Dorset Ltd	01/09/2022

3: DECISION MAKING EMPLOYEES

Wiltshire Health and Care considers those substantive staff members on the Executive Committee or who are otherwise Band 8D or above to be its decision-making employees.

EXECUTIVE COMMITTEE

3A: Associate Director of Infrastructure

VICTORIA HAMILTON

Title	Organisation	Date of Commencement
On Agenda for Change Pay Scale (in relation to non-consolidated pay award and contractual issues re annex 1)	Wiltshire Health and Care	

3B: Deputy Chief Operating Officer

JOANNE MEACHAM

Title	Organisation	Date of Commencement
On Agenda for Change Pay Scale (in relation to non-consolidated pay award and contractual issues re annex 1)	Wiltshire Health and Care	

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

Item 10

Risk Report

PAPER

Wiltshire Health and Care Board

For information

Subject:	Risk report
Date of Meeting:	03 May 2024
Author:	Kayleigh Gullis – Clinical Governance Lead
Executive 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 March 2024 and the April 2024 risk workshop.

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 Risk scoring 25 is discussed and updated at Exec Co monthly.

The Clinical Governance Lead meets with Heads to regularly review the 12+ risks, ensuring controls, gaps in control, actions are documented, and risk reviews are being completed. Risk owners are encouraged to use the risk matrix during the scoring process to accurately measure the threat.

All staff can log a risk on Datix, and the Risk Register Owner will be responsible for “approving” or “rejecting” the risk.

All 12+ Risks are presented and approved at the Risk Workshop.

2.1 Risk Register Overview

The below Risk Dashboard provides an overview of the current position. **“Error! Reference source not found.”** provides the detail on all open risks which includes the Risk movement.

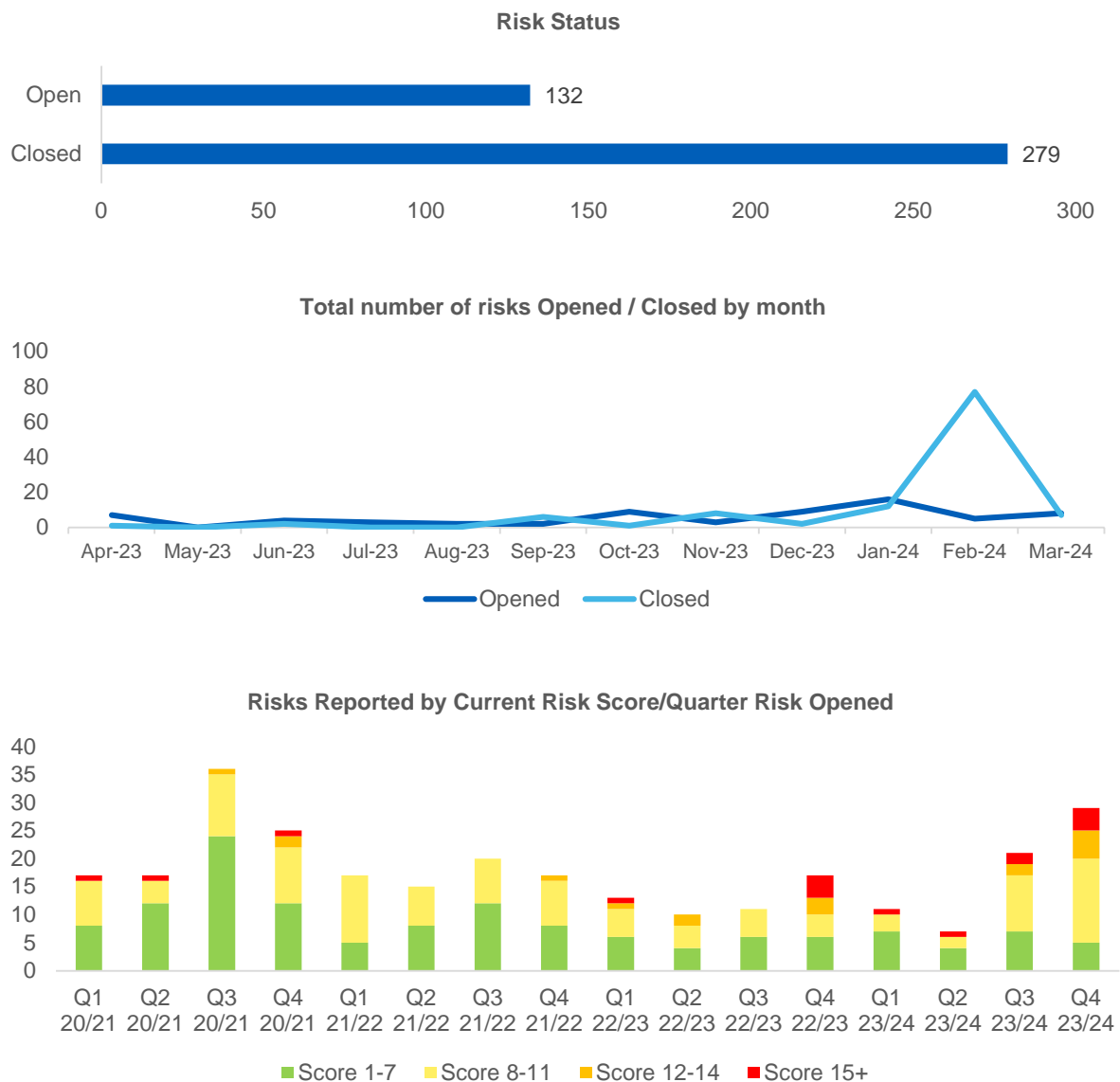


Figure 1 Risk Dashboard

A cleanse of the system is underway to ensure old risks have been reviewed and either updated or closed. The Risk module on Datix is being reviewed and the forms re-designed where possible, in line with the WHC Risk Management Policy. The Risk Registers have been combined to ensure each service has one risk register for risks scoring 1-11. **Due to this piece of work, there has been a spike in closed risks during February - To move a risk into a new risk register, old risks were re-opened, moved and closed again.** Risks being reported and closed has not established a clear trend and this will continue to be monitored. Most risks reported score 1-7, closely followed by scoring of 8-11.

2.2 Risks opened in Quarter 4

Thirty risks register entries were opened in Q4 – see Table 1 for details.

Table 1 Risks opened in Q4

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Evolution of risk grading	Risk Owner	Status
419	There is currently no Consultant Practitioner on Savernake Ward due to long term sickness and upcoming/known vacancy	Board Risk Register 15+	06/03/2024	25/04/2024	20	↑	Lisa Haywood	Active
395	ACCEPTED RISK - WHC does not have an integration engine or technical resources to support one, leading to manual integration of systems where this is possible.	Board Risk Register 15+	04/01/2024	14/02/2025	16	↔	Kelsa Smith	Active
411	Legislative breach through continued use of WhatsApp messaging for identifiable data	Information Governance	28/02/2024	30/05/2024	15	↑	Steven Lobb	Active
418	The Bed Rail and Levers Review Process	Exec co Risk Register 12+	06/03/2024	04/04/2024	15	↔	Sam Olden	Active
394	Infrastructure/IT - Risk of surges in demand or loss of staffing capacity over a sustained period of time	Exec co Risk Register 12+	04/01/2024	26/09/2024	12	↔	Victoria Hamilton	Active
399	If WHC becomes an NHS Trust it will become a DSPT category 1 provider in June 2024, WHC will have 113 mandatory requirements to report on rather than 42	IT, Systems and Informatics	04/01/2024	16/02/2024	12	↔	Victoria Hamilton	Closed
409	Unplanned organisational process changes	Exec co Risk Register 12+	08/02/2024	25/04/2024	12	↑	Victoria Hamilton	Active
410	Lack of Operational R&D Function	Exec co Risk Register 12+	27/02/2024	10/04/2024	12	↔	Sara Quarrie	Active
421	Storage and sharing of WHC-derived medical imaging (Cardiac Diagnostics)	Exec co Risk Register 12+	12/03/2024	25/04/2024	12	↔	Jane Lindsay Rebecca Hyland	Active
391	CTPLD IT Access	Learning Disabilities (CTPLD)	02/01/2024	23/02/2024	10	↓	Petula Daley Kelsa Smith	Active
396	Out of Hours on site IT Support Provision	IT, Systems and Informatics	04/01/2024	17/02/2025	10	↓	Kelsa Smith	Active
397	There is limited IT, Systems and Informatics Strategic Leadership capacity	IT, Systems and Informatics	04/01/2024	25/04/2024	10	↓	Victoria Hamilton	Active
398	ACCEPTED RISK - Inadequate Digital skills	IT, Systems and Informatics	04/01/2024	31/05/2024	10	↓	Victoria Hamilton Kelsa Smith	Active
401	MIU Triage 15 minute target	Minor Injury Units	11/01/2024	30/04/2024	10	↔	Barry Iedema	Active
402	Lack of protected time for on duty staff to complete reporting and referral checks	Minor Injury Units	16/01/2024	30/04/2024	10	↔	Barry Iedema	Active
406	MIU - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	Minor Injury Units	24/01/2024	30/04/2024	9	↔	Rachel Green	Active
407	In Reach - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	In-Reach Team	24/01/2024	29/02/2024	9	↔	Rachel Green	Active
412	Lack of capacity to support the delivery of organisational projects	IT, Systems and Informatics	28/02/2024	29/04/2024	9	↔	Victoria Hamilton	Active
413	Delay in implementing Quality Framework for Preceptorship	Education and Training	28/02/2024	29/03/2024	9	↔	Netty Snelling	Active
404	Entrance doors into TCH MIU not locked during the weekend.	Minor Injury Units	22/01/2024	30/04/2024	8	↔	Barry Iedema	Active

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Evolution of risk grading	Risk Owner	Status
405	Patient Handling Training Delivery	Safety Services	24/01/2024	30/04/2024	8	↔	Jo Woodward	Active
416	Access to ICE	Heart Failure Service	05/03/2024	09/04/2024	8	↔	Rebecca Hyland	Active
420	Sustainability in Staff Influenza Campaign 2024-25	Medicines Governance	07/03/2024	12/04/2024	8	↔	Louise Byrne Jones	Active
423	Hospital @ Home Infection Prevention and Control resourcing	Safety Services	26/03/2024	10/05/2024	8	↓	Jo Woodward	
403	Hyper V Servers no longer within official hardware support.	IT, Systems and Informatics	18/01/2024	31/07/2024	6	↔	Kelsa Smith	Active
408	TPP change charging model	IT, Systems and Informatics	30/01/2024	30/07/2024	6	↔	Helen McCann	Active
414	ACCEPTED RISK - Patient Flow - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	Patient Flow	29/02/2024	31/08/2024	6	↔	Gill Withington	Active
415	Increased spend in Continence Containment products	Continence Services	05/03/2024	30/09/2024	6	↔	Heather Kahler	Active
422	Inconsistent checking of Permission to Administer Forms (P1s) issued by acute trusts prior to acceptance of patient onto community team caseload	Medicines Governance	14/03/2024	08/04/2024	6	↔	Heather Kahler	
400	Shared Management Plans Melksham/BOA CT	Community Teams	08/01/2024	20/03/2024	4	↓	Kate Payne	Closed

2.3 Open 12+ Risks

There are 22 open risks scoring 12+ – see Table 2 for details.

Table 2 Open 12+ risks

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
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.	Board Risk Register 15+	15/03/2023	01/05/2024	25	Yes	Yes	No	Yes	Yes	No	↑
348	ACCEPTED RISK - Datawarehouse development resource	Board Risk Register 15+	18/04/2023	28/06/2024	20	Yes	Yes	Yes	Yes	No	No	↑
419	There is currently no Consultant Practitioner on Savernake Ward due to long term sickness and upcoming/known vacancy	Board Risk Register 15+	06/03/2024	25/04/2024	20	Yes	Yes	No	Yes	Yes	No	↑
303	Workforce Capacity	Board Risk Register 15+	22/06/2022	05/04/2024	16	Yes	Yes	Yes	Yes	No	Yes	↑
365	non payment of non-consolidated pay award	Board Risk Register 15+	24/07/2023	10/04/2024	16	Yes	Yes	No	Yes	Yes	No	↔
395	ACCEPTED RISK - WHC does not have an integration engine or technical resources to support one, leading to manual integration of systems where this is possible.	Board Risk Register 15+	04/01/2024	14/02/2025	16	Yes	Yes	No	No	No	No	↔
331	ACCEPTED RISK - Lack of Inpatient EPR	Board Risk Register 15+	25/01/2023	31/05/2024	15	Yes	Yes	Yes	Yes	Yes	No	↔
335	Storage and sharing of WHC-derived medical imaging	Board Risk Register 15+	13/02/2023	29/03/2024	15	Yes	Yes	No	Yes	Yes	Yes	↔
337	Inadequate Patient Transport Services via contract	Board Risk Register 15+	17/02/2023	25/04/2024	15	Yes	Yes	Yes	Yes	No	No	↔
378	WHC Reporting dependence on Business Objects File Schedule	Board Risk Register 15+	27/10/2023	30/04/2024	15	Yes	Yes	No	Yes	No	No	↑
418	The Bed Rail and Levers Review Process	Exec co Risk Register 12+	06/03/2024	04/04/2024	15	Yes	Yes	No	Yes	Yes	Yes	↔
411	Legislative breach through continued use of WhatsApp messaging for identifiable data	Information Governance	28/02/2024	30/05/2024	15	Yes	Yes	Yes	Yes	No	No	↑
280	ACCEPTED RISK - Global elevated Cyber Security Risk	Exec co Risk Register 12+	11/03/2022	25/07/2024	12	Yes	Yes	No	Yes	No	No	↔
304	If there is insufficient pharmacy capacity (Inpatient Wards/MIU), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HPCPC) regulation will be adversely affected.	Exec co Risk Register 12+	23/06/2022	06/05/2024	12	Yes	Yes	Yes	Yes	No	No	↑

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
338	Safe Administration and Effective Management of insulin for all services	Exec co Risk Register 12+	02/03/2023	06/05/2024	12	Yes	Yes	No	Yes	Yes	No	↔
340	Lack of capacity in the Heart Failure Nurse Workforce	Exec co Risk Register 12+	15/03/2023	28/03/2024	12	Yes	Yes	No	Yes	Yes	Yes	↔
384	Core Community Teams - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	Exec co Risk Register 12+	06/12/2023	25/04/2024	12	Yes	Yes	Yes	Yes	No	No	↔
386	Inpatients - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	Exec co Risk Register 12+	06/12/2023	25/04/2024	12	Yes	Yes	Yes	Yes	No	No	↔
394	Infrastructure/IT - Risk of surges in demand or loss of staffing capacity over a sustained period of time	Exec co Risk Register 12+	04/01/2024	26/09/2024	12	Yes	Yes	No	No	No	No	↔
409	Unplanned organisational process changes	Exec co Risk Register 12+	08/02/2024	25/04/2024	12	Yes	Yes	Yes	Yes	No	No	↑
410	Lack of Operational R&D Function	Exec co Risk Register 12+	27/02/2024	10/04/2024	12	Yes	Yes	No	Yes	Yes	No	↔
421	Storage and sharing of WHC-derived medical imaging (Cardiac Diagnostics)	Exec co Risk Register 12+	12/03/2024	25/04/2024	12	Yes	Yes	Yes	Yes	Yes	No	↔

Table 3 WHC 12+ Risk

2.4 Risk Validation (Open Risks)

The below table tracks the validation compliance monthly¹ for all opens risks and 12+ risks.

The Clinical Governance Lead is in the process of cleansing the risks logged on datix to ensure outdated risks are review and if applicable closed. The documented “next risk review” dates will be reviewed to ensure the occurrence of reviews align to the risk scoring.

Table 4 Risk validation of open risks

All Open Risks	Nov23	Dec23	Jan24	Feb24	Mar24
Number of Open Risks:	N=127	N=131	N=130	N=132	N=130
% of risk with a documented risk owner	72%	100% ↑	100% ↔	100% ↔	100% ↔
% of risks with controls	76%	76% ↔	85% ↑	88% ↑	92% ↑
% of risks with gaps in controls	34%	32% ↓	40% ↑	40% ↔	42% ↑
% of risks with actions	73%	70% ↓	79% ↑	78% ↓	82% ↑
% of risks with overdue actions	43%	28% ↓	29% ↑	21% ↓	29% ↑
% of risks with an overdue review	53%	31% ↓	30% ↓	23% ↓	28% ↑
Number of 12+ open risks:	N=19	N=21	N=19	N=22	N=22
% of risk with a documented risk owner	100%	100% ↔	100% ↔	100% ↔	100% ↔
% of risks with controls	89%	90% ↑	100% ↑	95% ↓	100% ↑
% of risks with gaps in controls*	53%	33% ↓	53% ↑	45% ↓	45% ↔
% of risks with actions*	89%	62% ↓	89% ↑	86% ↓	91% ↑
% of risks with overdue actions	47%	29% ↓	37% ↓	14% ↓	45% ↑
% of risks with an overdue review	16%	19% ↑	32%* ↑	5% ↓	18% ↑

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

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

2.5 12+ Risk summary

Table 5 displays the number of open risks scoring 12+ and the aggregate risk scoring. These include existing and newly opened risks which are being validated. Note that there has been an increase in both of these factors over the past 6 months indicating an increasing risk profile of WHC organisationally.

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb24	Mar24	Trend
12+ risks currently open	6	5	7	10	13	11	11	11	11	12	15	17	19	21	19	22	22	↔
Aggregate risk score of 12+	80	92	95	137	161	140	138	138	158	172	211	238	261	298	276	318	323	↑

Table 5 Number of 12+ Risks and the Aggregate Scoring

2.6 12+ Risk Movement

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

	Nov 22	Dec22	Jan 23	Feb 23	Mar 23	Apr 23	May23	Jun 23	Jul 23	Aug23	Sep23	Oct23	Nov23	Dec23	Jan24	Feb24	Mar24	Trend
New 12+ Risks reported	1 #318	1 #323	1 #331	2 #335 #337	4 #338 #339 #340 #341	0	1 #356	0	1 #365	1 #366	0	0	3 #380 #381 #379	3 #382 #384 #386	2 #394 #395	3 #409 #410 #411	3 #418 #419 #421	↔
Escalated to 12+ Risks	0	0	0	0	0	0	0	0	0	0	1 #304	1 #348	0	0	0	3 #409	0	↓
Escalated to 15+ Risk	0	0	0	0	0	0	1 #341	0	0	1 #303	0	0	0	0	0	2 #378 #411	2 #419 #411	↔
Accepted 12+ Risk	0	0	1 #331	0	0	1 #348	0	0	0	0	0	0	0	0	0	1 #395 #414	0	↓
Closed 12+ Risks	0	0	0	0	1 #181	0	0	0	0	0	1 #339	1 #315	1 #291	1 #388	0	4 #191 #290 #388 #399	0	↓
De-escalated 12+ Risks	0	0	0	0	0	0	0	0	1 #296	1 #305	0	0	0	3 #381 #385 #382	0	4 #391 #396 #397 #398	0	↓

Table 6 12+ Risk Movement (rolling 12 months)

2.7 12+ Likelihood verse impact matrix

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

5 Catastrophic	5	10	15	20 [348]	25 [341]
4 Major	4	8	12 [280] [394]	16 [303] [365] [395]	20 [419]
3 Moderate	3	6	9	12 [304] [338] [340] [384] [386] [409] [410] [421]	15 [331] [335] [337] [378] [411] [418]
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

2.8 Board Assurance Framework: 15+ Risk Register links

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

Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
8 [335] [340] [384] [386] [337] [418] [419] [421]	1 [303]	7 [280] [331] [348] [378] [394] [395] [409]	0	2 [341] [365]	3 [304] [338] [410]	1 [411]
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

HiFigure 3 12+ Risk links to BAF

2.9 Monitoring Emerging Risks/Themes

During Q4 the following risk themes have been identified:

- There was a notable increase in complaints in the MIU Departments regarding missed diagnosis of fractures. The Quality Team will triangulate the current information in relation to Clinical Effectiveness and reported incidents. The Service Lead is undertaking an investigation into a cluster of incidents in relation to missed fractures.
- There is currently a risk logged for the Inpatient Wards in relation to the Emed Transport services. MSK Physio have noticed an increase in transport issues in their service with Emed. The Clinical Governance Lead to organise a meeting between the Inpatient Lead and MSK Physio Lead to potentially update the risk to be organisational wide.
- Different RESPECT forms being used. WHC are using the purple and white handwritten sheets whereas the RUH use a computerised document. This links in with the Lack of Inpatient EPR Risk 331.
- Lack of communication regarding MDT Meetings with patients and their families

2.10 Risk Profile for 12+ risks (detail)

The detail of the WHC 12+ risks are displayed in the following tables (new/under review and open/accepted), along with the latest Risk Workshop discussions (10th April 2024 meeting).

2.10.1 New 12+ risks

Status	ID	Risk Details	Controls	Current Rating	Update															
NEW	421	Storage and sharing of WHC-derived medical imaging (Cardiac Diagnostics) Risk Owner: J Lindsay, R Hyland Category: Operational <ul style="list-style-type: none"> WHC does not have an appropriate system for the storage, management, analysis or sharing of clinical imaging (usually a PACS or Cardiology Mini-PACS) to track retention or aid retrieval of archived images or flag to clinicians that relevant imaging is available. SystmOne is not well suited to the long term storage of large-size or multi-study/complex imaging. WHC does not have any identified resource with responsibility for the safe management of clinical imaging, sending of our imaging into image sharing products such as IEP (image exchange portal), overseeing archiving or safe identification of imaging to the correct patient, managing and correcting images filed in error etc. Usually this is a role performed by a PACS Manager. An additional issue has been identified regarding the reporting of the echocardiograms from images created. WHC invested in three echocardiogram machines, one Philips Affiniti and two Philips CX50 machines, in order to support the establishment of cardiac diagnostic services. Challenges around recruitment into cardiac physiologist posts resulted in the Affiniti and one CX50 Echo machine not being used from procurement in the 21/22 financial year until January 2023. Upon use, it was discovered that the Affiniti Echo is not fit for purpose without a vital reporting module, named the 'Philips Ultrasound Workplace'. The Phillips Affiniti Echo was the most expensive device, but it is unusable without a reporting function. We need to procure the additional technology that allows us to report on echo findings - this is a vital function for clinical governance and medical image reporting requirements. Without the Affiniti reporting function, we are unable to effectively utilise the Echo machine.. 	<p>1090 Image downloaded from Echo machine to hard drive and a typed report with pictures of images added to S1 for sharing.</p> <p>1091 Image downloaded from Echo machine to hard drive and is stored in a locked room at SFT</p>	12 Likely Significant	Risk Review <ul style="list-style-type: none"> Next Review Date: 25/04/2024 Latest Risk Review: NA Risk Workshop Update: Risk 335 has been separated out into 3 risks – Risk 421 is in relation to Cardiac Diagnostics RH presented risk RH to send KG update for overdue actions															
			<table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td>1973 To clearly articulate the digital pathway modelling to enable clinical pathway needs to be met</td> <td>25/04/2024</td> <td>B Hyland J Lindsay</td> <td>Update - RH to send KG update for overdue actions</td> </tr> <tr> <td>1989 To review PACS support for north and west localities for storage / access ECHO images (moved from Risk 335)</td> <td>31/03/2024</td> <td>B Hyland J Lindsay</td> <td>Update - RH to send KG update for overdue actions</td> </tr> <tr> <td>1990 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 (moved from Risk 335)</td> <td>31/03/2024</td> <td>B Hyland J Lindsay</td> <td>Update - RH to send KG update for overdue actions</td> </tr> <tr> <td>1991 Clinical Workshop to be developed by the ICB (This action sits in both Risk 335, 340 and 421)</td> <td>31/03/2024</td> <td>J Irlam B Hyland</td> <td>Update - Terms of reference to be developed by JI/RH and agree the attendees - deadline end of March</td> </tr> </tbody> </table>		Open Actions	Due	Action Owner	Action Updates	1973 To clearly articulate the digital pathway modelling to enable clinical pathway needs to be met	25/04/2024	B Hyland J Lindsay	Update - RH to send KG update for overdue actions	1989 To review PACS support for north and west localities for storage / access ECHO images (moved from Risk 335)	31/03/2024	B Hyland J Lindsay	Update - RH to send KG update for overdue actions	1990 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 (moved from Risk 335)	31/03/2024	B Hyland J Lindsay	Update - RH to send KG update for overdue actions
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NEW	42			12 Likely	Risk Review <ul style="list-style-type: none"> Next Review Date: 10/05/2024 Latest Risk Review: 08/04/2024 															

Datix updated:
16/04/2024

Status	ID	Risk Details	Controls	Current Rating	Update								
3	3	Hospital @ Home Infection Prevention and Control resourcing	1114 Safety Services existing resource	Significant 8 Likely Moderate	Risk Workshop Update: Jo Woodward reviewed risk - We won't be alone in carrying this risk, and the national database is not yet amended to capture the data (so we are not non-compliant at present). Risk scoring amended from 12 to 8								
			1115 IPC Policies and SOPs										
		Risk Owner: J Woodward Category: Legal/Regulatory Compliance	1116 IPC Training		Datix updated: 16/04/2024								
		<p><i>UK Health Security Agency Mandatory HCAI Surveillance: Updates to HCAI Mandatory "Where a patient is on a virtual ward at time of positive sample, colleagues should select 'Yes' to the question 'Was the Patient on a virtual ward'. These cases will be treated in the same way as an inpatient"</i></p> <p><i>WHC has not funded resource to support in the prevention, identification (testing pathways) and management of infections for Hospital @ Home patients. This will impact on our ability to inform UKHSA as required and impact on the quality of care for patients</i></p>											
					<table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td colspan="4">To be added</td> </tr> </tbody> </table>	Open Actions	Due	Action Owner	Action Updates	To be added			
Open Actions	Due	Action Owner	Action Updates										
To be added													

2.10.2 Under Review

None this month

2.10.3 Open Risks

Status	ID	Risk Details	Controls	Current Rating	Update												
OPEN	341	Recurrent financial deficit due to systemic structural cost pressures, particularly driven by use of temporary workforce in Inpatients and MIU, partial cause higher acuity/enhanced care.	809 To develop and implement efficiency programme	25 Catastrophic Almost certain	Risk Review <ul style="list-style-type: none"> Next Review Date: 10/04/2024 Latest Risk Review: 25/03/2024 - Risk reviewed NR/JM/KG. Actions updated a new action added. Scoring to remain. 												
			822 Active reporting and monitoring of existing and newly developed efficiency plans.														
		Owner: N Rowland/S Hurford-Potter Category: Financial	823 To implement budget workshops and sign-up to delegated budgets.		Datix updated: 10/04/2024												
		<p><i>WHC currently have a recurrent deficit which creates a risk in the going concern, should the systemic pressures not be addressed either via additional support funding or reduction of costs (this would require system buy in as the main drivers are enhanced care requirements and temporary staffing levels utilised in MIU and Inpatients). Particular concerns on deterioration of cash position and legal position on insolvency.</i></p>	824 Continue to report to Exec Co and operating Board on actions being undertaken		<table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td>1746 Develop staffing templates for specialist services</td> <td>31/05/2024</td> <td>S Hurford-Potter J Irlam</td> <td>Deadline date amended to end of May. Plan to be developed by Juls during April.</td> </tr> <tr> <td>1598 Improved budget management following the implementation of the agreed work to models for service areas. Move this action to the bottom of the list of actions in this report</td> <td>30/04/2024</td> <td>S Hurford-Potter</td> <td>Deadline amended to end of April post end of year, so that consideration of the plan that is required and support particularly for the wards at this stage can be agreed and the identification of any gaps that can not be filled.</td> </tr> </tbody> </table>	Open Actions	Due	Action Owner	Action Updates	1746 Develop staffing templates for specialist services	31/05/2024	S Hurford-Potter J Irlam	Deadline date amended to end of May. Plan to be developed by Juls during April.	1598 Improved budget management following the implementation of the agreed work to models for service areas. Move this action to the bottom of the list of actions in this report	30/04/2024	S Hurford-Potter	Deadline amended to end of April post end of year, so that consideration of the plan that is required and support particularly for the wards at this stage can be agreed and the identification of any gaps that can not be filled.
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			843 Going Concern - External Auditors														
			845 Service model changes		<table border="1"> <tbody> <tr> <td>1882 Implementation of the Inpatient Recovery Plan (This action links to Risk 386 - action 1910, 1911, 1912)</td> <td>31/03/2024</td> <td>J Meacham</td> <td>Complete - Update – Action complete. This was presented at the Operating Board on 28th March.</td> </tr> </tbody> </table>	1882 Implementation of the Inpatient Recovery Plan (This action links to Risk 386 - action 1910, 1911, 1912)	31/03/2024	J Meacham	Complete - Update – Action complete. This was presented at the Operating Board on 28th March.								
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			846 staffing templates														
			934 Heart Failure Service/Cardiac Diagnostic Service - Letter sent to ICB to		<table border="1"> <tbody> <tr> <td>1988 The permanent Core Teams Work to Model for 2025/26 is in development.</td> <td>30/09/2024</td> <td>H Kahler</td> <td>New action - Onto next stage to present to ICB Financial Committee – JM 29th April.</td> </tr> </tbody> </table>	1988 The permanent Core Teams Work to Model for 2025/26 is in development.	30/09/2024	H Kahler	New action - Onto next stage to present to ICB Financial Committee – JM 29th April.								
1988 The permanent Core Teams Work to Model for 2025/26 is in development.	30/09/2024	H Kahler	New action - Onto next stage to present to ICB Financial Committee – JM 29th April.														

Status	ID	Risk Details	Controls	Current Rating	Update																				
OPEN	419	<p>There is currently no Consultant Practitioner on Savernake Ward due to long term sickness and upcoming/known vacancy</p> <p>Risk Owner: L Haywood, R Green, J Brookfield, J Meacham Category: Operational</p> <p><i>There is currently no Consultant Practitioner on Savernake Ward due to long term sickness and upcoming/known vacancy. If there is no Consultant Practitioner on the ward, then this would leave the ward with 2x part time ACPs and a bank Dr for 5hrs a day. This is inadequate medical staffing levels to cover the 30 bed inpatient ward. This has an impact on staffing across the 4 inpatient wards as staff cross covering, staff wellbeing due to workload pressures and patient safety.</i></p>	<p>highlight the desire to cease the delivery of the contract. A clinical review to be initiated by ICB however contract notice for 12 months and no possibility to improve financial rec</p> <p>1093 Bank GP hours increased to back fill vacancy</p> <p>1094 Short term solution - Medical workforce cross covering</p>	20 Major Almost Certain	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 25/04/2024 Latest Risk Review: 28/03/2024 - Scoring increased to 20 following Risk Workshop and escalated to Board Risk Reg. Actions have been updated. <p>Risk Workshop Update: RG presented risk. New Control – Support requested from NHS@Home CPs partially filled New Control – Additional bank shifts at Savernake for ACP cover New Control – Additional Operational Management plan to keep the rota running New Control – twice weekly huddles with CPs with cover rota gaps New Control – Chris Dyer completing senior clinical review 10th April New Action – Consultant Practitioner/Associate Specialist recruited (JM 30/06/24) New Action – Recruiting to Inpatient Speciality Manager – This will leave a gap in rota management until recruited increasing pressure to the remaining operational team – RG reviewing the finance options</p> <p>Datix updated: 16/04/2024</p> <table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td>1974 LH writing medical paper for Exec Co</td> <td>10/04/2024</td> <td>L Haywood</td> <td></td> </tr> <tr> <td>1975 Agreement to proceed with part time Associate Clinical Director – JD to be developed and post advertised</td> <td>17/04/2024</td> <td>SA Carvill</td> <td>Update – JD developed and going to RAP w/c 08/04/2024</td> </tr> <tr> <td>1976 GP bank advert to recruit additional hours</td> <td>25/04/2024</td> <td>R Green</td> <td>28th March Update - GP bank advert is now out and will be active for 3 weeks.</td> </tr> <tr> <td>1977 ACPs to increase support to Savernake if possible</td> <td>25/04/2024</td> <td>R Green</td> <td>There is now additional sickness absence with substantial ACPs which is further impacting available cover. Organisation wide comms sent 28th March to all clinicians seeking additional ACP cover. Longer term it has been recognised that there needs to be substantial ACP hours within the budget.</td> </tr> </tbody> </table>	Open Actions	Due	Action Owner	Action Updates	1974 LH writing medical paper for Exec Co	10/04/2024	L Haywood		1975 Agreement to proceed with part time Associate Clinical Director – JD to be developed and post advertised	17/04/2024	SA Carvill	Update – JD developed and going to RAP w/c 08/04/2024	1976 GP bank advert to recruit additional hours	25/04/2024	R Green	28th March Update - GP bank advert is now out and will be active for 3 weeks.	1977 ACPs to increase support to Savernake if possible	25/04/2024	R Green	There is now additional sickness absence with substantial ACPs which is further impacting available cover. Organisation wide comms sent 28th March to all clinicians seeking additional ACP cover. Longer term it has been recognised that there needs to be substantial ACP hours within the budget.
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OPEN	303	<p>Workforce Capacity</p> <p>Owner: Niamh Hughes Category: Workforce</p> <p><i>If our workforce does not meet our commissioned demand, then staff well being (i.e. stress), workforce skill mix, organisational regulation and patient safety are adversely affected</i></p>	<p>641 There is an establishment management process in place</p> <p>642 Since Feb22 manual vacancy calculations have been completed to give some line of sight of the actual vacancy factor</p> <p>643 Apprenticeships for nursing and podiatry workforce are in place.</p> <p>644 5 year workforce risk assessment has been completed which</p>	16 Likely Major	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 03/05/2024 Latest Risk Review: 05/03/2024 – Risk reviewed and actions updated. <p>Risk Workshop Update: NH presented risk. Scoring to remain. Actions have been updated and the risk has been reviewed. Actions to be reviewed for 2024/25 – NH/KG to update at next risk catch up</p> <p>Datix updated: 16/04/2024</p> <table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td>1541 Implementation plan for succession planning. Create implementation plan for succession planning which will take place through 23/24.</td> <td>28/06/2024</td> <td>N Hughes</td> <td>Complete Action to be closed due to changing priorities of the organisation. Alternative actions will better address the workforce capacity than succession planning will at this time</td> </tr> </tbody> </table>	Open Actions	Due	Action Owner	Action Updates	1541 Implementation plan for succession planning. Create implementation plan for succession planning which will take place through 23/24.	28/06/2024	N Hughes	Complete Action to be closed due to changing priorities of the organisation. Alternative actions will better address the workforce capacity than succession planning will at this time												
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OPEN	365	Non payment of non-consolidated pay award Owner: Shirley-Ann Carvill Category: Finance <i>If the non-consolidated pay award is not paid this could lead to increased retention problems, working to rule and potentially industrial action being taken. If it is paid but not funded this will lead to additional challenges on cashflow, going concern and insolvency.</i>	<p>identifies where our priorities areas need to be based on workforce data</p> <p>645 Use of our CPD budget as per CPD tracker</p> <p>646 Apprenticeship levy use as per apprenticeship levy tracker</p> <p>647 Health and wellbeing charter and committee for WHC have been published</p> <p>648 Allocate roll out. WHC now have line of sight of annual leave, sickness, and working patterns. We can identify organisational wide themes of poor absence/sickness</p> <p>649 Invested and recruited into diversifying our workforce (Consultant Practitioners, ACPs, Nursing Associates, Registered Nurse Degree Apprenticeship)</p> <p>904 WHC has aligned start dates for HCSWs to induction dates</p> <p>905 HSCS will now attend the New to Care Programme</p> <p>960 Continuing to meet weekly with EPF</p>	<p>1544 - Future re-analysis of workforce risks to track changes in the emergent themes and potential risk</p> <p>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.</p> <p>1821 Targeted Recruitment</p> <p>1884 Improve the calibre of candidates - Increased use of online platforms to advertise roles and build awareness of WHC.</p> <p>1885 Build an Employer Brand. Increased involvement at recruitment events, Create a snapshot of key roles as part of advertising campaign, Employer Value Proposition, Build an employer brand</p> <p>1886 Ensure WHC supports employees throughout their career</p> <ul style="list-style-type: none"> Publish a Menopause Policy to support colleagues in the workplace Ensure employees join induction within first two weeks of employment Increase awareness of Flexible Working and Flexible Retirement opportunities within WHC. Improve awareness of health and wellbeing offerings that support individuals to carry out their roles. Increase retention of HCSW <p>Refresh from board to floor of basic line management skills through the implementation of management training</p>	<p>31/05/2024 N Hughes</p> <p>30/04/2024 N Hughes</p> <p>30/04/2024 N Hughes</p> <p>30/04/2024 N Hughes</p> <p>30/04/2024 N Hughes</p> <p>30/04/2024 N Hughes</p>	<p>Work in collaboration with the Education Team and Workforce with the new WHC L&D Partner to focus on this piece of work. Deadline amended.</p> <p>Working with the operational teams to identify budget to cover weekend working. Deadline date extended. Weekend cover continues on an adhoc basis.</p> <p>Community RSW recruitment campaign underway due to service impact, with assessment centres w/c 18/3. Overnight Bank nursing campaign in scope due to high number of vacancies. Further job centre sessions to be reviewed.</p> <p>Await outcome of Facebook and Instagram request.</p> <p>Action to be reprioritised in-light of procurement process and as part of 24/25 objectives.</p> <p>Reduced turnover of HCSW with clearer role expectation. Inpatient HCSW recruitment focus has reduced vacancies - Savernake have 1 vacancy and Mulberry 0.8 WTE. Health and wellbeing communication calendar will be published to signpost staff to key resources and tools.</p>	
			<p>844 Continuing dialogue with ICB</p> <p>1095 Application form submitted within agreed timeframes</p>	<p>16 Likely Significant</p> <p>3 Rare Significant</p>	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 03/05/2024 Latest Risk Review: 10/04/2024 - Review completed. Scoring reduced from 15 to 3 (Rare/Significant). Payment has been agreed awaiting actual payment into staff bank accounts. Impact significant due to the staff tribunal hearings (new action added) <p>Risk Workshop Update: Risk scoring has reduced as payment has now been agreed – this risk will no longer appear in the 12+ Risk Report going forward. The risk will continue to be updated at the monthly Risk catch up between SAC/KG.</p>	<p>Datix updated: 16/04/2024</p>	
			<p>Open Actions</p>	<p>Due</p>	<p>Action Owner</p>	<p>Action Updates</p>	
			<p>1881 WHC to manage the appeal process next stage of the collective grievance from each of the trade unions. This will require the appointment of an independent investigator and incur costs and add to the financial challenge</p>	<p>03/05/2024 SA Carvill</p>	<p>staff member organisations agreed to put on hold subject to actual payment to staff bank accounts, satisfied that application is successful and the money is pending.</p>		
			<p>2001 Impending employment tribunal hearing for two members of staff, scheduled mid April. This will require guaranteed of payment to enable hearing to be stood down.</p>	<p>03/05/2024 SA Carvill</p>			
			<p>378 WHC Reporting dependence on Business Objects File Schedule</p> <p>Risk Owner: J Cheeseborough Category: ICT Infrastructure</p>	<p>1052 WHC and GWH are working together to identify a solution and some options</p> <p>1055 Bi-weekly meetings are taking</p>	<p>15 Possible Catastrophic</p> <p>Risk Movement 10 > 15</p>	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 30/04/2024 Latest Risk Review: 05/04/2024 To review progress following meeting with GWH colleagues <p>Risk Workshop Update: VH presented risk. Risk has been reviewed and continues to be reviewed at the monthly risk catch ups between Leads/KG</p>	<p>Datix updated: 17/04/2024</p>

Status	ID	Risk Details	Controls	Current Rating	Update			
					Open Actions	Due	Action Owner	Action Updates
OPEN	3	<p>WHC is reliant for business critical report production on GWH's instance of Business Objects, accessed remotely. Specifically, Business Objects provides the functionality to access all of WHC's underlying data, and provides network file creation and schedule functions. Without Business Objects it is currently not possible to produce any reporting such as; Daily waiting times, RTT tracking Caseload lists, Appointment reports Mandated Datasets/SUS. GWH are now seeking to move to Power BI and intend to retire the Business Objects software. Therefore there is a risk that WHC will be unable to migrate to a successor solution in the 9 month timeframe proposed. WHC is wholly reliant on BOB and on GWH to continue to support its utilisation. BOB is now reaching end of life and WHC must plan a migration to an alternative solution which offers the same or improved functionality within the contract we hold with GWH.</p>	<p>place between WHC and GWH</p>		<p>Open Actions</p> <p>1925 Working with GWH IT support, enable direct access to the SQL database/datawarehouse data in order to understand the possibilities offered by direct Excel access, Power BI and identify any other tools which may be required to provide the same or better reporting capability.</p> <p>1926 GWH to explore with CACI the costs to continue the existing software instance/support contract and replacement hardware (due to end of life) and provide costings to WHC for consideration.</p> <p>1935 Options paper to be developed</p> <p>1995 Complete Query rewrites in SQL</p> <p>1996 Identify an alternative solution for file/folder copy and email scheduling solution for reports</p>	<p>19/03/2024</p> <p>28/03/2024</p> <p>31/03/2024</p> <p>30/11/2024</p> <p>30/11/2024</p>	<p>J Cheeseborough K Smith</p> <p>K Smith</p> <p>V Hamilton K Smith</p> <p>J Cheeseborough</p> <p>K Smith</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
	3 3 7	<p>Inadequate Patient Transport Services via contract</p> <p>Risk Owner: AM Nuth & R Green Category: Operational</p> <p>If eMED are unable to provide transport at the requested time, then this can result in delays in attending out patient appointments, delayed discharges from Community Wards which impacts patient care, safety and patient system flow. Contract with eZec held by ICB for patient transport services in community hospitals (and BSW wide). eZec currently have significant staffing issues are are frequently unable to provide transport at required time. This is resulting in delays in attending out patient appointments / discharge home (risk of not arriving home for care calls). Resolved using alternative transport companies for which WHC are charged</p>	<p>797 Alternate transport</p> <p>1011 Monthly Transport Working Groups meetings between WHC, ICB and eMED to monitor incidents</p> <p>1012 The Quality Team will be sending the ICB (Rob Gudgeon) the number of incidents we report as a result</p> <p>1013 Book transport with advance notice</p> <p>1014 Ward Clerks keep a transport folder with up to date info</p> <p>1015 Liaise with patient families to determine if families can help with transport</p> <p>1104 There is now a clear escalation route between WHC and EMED</p>	<p>15 Almost Certain Significant</p>	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 25/04/2024 Latest Risk Review: 28/03/2024 risk scoring to remain. Escalated to Board Risk Reg as its scoring 15. <p>Risk Workshop Update: RG presented this Risk.</p> <p>Cara (MSKPhysio) has noticed an increase in incidents in the MSK service in relation to EMED transport services. With transport either not turning up, arriving late so patient either misses their appt completely or has had reduced appt times or taking risks to get home due to lengthy delays which is impacting patients care and poor use of specialist clinical time as it impacts our amputee patients that are our high-risk group. Update this risk to be WHC wide? KG to organse meeting between CO, RG to combine risks</p> <p>New action - Meeting planned for 16th April – EMED to share the mitigations of issues arisen. AMN.</p>	<p>Datix updated: 16/04/2024</p>		
OPEN	4 1 1	<p>Legislative breach through continued use of WhatsApp messaging for identifiable data</p> <p>Risk Owner: S Lobb Category: Legal/Regulatory Compliance</p>	<p>1065 Staff guidance</p> <p>1066 Policy</p>	<p>15 Almost Certain Significant</p>	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 31/05/2024 Latest Risk Review: NA <p>Risk Workshop Update: VH presented the risk. Risk has been downgraded to a 6 New Control – Siilo in place New Control – Further confidential bins on the wards New Control – IG Training This risk will no longer appear in the Risk Workshop going forward</p>	<p>Datix updated: 16/04/2024</p>		
					<p>Open Actions</p> <p>1978 WHC to meet with EMED monthly. First meeting took place in March. Review action in 3 months time to ensure consistency with the meetings</p>	<p>28/06/2024</p>	<p>R Green</p>	<p>WHC and EMED met in March for the first time which was a positive meeting. There is a clear escalation route with EMED. Review action in 3 months time to ensure consistency with the meetings and track incident numbers.</p>
					<p>Due</p>	<p>Action Owner</p>	<p>Action Updates</p>	<p>Open Actions</p>

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OPEN	418	<p>WHC staff are utilising WhatsApp for communicating about both identifiable staff and patient information. Utilisation of the app is transferring data via the USA and it is not possible for WHC to manage this system. This is leading to legislative breaches and uncontrolled information being shared in an unsecure manner.</p> <p>The Bed Rail and Levers Review Process</p> <p>Risk Owner: S Olden Category: Operational</p> <p><i>This risk is in relation to the National Patient Safety Alert Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls (NatPSA/2023/010/MHRA). Compliance deadline 01/03/24. MHRA have advised organisations to log a risk if non-compliant after the agreed deadline. WHC are currently not compliant with the patient review aspect of the alert (point 7). The review process which has to be implemented as part of this alert, will create an additional workload for the CTs without additional resource</i></p>	<p>1081 WHC have updated the bed rail policy</p> <p>1082 WHC have created appropriate equipment documentation and review documentation.</p> <p>1083 Liaising with partners to discuss the system wide approach</p> <p>1084 Additional workload has been highlighted to the ICB</p> <p>1085 Staff have had training on the review process</p>	15 Almost Certain Significant	<p>1943 Option paper to be taken to Executive Committee to support the organisational use of Siilo app for secure messaging 15/03/2024 K Smith S Lobb Complete</p> <p>1992 IG/IT to develop and ratify a 'Bring Your Own Device' policy which specifies what WHC staff can utilise their own IT devices for and will inform all staff no patient/staff or commercially sensitive data is to be stored on personal devices – Policy to be circulated for approval by DIGIT POG 23rd April 2024 23/04/2024 S Lobb</p> <p>1993 IG Manager and Communications & Engagement Lead to review Social Media policy and reinforce message that no patient, staff or commercially sensitive data is to be shared via Social Media – Policy to be circulated for approval by DIGIT POG 23rd April 2024 23/04/2024 S Lobb</p>																			
					<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 09/05/2024 Latest Risk Review: 10/04/2024 – Review completed, actions updated. 																			
					<p>Risk Workshop Update:</p> <p>SO presented risk. Risk reviewed and actions updated. There will be no additional funding to implement this. New control – WHC are not intending to complete the bed rail reviews for acute providers New Control – system monitoring of bed rail review pressures WHC reps in play</p> <p>Datix updated: 16/04/2024</p>																			
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OPEN	335	<p>Storage and sharing of WHC-derived medical imaging</p> <p>Owner: Kelsa Smith Category: Operational</p> <p>1) WHC does not have an appropriate system for the storage, management, analysis or sharing of clinical imaging (usually a PACS or Cardiology Mini-PACS) to track retention or aid retrieval of archived images or flag to clinicians that</p>	<p>842 Existing methods of image storage</p> <p>866 SFT now supporting transfer of images from ECHOs for south locality patients to their PACS</p> <p>867 ultrasound images are not stored as these are used for</p>	15 Almost certain Significant	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 18/04/2024 Latest Risk Review: 30/01/2024 - Meetings planned to separate out this risk. <ul style="list-style-type: none"> New Risk re Cardiac Diagnostics gap added 12th March scoring 12 New Risk re Clinical Photography planned for 18th April Update this Risk 335 to accepted re PACS – planned for next risk catch up with KS/VH 																			
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		<p>relevant imaging is available. SystmOne is not well suited to the long term storage of large-size or multi-study/complex imaging.</p> <p>2) WHC does not have any identified resource with responsibility for the safe management of clinical imaging, sending of our imaging into image sharing products such as IEP (image exchange portal), overseeing archiving or safe identification of imaging to the correct patient, managing and correcting images filed in error etc. Usually this is a role performed by a PACS Manager.</p> <p>3) PACS is generally designed to compress and automatically archive image files to ensure they are stored in a cost-effective way which meets legal retention requirements.</p>	<p>assessment and treatment only, no IG risk noted</p> <p>868 All clinical photography is stored on S1 in patient records- for specialist services, CTs and IP/MIU.</p>		<p>1769 review of volume of clinical images by service to be carried out. Following this, will need to consider quality of images and if review of equipment is needed across all services 29/02/2024 J Irlam</p> <p>1889 Clinical Workshop to be developed by the ICB (This action sits in both Risk 335 and 340) 31/03/2024 J Irlam R Hyland</p>
		Updated to "inactive" and moved to Risk 421 Storage and sharing of WHC-derived medical imaging (Cardiac Diagnostics)	Terms of reference to be developed by JI/RH and agree the attendees - deadline end of March		
OPEN	409	<p>Unplanned organisational process changes</p> <p>Risk Owner: V Hamilton, K Smith, J Cheeseborough, H McCann Category: ICT Infrastructure</p> <p><i>Situations may occur whereby unplanned changes to processes and pathways occur, usually in response to discussions with local NHS partners around managing demand. WHC corporate and infrastructure support may be informed after these changes have been adopted and may be unable to respond in a timely manner, leading to pathways on SystmOne no longer mirroring patient pathways and reporting (which WHC is reliant on for decision support) being inaccurate as a result. Further, there may be circumstances whereby the WHC Systems and Informatics team are not informed of changes to pathways, with the same impact.</i></p> <p><i>This may lead to one of two situations</i> <i>*Emergency changes to unit(s) to allow capture of new process. There are inherent risks in making changes at pace including disrupting dependant processes, training guidance not being updated, breaking reporting and inconsistent usage</i> <i>*Other, priority work being delayed or negatively impacted whilst systems and reporting are amended urgently in order to reflect the new processes</i> <i>*SystmOne no longer accurately reflecting the clinical process. For example a service deciding to stop sending e-referrals and instead rely on email meaning the record becomes incomplete, trainers are unaware and therefore provide information on previous ways of working, leading to reporting challenges.</i></p>	<p>1050 Digital Change Board</p> <p>1074 Systems and Informatics team to log an incident in WHC's incident management system where clinical pathways or processes have been amended or updated without the prior agreement and knowledge of the Digital Change Board</p> <p>1106 EQIA process should prevent unfunded commitments being made</p>	12 Likely Significant	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 25/04/2024 Latest Risk Review: 28/03/2024 - risk scoring remains at 12. Actions updated and new control added. <p>Risk Workshop Update: VH presented the risk. Risk has been reviewed and updated.</p> <p>Datix updated: 16/04/2024</p>
		<p>Open Actions</p> <p>1936 Comms to Head of Ops/Managers re changes to clinical reporting requirements need to go through Change Board. KS to draft comms following the presentation at the all staff briefing 25/04/2024 K Smith</p> <p>Comms to be added to the All Staffing Briefing cascade.</p>			
OPEN	386	<p>Inpatients - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning</p> <p>Risk Owner: Rachel Green Category: Operational</p> <p><i>If surges in demand or inadequate staffing capacity could impact the ability for services to respond to need for a period of time (high sickness levels, extreme weather, high</i></p>	<p>1016 Daily escalation process for staffing requests</p> <p>1017 Twice weekly review of Enhanced Care needs</p> <p>1018 Minimal safer staffing identified</p>	12 Likely Significant	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 25/04/2024 Latest Risk Review: 28/03/2024 scoring to remain at 12. Actions updated. <p>Risk Workshop Update: RG presented risk. Risk has been updated and continues to be updated at the monthly risk catch ups with Leads/KG. Continue to work on the actions.</p> <p>Datix updated: 16/04/2024</p>
		<p>Open Actions</p> <p>1906 AMN to discuss this Risk at the next Recovery Team catch up (w/c 29/01/2024) 02/02/2024 AM Nuth Complete</p> <p>1907 Continue to engage with the Recovery Team to agree refreshed safer staffing numbers, attending the Recovery Team weekly catch ups and the Safer Staffing meetings. 31/03/2024 AM Nuth R Green Complete</p>			

Status	ID	Risk Details	Controls	Current Rating	Update																								
OPEN	384	<p>Core Community Teams - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning</p> <p>Risk Owner: H Kahler & S Olden Category: Operational</p> <p><i>If surges in demand or loss of staffing capacity could impact the ability for services to respond to need for a period of time (high sickness levels, extreme weather, high vacancy rates, unexpected demand on services). Then, this could result in increased waiting times, reduction in admissions, temporary service closure, patient safety issues and inability to meet targets (missed appointments and referrals, patient harm, sub-optimal service delivery, reputational damage)</i></p>	<p>920 Shared demand modelling occurs across the local system to understand level of demand to support prediction of surge wherever possible – Monitored by MiDoS / SHREWD</p> <p>921 Enhanced frequency of internal planning meetings to agree responses to low staffed areas, e.g. cross ward working, locality huddles</p> <p>922 The extreme escalation process is that we use our snow day protocol to manage demand pressures in Community Teams</p> <p>923 Looking at developing a Work-To-Model (WTM). This information will be used to compare with safer staffing models in other community services, to reliably measure true capacity.</p> <p>1086 Funding is not used for paused posts re agency spend</p>	<p>12 Likely Significant</p>	<p>1911 Implementation of the Inpatient Recover Plan: Reduce cost and reliance on agency with proposals. This action is an overarching aim in the Inpatient Recovery Plan. 31/07/2024 AM Nuth R Green</p> <p>Ongoing work with agencies and HR to reduce cost pressures further. Negotiated significantly reduced hourly rate for agency engagement. Keep action open and review monthly to monitor agency usage and agency spent.</p>																								
					<p>1912 Implementation of the Inpatient Recover Plan: Develop sustainable community bed model for 24/25. This action is an overarching aim in the Inpatient Recovery Plan. 30/09/2024 SA Carvill</p> <p>This action forms part of the Community Bid. Awaiting outcome to determine next steps with community wards.</p>																								
<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 25/04/2024 Latest Risk Review: 28/03/2024 - scoring to remain at 12. Actions updated. <p>Risk Workshop Update: HK presented Risk. Risk has been reviewed and updated. Risk continues to be updated at the monthly risk catch ups with Leads and KG. Actions remain in progress.</p> <p style="text-align: right;">Datix updated: 16/04/2024</p>																													
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OPEN	338	<p>Safe Administration and Effective Management of insulin for all services</p> <p>Risk owner: L Byrne-Jones/ H Kahler Category: Quality</p> <p><i>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.</i></p>	<p>801 Requirement for all registered nursing staff who administer/handle insulin to complete the self insulin training</p> <p>802 Provision of ad-hoc face to face training to teams in response to local need</p> <p>803 DSNs provide training to primary care on a regular basis.</p>	<p>12 Likely Significant</p>	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 06/05/2024 Latest Risk Review: 07/04/2024 - Risk and actions reviewed in preparation for risk workshop and Meds POG. <p>Risk Workshop Update Risk owner not able to join workshop. Risk has been updated and reviewed intime for the risk workshop. No questions or concerns.</p> <p style="text-align: right;">Datix updated: 16/04/2024</p>																								
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			NSIs from WHC have accessed this training.														
			804 Safe and Secure Handling of Medicines policy provides some guidance on insulin administration and prescribing		<p>1751 – Providing support for patients who self-manage. 4 x patient leaflets have been created and approved - these are being distributed to patients and primary care staff. To develop SOP to support staff in assessing patients for suitability to self-administer their insulin.</p> <p>1971 The DSNs and Ed and T team are planning daily focussed events for insulin safety week 1-5th July. The aim is promote insulin safety and education to WHC clinicians.</p>												
					<p>before sending out to III QIP for comments. Aim is to have the policy ready to send out to Meds POG for remote voting by end of April/beginning of May.</p> <p>SOP is being reviewed following comments from initial consultation. Aim is to have the amended SOP ready for review by 31st May 2024.</p> <p>Events to include: Roadshows, Inpatient ward visits, Community team base visits, new insulin home page added to the WHC intranet where all resources will be stored to enable easy access by staff, appearance on WHC all star briefing session, DSNs will develop resources e.g. lanyard sized information cards, short videos related to insulin safety week, a different MS Teams Education session for each day of the Insulin Safety week: Monday 1st - Insulin profiles Tuesday 2nd - concentrated insulins Wednesday 3rd - Ketones Thursday 4th - Injection technique Friday 5th - Safe prescribing and administration These topics link with common themes identified via datixs. Also possible night time visits to the inpatient units.</p>												
OPEN	340	Lack of capacity in the Heart Failure Nurse Workforce	800 Case Review	12 Likely Significant	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 25/04/2024 Latest Risk Review: 29/02/2024 - Risk reviewed and actions updated. Scoring remains. Awaiting larger system decisions. <p>Risk Workshop Update: RH presented risk. Open actions mirror the same actions in Risk 340. RH providing KG with an update to these actions. Clinical triage and caseload management refreshed including RAG rating triage– add this as a control New action – RH/JL to articulate that gap between what we are doing and what is displayed on the performance dashboard – RH/JL 31/05/2024</p>												
		<p>Risk Owner: Rebecca Hyland Category: Operational</p> <p><i>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.</i></p>	<p>943 Community heart failure service has increased clinical demands, with small workforce, so there is a miss match between capacity and demand, therefore a waiting list is in development to manage the patient load in the absence of sufficient staffing.</p>		<p>Datix updated: 16/04/2024</p>												
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OPEN	304	If there is insufficient pharmacy capacity (Inpatient Wards/MIU), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HPCP)	654 GAP - Consultant Nurses in post who undertake medication reviews and medication reconciliation.	12 Likely Significant	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 06/05/2024 Latest Risk Review: 07/04/2024 - Risk review in preparation for Risk Review workshop and Meds POG prep <p>Risk Workshop Update: Risk owner not able to join Risk Workshop – Risk has been updated and reviewed for the Risk Workshop. Add actions regarding the RUH issues – review scoring. KG and LBJ to catch up. Changing control 654 to a gap and linking to the medical cover risk</p>												
		<p>656 SLA in place with the acute hospitals</p>	<p>Datix updated: 16/04/2024</p>														
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410	<p>regulation will be adversely affected</p> <p>Risk Owner: Louise Byrne-Jones Category: Quality</p> <p><i>If there is insufficient pharmacy capacity (inpatient wards), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HCPC) regulation will be adversely affected. Examples include;</i></p> <ul style="list-style-type: none"> 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 	<p>pharmacy departments for medicines supply and clinical ward pharmacy service</p> <p>863 Current provision of pharmacy services under SLAs</p> <p>864 LBJ and TY to set up monthly meetings with each ward manager.</p>	1371	Increase pharmacist capacity	30/06/2024 L Byrne-Jones	Work is ongoing with exploring the different options available within the current budget for the Pharmacy SLAs including increased pharmacy and pharmacy technician support and EPMA. Currently the biggest cost pressure appears to be transport costs. No update on the following: Business case to create three frailty pharmacist posts covering three localities (equating to 2 WTE Band 8a Pharmacists) is on hold due to budget pressures on new posts. LBJ met with HK to discuss the benefit of these roles within the community teams. HK to discuss further with the CSMs. The Band 5 Medicine Management Pharmacy Technicians (ward-based) role and recruitment has been put on hold due to budget pressures.															
	<p>Lack of Operational R&D Function</p> <p>Risk Owner: S Quarrie Category: Quality</p> <p><i>If WHC does not have Operational R&D function, then WHC will be unable to effectively scope and attract research (including funding opportunities) or manage R&D Governance process updates.</i></p>	<p>1060 Training has been completed with the Clinical Governance Lead supporting R&D</p> <p>1061 Clinical Effectiveness Group has a standing agenda item to discuss R&D projects and hold individuals to account for this work (This reports into Q&P and HFC)</p> <p>1062 R&D policy has been ratified</p> <p>1063 Small amount of funding secured for an ED&I project which will have Operational capacity attached</p> <p>1064 BSW R&D support continues</p>	12 Likely Significant		1372	Increase pharmacy technician capacity	30/06/2024 L Byrne-Jones	Work is ongoing with exploring the different options available within the current budget for the Pharmacy SLAs including increased pharmacy and pharmacy technician support and EPMA. Currently the biggest cost pressure appears to be transport costs. No update on the following: The Band 5 Medicine Management Pharmacy Technicians (ward-based) role and recruitment has been put on hold due to budget pressures.													
<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 23/05/2024 Latest Risk Review: 10/04/2024 – Risk reviewed and actions updated <p>Risk Workshop Update:</p> <ul style="list-style-type: none"> SQ presented risk. KG met with SS and ED to update this risk 10/04/24. <p>Datix updated: 16/04/2024</p> <table border="1"> <thead> <tr> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> <th>Open Actions</th> </tr> </thead> <tbody> <tr> <td>1940 Set up a memorandum to enable adhoc R&D Operational support on a project basis (Research funding will be used to fund this arrangements, funding will not be expected from WHC revenue)</td> <td>30/06/2024</td> <td>S Greenland</td> <td>MOU has been reviewed and is sat with Head of Dept at Berkshire Healthcare for final review and sign off facilitation - ED to chase this and provide update via email to SQ - Deadline extended to enable facilitation sign off</td> </tr> <tr> <td>1941 The development of core Standard Operating Procedures to support existing staff with implementation of R&D functions.</td> <td>26/06/2024</td> <td>S Sousa</td> <td>Remains work in progress. 3 have been submitted and transferred onto WHC SOP templates. Remaining 2 in development. Deadline date extended to end of Q1 to facilitate the final implementation</td> </tr> <tr> <td>1942 Berkshire Healthcare R&D Operations Manager to provide formal mentoring support to relevant WHC Staff e.g. Clinical Governance Lead</td> <td>29/03/2024</td> <td>S Sousa</td> <td>Complete</td> </tr> </tbody> </table>						Due	Action Owner	Action Updates	Open Actions	1940 Set up a memorandum to enable adhoc R&D Operational support on a project basis (Research funding will be used to fund this arrangements, funding will not be expected from WHC revenue)	30/06/2024	S Greenland	MOU has been reviewed and is sat with Head of Dept at Berkshire Healthcare for final review and sign off facilitation - ED to chase this and provide update via email to SQ - Deadline extended to enable facilitation sign off	1941 The development of core Standard Operating Procedures to support existing staff with implementation of R&D functions.	26/06/2024	S Sousa	Remains work in progress. 3 have been submitted and transferred onto WHC SOP templates. Remaining 2 in development. Deadline date extended to end of Q1 to facilitate the final implementation	1942 Berkshire Healthcare R&D Operations Manager to provide formal mentoring support to relevant WHC Staff e.g. Clinical Governance Lead	29/03/2024	S Sousa	Complete
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2.10.4 Accepted Risks

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ACCEPTED	394	<p>Infrastructure/IT - Risk of surges in demand or loss of staffing capacity over a sustained period of time</p> <p>Risk Owner: V Hamilton/K Smith Category: ICT infrastructure</p> <p><i>If there are peaks in demand for IT systems and informatic services, then there is unlikely to be the capacity to respond in the required timeframe.</i></p>	937 Reprioritisation of existing work	12 Possible Major	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 26/09/2024 Latest Risk Review: 28/03/2024 - Risk updated to accepted. Risk was discussed at Exec Co/Risk Workshop and the risk has been accepted, scoring to remain at 12. No further controls or actions to be added. Review in six months. This risk has been merged with risk 92. <p>Risk Workshop Update: Accepted risk, not discussed in detail at workshop. Review not due. Risk continues to be monitored at the monthly risk catch's up between leads and KG.</p> <p>Datix updated: 16/04/2024</p> <table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td colspan="4">No open actions</td> </tr> </tbody> </table>	Open Actions	Due	Action Owner	Action Updates	No open actions			
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ACCEPTED	348	<p>Datawarehouse development resource</p> <p>Risk Owner: V Hamilton, K Smith Category: ICT Infrastructure</p> <p><i>WHC has an existing contractual arrangement with GWH to provide a Business Objects Universe as part of their overall Datawarehouse. The arrangement includes:</i></p> <ul style="list-style-type: none"> *Access to Careflow inpatient data warehouses *Ongoing provision and maintenance of the SystemOne Business Objects Universe including daily export/import of data from SystemOne *Conversion of XML data and submission to support clinical delivery of services, performance reporting and applicable NHS reporting guidance and standards relevant to WHC *Clinical coding of inpatient stays <p><i>The existing contract only makes provision for best endeavours updates and development work on the datawarehouse. A number of increasingly urgent changes which will improve efficiency and enable the creation of new mandatory required data fields is now necessary, however the GWH team have been explicit that they do not currently have resource to support any additional work on WHC's behalf and that investment in additional</i></p>	<p>890 Bulk uploads to correct deletions</p> <p>891 Manual workaround processes to derive data fields not in data warehouse</p>	20 Likely Catastrophic Risk Movement 10 > 20	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 28/06/2024 Latest Risk Review: 21/02/2024 - Current lack of resource cannot be resolved until local organisations have completed reorganisation work which may determine whether WHC can leverage resource in partner organisations. <p>Risk Workshop Update: Accepted risk, not discussed in detail at workshop. Review not due. Risk continues to be monitored at the monthly risk catch's up between leads and KG.</p> <p>Datix updated: 16/04/2024</p> <table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td>1788 To agree as part of contract renegotiations how GWH will provide development resource to make the regular and necessary changes to the data warehouse to reflect reporting requirement changes.</td> <td>31/07/2024</td> <td>K Smith</td> <td>GWH remain unable to provide additional resource beyond existing arrangement and it has not been possible to negotiate further resource from within the GWH team. WHC had been exploring with the ICB BI team whether resource from their team may be able to assist but the current re-organisation in the ICB means that they are currently unable to commit to supporting WHC at this time.</td> </tr> </tbody> </table>	Open Actions	Due	Action Owner	Action Updates	1788 To agree as part of contract renegotiations how GWH will provide development resource to make the regular and necessary changes to the data warehouse to reflect reporting requirement changes.	31/07/2024	K Smith	GWH remain unable to provide additional resource beyond existing arrangement and it has not been possible to negotiate further resource from within the GWH team. WHC had been exploring with the ICB BI team whether resource from their team may be able to assist but the current re-organisation in the ICB means that they are currently unable to commit to supporting WHC at this time.
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1788 To agree as part of contract renegotiations how GWH will provide development resource to make the regular and necessary changes to the data warehouse to reflect reporting requirement changes.	31/07/2024	K Smith	GWH remain unable to provide additional resource beyond existing arrangement and it has not been possible to negotiate further resource from within the GWH team. WHC had been exploring with the ICB BI team whether resource from their team may be able to assist but the current re-organisation in the ICB means that they are currently unable to commit to supporting WHC at this time.										
ACCEPTED	395	<p>WHC does not have an integration engine or technical resources to support one, leading to manual integration of systems where this is possible</p> <p>Risk Owner: V Hamilton/K Smith Category: ICT infrastructure</p>	938 Manual integration of systems where this is possible	16 Likely Major	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 14/02/2025 Latest Risk Review: 16/02/24 Risk accepted and review annually <p>Risk Workshop Update: Accepted risk, not discussed in detail at workshop. Review not due. Risk continues to be monitored at the monthly risk catch's up between leads and KG.</p> <p>Datix updated: 16/04/2024</p> <table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td colspan="4">No open actions</td> </tr> </tbody> </table>	Open Actions	Due	Action Owner	Action Updates	No open actions			
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No open actions													

Status	ID	Risk Details	Controls	Current Rating	Update												
ACCEPTED	331	<p>WHC does not have an integration engine or technical resources to support one, leading to manual integration of systems where this is possible. As a result of this, where possible systems are being integrated into SystmOne manually, however there are some systems where there is no integration possible and as a result we are creating unlinked data, or data held in silos. There is not the technical expertise within the team to deliver these changes and improvements and when there are issues it can take a significant amount of time and resource to address. This can also create a clinical risk.</p> <p>Lack of Inpatient EPR Risk Owner: Kelsa Smith Category: ICT Infrastructure 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.</p> <p>There is a risk that WHC will be unable to implement and maintain a supported EPR unless significant investment is made. Currently the level of investment required is considered to be beyond WHC's means</p>	<p>786 Access to ICE Pathology System</p> <p>787 Care Centric Integrated Care Record</p> <p>788 Shared Excel Spreadsheets</p> <p>790 Collection and analysis of activity data, population health data and clinical audit data is difficult and in many cases reliant on complex spreadsheets or analysis of paper notes.</p> <p>903 KS continue to attend the Digital Board</p>	<p>15 Almost certain Significant</p>	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 31/05/2024 Latest Risk Review: 30/11/23 – No current change to risk, review in 6 months time <p>Risk Workshop Update: Accepted risk, not discussed in detail at workshop. Review not due. Risk continues to be monitored at the monthly risk catch's up between leads and KG.</p> <p>Datix updated: 16/04/2024</p> <table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td>1735 Inpatient team streamlining documentations to mitigate lack of EPR</td> <td>09/02/2024</td> <td>R Green</td> <td>CQC Action Plan Update: 10/01/24 – The documentation group was set up to review inpatient documentation. Since the CQC visit, the group has focused on reviewing patient centred care, several care plans have been refreshed and trialled 3 times. There were 11 docs that went to CPAG and only the stool chart was approved. Next CPAG meeting planned 6th Feb</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Julie Fitzgerald will let KG know when the food chart care plan has been approved - action can then be closed.</td> </tr> </tbody> </table>	Open Actions	Due	Action Owner	Action Updates	1735 Inpatient team streamlining documentations to mitigate lack of EPR	09/02/2024	R Green	CQC Action Plan Update: 10/01/24 – The documentation group was set up to review inpatient documentation. Since the CQC visit, the group has focused on reviewing patient centred care, several care plans have been refreshed and trialled 3 times. There were 11 docs that went to CPAG and only the stool chart was approved. Next CPAG meeting planned 6 th Feb				Julie Fitzgerald will let KG know when the food chart care plan has been approved - action can then be closed.
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			Julie Fitzgerald will let KG know when the food chart care plan has been approved - action can then be closed.														
ACCEPTED	280	<p>Increased Cyber Security Risk Owner: Kelsa Smith Category: ICT Infrastructure</p> <p>WHC has been advised that due to the ongoing political situation around the invasion of Ukraine there is an increased threat of Cyber Attack against NHS targets by Russian State-sponsored hacking groups. This has led to a review of WHC's cyber position and number of recommended changes to improve our security.</p>	<p>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.</p> <p>902 IT Health Dashboard</p> <p>1105 Annual pen test planned</p>	<p>12 Possible Major</p>	<p>Risk Review</p> <ul style="list-style-type: none"> Next Review Date: 25/07/2024 Latest Risk Review: 28/03/2024 - Actions have been updated. Risk scoring to remain at 12 and remains as an accepted risk. Review quarterly <p>Risk Workshop Update: Accepted risk, not discussed in detail at workshop. Review not due. Risk continues to be monitored at the monthly risk catch's up between leads and KG.</p> <p>Datix updated:</p> <table border="1"> <thead> <tr> <th>Open Actions</th> <th>Due</th> <th>Action Owner</th> <th>Action Updates</th> </tr> </thead> <tbody> <tr> <td>1326 - Additional multifactor authentication on VPN and NHS mail - Additional multifactor authentication on VPN and NHS mail in progress</td> <td>25/04/2024</td> <td>K Smith</td> <td>Configuration changes are underway and once completed WHC will proceed with implementing MFA on the VPN solution. Pen test will take place 8th April which will provide assurance</td> </tr> <tr> <td>1591 - Ensure all network ingress points including telephony are included in the scope of penetration tests going forward.</td> <td>31/03/2024</td> <td>K Smith</td> <td>Test scheduled for 8th April 2024 - closing action.</td> </tr> </tbody> </table>	Open Actions	Due	Action Owner	Action Updates	1326 - Additional multifactor authentication on VPN and NHS mail - Additional multifactor authentication on VPN and NHS mail in progress	25/04/2024	K Smith	Configuration changes are underway and once completed WHC will proceed with implementing MFA on the VPN solution. Pen test will take place 8th April which will provide assurance	1591 - Ensure all network ingress points including telephony are included in the scope of penetration tests going forward.	31/03/2024	K Smith	Test scheduled for 8th April 2024 - closing action.
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3 Recommendations

Advise

- The 15+ risks are summarised in the table below (arranged by scoring)

Current Rating	Status	Δ	Risk Details
25 Catastrophic Almost certain	Open	3 4 1	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: N Rowland/S Hurford-Potter Category: Financial
20 Major Almost Certain	Open	4 1 9	There is currently no Consultant Practitioner on Savernake Ward due to long term sickness and upcoming/known vacancy Risk Owner: L Haywood, R Green, J Brookfield, J Meacham Category: Operational
20 Likely Catastrophic	Accepted	3 4 8	Datawarehouse development resource Risk Owner: V Hamilton, K Smith Category: ICT Infrastructure
Risk Movement 10 > 20			
16 Likely Major	Open	3 0 3	Workforce Capacity Owner: Niamh Hughes Category: Workforce
16 Likely Major	Accepted	3 9 5	WHC does not have an integration engine or technical resources to support one, leading to manual integration of systems where this is possible Risk Owner: V Hamilton/K Smith Category: ICT infrastructure
15 Possible Catastrophic	Open	3 7 8	WHC Reporting dependence on Business Objects File Schedule Risk Owner: J Cheeseborough Category: ICT Infrastructure
Risk Movement 10 > 15			
15 Almost Certain Significant	Open	3 3 7	Inadequate Patient Transport Services via contract Risk Owner: AM Nuth & R Green Category: Operational
15 Almost Certain Significant	Open	4 1 1	Legislative breach through continued use of WhatsApp messaging for identifiable data Risk Owner: S Lobb Category: Legal/Regulatory Compliance
15 Almost Certain Significant	Open	4 1 8	The Bed Rail and Levers Review Process Risk Owner: S Olden Category: Operational
15 Almost certain Significant	Open	3 3 5	Storage and sharing of WHC-derived medical imaging Owner: Kelsa Smith Category: Operational
15 Almost certain Significant	Accepted	3 3 1	Lack of Inpatient EPR Risk Owner: Kelsa Smith Category: ICT Infrastructure

- Summary report to be presented to Board.
- Note that there are currently 22 open 12+ Risks and discuss that the data in Table 5. Note that there has been an increase in both factors over the past 6 months indicating an increasing risk profile of WHC organisationally.

- A cleanse of the system is underway to ensure old risks have been reviewed and either updated or closed. The Risk module on Datix is being reviewed and the forms re-designed where possible, in line with the WHC Risk Strategy.

Alert

- Nil to alert

Action

- As per the risk workshop (Apr24) and as per Table 4 Risk validation of open risks where a significant increase (up to 45%) is displayed. All Executive take action to support overdue actions to be updated/completed:

ID	Risk	Score	Action required			
331	Lack of Inpatient EPR Risk Owner: Kelsa Smith Category: ICT Infrastructure	15 Almost certain Significant	Open Actions	Due	Action Owner	Action Updates
			1735 Inpatient team streamlining documentations to mitigate lack of EPR	09/02/2024	R Green	CQC Action Plan Update: 10/01/24 – The documentation group was set up to review inpatient documentation. Since the CQC visit, the group has focused on reviewing patient centred care, several care plans have been refreshed and trialled 3 times. There were 11 docs that went to CPAG and only the stool chart was approved. Next CPAG meeting planned 6 th Feb Julie Fitzgerald will let KG know when the food chart care plan has been approved - action can then be closed.
340	Lack of capacity in the Heart Failure Nurse Workforce Risk Owner: Rebecca Hyland Category: Operational	12 Likely Significant	Open Actions	Due	Action Owner	Action Updates
			1601 Development of the business case; first draft has been submitted to key stakeholders for review. Upon their feedback I hop to submit formally 1891 Clinical Workshop to be developed by the ICB (This action sits in	31/03/2024	R Hyland	No further updates, still waiting for direction from ICB and exec Terms of reference to be developed by JI/RH and agree the

ID	Risk	Score	Action required			
			both Risk 335 and 340)		attendees - deadline end of March.	
3 3 5	Storage and sharing of WHC-derived medical imaging	15 Almost certain Significant	Open Actions	Due	Action Owner	Action Updates
			1889 Clinical Workshop to be developed by the ICB (This action sits in both Risk 335 and 340)	31/03/2024	J Irlam R Hyland	
	Owner: Kelsa Smith Category: Operational					
4 2 1	Storage and sharing of WHC-derived medical imaging (Cardiac Diagnostics)	12 Likely Significant	Open Actions	Due	Action Owner	Action Updates
			1973 To clearly articulate the digital pathway modelling to enable clinical pathway needs to be met	25/04/2024	B Hyland J Lindsay	Update - RH to send KG update for overdue actions
	Risk Owner: J Lindsay, R Hyland Category: Operational					

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

5 Appendix - Open Risk Detail

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
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.	Board Risk Register 15+	15/03/2023	01/05/2024	25	Ms Nikki Rowland	Yes	Yes	No	Yes	Yes	No	↑
348	ACCEPTED RISK - Datawarehouse development resource	Board Risk Register 15+	18/04/2023	28/06/2024	20	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	No	↑
419	There is currently no Consultant Practitioner on Savernake Ward due to long term sickness and upcoming/known vacancy	Board Risk Register 15+	06/03/2024	25/04/2024	20	Miss Jessica Brookfield	Yes	Yes	No	Yes	Yes	No	↑
303	Workforce Capacity	Board Risk Register 15+	22/06/2022	05/04/2024	16	Ms Niamh Hughes	Yes	Yes	Yes	Yes	No	Yes	↑
365	non payment of non-consolidated pay award	Board Risk Register 15+	24/07/2023	10/04/2024	16	Mrs Shirley-Ann Carvill	Yes	Yes	No	Yes	Yes	No	↔
395	ACCEPTED RISK - WHC does not have an integration engine or technical resources to support one, leading to manual integration of systems where this is possible.	Board Risk Register 15+	04/01/2024	14/02/2025	16	Mrs Kelsa Smith	Yes	Yes	No	No	No	No	↔
331	ACCEPTED RISK - Lack of Inpatient EPR	Board Risk Register 15+	25/01/2023	31/05/2024	15	Mrs Kelsa Smith	Yes	Yes	Yes	Yes	Yes	No	↔
335	Storage and sharing of WHC-derived medical imaging	Board Risk Register 15+	13/02/2023	29/03/2024	15	Miss Julie Irlam	Yes	Yes	No	Yes	Yes	Yes	↔
337	Inadequate Patient Transport Services via contract	Board Risk Register 15+	17/02/2023	25/04/2024	15	Mrs AnneMarie Nuth	Yes	Yes	Yes	Yes	No	No	↔
378	WHC Reporting dependence on Business Objects File Schedule	Board Risk Register 15+	27/10/2023	30/04/2024	15	Mrs Jane Cheeseborough	Yes	Yes	No	Yes	No	No	↑

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
418	The Bed Rail and Levers Review Process	Exec co Risk Register 12+	06/03/2024	04/04/2024	15	Mr Sam Olden	Yes	Yes	No	Yes	Yes	Yes	↔
411	Legislative breach through continued use of WhatsApp messaging for identifiable data	Information Governance	28/02/2024	30/05/2024	15	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	No	↑
280	ACCEPTED RISK - Global elevated Cyber Security Risk	Exec co Risk Register 12+	11/03/2022	25/07/2024	12	Mrs Kelsa Smith	Yes	Yes	No	Yes	No	No	↔
304	If there is insufficient pharmacy capacity (Inpatient Wards/MIU), then patient and staff safety, organisational (CQC/Home Office/Legislation) and staff (NMC/GPHC/GMC/HCPC) regulation will be adversely affected.	Exec co Risk Register 12+	23/06/2022	06/05/2024	12	Mrs Louise ByrneJones	Yes	Yes	Yes	Yes	No	No	↑
338	Safe Administration and Effective Management of insulin for all services	Exec co Risk Register 12+	02/03/2023	06/05/2024	12	Mrs Heather Kahler	Yes	Yes	No	Yes	Yes	No	↔
340	Lack of capacity in the Heart Failure Nurse Workforce	Exec co Risk Register 12+	15/03/2023	28/03/2024	12	Ms Rebecca Hyland	Yes	Yes	No	Yes	Yes	Yes	↔
384	Core Community Teams - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	Exec co Risk Register 12+	06/12/2023	25/04/2024	12	Mr Sam Olden	Yes	Yes	Yes	Yes	No	No	↔
386	Inpatients - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	Exec co Risk Register 12+	06/12/2023	25/04/2024	12	Ms Rachel Green	Yes	Yes	Yes	Yes	No	No	↔
394	Infrastructure/IT - Risk of surges in demand or loss of staffing capacity over a sustained period of time	Exec co Risk Register 12+	04/01/2024	26/09/2024	12	Mrs Kelsa Smith	Yes	Yes	No	No	No	No	↔

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
409	Unplanned organisational process changes	Exec co Risk Register 12+	08/02/2024	25/04/2024	12	Mrs Helen McCann	Yes	Yes	Yes	Yes	No	No	↑
410	Lack of Operational R&D Function	Exec co Risk Register 12+	27/02/2024	10/04/2024	12	Mrs Sara Quarrie	Yes	Yes	No	Yes	Yes	No	↔
421	Storage and sharing of WHC-derived medical imaging (Cardiac Diagnostics)	Exec co Risk Register 12+	12/03/2024	25/04/2024	12	Mrs Jane Lindsay	Yes	Yes	Yes	Yes	Yes	No	↔
377	NHSmail accounts being removed due to inactivity	Information Governance	19/10/2023	31/03/2024	10	Mr Steven Lobb	Yes	Yes	Yes	No	No	Yes	↔
235	Integrated Neuro Team - Risk of surges in demand or loss of staffing capacity over a sustained period of time	Integrated Community Neuro and Stroke Service	08/07/2021	26/04/2024	10	Donna Bayliss	Yes	Yes	Yes	Yes	No	No	↑
396	Out of Hours on site IT Support Provision	IT, Systems and Informatics	04/01/2024	17/02/2025	10	Mrs Kelsa Smith	Yes	Yes	No	Yes	No	No	↓
397	There is limited IT, Systems and Informatics Strategic Leadership capacity	IT, Systems and Informatics	04/01/2024	25/04/2024	10	Mrs Kelsa Smith	Yes	Yes	No	Yes	No	No	↓
398	ACCEPTED RISK - Inadequate Digital skills	IT, Systems and Informatics	04/01/2024	31/05/2024	10	Mrs Kelsa Smith	Yes	Yes	Yes	Yes	No	No	↓
334	CHC Caseload Increase	Learning Disabilities (CTPLD)	08/02/2023	12/02/2024	10	Mrs Petula Daley	Yes	No	No	No	No	Yes	↑
349	CPA Care Coordination	Learning Disabilities (CTPLD)	20/04/2023	12/02/2024	10	Mrs Petula Daley	Yes	No	No	No	No	Yes	↔
391	CTPLD IT Access	Learning Disabilities (CTPLD)	02/01/2024	23/02/2024	10	Mrs Kelsa Smith	Yes	Yes	No	Yes	No	Yes	↓
312	Inappropriate Attendances to MIU	Minor Injury Units	23/08/2022	30/04/2024	10	Mr Barry Iedema	Yes	Yes	Yes	Yes	No	No	↔
313	Reduced opening time TCH MIU	Minor Injury Units	23/08/2022	30/04/2024	10	Mr Barry Iedema	Yes	Yes	No	Yes	No	No	↔
390	Admin / Reception cover MIU	Minor Injury Units	27/12/2023	30/04/2024	10	Mr Barry Iedema	Yes	Yes	No	Yes	No	No	↔
401	MIU Triage 15 minute target	Minor Injury Units	11/01/2024	30/04/2024	10	Mr Barry Iedema	Yes	Yes	No	Yes	No	No	↔

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
402	Lack of protected time for on duty staff to complete reporting and referral checks	Minor Injury Units	16/01/2024	30/04/2024	10	Mr Barry ledema	Yes	Yes	No	No	No	No	↔
326	The impact and consequences of not sharing clinical risk assessment with patients (vulnerable and non-vulnerable) and share decisions about treatment and care	Community Teams	21/12/2022	19/04/2024	9	Mr Sam Olden	Yes	Yes	Yes	Yes	No	No	↔
355	Manual Handling within PW2 Hub beds	Community Teams	09/05/2023	06/06/2023	9	Mrs Clare Blakeley	Yes	No	No	Yes	No	Yes	↔
119	Mandatory and role essential training compliance bank	Education and Training	09/06/2020	30/04/2024	9	Mrs Antoinette Snelling	Yes	Yes	Yes	Yes	Yes	No	↔
413	Delay in implementing Quality Framework for Preceptorship	Education and Training	28/02/2024	29/03/2024	9	Mrs Antoinette Snelling	Yes	Yes	No	No	No	Yes	↔
129	Service Recovery Specialist Services	HOS register Specialist services	07/07/2020	30/04/2024	9	Mr Paul Mabey	Yes	Yes	Yes	Yes	No	No	↔
385	MSK/LTC - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	HOS register Specialist services	06/12/2023	28/03/2024	9	Miss Julie Irlam	Yes	Yes	Yes	Yes	Yes	Yes	↓
292	Uncontrolled storage and management of electronic documentation, leading to non compliance with legislation and national guidance	Information Governance	28/04/2022	29/03/2024	9	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	Yes	↔
301	Smartcard and RA process not effectively managed through external contract and current processes	Information Governance	07/06/2022	31/10/2024	9	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	No	↔
407	In Reach - Risk of surges in demand or loss of staffing capacity over a	In-Reach Team	24/01/2024	29/02/2024	9	Mrs Annette White	Yes	Yes	Yes	Yes	Yes	Yes	↔

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
	sustained period of time and without commissioning												
257	Organisation has no Clinical Safety Officer	IT, Systems and Informatics	16/11/2021	23/05/2024	9	Mrs Kelsa Smith	Yes	Yes	No	Yes	No	No	↓
412	Lack of capacity to support the delivery of organisational projects	IT, Systems and Informatics	28/02/2024	29/04/2024	9	Mrs Kelsa Smith	Yes	Yes	Yes	No	No	No	↔
81	Missed medications inpatient wards	Medicines Governance	17/10/2019	15/04/2024	9	Mrs Louise ByrneJones	Yes	Yes	No	Yes	Yes	No	↔
242	Medicines Reconciliation via the Home First service	Medicines Governance	02/09/2021	15/04/2024	9	Mrs Louise ByrneJones	Yes	Yes	No	Yes	No	No	↔
317	Increased incidence of errors relating to administration in Community Nursing Teams	Medicines Governance	31/10/2022	15/04/2024	9	Mrs Louise ByrneJones	Yes	Yes	No	Yes	Yes	No	↔
372	Dosette Boxes NHS@Home	Medicines Governance	04/10/2023	15/04/2024	9	Mrs Gemma Pugh	Yes	Yes	No	Yes	No	No	↔
406	MIU - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	Minor Injury Units	24/01/2024	30/04/2024	9	Mr Barry Iedema	Yes	Yes	Yes	Yes	Yes	No	↔
229	If there is staffing issues (high sickness rate, high vacancy rates, aging workforce, flexible retirement requests), then avoidable harm may occur to patients due to availability and access to podiatry services	Podiatry	21/06/2021	08/02/2024	9	Mr Paul Mabey	Yes	Yes	Yes	Yes	Yes	Yes	↔
67	Managing Missed Child Appointments	Safeguarding Child and Adult	29/05/2019	31/01/2024	9	Mrs Antoinette Snelling	Yes	Yes	Yes	Yes	Yes	Yes	↔
287	ACCEPTED - WHC do not review and close the incidents within 14 days then there is a risk that key issues and learning	Clinical Governance	08/04/2022	08/01/2025	8	Mrs Caroline Wylie	Yes	Yes	Yes	Yes	No	No	↔

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
	may not be identified and acted upon within the agreed timeframes.												
286	Increasing Levels of Inflation affecting utilities, supplier prices and cost of living for staff.	Finance	07/04/2022	09/04/2024	8	Ms Sarah Hurford-Potter	Yes	Yes	No	Yes	No	Yes	↓
416	Access to ICE	Heart Failure Service	05/03/2024	09/04/2024	8	Ms Rebecca Hyland	Yes	Yes	No	No	No	Yes	↔
243	The Full Business Care (FBC) for re-providing the Estate in Trowbridge Hospital is not approved, therefore services will remain being delivered from Trowbridge Hospital.	Infrastructure	02/09/2021	25/04/2024	8	Mrs Victoria Hamilton	Yes	Yes	No	Yes	No	No	↓
305	Spasticity Pathway	Integrated Community Neuro and Stroke Service	28/06/2022	27/06/2024	8	Donna Bayliss	Yes	Yes	Yes	Yes	No	No	↓
264	Increased demand and lack of established capacity for business as usual learning disability services.	Learning Disabilities (CTPLD)	07/12/2021	12/02/2024	8	Mrs Petula Daley	Yes	No	No	No	No	Yes	↔
110	Guidance to GP's from Wessex LMC Ltd on the use of MARs charts in community	Medicines Governance	22/04/2020	15/04/2024	8	Mrs Louise ByrneJones	Yes	Yes	No	Yes	No	No	↓
169	Limited assurance regarding competency of NMP	Medicines Governance	18/11/2020	08/04/2024	8	Mrs Gabrielle Tilley	Yes	Yes	Yes	Yes	No	Yes	↔
420	Sustainability in Staff Influenza Campaign 2024-25	Medicines Governance	07/03/2024	12/04/2024	8	Mrs Louise ByrneJones	Yes	No	No	No	No	No	↔
98	SystemOne inputting errors	Minor Injury Units	05/02/2020	30/04/2024	8	Mr Barry Iedema	Yes	Yes	No	Yes	Yes	No	↓
282	Delayed ambulance transfers from MIU to acute settings	Minor Injury Units	21/03/2022	30/04/2024	8	Mr Barry Iedema	Yes	Yes	No	Yes	Yes	No	↓

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
333	Unable to refer patients to GWH fracture clinic due to block on image transfer (Chippenham MIU)	Minor Injury Units	03/02/2023	30/04/2024	8	Mr Barry ledema	Yes	Yes	No	Yes	No	No	↔
404	Entrance doors into TCH MIU not locked during the weekend.	Minor Injury Units	22/01/2024	30/04/2024	8	Mr Barry ledema	Yes	Yes	No	No	No	No	↔
383	Access issues with PACS (MSK South)	MSK Physiotherapy	06/12/2023	28/05/2024	8	Mr Craig Evans	Yes	Yes	No	Yes	Yes	No	↔
356	Estates Pressures South MSK Physiotherapy	MSK Physiotherapy / OIS	17/05/2023	28/05/2024	8	Mr Craig Evans	Yes	No	No	Yes	Yes	No	↓
296	Non commissioned palliative oxygen prescribing	Respiratory	25/05/2022	31/03/2024	8	Miss Julie Irlam	Yes	Yes	No	No	No	Yes	↓
405	Patient Handling Training Delivery	Safety Services	24/01/2024	30/04/2024	8	Mrs Jo Woodward	Yes	Yes	Yes	Yes	No	No	↔
423	Hospital @ Home Infection Prevention and Control resourcing	Safety Services	26/03/2024	10/05/2024	8	Mrs Jo Woodward	Yes	Yes	No	Yes	No	No	↓
230	Limited Capacity within SALT team to provide support on WHC inpatient wards.	Speech and Language Therapy (SALT)	25/06/2021	09/01/2023	8	Mrs Sam Dicks	Yes	Yes	Yes	Yes	Yes	Yes	↔
283	No commissioned service for patients with ASD or Asperger's syndrome	Speech and Language Therapy (SALT)	28/03/2022	05/09/2022	8	Mrs Sam Dicks	Yes	No	No	No	No	Yes	↔
347	Storage and clinic space is no longer appropriate for the size of the service.	Wheelchair Services	06/04/2023	31/07/2024	8	Mrs Wendy Busby	Yes	Yes	Yes	Yes	No	No	↔
380	Company Secretary Vacancy	Board Risk Register 15+	03/11/2023	10/04/2024	6	Mrs Shirley-Ann Carvill	Yes	Yes	Yes	Yes	Yes	No	↓
324	Consistently poor compliance (<85%) with reviewing policies within the specified timeframes	Clinical Governance	12/12/2022	04/04/2023	6	Miss Emma Crowe	Yes	Yes	No	Yes	Yes	Yes	↔
60	Missed visits in community teams and missed medications .	Community Teams	05/03/2019	15/04/2024	6	Mrs Heather Kahler	Yes	Yes	No	Yes	No	No	↔

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
7	ACCEPTED RISK - Lone Working	Community Teams	14/03/2019	31/03/2025	6	Mrs Heather Kahler	Yes	Yes	No	Yes	No	No	↓
262	IT systems support for overnight service	Community Teams	29/11/2021	06/02/2024	6	Mrs Kaye Lawton	Yes	Yes	No	Yes	Yes	Yes	↔
218	Increase in referrals to Continence Service	Continence Services	28/05/2021	31/07/2024	6	Mrs Karen Redgrove	Yes	Yes	No	Yes	No	No	↔
415	Increased spend in Continence Containment products	Continence Services	05/03/2024	30/09/2024	6	Mrs Heather Kahler	Yes	Yes	No	Yes	No	No	↔
288	Website service area ownership and maintenance of content	Corporate Governance	25/04/2022	08/09/2023	6	Mrs Emma Bye	Yes	Yes	Yes	Yes	Yes	Yes	↓
330	Training compliance data will show a fall on implementation of the new learning management system	Education and Training	24/01/2023	31/05/2024	6	Mrs Antoinette Snelling	Yes	Yes	Yes	Yes	Yes	No	↔
353	RUH Capacity Issues	Finance	03/05/2023	01/08/2024	6	Ms Sarah Hurford-Potter	Yes	Yes	Yes	Yes	Yes	No	↓
345	Unclear budget boundaries for two cardiac services that WHC provide	Heart Failure Service	05/04/2023	28/03/2024	6	Ms Rebecca Hyland	Yes	Yes	No	Yes	Yes	Yes	↔
155	Loss or failure of, or inability to access, Information Assets	Information Governance	21/10/2020	01/03/2024	6	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	Yes	↔
289	Non-compliant IG trained staff	Information Governance	25/04/2022	03/06/2024	6	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	No	↓
293	Sensitive information being left in vacated buildings or furniture	Information Governance	28/04/2022	29/03/2024	6	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	Yes	↓
300	Uncontrolled storage and management of physical documentation	Information Governance	07/06/2022	29/03/2024	6	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	Yes	↓
302	Staff utilising personal devices which store sensitive information	Information Governance	07/06/2022	31/10/2024	6	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	No	↓
41	'Risk Accepted' Soft FM Provision	Infrastructure	16/07/2017	25/07/2024	6	Mrs Victoria Hamilton	Yes	Yes	No	Yes	No	No	↓
128	Malmesbury Primary Care Centre Leases	Infrastructure	03/07/2020	25/07/2024	6	Mrs Victoria Hamilton	Yes	Yes	No	Yes	No	No	↓

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
373	Savernake Estate - lack of quality provision	Infrastructure	11/10/2023	25/04/2024	6	Mrs Victoria Hamilton	Yes	Yes	No	Yes	No	No	↓
375	Chippenham Generator	Infrastructure	11/10/2023	25/07/2024	6	Mrs Victoria Hamilton	Yes	Yes	No	No	No	No	↔
366	Safe administration of CD drugs	Inpatient Wards	04/08/2023	25/04/2024	6	Mrs AnneMarie Nuth	Yes	Yes	No	Yes	No	No	↓
344	Intranet going out of support	IT, Systems and Informatics	30/03/2023	31/05/2024	6	Mr Nick VanDorp	Yes	Yes	Yes	Yes	No	No	↓
369	Privileged Access Management limitations	IT, Systems and Informatics	15/09/2023	31/05/2024	6	Mrs Kelsa Smith	Yes	No	No	No	No	No	↔
403	Hyper V Servers no longer within official hardware support.	IT, Systems and Informatics	18/01/2024	31/07/2024	6	Mrs Kelsa Smith	Yes	Yes	Yes	No	No	No	↔
408	TPP change charging model	IT, Systems and Informatics	30/01/2024	30/07/2024	6	Mrs Helen McCann	Yes	Yes	No	No	No	No	↔
295	Reduction in Pharmacy capacity and impact on medicines governance	Medicines Governance	12/05/2022	15/04/2024	6	Mrs Louise ByrneJones	Yes	Yes	No	Yes	No	No	↓
422	Inconsistent checking of Permission to Administer Forms (P1s) issued by acute trusts prior to acceptance of patient onto community team caseload	Medicines Governance	14/03/2024	08/04/2024	6	Mrs Heather Kahler	Yes	Yes	No	No	No	Yes	↔
307	Paediatric MSK provision /leadership	MSK Physiotherapy / OIS	01/07/2022	30/04/2024	6	Cara O'Rourke	Yes	Yes	No	Yes	Yes	No	↔
322	Vulnerability of the 'provider model' of FCP service	MSK Physiotherapy / OIS	18/11/2022	30/04/2024	6	Mr Joshua Bevan	Yes	Yes	No	Yes	Yes	No	↓
414	ACCEPTED RISK - Patient Flow - Risk of surges in demand or loss of staffing capacity over a sustained period of time and without commissioning	Patient Flow	29/02/2024	31/08/2024	6	Mrs Gill Withington	Yes	Yes	No	No	No	No	↔

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
16	Identification of Safeguarding Concerns in MIU's	Safeguarding Child and Adult	03/09/2017	19/08/2024	6	Mrs Antoinette Snelling	Yes	Yes	No	Yes	Yes	No	↔
54	Feedback from Adult Social Care	Safeguarding Child and Adult	29/01/2019	18/07/2023	6	Mr Sean Collins	Yes	Yes	No	Yes	Yes	Yes	↔
272	Management of non-mobile children with injuries	Safeguarding Child and Adult	02/02/2022	31/05/2024	6	Mrs Antoinette Snelling	Yes	Yes	Yes	Yes	Yes	No	↔
92	Securing Staff only Areas on Wards	Safety Services	15/01/2020	03/06/2024	6	Mrs Jo Woodward	Yes	Yes	No	Yes	No	No	↔
362	Fire Door Contracted Works on Savernake Wards	Safety Services	28/06/2023	15/05/2024	6	Mrs Jo Woodward	Yes	Yes	Yes	No	No	No	↓
382	RISK ACCEPTED - IT network environment and desktop support contract expiry	IT, Systems and Informatics	04/12/2023	31/05/2024	5	Mrs Kelsa Smith	Yes	Yes	No	Yes	No	No	↓
359	Pressure Ulcer verification	Tissue Viability and Lymphodema	12/06/2023	08/05/2024	5	Mrs Claire Checkley	Yes	Yes	Yes	Yes	No	No	↔
11	ACCEPTED - Projects registered on the Clinical Effectiveness Programme not being undertaken within the agreed timeframes	Clinical Governance	15/05/2019	31/08/2024	4	Ms Samantha Sousa	Yes	Yes	No	Yes	Yes	No	↓
285	Non completion of continence reviews by community Teams	Community Teams	04/04/2022	31/03/2025	4	Mrs Heather Kahler	Yes	Yes	No	Yes	No	No	↔
336	Poor mobile reception at Beacon House	Community Teams	15/02/2023	07/02/2024	4	Mrs Clare Blakeley	Yes	No	No	Yes	No	Yes	↔
109	Diasend Security setup	Diabetes	21/04/2020	06/01/2025	4	Ms Bethany Kelly	Yes	No	No	No	No	No	↔
346	Cardiac rehabilitation programme development	Heart Failure Service	05/04/2023	28/03/2024	4	Ms Rebecca Hyland	Yes	Yes	No	Yes	No	Yes	↓
176	Insecure transfer of sensitive information	Information Governance	09/12/2020	31/10/2024	4	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	No	↔
178	WHC Holding historic patient records with no legal basis	Information Governance	23/12/2020	28/06/2024	4	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	No	↓

Risk ID	Title	Risk register	Opened date	Next Review Due	Current Grading	Risk Owner	Is there a risk owner?	Have controls been added?	Have gaps in controls been added?	Have actions been added?	Is there overdue actions?	Is the risk overdue a review?	Risk Movement
42	'Risk Accepted' Lack of agreed leases for NHS Property Services	Infrastructure	13/11/2018	24/10/2024	4	Mrs Victoria Hamilton	Yes	Yes	No	Yes	No	No	↓
389	Doccla Clinical Safety Case	NHS@Home	13/12/2023	12/01/2024	4	Mrs Gemma Pugh	Yes	Yes	No	Yes	Yes	Yes	↔
17	Identifying and responding to domestic abuse in MIU	Safeguarding Child and Adult	15/11/2017	15/05/2024	4	Mrs Antoinette Snelling	Yes	Yes	Yes	Yes	No	No	↓
52	Mental Health Assessment Tool	Safeguarding Child and Adult	15/01/2019	15/05/2024	4	Mr Sean Collins	Yes	Yes	Yes	Yes	Yes	No	↓
233	there may not be access to type 2 diabetes structured education for people newly diagnosed with type 2 diabetes	Diabetes	02/07/2021	01/04/2024	3	Ms Bethany Kelly	Yes	Yes	No	Yes	No	Yes	↓
245	Risk Accepted Autofill of email address within NHS mail	Information Governance	15/09/2021	29/03/2024	3	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	Yes	↔
360	NHS PS True Up	Infrastructure	15/06/2023	25/07/2024	3	Mrs Victoria Hamilton	Yes	Yes	Yes	Yes	No	No	↔
370	Lack of signed SLA for facilities management services	Infrastructure	04/10/2023	27/03/2025	3	Mrs Victoria Hamilton	Yes	Yes	No	No	No	No	↔
374	Fire Alarms at CCH	Infrastructure	11/10/2023	25/07/2024	3	Mrs Victoria Hamilton	Yes	Yes	No	No	No	No	↔
28	'Risk accepted' House keeping around locking computers	IT, Systems and Informatics	19/07/2018	03/01/2025	3	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	No	↓
276	Legislation breach through use of Google Analytics	Information Governance	23/02/2022	31/10/2024	2	Mr Steven Lobb	Yes	Yes	Yes	Yes	No	No	↔
246	Network sharing with GWH	IT, Systems and Informatics	17/09/2021	28/06/2024	2	Mrs Kelsa Smith	Yes	Yes	Yes	Yes	No	No	↓

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

Item 11

Staff Survey Results / Recommendations

PAPER

Staff Survey Results 2023

Author: Niamh Hughes, People Lead
Executive Sponsor: Shirley-Ann Carvill, Managing Director

April 2024

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8. [People Pulse 2023](#)
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Staff Survey 2023 - Process

- ❖ The NHS Staff Survey was available to staff (including bank and volunteers) for a 4-week period in November and December 2023, via the Smart Survey platform.
- ❖ Prior to the Staff Survey launch in November 2023, a People Pulse survey was undertaken in September 2023, to measure the current level of staff engagement within WHC (this survey contained approximately 10 questions (Slide 19)).
- ❖ The response rate to the Staff Survey (14%) is significantly lower compared to 2022 (Slide 5) – this may be linked to the People Pulse being conducted 2 months prior, low morale of staff and the ongoing non-consolidated pay issue, or a lack of confidence in their voices being heard, if they perceive there has been inaction from previous surveys – given the pressures across the services and the uncertainty of the next 12 months, it is vital that we pay attention to this feedback and act upon it.
- ❖ The low response rate introduces the potential for unintentional bias and can impact on the integrity of survey results – if only a small proportion of the employees in the organisation participate, the results may not truly reflect or represent the views or experiences of the ‘population’ e.g. employees tend to think subjectively when completing them and reflect how they are feeling at that moment, so this should be taken into account when reviewing the results.

Executive Summary

The Staff Survey 2023 was held during a challenging year for staff in Wiltshire Health and Care. Issues regarding the non-consolidated payment, NHS identity of the organisation and the uncertainty of the 2025 procurement process see our staff operating amongst a unique set of factors.

Results show our managers have responded to these issues by encouraging and recognising staff and providing flexibility in roles to enable a balance between work and home life.

It is the wider perceptions of the organisation that are fractured with fewer staff recommending the organisation and feeling able to develop their career in WHC.

Relationships between teams and peers have become increasingly strained, likely due to the influences of the environment impacting the resilience and morale of staff. This is also supported through HR and FTSU matters.

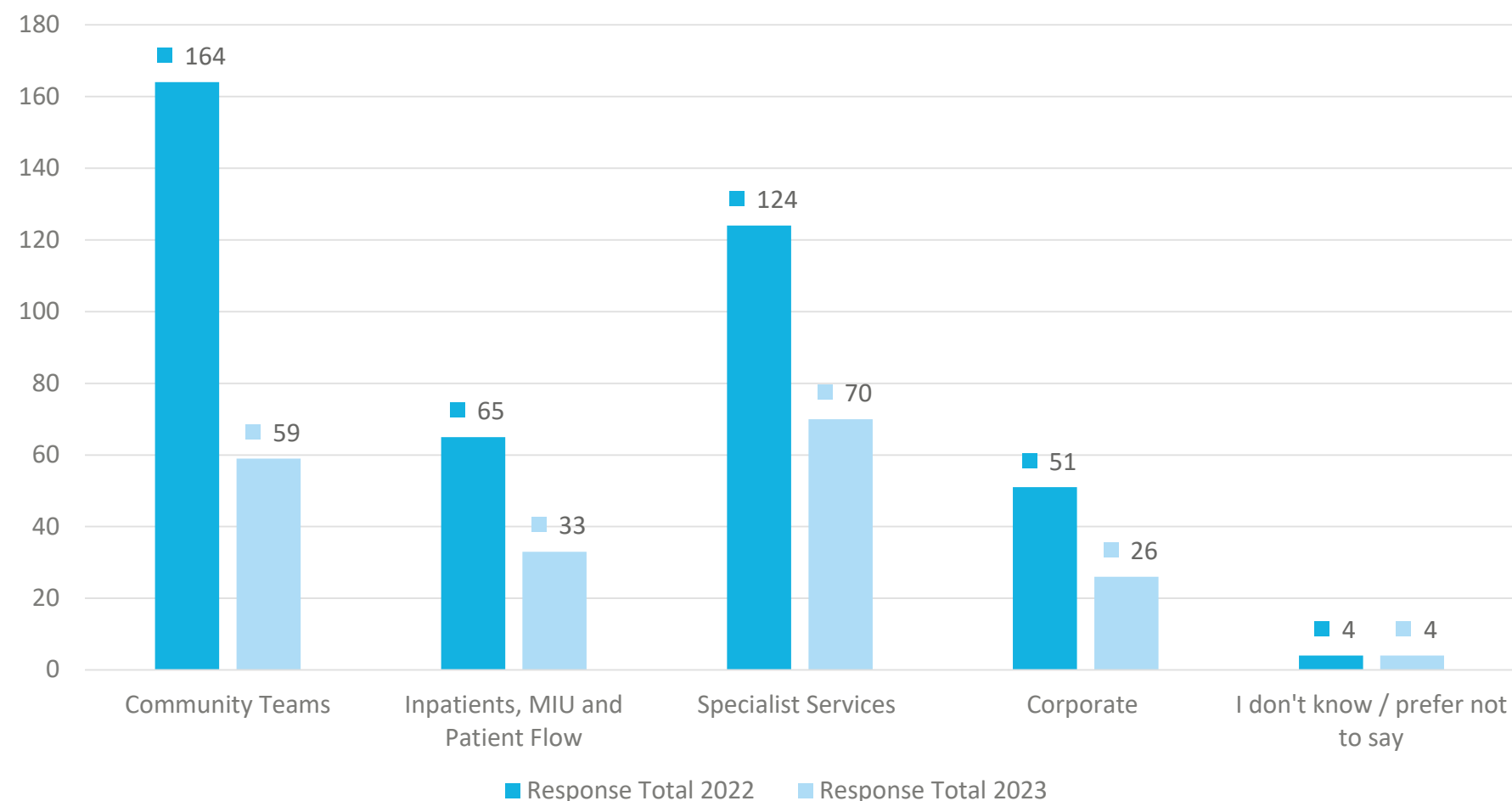
Whilst the non-consolidated payment is being resolved and there will be certainty of the future of the organisation in Q3, restoration of engagement will remain priority to protect staffing levels and patient care.

Wiltshire Health and Care is currently performing below NHS comparators, particularly regarding opportunities to develop and recommending the organisation as a place to work.

Results demonstrate the importance of leaders in the organisation and the impact they have on the experience and engagement of staff. Leaders must be supported and enabled to provide sturdy leadership to staff in the face of uncertainty.

Response Rate

The response rate for 2023 was **14.10%** (192 employees). This was notably lower than the 2022 rate of **31.01%** (410 employees) and below the NHS comparator.



Overall NHS survey response rate was **48%**

Where we have improved since 2022



My immediate manager takes a positive interest in my health and wellbeing

UP 4%



There are enough staff at this organisation for me to do my job properly

UP 4%



My immediate manager encourages me at work

UP 7%



The team I work in often meets to discuss the team's effectiveness

UP 9%



The opportunities for flexible working patterns

UP 5%



I achieve a good balance between my work life and my home life

UP 4%



My level of pay

UP 4.5%



I feel valued by my team

UP 2%

Here are the questions where we scored 90% or higher



I feel trusted to do my job



I have never felt pressure from my manager to come to work



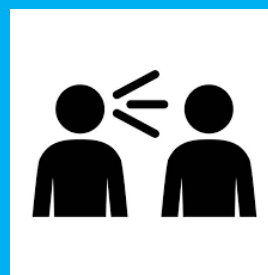
I have not experienced physical violence from managers



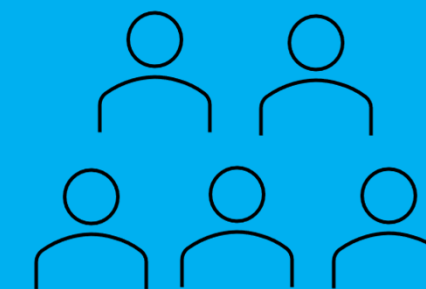
My organisation encourages us to report errors, near misses or incidents.



I have not experienced physical violence from Patients/Service users

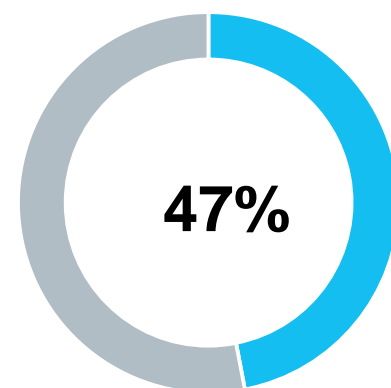


I have not experienced bullying or harassment from my manager or team leader



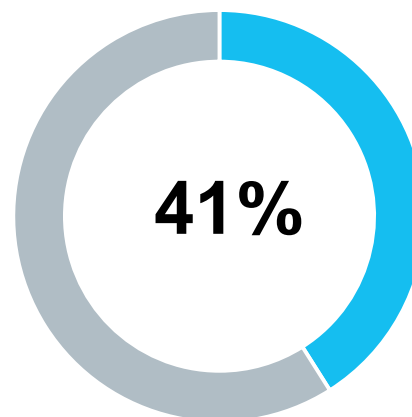
I have not experienced discrimination from patients, service users, their relatives or other members of the public

The %'s below are areas for potential improvement and development and are a comparison between 2022 and 2023 staff survey results. These were the highest scoring results where there has been a significant decrease in overall staff satisfaction.



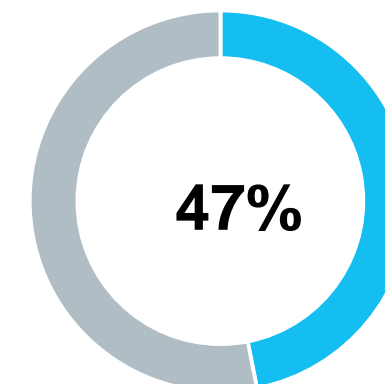
Teams within this organisation work well together to achieve their objectives

10%



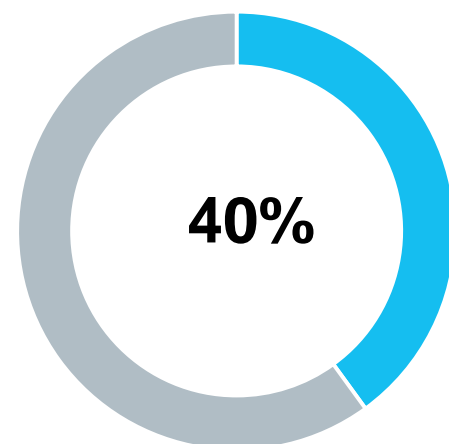
There are opportunities for me to develop my career in this organisation objectives

13%



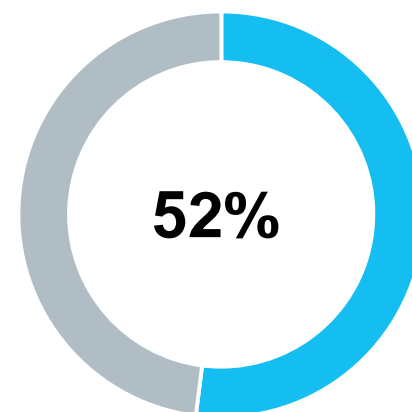
I would recommend my organisation as a place to work

22%



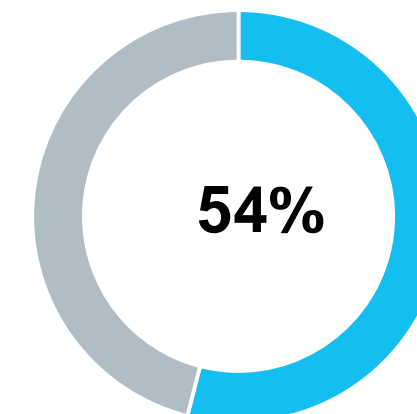
The extent to which my organisation values my work

9%



I feel supported to develop my potential

10%



My organisation takes positive action on health and well-being

4%

2023 Staff Survey – What do the results tell us?

Perceptions of WHC have worsened

Decreases across all questions in this theme; in the number of staff agreeing they often think about leaving the organisation and less staff agreeing they would recommend WHC as a place to work – staff also feeling that the work they do is less valued by the organisation. Employee's dissatisfaction with the ongoing non-consolidated pay and their perceived confusion with organisational identity (LLP status), you could argue, is being reflected towards the organisation and an indicator that employees are not feeling as engaged as they were in 2022.

Managers are supporting staff

Both positive and stable scores relating to managers – positive increases on manager's giving staff encouragement and taking an interest in their health & wellbeing at work – this reflects that whilst staff may not be feeling as engaged at an organisational level, locally staff feel there has been an improvement in how well they are being supported.

Perception of less development opportunities

Decreases across all questions; significant decrease in staff agreeing there are opportunities to develop their career and not being able to access the right learning and development opportunities when needed; the survey free text indicates some staff perceive funding is only available for specific pathways and that budgets are tight – whilst the level of CPD applications do not appear to have reduced, this may be indicative of staff perceiving funding is only available for certain professions – there has also been a 5% decrease in employees having an appraisal in the last 12 months (82%), which may be indicative of current priorities and pressures in the service.

2023 Staff Survey – What do the results tell us?

Pay satisfaction has increased despite non-consolidated payment

Employee's satisfaction with the level of pay shows an improvement from 2022 (up 4.5%); in 2022 strikes were held in the wider NHS Trusts, due to pay, which WHC staff did not participate in (decision of RCN) - this may be reflected in the higher level of dissatisfaction with pay at that time - the positive increase in the Staff Survey 2023 may be linked to WHC applying for funding for the non-consolidated pay at that time, the 5% salary increase in April 2023, or not linking the non-consolidated pay to their actual 'salary' – however the free text in the Staff Survey and the results on 'pay' from the People Pulse (Sept 23), demonstrates ongoing low morale re: the non-consolidated payment and the industrial action taken to date, illustrates that this remains at the forefront for staff.

Bullying and harrassment has increased

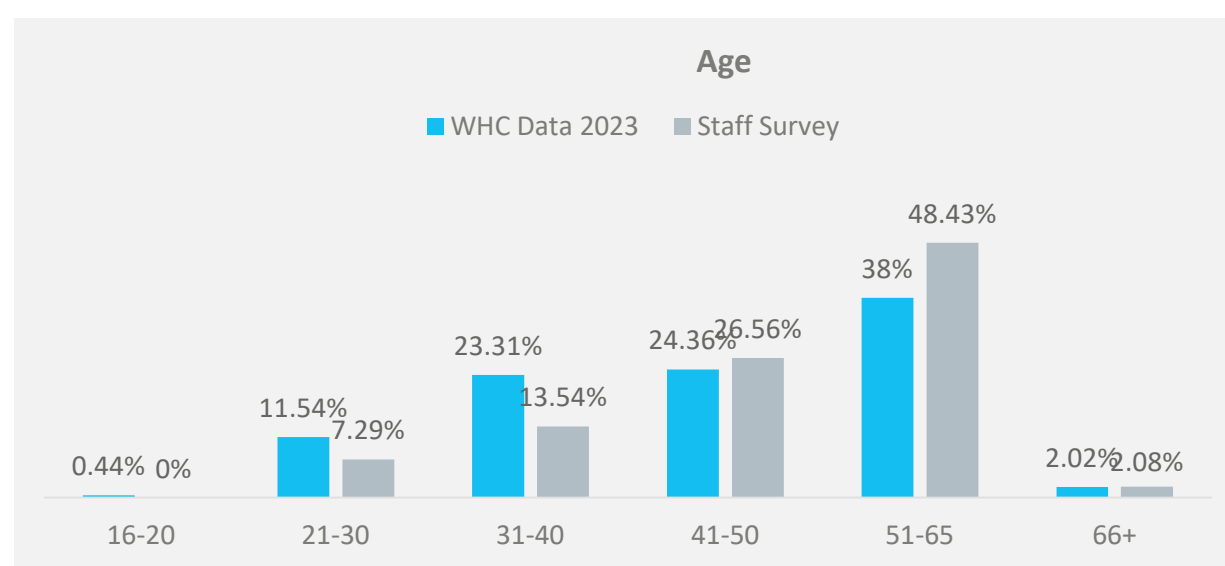
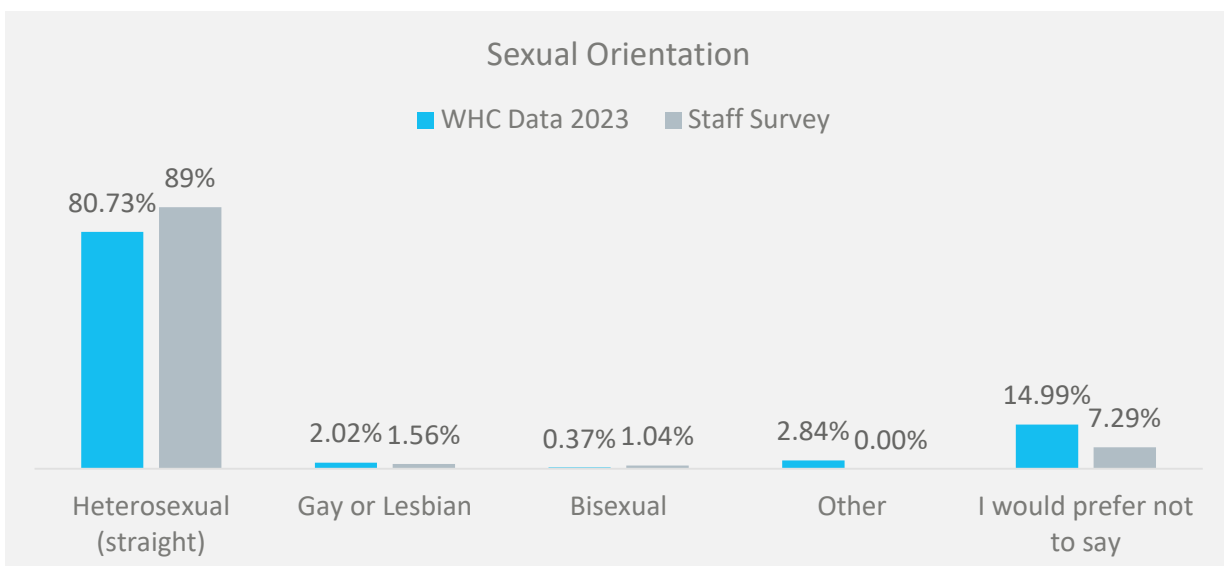
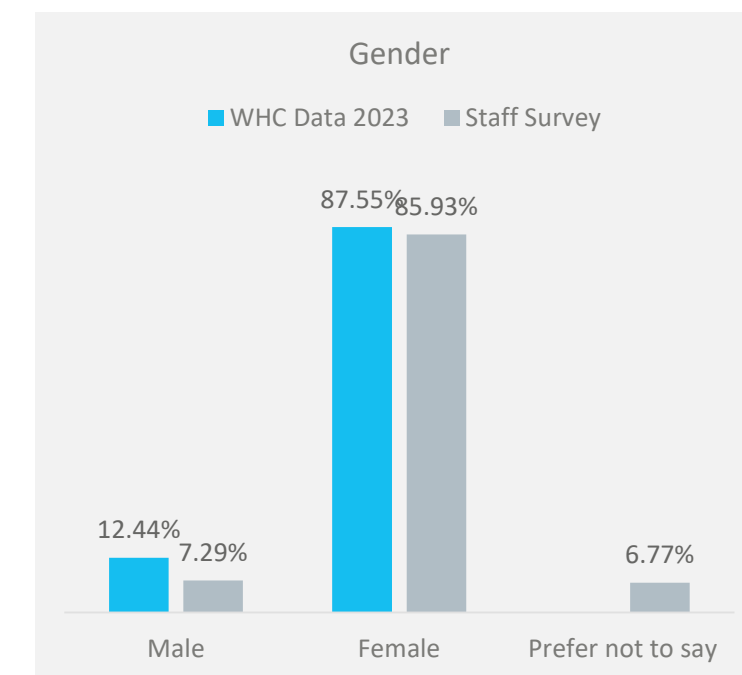
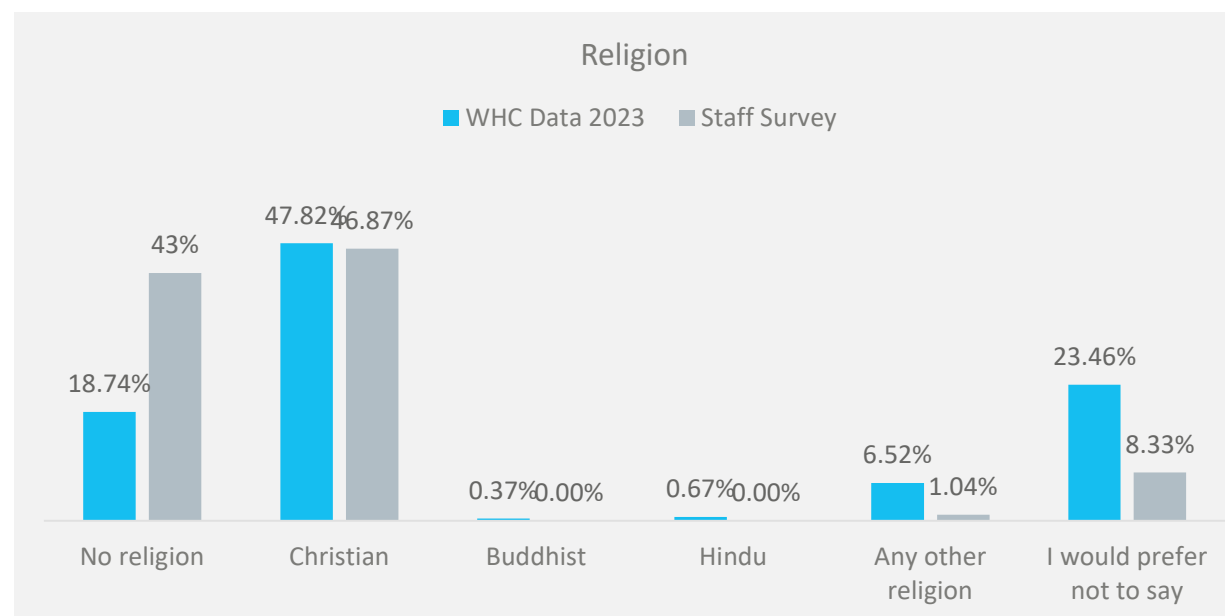
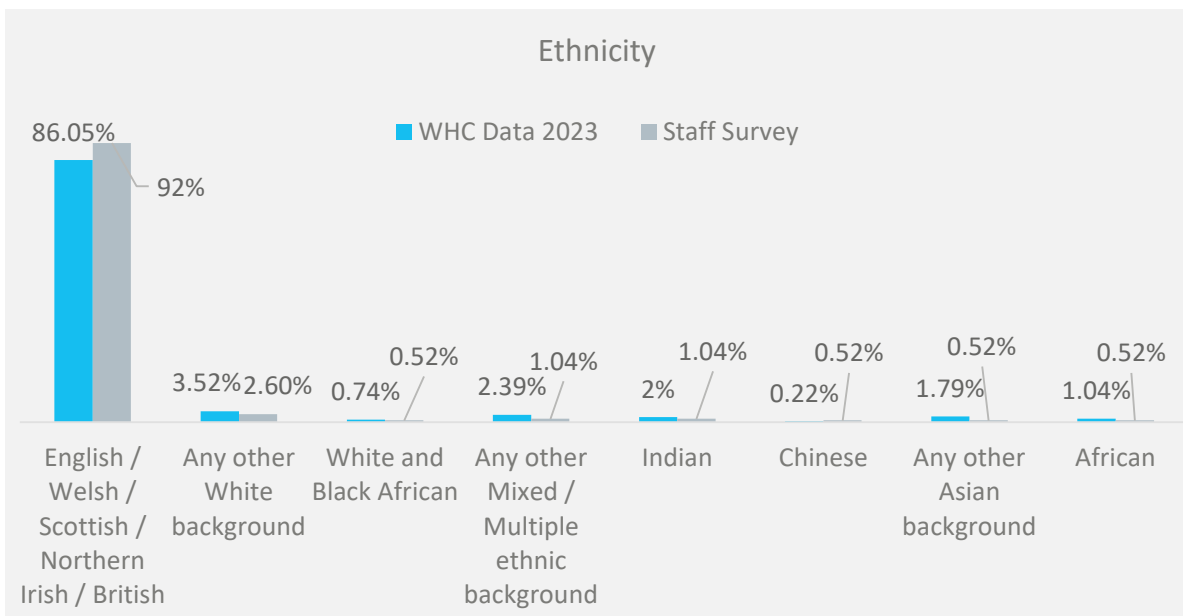
In the last 12 months, whilst the scores are relatively stable relating to managers and patients, there is a notable increase relating to colleagues (+8%) – this correlates with recent cases in HR, which are behaviour related between colleagues and may be reflective of low morale, or staff perceiving that they are not feeling as valued in the organisation currently. An increase in rates are not linked to a particular demographic.

Staffing levels have improved

Positive increase, compared to 2022, in staff agreeing there are enough staff in the organisation for them to be able to do their jobs properly – whilst recruitment and retention remains a challenging area for WHC and across the wider NHS, this could be an indicator that strategies put in place are beginning to have a more positive affect.

*Internally, Ethnicity is declared as White, BAME or Not Stated. This differs to the Staff Survey options.

Staff Survey Demographics - Comparing Staff Survey demographic responses and internally held data



Wellbeing and caring responsibilities of our staff;

29% have a long-term physical or mental health condition (**24%** in 2022)

- **95%** of these confirmed that WHC have either made adequate adjustment(s) to enable individuals to carry out their work or that they do not require any adjustments in their role.

37.5% have a child at home to care for (**41%** in 2022)

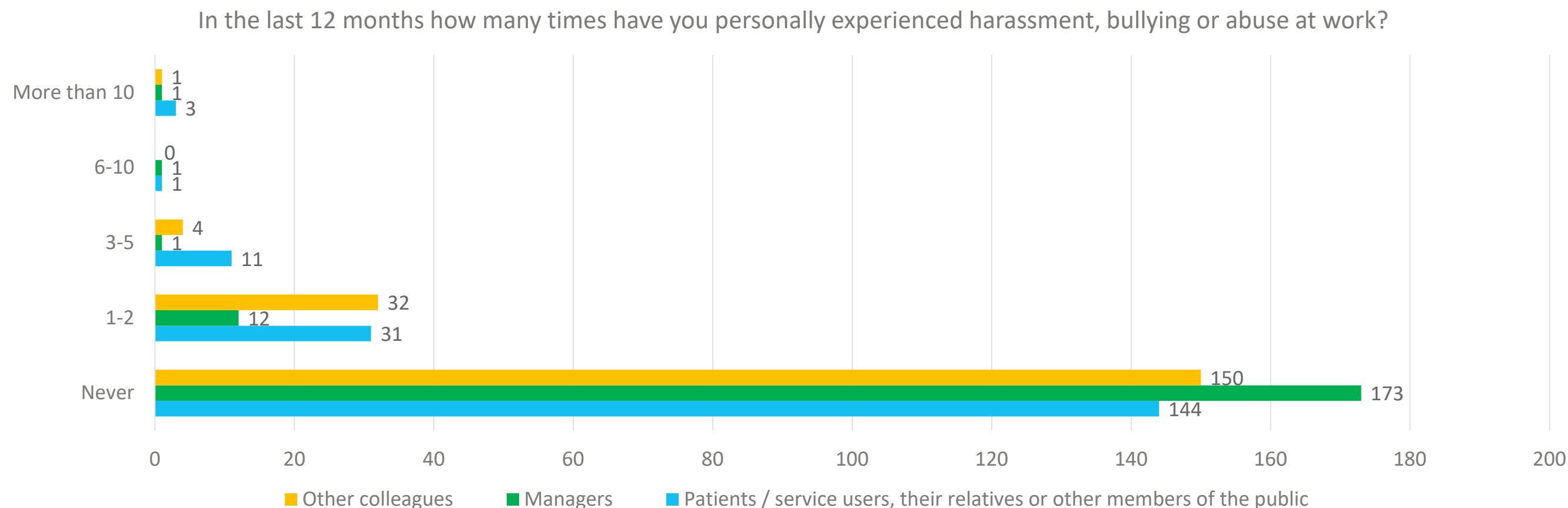
34.89% care for family/friends/neighbours with a long-term condition (**40%** in 2022)

Wellbeing and caring responsibilities of our staff;

Bullying and Harassment

6.4% staff have personally experienced harassment, bullying or abuse at work from managers 1-2 times in the last 12 months (4.63% in 2022)

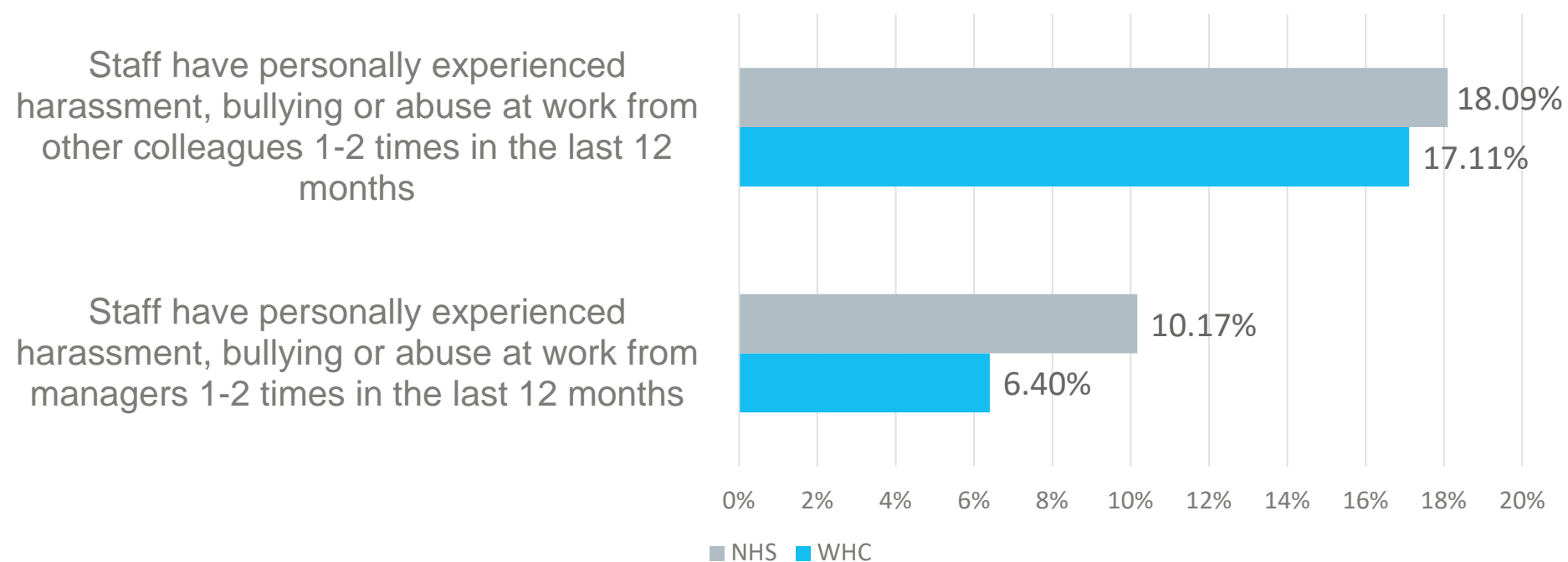
17.11% staff have personally experienced harassment, bullying or abuse at work from other colleagues 1-2 times in the last 12 months (10.48% in 2022)



Wellbeing and caring responsibilities of our staff;

Bullying and Harassment

Experiences of bullying and harassment in WHC are below the NHS overall however they have increased from 2022, particularly from managers.



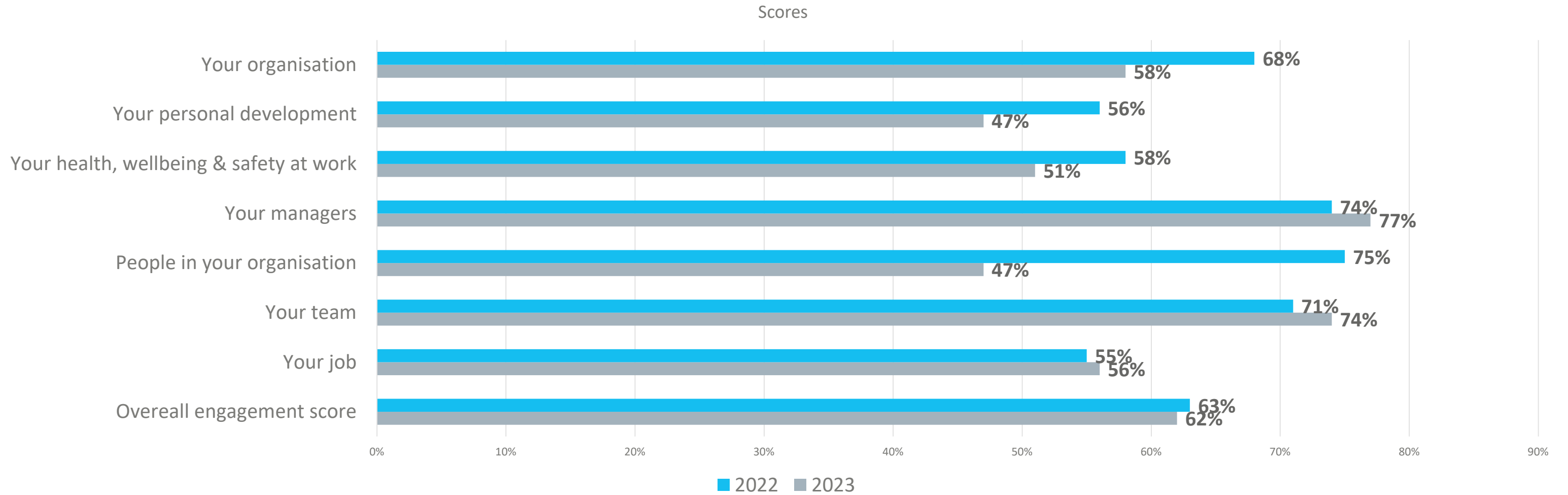
Wellbeing and caring responsibilities of our staff;

Bullying and Harassment

It has been acknowledged that BME staff were disproportionately affected by bullying and harrassment. 2023 results do not indicate that BME staff suffer higher levels of bullying and harrassment however there was a low number of respondents which can impact results.

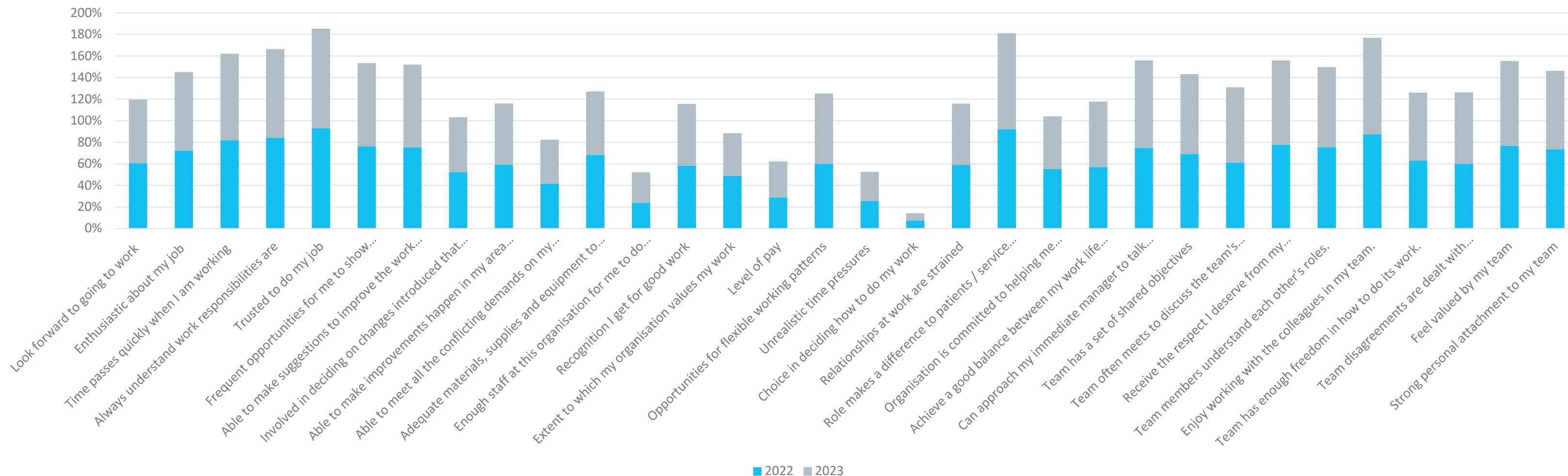
	Headcount WHC Overall	Staff Survey Responses from BAME Employees (count)	Count of BAME Employees who have experienced harassment, bullying or abuse from colleagues in 12 months*	Percentage of BAME employees who have experienced harassment, bullying or abuse from colleagues in last 12 months*
2021	1298	33	12	36%
2022	1266	28	5	18%
2023	1,295	8	1	12.5%

Engagement and Theme Scores – 2023 / 2022



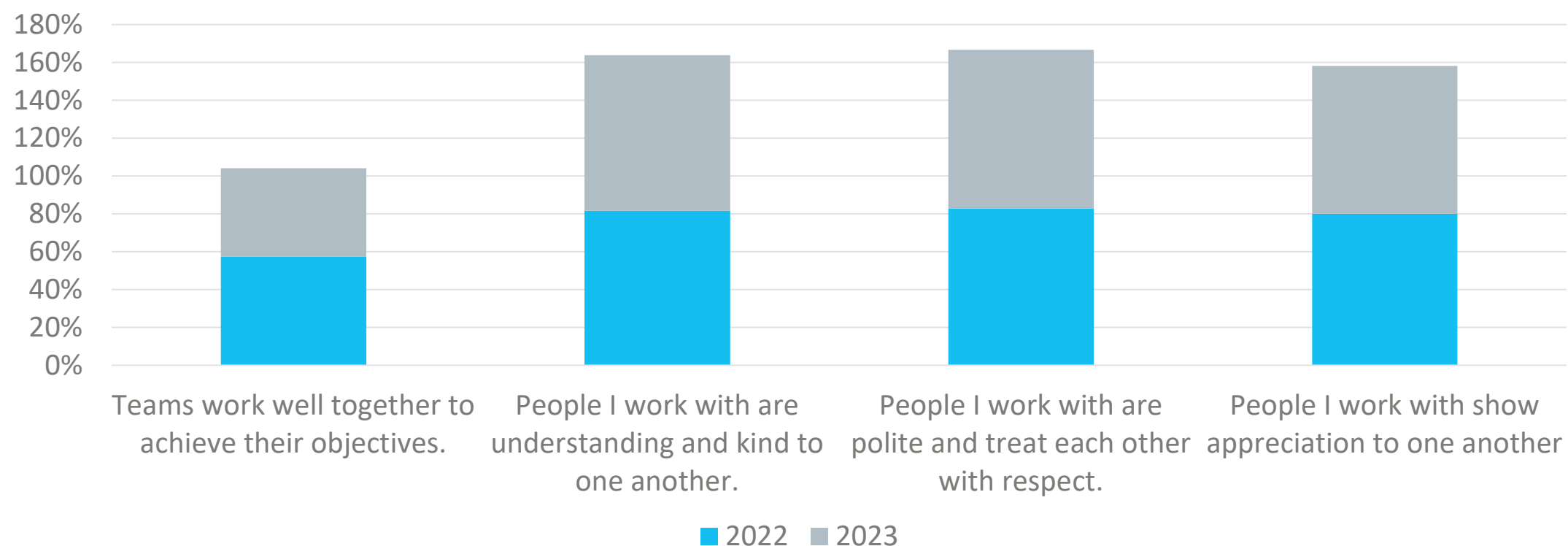
Themes – Your Job (↑ increase ↓ decrease in engagement score)

- **73%** ↑ more feel enthusiastic about their job (**69.02% NHS 2023**)
- **59%** ↓ less agreed they have adequate materials / equipment to do their jobs (**58.49% NHS 2023**)
- **57%** ↓ less agreed they are able to make improvements to the work area (**55.87% NHS 2023**)
- **28%** ↑ more feel there are enough staff at this organisation to do their job properly (**32.40% NHS 2023**)



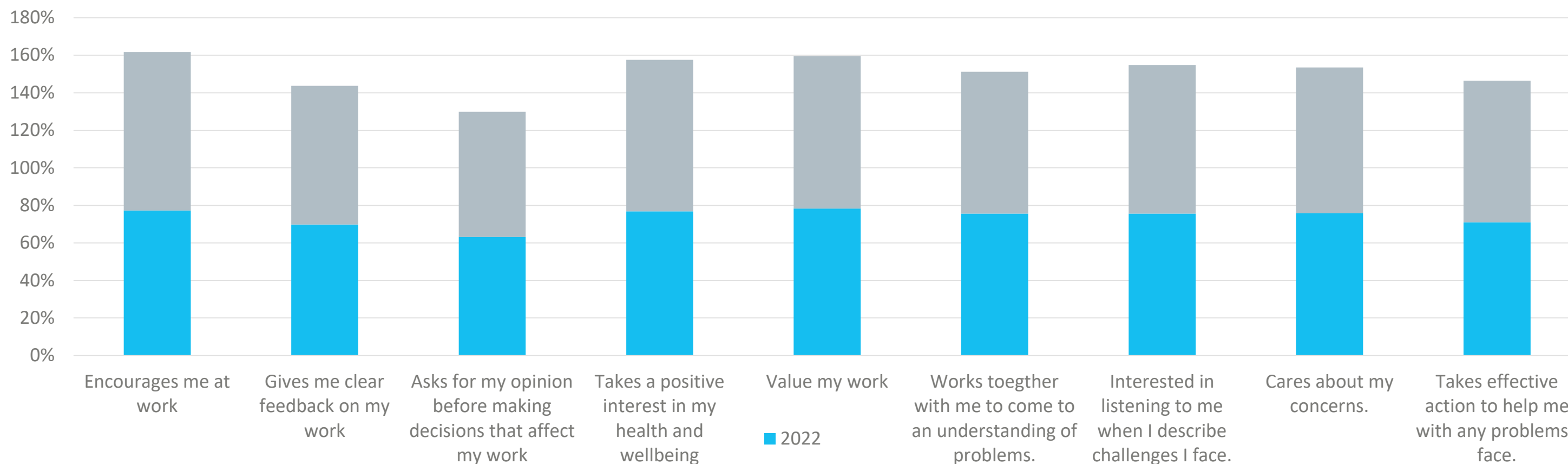
Themes – People in your Organisation (↑ increase ↓ decrease in engagement score)

- 47% ↓ Teams within this organisation work well together to achieve their objectives (54.18% NHS 2023)
- 82% ↑ The people I work with are understanding and kind to one another (71.24% NHS 2023)
- 84% ↑ The people I work with are polite and treat each other with respect (72.34% NHS 2023)
- 78% ↓ The people I work with show appreciation to one another (68.27% NHS 2023)



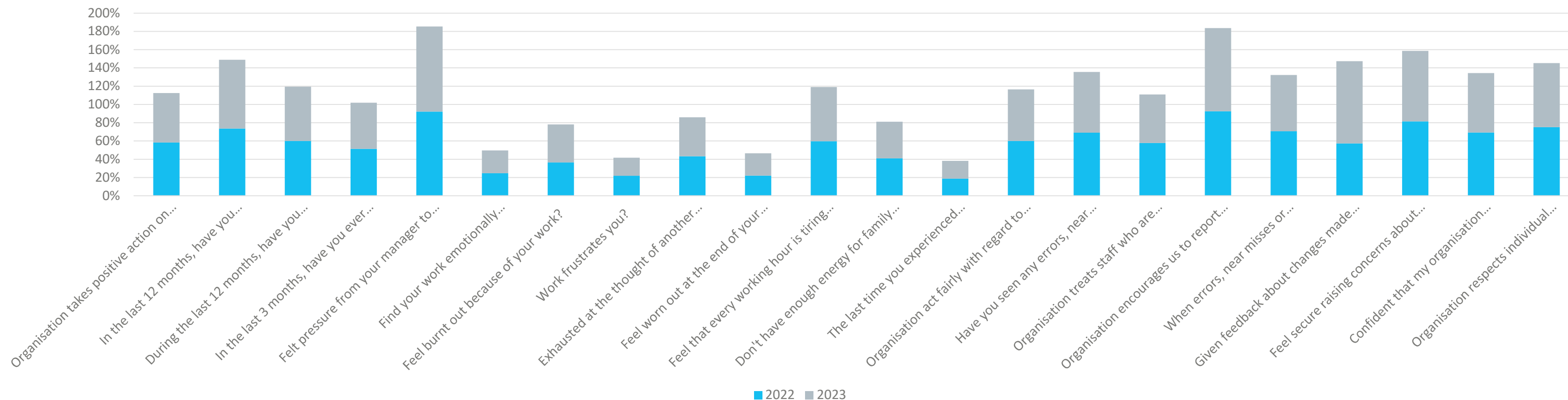
Themes – Your Managers - (↑ increase ↓ decrease in engagement score)

- **75% (stable)** My immediate manager works together with me to come to an understanding of problems (**69.72% NHS 2023**).
- **84%** ↑ My immediate manager encourages me at work (**72.81% NHS 2023**)
- **81%** ↑ My immediate manager takes a positive interest in my health and wellbeing (**71% NHS 2023**)
- **77% (stable)** My immediate manager cares about my concerns (**71.02% NHS 2023**)



Themes – Your Health, Wellbeing and Safety at Work (↑ increase ↓ decrease in engagement score)

- **6%** ↓ The last time your experience physical violence at work, did you or a colleague report it?
- **90%** ↑ We are given feedback about changes made in response to reported errors, near misses and incidents. **(60.92% NHS 2023)**
- **25%** (stable) How often, if at all, do you find your work emotionally exhausting? **(34.18% NHS 2023)**
- **77%** ↓ I would feel secure raising concerns about unsafe clinical practice **(71.28% NHS 2023)**



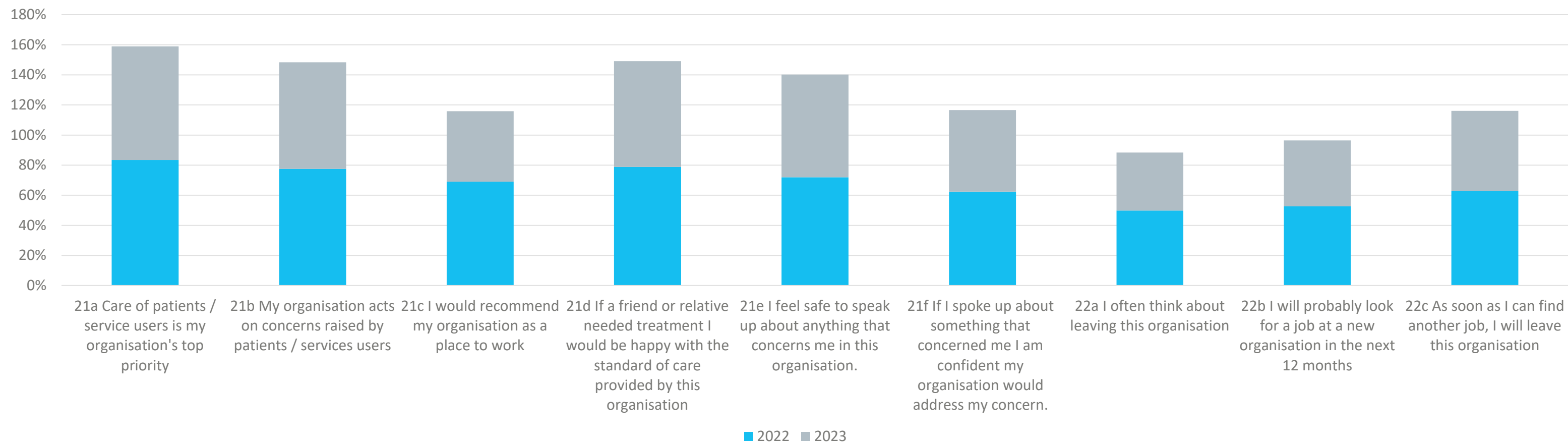
Themes – Your Personal Development (↑ increase ↓ decrease in engagement score)

- **82%** ↓ In the last 12 months, have you had an appraisal, annual review, development review or Knowledge and Skills Framework (KSF) development review? **(83.51% NHS 2023)**
- **25%** ↓ It left me feeling that my work is valued by my organisation **(33.62% NHS 2023)**
- **41%** ↓ There are opportunities for me to develop my career in this organisation **(55.98% NHS 2023)**
- **48%** ↓ I am able to access the right learning and development opportunities when I need to **(60.37% NHS 2023)**



Themes – Your Organisation (↑ increase ↓ decrease in engagement score)

- **39%** ↓ I often think about leaving this organisation (**29.12% NHS 2023**)
- **76%** ↓ Care of patients / service users is my organisation's top priority (**75.14% NHS 2023**)



Where we need to improve vs NHS England scores comparison

The graph shows our areas for improvement and a comparison between NHS England's average scores based on the 2023 staff survey. WHC is scoring below NHS average on all areas, where we have seen a decline in staff satisfaction from 2022.



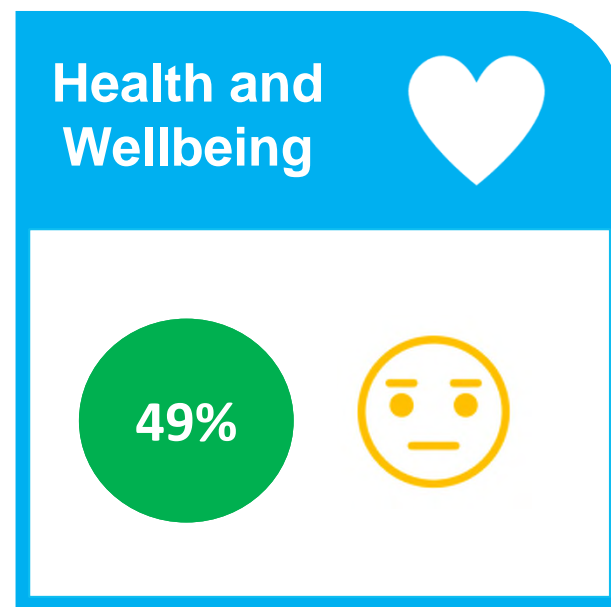
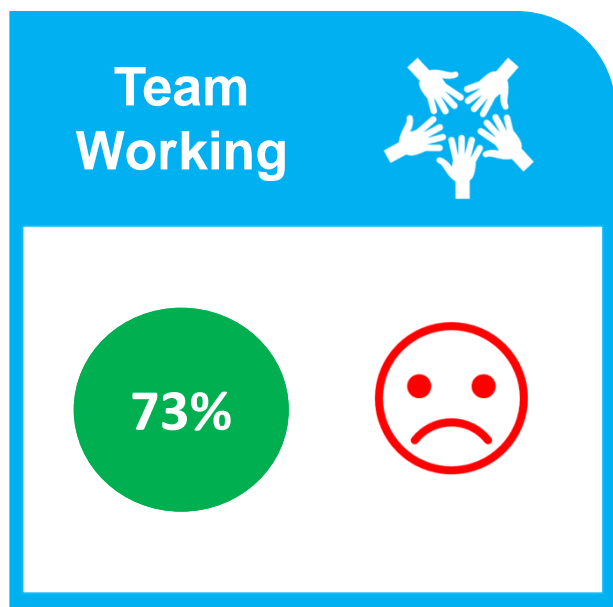
People Pulse (Sept 2023)

The response rate for 2023 was **13.41%** (179 employees)

Key findings: -

- 12% increase in staff being very dissatisfied with their level of pay.
- 19% decrease in the overall engagement score with regard to pay.
- The extent to which WHC values my work - 19% decrease in staff dissatisfaction.
- 18% decrease in staff agreeing they look forward to going to work.
- 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.
- Increase of 9% in staff feeling unwell due to work related stress.
- 36% decrease in staff agreeing there are enough staff for them to do their jobs properly.

Example of what could be shared with staff



How our scores compare



Next Steps

The paper will be presented at;

- Executive Committee: 24th April
- Board: May

Following approval, a staff communications will be published, outlining the key findings.

Action groups to be agreed with operational teams to address opportunities available to improve engagement.



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

Item 12

Non-Executive Director Induction SOP

PAPER

Wiltshire Health and Care Board**For decision**

Subject: Non-Executive Director (NED) Induction Standard Operational Procedure (SOP)

Date of Meeting: 03 May 2024

Author: Andrea Benham, Corporate Governance Lead and Company Secretary

1. Purpose

The purpose of this paper is to present a Non-Executive Director (NED) Induction Standard Operational Procedure (SOP) for approval by the Board.

2. Background

As part of the CQC inspection undertaken in 2023, it was highlighted that there was an unclear induction process for the NEDs appointed by the NHS Trusts and that the role and responsibilities of the NEDs needs to be made clear during the induction programme.

The agreed action for responding to this as set out in the CQC Must Do Action Plan (action 84.1) is to formalise the NED induction programme through the development of a NED SOP to be agreed by the Operating Board. This will then be implemented and monitored on an ongoing basis.

Much of what is set out in the SOP articulates activities that were taking place but it seeks to formalise the induction process to ensure that all appropriate steps are taken and can be monitored.

The SOP also incorporates feedback from the recent Board Governance Effectiveness Review that members should be clear on the process for capturing actual or potential conflicts of interest.

3. Recommendation

The Board is invited to approve the NED Induction SOP.

In producing this paper, the author has given due care and attention to creditors and has considered the Going Concern of Wiltshire Health and Care

Impacts and Links

Impacts	
Quality Impact	Click here to enter text
Equality Impact	Click here to enter text
Financial implications	Click here to enter text
Impact on operational delivery of services	Click here to enter text
Regulatory/ legal implications	Links with the 'CQC Must Do Action Plan' which sets out an action to formalise the NED Induction Programme (action number 84.1).
Links	
Link to business plan/ 5 year programme of change	Click here to enter text
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text

Non-Executive Director Induction Standard Operational Procedure

**DRAFT ONLY – available as information; queries to
whc.policyqueries@nhs.net**

Document No.	WHC00:39	Version No.	0.1
Approved by	Executive Committee	Date Approved	Click or tap to enter a date.
Ratified by	Operating Board	Date Ratified	Click or tap to enter a date.
Date Implemented	Click or tap to enter a date.	Next Review Date	Click or tap to enter a date.
Status	Draft		
Target Audience (who does the document apply to and who should be using it)	Wiltshire Health and Care Staff/Non-Executive Directors		
Accountable Director	Managing Director		
Document Author/Originator Any comments on this document should, in the first instance, be addressed to whc.policyqueries@nhs.net	Andrea Benham, Corporate Governance Lead and Company Secretary		
If developed in partnership with another agency, insert details of the relevant agency	N/A		

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1 Responsibilities of all staff

It is your responsibility to ensure that, when following a Wiltshire Health and Care (WHC) Standard Operating Procedure (SOP), you familiarise yourself with the wider context, including the policies/documents listed below. Within all policies there are also links to other policies/documents and to further reading:

- [Induction Policy 100.0 | WHConnected \(wiltshirehealthcare.nhs.uk\)](#)
- WHC Values and Behaviour Charter (see Appendix B)
- [Board Code of Conduct \(incorporating FPP\) Policy | WHConnected \(wiltshirehealthcare.nhs.uk\)](#)

Useful websites:

- [NHS Leadership Academy](#)
- [Care Quality Commission](#)
- [NHS England](#)
- [NHS Providers](#)
- [The Kings Fund](#)
- [The Healthcare Financial Management Association](#)

2 Purpose

This SOP outlines the induction process to support the introduction of Non-Executive Directors to Wiltshire Health and Care.

3 Key Information

Wiltshire Health and Care (WHC) Board aims to ensure high standards of corporate and personal conduct.

On the appointment of a Non-Executive Director (NED) to WHC, the appointee will be informed of the organisation's commitment to quality, health and safety and values and behaviours expected in the role. Individuals will be required to undertake an induction programme as described below.

3.1 Meeting Key People

The induction programme will include meeting key internal and external stakeholders in person and via MS Teams as appropriate including the other Non-Executive Directors, Chair of the Operating Board and Members Board respectively, as well as individual meetings with each of the Executive Directors.

There will also be recommendations to meet key members of the senior team, NHS partners, ICB and service providers, representatives from staff and patient groups, and volunteers. An overview of internal and external stakeholders and their relationship with WHC will be provided during the induction.

3.2 Site visits

Site visits will be offered as part of the induction programme so that the NED will have the opportunity to meet frontline staff and patients.

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3.3 WHC Governance Structure

The Company Secretary will meet with the NED to ensure a good understanding of WHC's internal governance structures as well as relationships with the wider Integrated Care System (ICS). It will also include an overview of WHC's strategic and business plans, policies and procedures (including dignity and respect at work, whistleblowing, equality and diversity, risk management and disciplinary procedures) as well as Board governance (including the process for declaring and recording conflicts of interest).

3.4 Resources

NEDs will be provided with the following to support their induction:

- Induction Pack (using summary checklist section 4)
- Introduction meetings with key people (as set out in section 3.1) to be arranged by the Corporate Services Team
- Visits to WHC sites, services and related organisations to be arranged by the Corporate Services Team
- LLP Pack and opportunity to discuss with Chair/MD as part of induction meetings
- Governance structure and policies shared by the Corporate Services Team
- ILearn account to complete statutory/mandatory training or alternatively, evidence of training compliance shared by Acute Trust NED with Corporate Services Team and held on record.

If the NED requires any further support or has any additional queries not covered during the induction programme, they should contact the Corporate Services Team who will ensure they are provided with the support or information needed.

3.5 Colleagues consulted in the development of this document	Becky Watson – Corporate Officer Andrea Benham – Corporate Governance Lead and Company Secretary Shirley-Ann Carvill – Managing Director
3.6 Key words	Training, Introduction, NED, Non-Executive Director, Operating Board

4 Induction Pack for Board Members – Independent NED

Paper Required	Included in pack ✓
1 Board meeting schedule	✓
2 Governance Structure	✓
3 Board Code of Conduct and Behaviours	✓
4 Board Role and Evaluation	✓
5 Board and Senior Leadership Team Roles and Responsibilities	✓
6 Who is who in Wiltshire Health and Care	✓
7 Risks	✓
8 Terms of Reference: <ul style="list-style-type: none"> • Board • Executive Committee • Audit Committee • Quality Assurance Committee 	✓
9 Operating Plan	✓
10 Corporate Induction Presentation	✓
11 Wiltshire Health and Care: Corporate Identity Guidelines	✓
12 Patient Advice and Liaison Service (PALS) – Help, advice and support	✓
13 Member's Agreement	✓
14 Standing financial instructions and Scheme of delegation	✓
15 Minutes of the last Board Meeting	✓
16 Most Recent Managing Director Communications	✓
17 Induction meetings including site and organisation visits (may be attached separately from pack)	✓
18 Most Recent Newsletter (links to intranet)	✓

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1. Appendix - Wiltshire Health and Care Value and Behaviours Charter

The WHC Values and Behaviours provide a foundation in which we operate; the way in which our employees act, the way in which our employees speak and the way in which our employees treat their patients and their colleagues. The WHC Values and Behaviours underpin the Performance Improvement Policy and represent the way in which the procedure is used in practise. The table below outlines how each of the values relates to this policy:



Value	You will see that we...	You will see that we do not...
Building and Strengthening Partnerships	<ul style="list-style-type: none"> Communicate clearly with all Act as role models to all and lead by example We recognise our own limitations but will engage with peers and other providers to ensure continuity of care 	<ul style="list-style-type: none"> Fail to listen to our service users and colleagues Work in isolated groups, forgetting we are part of a wider organisation and service for the benefit of the patient Demonstrate a lack of engagement
Quality Care for All	<ul style="list-style-type: none"> Show empathy and understanding 	<ul style="list-style-type: none"> Have an uncaring attitude

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Value	You will see that we...	You will see that we do not...
	<ul style="list-style-type: none"> Involve and engage with patients and their families in care provision and in understanding their care pathway Take responsibility for our continued professional development 	<ul style="list-style-type: none"> Accept poor practice Fail to take action following feedback
Adapting in a Changing Community	<ul style="list-style-type: none"> Use technology to provide improved services Ensure all our actions contribute to safe care and a safe working environment Take the initiative to act and don't wait for someone else to 	<ul style="list-style-type: none"> Demonstrate an unwillingness or resistance to change and improvements Fail to raise concerns Adopt a reactive rather than proactive approach
Demonstrating Integrity in all we do	<ul style="list-style-type: none"> Take responsibility for our own actions Have a clear understanding of our own roles and responsibilities Understand and respect that people are different 	<ul style="list-style-type: none"> Adopt an unapproachable manner Take short-cuts Tolerate bullying or harassing behaviours

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

Item 13

Board Effectiveness

VERBAL

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

Item 14

Highlight Report – Audit Committee

PAPER

Wiltshire Health and Care Board**For information****Subject:** Audit Committee Highlight Report**Date of Meeting:** 28 March 2024**Author:** Becky Watson, Corporate Officer**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 20 March 2024, which it is considered should be drawn to the attention of the full Board.

2 Advise

- Finance plan position: The financial deficit was acknowledged, and NR advised that there was no way WHC would agree to hold on to a delivery of £2m deficit plan, and it had not been agreed before being added to the financial recovery plan.
- Internal Governance Effectiveness Audit: The BDO audit was carried out in November/December 2023 and asked 'how effective was the Operating Board' the score came out at 6 out of 10. A number of recommendations were listed in the final report which would be reviewed as an Executive and then the recommendations would be made to the Board.
- Messenger Report on Health Service Management: SAC reviewed the report and shared some recommendations and actions, not all of which WHC would be able to implement due to its size. The Executive Committee would review and identify any actions then share recommendations with the Audit Committee at a future meeting.
- Internal Audit Plan: It was agreed the internal audit plan could be approved outside if the meeting as the next meeting in June was too far ahead.

3 Alert

3.1 There are no alerts.

4 Action

None

5 Date of next meeting

5.1 The Audit Committee next plan to meet on 11 June 2024.

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

Item 15

Highlight Report – Quality Assurance Committee

PAPER

Wiltshire Health and Care Board**For information**

Subject: Quality Assurance Committee Highlight Report
Date of Meeting: 03 May 2024
Author: **Becky Watson, Corporate Officer**

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 12 March 2023, which it is considered should be drawn to the attention of the full Board.

2 Advise

2.1

- Mandatory Training non-compliance: Although a slight improvement from the last quarter there had been some non-compliance in mandatory training. A deep dive has been requested at the May meeting on core and community services.
- The Committee was not assured regarding the sustained improvement in the insulin QIP and an update would be shared at the next meeting.
- The Committee was not assured regarding not hitting the pressure ulcer CQUIN.
- The committee was assured regarding end of life care in community and safeguarding
- The Chief Operating Officer gave an update regarding a positive flow position and a slight decrease in length of stay.
- SAC shared a legal issue regarding a LD patient and criminal proceeding where a member of staff had spoken to the police without notifying WHC. SAC would keep the Board updated as appropriate but advised there could be a financial risk regarding purchasing legal advice to protect the organisation and the individual.

3 Alert

Nothing to alert to the Board

4 Action

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

5 Date of next meeting

The next meeting of the Quality Assurance Committee is due to take place on 9 May 2024.

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

Item 16

Key points for Member Organisations –PART I

VERBAL

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

Item 17

Any other business – PART I

VERBAL

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

Date of Next Meeting

Friday 6 September 2024

10.00-13.00

Jenner House

