

# WHC LLP Board Papers- Part I

1<sup>st</sup> November 2019



Wiltshire  
HEALTH AND CARE

## WHC Board - Part I Themed Running Order

<b>Venue:</b>	Training Room 1, Chippenham Community Hospital
<b>Date:</b>	1 <sup>st</sup> November 2019
<b>Time:</b>	10.00-13.00

<b>WHC Board Members in attendance</b>		
Richard Barritt	Non-Executive Member, Patient Voice	RB
Douglas Blair	Executive Member, Managing Director	DB
Lisa Hodgson	Executive Member, Chief Operating Officer	LH
Annika Carroll	Executive Member, Director of Finance	AC
Sarah-Jane Peffers	Executive Member, Director of Quality, Professions & Workforce	SJP
Rebecca Carlton	Non-Executive Member, Royal United Hospitals NHS Foundation Trust ("RUH") Board Representative	RC
Adibah Burch	Non-Executive Member, GP Representative	AB

<b>In Attendance</b>		
Katy Hamilton Jennings (Minutes)	Director of Governance and Company Secretary	KHJ
Jim O'Connell	Chief Operating Officer/Deputy Non-Executive Member, Great Western Hospitals NHS Foundation Trust ("GWH") Board Representative	JO
Becky Watson	Interim Corporate Officer	BW
Giles Peel	Managing Director of DCO Associates	GP
Cara Charles-Barks	Chief Executive/Deputy Non-Executive Member, Salisbury Foundation Trust ("SFT") Board Representative	CCB

<b>Apologies</b>		
Kevin McNamara	Non-Executive Member, Great Western Hospitals NHS Foundation Trust ("GWH") Board Representative	KM
Lisa Thomas	Non-Executive Member, Salisbury Foundation Trust ("SFT") Board Representative	LT
Carol Bode (Chair)	Non-Executive Member, Independent Chair	CB

<b>Item No.</b>	<b>Agenda Item</b>	<b>Presenter</b>	<b>Verbal/ Paper</b>	<b>Published/ Unpublished</b>	<b>Information/ Discussion/ Decision</b>
1	<b>Welcome, Introductions and Apologies</b>	<b>Chair</b>	<b>Verbal</b>	<b>Published</b>	<b>Information</b>
2	<b>Declaration of Interests</b>	<b>Chair</b>	<b>Verbal</b>	<b>Published</b>	<b>Information</b>
3	<b>Part I Minutes, Actions and Matters Arising</b> <i>Adult and Children's Safeguarding Statement</i>	<b>Chair</b>	<b>Verbal/ Paper</b>	<b>Published</b>	<b>Decision</b>
4	<b>Managing Director's Report</b>	<b>DB</b>	<b>Verbal</b>	<b>Published</b>	<b>Information</b>

<b>Scrutiny</b>					
5	<b>Service Spotlight- Community Oxygen Services</b>	<b>SJP</b>	<b>Presentation</b>	<b>Published</b>	<b>For discussion</b>
6	<b>Quality, Performance and Finance Report- Information A. Quality, Performance and Finance Dashboards</b>	<b>SJP/ AC/ LH</b>	<b>Paper</b>	<b>Published</b>	<b>For information</b>
7	<b>Risk Report</b>	<b>KHJ</b>	<b>Paper</b>	<b>Published</b>	<b>For discussion</b>
8	<b>Delivery Plan Tracker</b>	<b>KHJ</b>	<b>Paper</b>	<b>Published</b>	<b>For information</b>
9	<b>Quality Assurance Committee Highlight report</b>	<b>SJP/ RC</b>	<b>Verbal</b>	<b>Published</b>	<b>For information</b>
<b>Planning</b>					
10	<b>WHC Winter Plan</b>	<b>LH</b>	<b>Paper</b>	<b>Published</b>	<b>Decision</b>
<b>Governance</b>					
11	<b>Any Other Business</b>	<b>Chair</b>	<b>Verbal</b>		
12	<b>Next meeting:  7<sup>th</sup> February 2020, 10.00- 13.00 Training Room 1, Chippenham Community Hospital</b>				

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

**Item 1**

**Welcome, Introductions, and Apologies**

**VERBAL**

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

**Item 2**

**Declaration of Interests**

**VERBAL**

## Minutes Wiltshire Health and Care (WHC) Board- Part I

<b>Venue:</b>	Upstairs Meeting Room, 49 Rowden, Chippenham Community Hospital
<b>Date:</b>	6 <sup>th</sup> September 2019
<b>Time:</b>	10.00-11.50

<b>WHC Board Members</b>		
Carol Bode (Chair)	Non-Executive Member, Independent Chair	CB
Douglas Blair	Executive Member, Managing Director	DB
Lisa Hodgson	Executive Member, Chief Operating Officer	LH
Annika Carroll	Executive Member, Director of Finance	AC
Sarah-Jane Peffers	Executive Member, Director of Quality, Professions & Workforce	SJP
Lisa Thomas	Non-Executive Member, Salisbury Foundation Trust ("SFT") Board Representative	LT
Rebecca Carlton	Non-Executive Member, Royal United Hospitals NHS Foundation Trust ("RUH") Board Representative	RC
Kevin McNamara	Non-Executive Member, Great Western Hospitals NHS Foundation trust ("GWH") Board Representative	KM
Richard Barritt	Non-Executive Member, Patient Voice	RB
Adibah Burch	Non-Executive Member, GP Representative (left at 11.45)	AB

<b>In Attendance</b>		
Amy Bowden (Minutes)	Corporate Officer	ABo
David James	Interim Board Secretary, WHC	DJ
Katy Hamilton Jennings	Director of Governance and Company Secretary	KHJ
Giles Peel	Managing Director of DCO Associates	GP
Jane Cheeseborough	Advanced Information Analyst (Item 10 only)	JC
Brian Leitch	Diabetes Team Manager (Item 4 only)	BL
Jennifer Betts	Senior Diabetes Specialist Nurse (Item 4 only)	JB
Sian Swatton	Diabetes Specialist Nurse (Item 4 only)	SS
Gill Withington	Clinical Lead Patient Flow Hub (Item 9 only)	GW

<b>Apologies</b>		

<b>Item</b>	<b>Title/Notes</b>	<b>Actions</b>
1	<p><b>Welcome, Introductions and Apologies</b></p> <p><b><u>Welcome and Introductions:-</u></b></p> <p>The Chair (CB) welcomed the Board and attendees to the meeting; all members introduced themselves to GP who attended to observe as part of the Well-Led review of WHC.</p> <p>CB advised that, as of the end of July 2019, Celia Grummit had resigned from the Board. The Board noted its thanks to CG.</p> <p><b><u>Apologies:-</u></b></p> <p>None.</p>	

2	<p><b>Register of Interests</b></p> <p>There were no changes to the Register of Interests since the previous Board meeting 4<sup>th</sup> June 2019.</p>	
3	<p><b>Minutes, Actions and Matters Arising</b></p> <p><b><u>Minutes:</u></b></p> <p>The Board reviewed the minutes from the meeting held on the 4<sup>th</sup> June 2019.</p> <p><b>DECISION:</b> The Board <b>approved</b> the minutes as being an accurate record of the proceedings.</p> <p><b><u>Actions:</u></b></p> <p>The Board reviewed all actions noting the following updates:</p> <ul style="list-style-type: none"> <li>• The Board agreed to close all actions which were marked ‘can be closed’.</li> <li>• <b>[79]</b>- Update made as part of the Chair’s report.</li> <li>• <b>[107]</b>- DB noted that changes are being made to the physiotherapy booking process; however these are yet to be implemented. CB highlighted the need for an expected due date to be assigned to this action.</li> </ul> <p><b>ACTION:</b> LH to advise ADMIN on the expected due date for action [107] on the action tracker.</p> <p><b><u>Matters Arising</u></b></p> <p>There were no matters arising.</p>	LH
4	<p><b>Focus on Diabetes Service including Patient Stories’</b></p> <p><b>Diabetes Presentation Summary:-</b></p> <p>BL, JB and SS introduced the presentation to Board which outlined the current context of the diabetes service and its challenges. Using a patient story for context, the presentation highlighted the need to consider new ways of working across the system and outlined future diabetes care goals of WHC.</p> <p>The story presented related to an individual who did not have a clinically complex diabetes diagnosis, but their complex life circumstances impacted on their ability to self-manage their condition. This was also partly due to numerous services having input into their care but with none providing the leadership and coordination required. There were therefore opportunities to reform the way in which people with a diabetes diagnoses were supported by focusing on the complexity of circumstance and capability to self-manage, rather than the complexity of the condition solely, and to streamline the way in which multiple organisations and professionals were coordinated.</p> <p><b>Board discussion:-</b></p> <p>During discussion the following points were raised.</p>	

	<ul style="list-style-type: none"> <li>• RB queried how far is WHC to achieving the future goals outlined in the presentation. BL responded that, although there is a general agreement at clinical level that treatment pathways need to be defined to ensure a single access point for all patients, these have yet to be implemented.</li> <li>• RC sought clarity on what proportion of the caseload faced the complexity of situation as the example given. . JB responded that it was an extreme example; a rough estimate would be that around 5% of patients who are supported by WHC have significant difficulties with self-management.</li> <li>• LT noted that the presentation highlighted the importance of strong relationships within the Sustainability and Transformation Partnership (STP).</li> <li>• CB queried who should take the lead on this type of system change. DB and KM responded that this was an area in which the new BSW CCG arrangements should assist in providing a collective focus.</li> </ul> <p>It was agreed that the presentation highlighted the need for a system change across the whole of the health and care system. The Board felt that this situation provided an opportunity for WHC to work in partnership with its Member Trusts to implement different ways of working which would improve the patient experience, ensuring that it was one of the priority areas of focus within a Bath, Swindon and Wiltshire system plan.</p> <p>The presentation was <b>noted</b>.</p>	
<p><b>5</b></p>	<p><b>Chair’s Report</b></p> <p>CB verbally drew the Board’s attention to the following updates that have occurred since the last meeting:</p> <p><b>Strategic Alignment Meetings with Member Trusts:-</b></p> <ul style="list-style-type: none"> <li>• These are going well and there has been a positive move towards enhanced collaboration.</li> <li>• The next meeting was planned for 11<sup>th</sup> September and will be combined with a WHC Well-Led workshop. CB is hopeful that during this workshop the strategic purpose of WHC will be reaffirmed.</li> <li>•</li> </ul> <p><b>Audit Committee-</b></p> <p>CB stated that a decision on the creation of an Audit Committee for WHC has been postponed until the completion of the Well-Led review.</p> <p>KM highlighted the need to ensure the Membership Agreement is updated as part of follow through from the Well Led workshop. The Board raised no further queries and <b>noted</b> the above updates.</p>	
<p><b>6</b></p>	<p><b>Managing Director’s Report</b></p> <p>DB verbally drew the Board’s attention to the following updates since the last Board meeting:</p> <p><b>Open Forums:-</b></p>	

	<ul style="list-style-type: none"> <li>• 2019 Open Forums have now been concluded and raised a variety of staff issues from non-working mobile phones to staffing issues.</li> <li>• A document on issues raised and actions being taken to address these issues have been published on the WHC intranet for staff information/feedback.</li> </ul> <p><b>CCG:-</b></p> <ul style="list-style-type: none"> <li>• Wiltshire CCG is making an application to NHS England to merge with NHS Bath &amp; North East Somerset CCG and Swindon CCG by April 2020.</li> </ul> <p>The Board raised no queries and <b>noted</b> the above updates.</p>	
7	<p><b>Approval of Modern Slavery Statement</b></p> <p>KHJ introduced the report which outlined the proposed content for the WHC Modern Slavery Statement. It was a statutory requirement to publish a Modern Slavery Statement annually. . The Board was asked to approve the publication of the draft Modern Slavery Statement. The accompanying Modern Slavery Policy paper was provided to the Board for information only.</p> <p>During discussion the following points were raised:</p> <ul style="list-style-type: none"> <li>• RB queried in which context WHC would encounter issues of modern slavery? KHJ advised that these issues could occur as part of procurement and staffing, however assured the Board that training is available to ensure these staff members are fully alert to this issue. SJP also advised the Board that all staff undertake safeguarding training for which issues of modern slavery are covered.</li> </ul> <p><b>DECISION:</b> Following discussion the Board <b>approved</b> the publication of the draft Modern Slavery Statement without amendment for the financial 2018-19 year.</p>	
8	<p><b>Adult and Children’s Safeguarding Statement</b></p> <p>KHJ introduced this report to the Board which set out suggested text for the annual Adult and Children’s Safeguarding Statement 2019/20 for publication as required by legislation. The report invited the Board to approve the publication of the proposed Adult and Children’s Safeguarding Statement as stated.</p> <p>The Board had no queries.</p> <p><b>DECISION:</b> The Board <b>approved</b> the publication of the Adult and Children’s 2019/20 Safeguarding Statement</p>	
9	<p><b>Winter Plan Presentation</b></p> <p>LH gave a presentation to the Board which updated the Board on winter preparedness as part of contributing to a system wide winter plan. The Board was invited to discuss the 2019/20 planning and highlight any areas of concern or request clarification.</p> <p>The following points were raised:</p> <ul style="list-style-type: none"> <li>• The presentation highlighted that WHC services would not be able to meet</li> </ul>	

	<p>projected demand and capacity requirements modeled by the Commissioning Support Unit, as this capacity was not commissioned and, if it was, there would not be sufficient time to find additional workforce. This was recognised as a key risk by the Board and needed to be flagged to the system as a whole as a system risk.</p> <ul style="list-style-type: none"> <li>• KM highlighted the for the system to prepare capacity plans earlier in the year to allow for demand and capacity issues to be recognised.</li> </ul> <p><b>DECISION:</b> The Board noted the details of the plans and changes being put into place as part of winter preparedness. It <b>agreed</b> to ensure that the CCG and system partners are well briefed on WHC capacity in relation to winter demand, so as to avoid unrealistic assumptions and potential reputational damage to WHC. The Board <b>agreed</b> that DB would formally write to the CCG to convey concerns over winter planning for 2019/20 and request these to be addressed as part of a system wide plan. The Board also agreed that the specific risk relating to lack of capacity in the system should be added to the risk register.</p> <p><b>ACTION: LH to ensure a risk regarding winter planning is placed on the WHC risk register.</b></p> <p><b>ACTION: DB to formally write to the CCG on behalf of the WHC Board to convey demand and capacity concerns regarding Winter planning for 2019/20.</b></p>	<p>LH</p> <p>DB</p>
<p>10</p>	<p><b>Dashboard Presentation</b></p> <p>The Board previously requested guidance on the use of the WHC Combined Quality and Performance dashboard. JC attended the Board to present the dashboard tool and demonstrate how best to use it to obtain information. .</p> <p>The Board was impressed by the dashboard tool and its ability to drill down to service level and thanked JC for the demonstration.</p>	
<p>11</p>	<p><b>Quality, Finance and Performance Report</b></p> <p>SJP, AC and LH introduced the report and supporting dashboards for the Board to note.</p> <p><b>Quality:-</b></p> <p>SJP drew the Board’s attention to the following alert outlined in the report:</p> <ul style="list-style-type: none"> <li>• WHC are not meeting the requirements of CQC to submit ‘statutory notifications’ in line with CQC guidance. This has been discussed at Performance and Planning and Heads of Operations are expected to correct the current position by the 5<sup>th</sup> September 2019. This will be continually monitored by Exec Co. The alert highlight report set out the details of the size of the backlog. This is a separate process to uploading all incidents to NRLS which WHC is also required to do, and only relates to regulatory requirements of Independent providers.</li> </ul> <p>KM queried whether this issue was a risk and should therefore be included on the risk register. SJP and LH stated this presently was seen as a current issue to resolve and therefore, not been treated as a potential risk at this time.</p> <p>SJP also drew the Board’s attention to the system issues being experienced with the risk module of Datix, which was affecting ability to produce risk reports and automatically keep an audit trail of changes.</p>	

	<p>In addition, SJP noted that a continuing technical issue with the incident reporting module meant that it had not been possible to perform the Quarter 2 upload of information to the National Reporting and Learning System (NRLS). NHS Improvement were aware and were supportive, as WHC was being used to test what may become a new technical solution to reporting to the NRLS in future.</p> <p><b>Performance:-</b></p> <p>No queries were raised in relation to the Performance content of the report. It was <b>noted</b> by the Board.</p> <p><b>Finance:-</b></p> <p>AC drew the Board's attention to the following alert outlined in the report:</p> <ul style="list-style-type: none"> <li>Agency usage has increased for the 8<sup>th</sup> consecutive month and the YTD position suggests that the expected spend for the year will be exceeded.</li> </ul> <p>LT highlighted that it would be helpful to have a forecast and the effect on cash flow to allow for triangulation as part of the alert on the next Board report.</p> <p><b>ACTION: AC to include agency forecast and effect on cash flow as part of the Finance Board report for the November 2019 meeting.</b></p>	<b>AC</b>
<p><b>12</b></p>	<p><b>Risk register report</b></p> <p>The risk report to the Board summarised the position relating to any 15+ risks. As there were currently no 15+ risks, the paper included for information all 12+ risks. The report invited the Board to confirm it is satisfied risks are being appropriately managed by WHC.</p> <p>During discussion the following points were raised:</p> <ul style="list-style-type: none"> <li>KM queried whether there should be a risk on the register which relates to Brexit issues. KHJ advised that WHC is currently updating the risk assessments that it completed in February 2019 regarding Brexit and this would be scored within the framework. KHJ advised that she did not think the specific risk to Wiltshire Health and Care services would score as high as 15+..</li> <li></li> </ul> <p><b>DECISION:</b> Following discussion, the Board noted the report and was satisfied that risks are being appropriately managed by WHC.</p>	
<p><b>13</b></p>	<p><b>Delivery Plan Tracker- Update</b></p> <p>KHJ introduced the report to the Board which outlined WHC progress against its Delivery Plan 2019-20 objectives. The report invited the Board to note the progress made against these objectives.</p> <p>In introducing the paper, KHJ drew the Board's attention to the following additional analysis:</p>	

- Across the eight themes, WHC has been set 101 delivery objectives for 2019/20. The progress made against these objectives could be summarised as follows:

<b>Delivery objectives – Update September 2019</b>			
<b>RAG rating</b>	<b>Category</b>	<b>Number</b>	<b>% of total delivery objectives</b>
<b>Blue</b>	<b>Complete delivery objectives 2019/20</b>	9	8.91%
<b>Green</b>	<b>On track delivery objectives 2019/20</b>	40	39.60%
<b>Amber</b>	<b>Off target, but due to be completed within 2019/20</b>	40	39.60%
<b>Red</b>	<b>Off target and unlikely to be completed within 2019/20</b>	9	8.91%
<b>Grey</b>	<b>No longer appropriate to pursue</b>	3	2.97%

The Board were asked to consider the RAG ratings of the objectives that were off target and/or unlikely to be completed by the end of 2019/20:

- [1.3.1]- The Board agreed to no longer pursue this objective and change the RAG rating from red to grey.
- [1.4.3, 1.4.6, 3.12, 3.13 and 6.3]- The Board agreed to keep these objectives as red, under review.
- [3.7 and 3.8]- KHJ requested these objectives be reviewed and the result of that process to be reported to the next Board meeting. The Board agreed to this proposal.

The Board were also asked to consider the RAG ratings of objectives which are no longer appropriate to be pursued:

- [1.6.3]- The Board agreed to change this objective from grey to red and continue to consider different opportunities.
- [1.7.3 and 5.2]- The Board agreed to leave these entries as grey.

During Board discussion KM asked if the risk register should be amended to reflect the lack of strategic commissioning decisions on which WHC relies, so as to be able to progress with some of its delivery plan objectives. KHJ advised that, as this is a strategic risk, it is already recognised as part of the Board Assurance Framework.

The Board **noted** the contents and progress made against WHC 2019-20 objectives.

**14 Any Other Business**

None.

**Date of Next Meeting:**

	<p><b>Friday 1<sup>st</sup> November 2019, 10.00-13.00</b> <b>Training Room 1, Chippenham Community Hospital</b></p> <p><b>Papers required in close play of:</b></p> <p><b>Friday 25<sup>th</sup> October 2019</b></p>	
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## 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
79	23.01.18	<b>Audit Committee chair</b>  Agree a strategy for ensuring WHC can access an independent Audit and Assurance Committee chair.	CB	Open			It was agreed at the Board Meeting held on the 4th June 2019 that this would be raised at the Strategic Alignment Meeting to be held on the 20th June 2019. Has been discussed, and formed part of Well Led Review. To be taken forward as part of follow up to Well Led Review.
107	03/05/2019	LH to implement a process of updating physiotherapy patients that their referral has been received and what to expect.	LH	Open	Jan-20		25/10/2019- Currently putting together a business case for a text message to be sent on receipt of a referral. This will come to the Executive Committee by December 2019.
121	06/09/2019	LH to ensure a risk regarding winter planning is placed on the WHC risk register	LH	Can be closed		10/09/2019	Risk added.
122	06/09/2019	DB to formally write to the CCG on behalf of the WHC Board to convey demand and capacity concerns regarding Winter planning for 2019/20	DB	Can be closed		16/09/2019	Letter submitted to CCG.
123	06/09/2019	AC to include agency forecast and effect on cash flow as part of the Finance Board report for the November 2019 meeting	AC	Can be closed	01/11/2019		On agenda.

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

**Item 4**

**Managing Director’s Report**

**VERBAL**

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

**Item 5**

**Service Spotlight- Community Oxygen Services**

**PRESENTATION**

**If you require any further information please contact us on  
[whc.corporateservices.nhs.net](http://whc.corporateservices.nhs.net)**

**Wiltshire Health and Care Board**

**For information**

**Subject: Quality, performance and finance quarterly report**

**Date of Meeting: 01 November 2019**

**Author: Sarah-Jane Peffers, Lisa Hodgson, Annika Carroll**

**1. Purpose**

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

**2. Issues to be highlighted**

2.1 The quality and performance dashboards are attached for the Board's information. The following issues are highlighted to the Board in relation to the quality of services:

<b>ADVISE</b>	<p><b>Clinical Governance management system</b> There have been a number of defects within the RLDATIX system, although this has not caused an issue with clinicians reporting incidents. The majority of the defects have been resolved, and WHC now has the clinical incident module, Risk module (ERM), feedback and mortality modules all functioning. There are still a few outstanding issues with the reporting function, but these are expected to be resolved within the next 2 weeks. The most significant issue is the ability to upload to NRLS. However, WHC and RLDATIX have been in conversation with NHSI and WCCG and therefore recognise and accept the current issue. WHC are having weekly technical meetings and fortnightly cadence meetings.</p> <p><b>Duty of Candour</b> WHC are still not reporting 100% across the all areas; verbal (71%), written (74%) and Feedback (82%). It was expected that with the addition of mandatory fields to DATIX this would resolve this issue, however as this has not been the case further investigation is being undertaken.</p> <p><b>Incidents</b> Medicines incidents have seen a rise in Q2 for in-patient areas and in particular Longleat ward. This is being closely monitored by the Senior Nurse and Medicines Optimisation Pharmacist and further processes now in place, E-prescribing maybe one solution that will be investigated further. A further Medicines Optimisation Pharmacist will be starting in November and a key project area will be to develop and implement a WHC self-administration policy across in-patient areas. The number of overdue incidents is higher than expected (161). Close monitoring through P&amp;P is expected.</p> <p><b>Workforce</b> Oxford Brookes have agreed to support nursing students with placements on Ailesbury ward. This is the last outstanding action following the safeguarding incidents raised in July 2018.</p>
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	<p><b>Data</b></p> <p>August has reported <b>13.95% (146.6WTE) Vacancies</b> and September reports <b>12.29% (129.23WTE) Vacancies</b> across the organisation. Since the reporting of vacancies and visibility of posts has been put within ESR, there has been a month on month decrease in vacancies across the organisation. However it is to note that this still remains above the 8% target.</p> <p>In Month 6 the <b>voluntary turnover</b> rate was <b>14.54%</b> against a target of <b>13%</b>. In September WHC saw 15.41WTE leavers and 28.11WTE joiners in month, which creates a positive increase of 12.7WTE in month.</p> <p>The organisations performance on rolling year <b>sickness absence</b> rate is above target (3.5%) at <b>4.53%</b>. 2.97% is attributed to LTS, and 1.56% is STS. The in-month total sickness absence for September is 2.72%, which shows the historical impact of the long term sickness on the yearly data. In month LTS is 2.05% and STS is 0.67%.</p> <p>Staff <b>appraisal rate</b> is <b>76.67%</b>, against a target of 85%- New approach will be piloted during October, with organisational roll out in April 2020.</p>
<b>ALERT</b>	None
<b>ACTION</b>	None

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

<b>ADVISE</b>	<ul style="list-style-type: none"> <li>The number of agency shifts used in September reduced for the 1<sup>st</sup> time in 9 months, reporting a reduction of 174 shifts from August and 20 shifts compared to July, to a total of 1046 shifts in the month (<i>as per Allocate report 02/09/19</i>). Although the reduced usage is only reported for a single month, this reduction reflects the efforts made across the Safer Staffing work streams, which now includes a restriction for agency usage to cover HCA vacancies. A meeting to discuss the cost pressure for enhanced care with WCCG has been requested for w/c 4th November.</li> <li>Additional financial information around the Single Oversight Framework (SOF) calculations is included in the month 6 dashboard reporting.</li> <li>The cash flow table now includes the adjusted cash level excluding Estates as well as the agreed minimum cash tolerance level.</li> <li>A forecast for the financial year showing Best Case, Most Likely and Worst Case scenarios for the year has been included in the M6 Finance Report</li> </ul>
<b>ALERT</b>	None
<b>ACTION</b>	None

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

<b>ADVISE</b>	<p><b>Winter Plan:</b> Following the last Board Meeting considerable work has been undertaken to ensure a robust winter plan, to date WHC has secured 320 additional hours of support worker input into pathway one, along with a change to a number of processes relating to pathway two, aimed at improving flow. Further narrative will be added following the risk</p>
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	<p>summit later in the week.</p> <p><b>Patient flow:</b> recent weeks have seen the highest number of patients waiting for access to community capacity. Three community made events occurred in month, resulting in an additional 35 discharges and improved flow. An agreement has been reached where by the Acute Trust Liaison Staff will work directly with WHC. This will be trialled throughout the winter period.</p> <p>Implementation of Red and Green has commenced on Ailesbury and Chestnut, whilst this is having a positive impact in terms of activities for patients the benefit of reduced length of stay is not been seen. This is due to the large numbers of patients delays relating to awaiting packages of care and /or long term placement.</p> <p><b>Wheelchair Services:</b> Commissioners have now accepted the improvement plan and trajectory for wheelchair services and are actively working with WHC to revise the service specification and develop the use of personal wheelchair budgets.</p>
<b>ALERT</b>	
<b>ACTION</b>	None

### 3 Recommendation

3.1 The Board is invited to:

- Note the contents of this report.
- Raise any questions, concerns or comments which arise from its review of the accompanying dashboards.

<b>Finance/Quality/Performance Alert: Agency Usage</b>	
<b>Purpose of alerting the Board</b>	Agency usage has increased for the 8 <sup>th</sup> consecutive month, and the YTD position suggests that the expected spend for the year will be exceeded.
<b>Description of issue</b>	Agency usage remains high, with July being the 8 <sup>th</sup> consecutive month reporting an increase in number of agency shifts used. The YTD usage is higher than the forecast included in the business plan.
<b>How has issue arisen (and for how long)?</b>	Agency usage has been a feature of inpatient wards and MIUs for several years, but the recent growth has been visible since Q4 of 2018-19.
<b>What is root cause of the problem?</b>	There are two drivers of agency usage: <ul style="list-style-type: none"> <li>• Increased needs of patients means an increased number of requests for ad hoc enhanced support</li> <li>• Vacancies and sickness levels in community hospital wards and MIUs.</li> </ul>
<b>Does the issue suggest a need for improved systems of control?</b>	Yes, the agency internal audit provided recommendations in relation to tightening of processes and review of agencies used.
<b>Assurance/ Oversight</b>	
<b>Views/findings from Committee oversight</b>	The findings of the internal audit were considered at Board in May. The Executive Committee has establishment a Safer Staffing Programme to pull together all actions in this area.
<b>Independent /external assurance</b>	Based on year to date performance, it is clear that we will exceed the expected level of agency spend set out in our Business Plan and shared with NHSI. Although this has not been set as a cap on spend.
<b>Impacts and implications</b>	
<b>Quality</b>	High levels of agency usage on community wards can contribute towards quality issues, including need for robust handover and satisfying the requirements to assess on admission for a range of issues. Where appropriate WHC are working with agencies to book individual agency staff onto a consistent rota pattern. There are rigorous checks prior to agency staff starting and full inductions completed in all ward areas. The checks include the signing off of a ward induction checklist to assure there is awareness and understanding of WHC policies and ward processes.
<b>Equality</b>	There are no specific equality impact and implications identified.
<b>Financial</b>	Increases in agency costs are being met from underspend on permanent posts at present. As permanent levels of staff increase, however, this is not a sustainable position. An element of cost savings are predicated on agency reductions during the 2019/20 financial year.
<b>Operational delivery</b>	Low numbers of substantive staff and reliance on agency staff complicates operational delivery.
<b>Regulatory/ legal/ contractual</b>	Levels of agency spend is an indicator considered by NHSI/E in assessing organisational performance.
<b>Links</b>	
<b>Link to business plan/ 5 year programme of change</b>	Objectives in the delivery plan for 2019/20 which are directly related to recovery include: <ul style="list-style-type: none"> <li>• By Q2 we will <b>review and renew appropriate agency staff framework agreements.</b></li> <li>• By Q2 we will <b>improve our board reporting</b> so that it includes additional information (including agency spend).</li> </ul>

	<ul style="list-style-type: none"> <li>• By Q4 we will <b>implement E-roster</b> across all services at team level.</li> <li>• By the end of Q4, we will have <b>increased the number of people recruited to our bank by 25%</b>.</li> </ul> <p>Objectives which may be affected by lack of sustainable staffing</p> <ul style="list-style-type: none"> <li>• <b>Red and Green</b> - By the end of Q2, we will have embedded red and green methodology fully on all inpatient wards.</li> <li>• By Q3, we will <b>reduce length of stay</b> in community hospital beds to be in line with national benchmarks for 19/20 to release capacity for winter.</li> </ul>
<b>Links to known risks</b>	Risks 56 and 59
<b>Identification of new risks</b>	None
<b>Plan</b>	
<b>What actions are being taken?</b>	<p>The Safer Staffing Programme, overseen by the Managing Director, is the focal point for action. This includes:</p> <ul style="list-style-type: none"> <li>• Implementation of e rostering</li> <li>• Acuity and dependency tools to guide the use of enhanced support</li> <li>• Prioritisation of preferred agencies from a quality and cost perspective</li> <li>• Focus on workforce optimisation for HCA roles.</li> </ul> <p>The additional 'system' costs which have landed on WHC through the increased needs of patients required more one to one support is being discussed by commissioners as a way of mitigating some of the additional costs due to this aspect.</p>
<b>How and when will issue be resolved?</b>	<p>The full implementation of e-rostering on wards and MIUS during Q3 is expected to have an impact on the level of usage for vacancies</p> <p>Increased focus on boosting recruitment on wards and MIUs is having some success, and new staff should be feeding through during Q3.</p>
<b>When will Board be updated?</b>	November 2019

Quality/Performance Alert: Statutory Notifications delay in reporting																																																																															
<b>Purpose of alerting the Board</b>	To alert the Board that regulatory requirements to make statutory notifications to CQC are not currently being fulfilled consistently.																																																																														
<b>Description of issue</b>	<p>There are issues relating to WHC fulfilling the regulatory requirement to notify CQC of specific incidents. The data below illustrates the issue:</p> <p><b>Statutory Notifications to CQC:</b></p> <table border="1"> <tr> <td>Number of Incidents requiring a notification</td> <td>124</td> </tr> <tr> <td>CQC notification completed</td> <td>24</td> </tr> <tr> <td>CQC notification not completed</td> <td>100</td> </tr> </table> <table border="1"> <thead> <tr> <th>Team</th> <th>Incidents requiring a CQC Notification</th> <th>Amount of CQC Notifications submitted</th> </tr> </thead> <tbody> <tr><td>Ailesbury</td><td>7</td><td>1</td></tr> <tr><td>Amesbury</td><td>4</td><td>2</td></tr> <tr><td>Calne</td><td>3</td><td></td></tr> <tr><td>Cedar</td><td>2</td><td></td></tr> <tr><td>Chestnut</td><td>4</td><td>1</td></tr> <tr><td>Chippenham</td><td>6</td><td>2</td></tr> <tr><td>Corsham/Box</td><td>1</td><td></td></tr> <tr><td>Devizes</td><td>17</td><td>5</td></tr> <tr><td>Inpatient Wards</td><td>1</td><td></td></tr> <tr><td>Intermediate Care West</td><td>1</td><td></td></tr> <tr><td>Longleat</td><td>18</td><td>2</td></tr> <tr><td>Malmesbury/RWB</td><td>2</td><td></td></tr> <tr><td>Marlborough</td><td>2</td><td></td></tr> <tr><td>Melksham/BOA</td><td>10</td><td>2</td></tr> <tr><td>MSK Physio North</td><td>1</td><td>1</td></tr> <tr><td>Mulberry</td><td>10</td><td></td></tr> <tr><td>Neuro Specialists</td><td>1</td><td></td></tr> <tr><td>Podiatry</td><td>3</td><td></td></tr> <tr><td>Salisbury City</td><td>8</td><td>2</td></tr> <tr><td>Trowbridge</td><td>5</td><td>1</td></tr> <tr><td>Warminster/Westbury</td><td>10</td><td>4</td></tr> <tr><td>Wilton</td><td>8</td><td>1</td></tr> <tr><td><b>Grand Total</b></td><td><b>124</b></td><td><b>24</b></td></tr> </tbody> </table> <p>Data requires validation by the operational teams and urgent remedial action to be taken.</p>	Number of Incidents requiring a notification	124	CQC notification completed	24	CQC notification not completed	100	Team	Incidents requiring a CQC Notification	Amount of CQC Notifications submitted	Ailesbury	7	1	Amesbury	4	2	Calne	3		Cedar	2		Chestnut	4	1	Chippenham	6	2	Corsham/Box	1		Devizes	17	5	Inpatient Wards	1		Intermediate Care West	1		Longleat	18	2	Malmesbury/RWB	2		Marlborough	2		Melksham/BOA	10	2	MSK Physio North	1	1	Mulberry	10		Neuro Specialists	1		Podiatry	3		Salisbury City	8	2	Trowbridge	5	1	Warminster/Westbury	10	4	Wilton	8	1	<b>Grand Total</b>	<b>124</b>	<b>24</b>
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<b>How has issue arisen (and for how long)?</b>	This issue of non-submission of Statutory Notifications has increased in Q1 and Q2 2019/ 2020																																																																														
<b>What is root cause of the problem?</b>	Inconsistent approach adopted by different teams. New Team Leaders/ Ward Managers in post																																																																														
<b>Does the issue suggest a need for improved systems of control?</b>	<p>Yes, system changes that have been instigated since the move to DATIX. This includes a systematic alert on the incident reports to highlight the need to complete a Statutory Notification, direct access to the CQC portal and availability of a WHC generic log-in.</p> <p>New managers need to be made aware of the need to complete this information.</p>																																																																														
Assurance/ Oversight																																																																															
<b>Views/findings from Committee oversight</b>	Monthly oversight at Quality and Planning and escalated to Performance and Planning.																																																																														
<b>Independent /external assurance</b>	Quarterly meetings with CQC																																																																														
Impacts and implications																																																																															
<b>Quality</b>	There are currently internal checking mechanisms of incidents. WHC also reports all incidents monthly onto NRLS																																																																														

<b>Equality</b>	The submission or non-submission of Statutory Notifications does not directly impact persons using the services provided by WHC. Statutory Notifications are expected to be submitted for a number of reasons: Serious Injury, Deprivation of Liberty Safeguards, abuse and allegations of abuse, incidents reported to the Police, events that stop, or may stop the registered person from running the service safely and properly, death of a person who uses the service, changes to registration details, absence of registered persons of 28 days or more.
<b>Financial</b>	There is currently no financial impact
<b>Operational delivery</b>	It is expected that operational leads are responsible for the completion and submission of Statutory Notifications
<b>Regulatory/ legal/ contractual</b>	WHC are required to notify CQC of certain incidents, events or changes to service. It is an offence not to notify CQC when a relevant incident, event or change has occurred. Whilst there is no set timescale, guidance does stipulate 'without delay'.
<b>Links</b>	
<b>Link to business plan/ 5 year programme of change</b>	Quality Focus- linked with the improved implementation and embedding of DATIX incident and risk management tool
<b>Links to known risks</b>	This is an operational issue at present. If level of non-submission continues to rise, it could contribute towards strategic risk of lack of regulatory compliance.
<b>Identification of new risks</b>	None.
<b>Plan</b>	
<b>What actions are being taken?</b>	All clinical services has been asked for an improvement trajectory to clear all SI investigation and reporting within the required time frame by the 6 <sup>th</sup> September 2019. Within the report those accountable for SI time frame and undertaking statutory notifications will be shared.
<b>How and when will issue be resolved?</b>	The issue is expected to be resolved within 30 days
<b>When will Board be updated?</b>	The board will be updated in Q3

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

**Item 6a**

**Quality, Performance and Finance Dashboards**

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Wiltshire Health and Care Board

For information

**Subject:** Risk Management Report  
**Date of Report:** 25.10 2019  
**Date of Board:** 01.11.2019  
**Author:** Tom Blowers, Risk and Complaints Manager  
**Exec Sponsor:** Katy Hamilton Jennings, Director of Governance and Company Secretary

### 1. Purpose

This paper sets out:

- A. [WHC risk summary profile](#) - for information
- B. [12+, 15+ risks on the risk register \(as of 16<sup>th</sup> of October 2019\), together with RAG rating of action/risk progress against 12+ risks](#) – for discussion. Please note: The WHC risk framework requires risks scoring 15+ to be shared with the Board. As there is one in this category, this report also sets out details of 12+ risks for information only.

### 2. Recommendation

The Board is asked to:

- Note the position with regards to WHC’s 15+ risks, and confirm it is satisfied that WHC’s key risks are being appropriately managed

### 3. Risk updates

#### Section A: WHC risk summary profile as of 25 October 2019

Risk profile	August Report	Movement	October Report
Total open risks on WHC Risk Register	71		65
“Accepted” open risk on the WHC Risk Register	11		10

#### Risk scoring profile for WHC’s “live” risks

Profile of 12+ live risks open as at 16 October 2019						
Total combined risk score: 88						
Net Risk = Impact x Likelihood						
Impact						
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16 1	20
3	Moderate	3	6	9	12 3	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5
	Likelihood	Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5

## 12+ Risk Profile

Risk theme profile for 12+ risks						
Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance
3	0	0	0	1	1	0
12+ Risks aligned with WHC Delivery Goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People Including our <i>Safer Staffing Programme</i>	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

## Combined score of 12+ risks

Organisational risk summary profile for active 12+ risks				
Category	Combined risk score Aug 19	Combined risk score Oct 19	Movement	Number of risks associated.
1. Operational	60	28	↓	2
2. Workforce	0	0	=	0
3. ICT Infrastructure	0	0	=	0
4. Infrastructure	0	0	=	0
5. Financial	36	12	↓	1
6. Quality	12	12	=	1
7. Governance	12	0	=	0
<b>Total</b>	<b>120</b>	<b>88</b>	<b>↓</b>	<b>7</b>

See Section C for detail of all 12+/15+ risks.

## New 12+ Risks as of 16 October 2019

- One risk scoring 12 (risk 80) was added to the risk register in September 2019. This risk was escalated to a score of 16 following board scrutiny in September 2019.

*NB other risks closed in the reporting period, bringing the total amount of active risks down from 71 – 67, scored less than 12+*

## Closed 12+ Risks in reporting period August to October 2019

ID	Risk title	Previous score	Closure reason
58	Ability to scrutinise internal/external financial audit	12	This risk is monitored through the strategic risk register.
53	Lack of Medical Cover on Ailesbury and Chestnut units	12	Achieved the target score of 1.

### Accepted 12+ Risks in reporting period (as of October 2019)

- No 12+ risks were accepted during the reporting period

### Movement of 12+ Risks in reporting period (as of October 2019)

Risk ID	Risk Title	Review date	Previous Score	Current Score	Rationale
40.	Reliance on Finite financial resources	August 2019	12	9	Some actions complete reducing risk score
Risk ID	Risk Title	Review date	Previous Score	Current Score	Rationale
39	Interoperability between S1 and Aadastra	August 2019	12	6	Medvivo have put in process to address the use of aadastra and this is no longer a live significant risk
Risk ID	Risk Title	Review date	Previous Score	Current Score	Rationale
34	Late referrals from Virgin Care impacting on transitions to CTPLD	August 2019	12	NA	Will now be managed as an issue within CTPLD. Wiltshire Council have now written a Transition Policy & Pathway which CTPLD managers (health) have fed into.
Risk ID	Risk Title	Review date	Previous Score	Current Score	Rationale
56	Cultural issues on Inpatient wards and MIU	August 2019	12	9	Reviewed by COO risk score down following recruitment and operational actions

### 15+ Risks (October 2019)

As of October 2019, WHC has **one** 15+ risk on its Risk Register (risk 80).

### Section B: 12+, 15+ risks

Risk Title	Owner	Risk score	Service Delivery Area	Key information
Winter pressures (details below)	LH	16	Operations	Risk escalated 12 > 16
Data sharing	SJP	12	Quality	
Lack of capital funding	AC	12	Finance	
Impact on workforce shortages on patient services	LH	12	Operations	

## Wiltshire Health and Care Risk Report

New Risk

Risk Status:	Action Required
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Executive Lead:	Lisa Hodgson
Operational Lead:	Lisa Hodgson
Overseeing Committee:	Performance and Planning/Exec co
Risk Source:	Winter Pressures

### Risk Rating Abbreviations

L - Likelihood  
C - Consequence  
T - Total  
M - Risk Movement

### Movement Symbols

These are contained within the movement drop down list.

◊ - No change  
↗ - Increase  
↘ - Decrease

### Risk Rating

Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	4	12		4	4	16	↔		2	3	6

### Risk Description (including the effect if the risk):

If WHC does not fully articulate limitations to commissioners and system partners regarding managing 'winter pressures,' there will be regional lack of understanding as to what WHC can realistically achieve, this could lead to reputational damage amongst partners, commissioners, patients and their families/carers - there is also operational/quality element as a risk that without clarity, patients discharge from hospital is unduly delayed as they are waiting for services which have insufficient capacity, rather than benefiting from alternative mitigations which have been commissioned.

Existing Controls: WHC will report through Board, describing commissioned schemes, what this translates to in terms of impact and performance against the anticipated benefits. This will all be a feature of wider system reporting through A & E delivery boards relating to impact.

### Actions required to mitigate risk:

Letter to Commissioner from DB to advise on what WHC can and can't do for winter (DB)

### Due Date

30.09.2019

### Progress against actions:

Complete Oct 2019 - Letter sent to commissioners on 16/9. Response received on 27/9. Commissioners are arranging a winter risk summit for later in October to check system readiness across BSW. Schemes now described and commissioning decisions will be communicated to WHC on or just after the 28/10/19

Briefing to A&E delivery boards on what WHC can and cant do to support winter (LH)

30.09.2019  
(TBC)

Press for demand and capacity monitoring at A&E delivery boards (or another forum), to ensure that accurate picture is determined, and ensure that WHC presses the point that this a system issue, and there is a mechanism in place to ensure system remains clear on the what it is possible for WHC to do to support. (LH)

30.09.2019  
28/10/19

Position on previous Board report:

New Risk

Suggested position for next Board report:

01/11/2019

**Wiltshire Health and Care Board****For information**

**Subject:** Wiltshire Health and Care, Delivery Plan – Quarterly Progress Update

**Date of Meeting:** 01 November 2019

**Author:** Katy Hamilton Jennings,  
Director of Governance and Company Secretary

**1. Purpose**

The purpose of this paper is to keep the Board apprised of the progress being made by Wiltshire Health and Care against the delivery objectives approved by the Board for 19/20.

**2. Background**

- As part of business planning, at the start of the year Wiltshire Health and Care's Board approved a Delivery Plan for 2019-2020, which incorporated a set of delivery objectives.
- These delivery objectives were established to ensure that Wiltshire Health and Care met its statutory and contractual obligations, whilst simultaneously pursuing the organisation's strategic objectives.
- To assist the Board in its task of overseeing the success of Wiltshire Health and Care in implementing these delivery objectives, a Delivery Plan tracker has been created. This tracker provides a RAG status for each objective, together with a narrative to support the Board to understand the status of each action.
- The Board should be assured where the RAG status is blue (action completed), or green (action on track for completion by the target quarter). The Board should note the rationale for items with an orange (off track for the target quarter, but should be completed within 19/20) or red (off track for the target quarter, and objective unlikely to be completed within 19/20), and determine whether it is satisfied with the status in the circumstances, or whether it would like to take, or direct the Executive to take, further action(s).

**3. Discussion****Summary of current position**

- The Board will note that across the eight themes, Wiltshire Health and Care has been set 101 delivery objectives for 19/20. Of these 101 delivery objectives, the status is set out in a tabular manner below:

Delivery objectives – Update September 2019			
RAG rating	Category	Number	% of total delivery objectives
Blue	Complete delivery objectives 19/20	24	23.8%
Green	On track delivery objectives 19/20	25	24.8%
Amber	Off target, but due to be completed within 19/20	40	39.6%
Red	Off target and unlikely to be completed within 19/20	8	7.9%
Grey	No longer appropriate objectives to pursue	4	4.0%

### Analysis of themes

- “Red objectives”** – As discussed at the previous Board meeting, the majority of the delivery objectives with a **red status** are unlikely to be achieved within 19/20 on account of progress being stalled due to a lack of input from our commissioners. In many ways this might be understandable at this point, as the CCGs across BSW are going through processes to realign, and determine the most combined effective structure/ way to assign responsibilities for commissioning going forward. However, the Board is asked to consider each of the objectives currently red, and confirm that it is happy for Wiltshire Health and Care to “pause” *its* pursuit of the completion of these objectives in 19/20, whilst our commissioners consider their objectives and strategies, or, whether the Board would like Wiltshire Health and Care to press the commissioners (or other entities), and/or take alternative actions to those stated in the narrative in an attempt to prompt progress/strategic decision making. The Board will recall that the “” symbol means that Wiltshire Health and Care intended to deliver the objective within the baseline funding made available to it by the CCG, and the “” symbol means that Wiltshire Health and Care would develop proposal, and seek additional funding from the CCG to deliver the objective if the CCG wished to endorse completion of the objective.

Seven of the red objectives were confirmed as red by the Board at its meeting in September 2019, and the status remains ‘red’. In addition, it is proposed that a further one is coded as red:

#			Delivery objective	Current position
1	1.4.5		<ul style="list-style-type: none"> <li>As part of the design of rapid response services, we would look to deliver the full <b>falls pathway</b> across Wiltshire.</li> </ul>	On hold by the CCG, pending design of rapid response services. Will not therefore be delivered in 2019/20

- “Grey objectives”** – The Board will note that there is a total of four grey objectives. The status of three of these were agreed by the Board at its September meeting. The Executive has proposed that a further two objectives are no longer pursued in 19/20. These are set out below. The Board is asked to confirm that it is content for these grey objectives to be discontinued in the circumstances.

Grey delivery objectives				
#			Delivery objective	Current position
1	5.3		<ul style="list-style-type: none"> <li>We will produce a <b>Sustainable Development Action Plan</b> for 19/20 for agreement by the Board</li> </ul>	Rather than produced a separate sustainable development action plan, it is proposed that the sustainability actions in the Delivery Plan are pursued and measured in terms of reduction in travel and use of paper.

#### 4. Recommendation

4.1 The Board are invited to note the status update of Wiltshire Health and Care's progress against its delivery objectives for 19/20, and confirm whether it is content with the current status, or whether it wishes to direct the Executive to take further action(s).

## Progress Report: Wiltshire Health and Care Delivery Plan, 2019-2020

<b>Meeting:</b>	<b>Board</b>
<b>Date of Report:</b>	<b>1 November 2019</b>

<b>RAG key:</b>	Delivery milestone achieved.	
	Delivery milestone on track to be completed by target quarter.	
	Delivery milestone off-track to be completed by target quarter, but actions in place to achieve milestone by the end of 19/20.	
	Delivery milestone off-track to be completed by target quarter, and milestone unlikely to be achieved by the end of 19/20.	
	Delivery milestone no longer applicable because of national decision making/ other.	

<b>Type of objective key:</b>	<b>Transformation (T)</b>	<ul style="list-style-type: none"> <li>Specifically funded transformation resource leading the delivery of the objective under the steer of a Programme Board sponsored by a member of the Executive Committee. Detail on the progress of these programmes provided as part of this report.</li> </ul>
	<b>Project (P)</b>	<ul style="list-style-type: none"> <li>Organisational project resource supporting the delivery of the objective under the steer of a senior manager. In addition to project reporting, progress will be tracked through this report.</li> </ul>
	<b>Service Development (SD)</b>	<ul style="list-style-type: none"> <li>New, defined piece of work being undertaken by one or more staff members within WHC's usual establishment as part of their annual work programme. Progress tracked through this report.</li> </ul>
	<b>Business as Usual (BAU)</b>	<ul style="list-style-type: none"> <li>Work already part of WHC's usual delivery model. Work being undertaken by one or more staff members within WHC's usual establishment as part of their usual work programme.</li> </ul>

<b>Key:</b>	<b>Lead</b>	<ul style="list-style-type: none"> <li>Person responsible for reporting to the Executive Committee on progress against objective.</li> </ul>
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### SECTION 1: IMPLEMENTING A NEW MODEL OF CARE

Topic/Theme	#	Objective	Type	Reporting Lead	Icon	Q1	Q2	Q3	Q4	Q2	Objective KPI	Narrative to explain current position
										RAG		
1 Start well, live well, stay well, age well	1.1.1	<ul style="list-style-type: none"> <li>Increase the number of staff attending <b>Making Every Contact Counts</b> training.</li> </ul>	SD	Head of Operations (Heather Kahler)							The number of staff having completed the MECC training should be higher at Q4 19/20, than it was at Q4 18/19.	WHC has access to MECC training for its staff – programme facilitated by CCG. The organisation also offers motivational interviewing and effective conversations training to all new staff and has a motivational interviewing module on training tracker which supports people to make healthy life choices.
	1.1.2	<ul style="list-style-type: none"> <li>Continue to use our systems and contacts to prompt <b>preventative discussion and lifestyle advice</b>.</li> </ul>	SD	Head of Operations (Heather Kahler)								CQUIN for inpatients. Reference to having discussions relating to prevention and lifestyle advice is to be added to the Case Management Care plan. This is being implemented.
	1.1.3	<ul style="list-style-type: none"> <li>Continue to maintain good access to treatment with over <b>92% of people treated within 18 weeks</b>.</li> </ul>	BAU	Chief Operating Officer (LH)							Over 92% of incomplete waiters waiting under 18 weeks.	Performance maintained in Q2.
	1.1.4	<ul style="list-style-type: none"> <li>Define an optimal service model and pathway for <b>First Contact Physiotherapy</b> with primary care colleagues.</li> </ul>	SD	Head of Service, MSK (CLJ)					✓		Service specification in place.	Good progress, with PCNs expressing interest. Draft service model in circulation for final approval. Expanded to Calne, EOI from 5 further PCNs
	1.1.5	<ul style="list-style-type: none"> <li>Increase the number of areas where <b>First Contact Physiotherapy</b> is delivered.</li> </ul>	SD	Head of Service, MSK (CLJ)					✓		Signed agreements to deliver First Contact Physios in multiple Primary Care Networks in place	FCP roles have started in Calne in September. Melksham & BOA start date now set for November. Trowbridge and Malmesbury are planning to develop the role next. CLJ working with Clin Directors re recruitment and service model.
2 Live well with one or more long term conditions	1.2.1	<ul style="list-style-type: none"> <li>Expand the provision of <b>structured education and digital self-management</b> support tools.</li> </ul>	SD	Head of Service, Diabetes (Paul Mabey)			✓				Digital options available. Increase uptake of places	Pilot in place for type 2 working with CCG. Signposting to Type 1 course and read coding records on completion certificate. Direct booking from primary care. Further digital course available for type 2 in January, as not launched by supplier until that date.
	1.2.2	<ul style="list-style-type: none"> <li>We will contribute to the development of the <b>'whole life' pathway</b> to ensure the needs of patients with <b>Learning Disabilities</b> are recognised and addressed within the developing model of provision</li> </ul>	SD	Head of Operations (Heather Kahler)					✓		Renewed service specification for LD services	Good dialogue opened with WCC, now part of the wider programme board
	1.2.3	<ul style="list-style-type: none"> <li>Develop a <b>single unified pathway for diabetes</b></li> </ul>	SD	Head of Service, Diabetes (PM)			✓				Wiltshire diabetes pathway in place	Single Point of Access conversations in progress with RUH, SFT and WCCG. Internal diabetes processes within WHC being aligned.
	1.2.4	<ul style="list-style-type: none"> <li>Develop a <b>common model for the provision of specialist advice</b> and support for people with long term conditions</li> </ul>	SD	Head of Service, Diabetes (PM)				✓			LTC model in place	Developing concept in diabetes pathway that can be used for other LTC's. Neuro meeting occurred to understand requirements.
	1.2.5	<ul style="list-style-type: none"> <li>Reduce <b>wheelchair waiting times</b> so the 18-week RTT target is always achieved</li> </ul>	BAU	Head of Service, MSK (CLJ)							RTT target achieved	Additional staff in post RTT reducing, progress noted by CCG at CQPM Oct
	1.2.6	<ul style="list-style-type: none"> <li>Reduce waiting times for patients waiting for <b>wheelchair repair</b>.</li> </ul>	SD	Head of Service, MSK (CLJ)							As above	As above
	1.2.7	<ul style="list-style-type: none"> <li>We will develop <b>personalised wheelchair budget systems</b></li> </ul>	SD	Head of Service, MSK (CLJ)					✓		A clear process is in place for PWB	Agreement with CCG to revisit an implementation plan following NHS England guidance. Task group planned for Nov 6 <sup>th</sup>
	1.2.8	<ul style="list-style-type: none"> <li>We will introduce a stock management system for <b>wheelchairs</b>.</li> </ul>	SD	Head of Service, MSK (CLJ)			✓				A robust stock management system is in place	Medical equipment Asset Management tender due Oct 21 <sup>st</sup> . Project officer obtained to assist in implementation once the software has been purchased.
	1.2.9	<ul style="list-style-type: none"> <li>Develop a proposal for a Wiltshire-wide model for <b>community heart failure</b>, in partnership with the 3 cardiology depts.</li> </ul>	SD	Chief Operating Officer (LH)			✓				Proposal for WHC to deliver enhanced HF services	A model has been developed but on hold pending CCG action
	1.2.10	<ul style="list-style-type: none"> <li>Case for change created which defines the benefits of <b>expanding the WHC Oxygen service</b> to south Wilts.</li> </ul>	SD	Ella Purvis			✓				Case for change completed for WHC expand Community Oxygen service to South	Presentation to CCG by CLJ on 25th September 2019. Awaiting feedback from this meeting regarding on-going plans for expanding oxygen service to the south.
	1.2.11	<ul style="list-style-type: none"> <li>Provide commissioners with a costed options appraisal to <b>expand pulmonary rehabilitation</b>.</li> </ul>	SD	Ella Purvis					✓		Costed options available to commissioners	Community options/ locations being considered.
	1.2.12	<ul style="list-style-type: none"> <li>Put in place arrangements to support the use of <b>Diasend</b> for Wiltshire community patients.</li> </ul>	SD	Head of Service, Diabetes			✓				Diasend used to support care	Costed proposal developed, Initial discussions with CCG, may not fund
3 Support for complex comorbidities	1.3.1	<ul style="list-style-type: none"> <li>Work with the CCG to develop a proposal for <b>pain management</b> services across Wiltshire</li> </ul>	SD	Head of Service, MSK (CLJ)		✓					Proposal for WHC to deliver enhanced pain management service	The CCG have indicated that they are not keen to pursue this in 19/20. As such, the WHC Board has decided that WHC should no longer pursue this objective in 19/20.

	/frailty	1.3.2	<ul style="list-style-type: none"> <li>Define the <b>pathway for the management of frail patients</b> outside of hospital, and present the funding requirements to commissioners.</li> </ul>	SD	Chief Operating Officer (LH)				Model in place	This is been led through BSW- needs further input by WHC COO to make local progress
4	Accessible effective support in crisis	1.4.1	<ul style="list-style-type: none"> <li>Robust improvement plan in place to deliver improved resilience in our <b>Minor Injury Units</b>.</li> </ul>	SD	Head of Operations (Clare Robinson)				MIU action plan in place	Action Plan reviewed and reported quarterly to CCG. No reds remaining. Only 3 ambers. Remainder green.
		1.4.2	<ul style="list-style-type: none"> <li>Trialled <b>physiotherapists in MIUs</b>, evaluated impact of this by the end of Q4.</li> </ul>	SD	Head of Service, MSK (CLJ)				Outcome of trial known and agreed way forward	Good introduction well received by fellow nursing specialists. 2x 0.5 posts. Awaiting updated Radiology protocol to allow for Xray requesting.
		1.4.3	<ul style="list-style-type: none"> <li>Work with commissioners to clarify the specification for <b>Urgent Treatment Centres</b> in Wiltshire.</li> </ul>	SD	Chief Operating Officer (LH)				Clear plan for Urgent treatment Centres in place in Wiltshire	Awaiting clarity of commissioning intentions from the CCG. Have proposed short term project to commissioners to resolve.
		1.4.4	<p><b>PRIORITY</b></p> <ul style="list-style-type: none"> <li>Work as part of the Wiltshire Delivery Group to develop a proposal for an increase and streaming of <b>rapid response services</b>.</li> </ul>	T	Band 8A Transformation Manager				Agreed service model with commissioners, with clear plan for WHC's part in implementation.	Working as partner in the system as part of modelling phase.
		1.4.5	<ul style="list-style-type: none"> <li>As part of the design of rapid response services, we would look to deliver the full <b>falls pathway</b> across Wiltshire.</li> </ul>	SD	Head of Operations (Clare Robinson)				Proposal for WHC delivering a falls response service	A proposal was made to the CCG but is on hold pending outcome of rapid response design.
		1.4.6	<ul style="list-style-type: none"> <li>Proposal for the delivery of <b>IV therapy</b> in the patient's home for south Wiltshire.</li> </ul>	SD	Chief Operating Officer (LH)				Service in place to deliver IV therapy at home	On hold by CCG pending Rapid Response design. The WHC Board has confirmed that WHC should continue to remain ready to engage with this in anticipation that the commissioners are likely to confirm their intentions for developing a rapid response service at some point during 19/20.
5	High quality person-centred specialist and acute care	1.5.1	<ul style="list-style-type: none"> <li><b>Red and Green</b> - By the end of Q2, we will have embedded red and green methodology fully on all inpatient wards.</li> </ul>	SD	Head of Inpatients (Lisa Maslen)				Red & green in place	Initially delayed due to Project Lead pulled back into service due to staffing needs. The pilot for R & G started on Monday 14 <sup>th</sup> October, in Savernake. Roll out on Chestnut and Ailesbury. Mulberry and Cedar to follow. We anticipate BAU during December 2019
		1.5.2	<ul style="list-style-type: none"> <li><b>Align the Acute Trust Liaison service</b> to the Wiltshire Patient Flow Hub.</li> </ul>	SD	Chief Operating Officer (LH)				Community in reach model in place	Agreement from commissioners that ATL function should align to hub during Winter.
6	Good hand over and discharge planning and post support	1.6.1	<ul style="list-style-type: none"> <li>We will <b>reduce the number of bed days</b> occupied by patients with an acute length of stay of 21 days or more waiting for discharge to Pathway 1 and Pathway 2.</li> </ul>	BAU	Chief Operating Officer (LH)				Reduction in bed days for >21 day for Pathway 1 and 2.	Data issues prevent monitoring at present, as data does not exist at pathway level for all.
		1.6.2	<ul style="list-style-type: none"> <li>By Q3, we will <b>reduce length of stay</b> in community hospital beds to be in line with national benchmarks for 19/20 to release capacity for winter</li> </ul>	SD	Chief Operating Officer (LH)				LoS to be at 27 days in Q4	Plans in place to address, MDT's are occurring however we have a growing number of very complex pts and DTOCs which, as discharged, will negatively affect this indicator.
		1.6.3	<ul style="list-style-type: none"> <li>Develop the Wiltshire <b>Patient Flow Hub</b> further to <b>increase coordination of Home First+ discharges</b>.</li> </ul>	SD	Chief Operating Officer (LH)				Agreement for increased resources for Home First coordination.	Review of processes underway but increased resources not confirmed from the CCG to date. The WHC Board would like WHC to remain ready to implement this development in the event that commissioners determine they wish to commission later in the year this as part of managing winter/system pressures.
		1.6.4	<ul style="list-style-type: none"> <li><b>Align the Wiltshire Patient Flow Hub</b> with <b>Wiltshire Council patient flow processes</b>.</li> </ul>	SD	Chief Operating Officer (LH)				Agreed joint processes in place	Progress made and some SW will be aligned with the hub from September
7	Effective rehabilitation and reablement	1.7.1	<ul style="list-style-type: none"> <li>Complete the <b>roll out of the Home First + pathway with Wiltshire Council</b> in all localities.</li> </ul>	SD	Chief Operating Officer (LH)				Pathway rolled out in all areas.	Completed, now embedding and reviewed regularly
		1.7.2	<ul style="list-style-type: none"> <li><b>Stroke rehabilitation</b> reviewed and proposal to increase rehabilitation at home.</li> </ul>	SD	Chief Operating Officer (LH)				Proposal for increased stroke rehab	Good work undertaken with ESD – however further funding required – proposal needs to be written
		1.7.3	<ul style="list-style-type: none"> <li>By the start of Q1, we will define the preferred model for <b>clinical input into ICT beds</b>.</li> </ul>	SD	Chief Operating Officer (LH)				Preferred model defined.	Model defined, CCG agreed, but decision now reversed. This objective will therefore not be achieved, as CCG have decided on different approach in 2019/20.
		1.7.4	<ul style="list-style-type: none"> <li>Propose <b>new approach for fracture clinics</b>.</li> </ul>	SD	Head of Specialist Services, Carol Langley-Johnson				New model in place	Fracture clinic model submitted and agreed at Exec Co in Sept 19. Carol Langley- Johnson is now the lead for roll out. BAU should follow in April 2020
8	Person centred, dignified, long term care	1.8.1	<ul style="list-style-type: none"> <li>By Q3, we will develop a proposal for <b>increased support to care homes</b> to prevent escalation.</li> </ul>	SD	Head of Operations, Community Team (HK)				There will be a Wiltshire wide care home model of support	Asking CCG to define their preferred model. This is still in discussion, however there is on-going work being undertaken to develop the support from community teams to care homes which have ICT beds. WHC are working alongside the CCG to deliver the Cathedral project model to reduce unnecessary admissions to hospitals from care homes.
9	Support, control, and choice at the End of Life	1.9.1	<ul style="list-style-type: none"> <li>Processes formalised to provide <b>care support</b> to patients who have a <b>diagnosis of a terminal illness</b> but who are not yet entering the final phase of life.</li> </ul>	SD	Head of Operations, Community Team (HK)				Formalised process as part of EOL pathway work.	Case management and individualised care planning is being embedded into community teams. Personalisation and care planning needs further discussion with CCG and system partners as a person with a palliative diagnosis will not necessarily be open to community teams. We are in discussion with the reablement team to ensure that the home first process for these patients can be followed, allowing them to use reablement services.
10	Integrated services to provide person-centred care	1.10.1	<p><b>PRIORITY</b></p> <ul style="list-style-type: none"> <li>Review and reorganise management of caseloads in community teams and working with GP practices.</li> </ul>	T	Service Transformation Manager, Gemma Pugh				Agreed case load numbers and processes to achieve in place	PID written, Case load audit to be undertaken in Sept 19. The time and motion study was completed the week of the 23 <sup>rd</sup> September in all 11 community teams. Data analysis will continue throughout November and the teams will have an opportunity to feedback in Late November Feedback to Exec Co in Dec 19, and feedback to individual PCNs will commence in Jan 2020

SECTION 2: DEVELOPING OUR PEOPLE												
Topic/ Theme	#	Objective	Type of objective	Reporting Lead		Q 1	Q 2	Q 3	Q 4	Q2 RAG	Objective KPI	Narrative to explain current position where objective off-track
Developing our People	2.1	<ul style="list-style-type: none"> <li>We will undertake an <b>agency diagnostic</b>, using an NHSI tool, to support on-going development.</li> </ul>	SD	Head of People (Hanna Mansell)							Agency diagnostic undertaken.	This has been completed through the safer staffing programme.
	2.2	<ul style="list-style-type: none"> <li>By Q2 we will <b>review and renew appropriate agency staff framework agreements</b>.</li> </ul>	T	Director of Finance							Agreements reviewed and renewed where appropriate.	Agency arrangements reviewed and prioritisation agreed. Additional future work agreed. Market engagement event led by HTE is being planned for December 2019 to explore longer term contractual options.
	2.3	<ul style="list-style-type: none"> <li>By Q2 we will <b>improve our board reporting</b> so that it includes additional information (including agency spends).</li> </ul>	SD	Head of People (Hanna Mansell)							Revised board reporting.	This is now complete. The revised workforce KPI report is in place and provided on a monthly basis, which includes greater detail of Recruitment, Retention and bank and agency usage.

2.4	• By Q4 we will <b>implement E-roster</b> across all services at team level.	T	Safer staffing programme board							✓	Green	E roster implemented	Inpatient wards and MIUs by end of 2019; community teams commenced during Q4. Some smaller specialist services may bridge into beginning of 2020/21.
2.5	• By the end of Q4, we will have <b>increased the number of people recruited to our bank by 25%</b> .	SD	Head of People (Hanna Mansell)							✓	Green	Bank numbers increased by 25%	The R&R and One workforce plan has been approved and recruitment and been successful to the one workforce lead post, and will start with the organisation in November 19. One of the first objectives for this post will be to develop a recruitment and marketing plan targeting Bank, Volunteers and hot spot areas in operations. Alongside launching the project to bring management of Bank and volunteer staff in line with all other substantive staff in WHC. Due to the need to build the foundations in the staff profiles of Bank and Agency it is to be noted that we are unlikely to see the target met in this financial year.
2.6	• By the end of Q4 we will <b>increase our voluntary workforce by 10-15%</b> .	SD	Head of People (Hanna Mansell)							✓	Yellow	Volunteer workforce increased by 10-15%.	
2.7	• Commence recruitment of <b>physiotherapy rotational posts</b> in three areas.	SD	Head of Service, MSK (CLJ)		✓						Blue	Rotational posts in place and recruitment commenced.	3 new graduates recruited for North rotation, ward/community & MSK. First preceptorship training booked for October. West rotation scoped but recent NHS job adverts were unsuccessful, readvertised.
2.8	• Develop and deliver training from a <b>new education and training hub</b> at Savernake Hospital.	SD	Head of Learning and Develop (Vanessa Ongley)			✓					Blue	Training hub in place	A new training hub is in place and equipped at Savernake. An events timetable is starting to be delivered, including ward managers programme and bespoke / additional skills training. Awaiting computer points to complete the work and support self directed study
2.9	• Develop and deliver an <b>Acuity and Dependency tool</b> across all community wards - aligned to e-rostering.	T	Safer Staffing Programme Board			✓					Blue	Acuity and dependency tool implemented.	Shelford Tool tested across all wards in August. This will be used again in October/November 2019 and again in 6 months.
2.10	• By Q2, we will develop and <b>deliver Clinical Leadership pathways</b> .	SD	Head of Learning and Develop (Vanessa Ongley)			✓					Blue	New clinical leadership pathways in place	Clinical career development 'flowers' developed, supported by ward leadership training and senior leader management programmes. Q2 Milestone complete
2.11	• From Q1 we will implement a <b>new value based appraisal process</b> .	SD	Head of People (Hanna Mansell)		✓						Yellow	New appraisal process in place	Final documentation has been agreed and pilot area is testing to feedback before rolling out to the full organisation. This is on track to be achieved by April 20. Milestone delayed until Q4
2.12	• By Q2, we will review the current Advanced Nurse Practitioner/ Advanced Care Practitioner role and competency framework in community in-patient settings, and set out a revised proposal to maximise the potential of the role and the community hospital delivery model.	SD	Head of Learning and Develop (Vanessa Ongley)			✓					Blue	Review complete	Achieved
2.13	• By Q2, we will recruit and <b>embed medical doctors to support clinical leadership and delivery of the clinical governance agenda</b> .	SD	Head of People (Hanna Mansell)			✓					Blue	Medical doctors recruited.	Medical Dr recruited and in place with WHC. All policies which are under review are to review the requirements for medical staff, contracts and terms and conditions are all in place. The appraisal process for medical staff and responsible officer role will be aligned to RUH.
2.14	• By Q2, we will review, and <b>implement the Health and Wellbeing charter</b> , through health and wellbeing forums. We will evaluate its impact through staff survey results.	SD	Head of People (Hanna Mansell)			✓					Blue	Reviewed and implement charter	This has now been ratified by the organisation and has been mobilised into operational delivery. Wellbeing forums are launching in November 19, which will see a cross section of staff from the organisation, participating and leading the implementation of the charter forward. Q2 milestone complete
2.15	• Implement a performance review system with Health and Wellbeing an integral part of the process.	SD	Head of People (Hanna Mansell)		✓						Green	Performance review system in place	As per 2.11
2.16	• From Q4, we will <b>align our SAFER staffing project to our health and wellbeing charter</b> .	SD	Head of People (Hanna Mansell)							✓	Green	Outcomes of safer staffing aligned to charter.	As per 2.14. To be added to the Safer staffing board agenda from November.
2.17	• Up-skill key staff within the Human Resources and Learning & Development team to support and deliver <b>organisational development</b> .	SD	Head of People (Hanna Mansell)							✓	Blue	OD skills within HR and L&D team.	Training has been completed in HR and RS is just completing the assignment stage to the CIPD OD qualification. OD approach to wards to be rolled out in Q3. This will be undertaken by the CSU with WHC HR and L&D staff shadowing the trainers to support their competence and confidence. This will then be extended across all wards during Q4 and into 2020/2021
2.18	• Scope the development and delivery of <b>non-medical consultant roles in community settings</b> and produce a paper for consideration by our commissioners by the end of Q1.	SD	Chief Operating Officer (LH)								Blue	Proposals produced.	Proposal was produced, relating to ICT in South, but not accepted.

SECTION 3: SUPPORTING OUR SERVICES AND PATIENTS WITH GOOD IT												
Topic/ Theme	#	Objective	Type of objective	Reporting Lead		Q 1	Q 2	Q 3	Q 4	Q2 RAG	Objective KPI	Narrative to explain current position where objective off-track
Strengthening foundations	3.1	• By the end of Q1, we will have completed the migration of all N3 links on to more cost-effective and fit for purpose infrastructure (HSCN).	P	IT Project Manager (David Thompson)						Blue	Migration complete.	All sites migration from old N3 service. This leaves the two sites that didn't have existing N3 links (Malmesbury and Corsham) to have their new connections commissioned in October/November.
	3.2	• We will have established and begun a rolling replacement programme for our <b>desktop estate</b> .	BAU	Head of IT (KS)						Green	Rolling replacement programme in place.	
Supporting our teams to work efficiently	3.3	• By the end of Q4, all Wiltshire Health and Care computers will have <b>migrated to Windows 10</b> .	P	IT Project Manager (David Thompson)						Yellow	Windows 10 migration complete	Reliance on GWH to facilitate the required changes. WHC project initiated despite dependency on GWH windows 10 planning. This work is being done in conjunction with network migration. Technical workshops held and we will now progress to a procurement for cloud AD services. Expected to be completed by end of March 2020
	3.4	• An <b>Asset management system</b> for Wiltshire Health and Care's digital ICT will be in place by the end of Q3.	P	Head of IT (KS)				✓		Green	New asset management in place.	Competitive procurement process completed and supplier selected subject to approval of Exec Co due w/b 07/10/19

	3.5	• We will have an agreed 'to be' <b>network design and migration plan</b> , and work will have begun to deliver it.	P	Head of IT (KS)								Plan completed.	Work being completed in conjunction with Windows 10 migration. Technical workshops held and we will now progress to a procurement for cloud AD services.	
	3.6	• We will have gone live with a dedicated <b>Wiltshire Health and Care intranet</b> .	SD	Comms and Engagement Lead (Emma Bye)								Intranet in place.	New intranet went live in May 2019.	
	3.7	• We will be in a position to run a competitive tender for a <b>new telephone system provider</b> .	P	Head of IT (KS)								Tender process commenced.	Completion of this action is dependant on the new network being available. Priority is been given to resolving network issues, meaning that this objective will now not be achieved in 2019/20.	
	3.8	• We will have established a project to procure and implement the <b>new telephone system</b> .	P	IT Project Manager (Devid Thompson)								Project in place.	Dependency on 3.7. As above.	
	3.9	• By the end of Q4, Wiltshire Health and Care will be " <b>fax free</b> ".	P	Project Administrator, (Trish Kidley)								No fax machines in use.	As at 03/10/19: x5 faxes disposed. A further x5 have been identified for immediate disposal – arrangements being put in place. x2 combined printer/faxes identified – arrangements being put in place for fax element to be disabled. To liaise with SFT/RUH/Social Care Project Leads to identify alternative arrangements.	
Supporting digitally enabled health care	3.10	• On-going participation and engagement in the <b>BSW STP interoperability programme</b>	BAU	Head of IT (KS)								On-going participation.	KS attending BSW STP Digital Board and TDA. Interoperability Board currently stood down. Operational representation agreed.	
	3.11	• We will generate a specification outlining Wiltshire Health and Care's future <b>business intelligence requirements</b>	P	Head of IT (KS)								Specification completed.	Dependent on STP work.	
	3.12	• If the commissioners confirm that they are supportive of a move to <b>SystemOne for our wards</b> by the end of Q1, we will initiate the project to implement this by the beginning of Q3.	P	Director of Infrastructure (VH)									No agreement from commissioners in Q1, timeline will therefore slip. The WHC Board has confirmed that WHC should remain ready to engage with this so that if the commissioners decide that they would like us to proceed with systm1 implementation on the wards in 19/20, we are ready.	
	3.13	• <b>Support care homes delivering intermediate care to use SystemOne</b> as clinical system (ensuring our system is shared appropriately)	P	Director of Infrastructure (VH)									Ready to support, but reliant on CSU/CCG action to roll out. The WHC Board has confirmed that WHC should remain ready to engage with this so that if the commissioners decide that they would like to proceed with systm1 implementation in care homes, in 19/20, we are ready.	
	3.14	• We will develop a project to provide a <b>text-based advice and guidance service for patients</b> (e.g. Diabetes patients) to help support appropriate condition management.	SD	Director of Infrastructure (VH)										
	3.15	• We will <b>explore increased use of wearable technology and remote monitoring with partners</b> .	SD	Director of Infrastructure (VH)										Part of a bid to participate in AHSN activity, led by CCG.

SECTION 4: SUPPORTING OUR PATIENTS AND STAFF WITH PHYSICAL INFRASTRUCTURE THAT BETTER MEETS NEED													
Topic/ Theme	#	Objective	Type of objective	Reporting Lead		Q 1	Q 2	Q 3	Q 4	Q 2 RAG	Objective KPI	Narrative to explain current position where objective off-track	
Improve quality and efficiency of existing accommodation	4.1	• <b>Specialist community services (including lymphedema) co-located</b> on the Chippenham Community Hospital site. The first phase of <b>backlog maintenance and service consolidation works</b> .	BAU	Director of Infrastructure							New accomodation for specialist services.	New accommodation is now in place.	
	4.2	• The first phase <b>backlog maintenance</b> will have been completed and space planned to support efficient effective patient care in <b>Warminster Community Hospital</b> .	BAU	Director of Infrastructure							First phase works complete.	Delayed due to NHS PS complications. Works to the soft FM kitchen are still outstanding.	
	4.3	• <b>Scoped options</b> for the provision of compliant, safe, <b>ward accommodation</b> in the <b>Warminster Hospital</b> building will be available.	BAU	Director of Infrastructure							Options scoped	High level option scoped for NHS PS to seek funding.	
	4.4	• We will facilitate a long-term sustainable <b>solution for the provision of soft FM services</b> across Wiltshire community sites.	SD	Director of Infrastructure							Long term solution in place.	Dependent on GWH and NHS PS processes. Concerns regarding level of financial information available from the current provider.	
Transformed estate to support new models of care	4.5	• New lease negotiation for the community team within <b>Ludgershall Health Centre</b> .	BAU	Director of Infrastructure							Negotiation complete.	Delayed due to GWH handing back the old lease. Tenancy at Will agreed.	
	4.6	• New lease negotiation for additional space for the community team in the new Wiltshire Council Community Hub in <b>Tisbury</b> .	BAU	Director of Infrastructure							Negotiation complete.	Agreement reached in Q1. IT issues agreed, installation underway.	
	4.7	• Sufficient space available to deliver community <b>physiotherapy activity in the south</b> of Wiltshire, including Hydrotherapy, and the associated leases negotiated.	SD	Director of Infrastructure								Negotiations are nearing completion, space requirements have been agreed and the details around the licence to occupy and costs are being finalised.	
	4.8	• Sufficient space available to deliver <b>community diabetes and dietetic care in the south</b> of Wiltshire,	SD	Director of Infrastructure								Negotiations are nearing completion, space requirements have been agreed and the details around the licence to occupy and costs are being finalised.	



										RAG			
Equality and Diversity (E&D)	7.1	• We will carry out a survey of how staff members feel about the E&D culture at Wiltshire Health and Care	P	Head of People (supported by Project Manager - JN)								Survey carried out.	
	7.2	• We will produce an Equality and Diversity Action Plan for 19/20 for agreement by the Board	P	Head of People (supported by Project Manager - JN)								Action Plan agreed by Board.	Milestone completed
	7.3	• We will identify and build an E&D data set to support the delivery of our E&D Strategy and Action Plan.	P	Head of People (supported by Project Manager - JN)								E&D data set identified and built.	Through existing HR workstreams throughout 19/20 there will be the opportunity to reflect and develop the data set.
	7.4	• We will develop a communication and engagement plan to support the delivery of the E&D Action Plan.	P	Head of People (supported by Project Manager - JN)								Comms and engagement plan in place.	Meeting scheduled with comms 22/10/19 to agree how communications can support the HR workstreams.

SECTION 8: PATIENT AND PUBLIC ENGAGEMENT AND INVOLVEMENT												
Topic/ Theme	#	Objective	Type of objective	Lead		Q 1	Q 2	Q 3	Q 4	Q2 RAG	Objective KPI	Narrative to explain current position where objective off-track
Patient and Public Involvement	8.1	• We will establish a patient and public involvement group for Wiltshire Health and Care (either by reaching agreement to extend the scope of an existing group or by developing one of our own).	SD (with project elements)	NEW Engagement Post								<ul style="list-style-type: none"> <li>Patient and Public Involvement Officer started mid September and has a work plan in place which is being regularly updated and adjusted as new priorities become apparent.</li> <li>Engagement with staff has been prioritised alongside creating a stakeholder database that is GDPR/information governance compliant.</li> </ul>
	8.2	• We will hold patient and public involvement group listening events	SD (with project elements)	NEW Engagement Post								<ul style="list-style-type: none"> <li>Investigating existing channels of feedback/groups.</li> <li>Meeting with various team members across the organisation as well as working closely with the Quality.</li> </ul>
	8.3	• We will draft a proposal for how we can involve patients and the local public in the following areas: staff recruitment and induction; when carrying out service specific workshops.	SD (with project elements)	NEW Engagement Post								<ul style="list-style-type: none"> <li>Scoping options for Friends and Family Test. Options appraisal and business case being written. Development of working group.</li> </ul>
	8.4	• We will create and maintain a database of people who wish to actively participate in service development discussions and regularly communicate with them.	SD (with project elements)	NEW Engagement Post								This will be completed by the end of Q4
	8.5	• We will define our approach for how we will listen to the voice of children who use our services.	SD (with project elements)	NEW Engagement Post								This will link to the scoping of Friends and Family reporting. A workshop is planned for November 2019
	8.6	• We will define our approach for how we involve our patients and the public in our Clinical Reference Group.	SD (with project elements)	NEW Engagement Post								This will be completed by the end of Q4

## Transformation Programmes: Overview

### Rapid Response Services

The Wiltshire Delivery Group – a group of providers, co –chaired by the Managing Director of WHC, has been leading work to design an approach to rapid response to crises in the community. The overall high level design has been agreed, and more detailed modelling of activity and demand against the model is currently being undertaken. The programme will be supported by system project management resource funded through the Better Care Fund. The overall outcome is to ensure that Wiltshire as a whole is meeting the requirements of the NHS Long Term Plan for enhanced rapid response services, delivered in an integrated manner between health and social care. Wiltshire Health and Care's role is to participate fully in the design and to play its part in creating and implementing any additional and/or adjusted services, subject to commissioning decisions. The demand on 'internal' change capacity is more likely to be towards the end of 2019/20 and into 2020/21. An expression of interest has been submitted to NHS England/Improvement to be an accelerator site for this programme.

### Community caseload programme

Review and reorganise management of caseloads in community teams and working with GP practices.

A programme of work has been established to focus on new approaches to the caseload of community teams. In particular, an audit of case load commenced in September 2019 to gather information on the type of interventions we complete, in what environment, by what band, and for what duration. In addition, work is ongoing alongside some emerging PCNs to explore closer ways of working between primary care and community services which would have a beneficial impact on caseload management

### Safer Staffing Programme

The Safer Staffing Programme has been established to oversee and deliver improvements in the way in which staffing is planned and organised to ensure suitable levels of staffing is achieved within services. The particular objectives from the Delivery Plan included in this programme are:

By Q2 we will **review and renew appropriate agency staff framework agreements.**

By Q4 we will **implement E-roster** across all services at team level.

Develop and deliver an **Acuity and Dependency tool** across all community wards - aligned to e-rostering.

Since June 2019, the programme has been overseen by the Managing Director. A comprehensive plan has been put in place, and good progress is being made against it. Both MIUs and two wards are using the re-launched e-roster software fully for rosters covering 28 December onwards, with other ward areas commencing in following months, followed by community teams

Further analysis of agency and bank usage has been undertaken, with costs clarified and contractual arrangements strengthened. Incentives for bank and substantive staff have been received, with a simplified set of arrangements being introduced. A safer staffing audit tool has been developed to be used in community ward areas every 6 months, which was trialled during August 2019, and run again during October/November to refine the tool..

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

**Item 9**

**Quality Assurance Committee Highlight Report**

**VERBAL**

# Winter Resilience & Cold Weather Plan 2019/20

Summary	The purpose of this document is to describe the arrangements put in place by Wiltshire Health and Care (WHC) to support the Delivery of planned and unplanned care from 1 <sup>st</sup> December 2019 to 31 <sup>st</sup> March 2020, including Christmas and New Year holiday period, but excluding Easter.
Target Audience	WHC, Board Members, Volunteers and Contractors.
Review Date	September 2020
Approved By	[To be approved by Board]
Author	Lisa Hodgson, COO
Version	1.3
Date of Issue	October 2019

**Version Control**

Version	Author	Date	Reason
1.0	Lisa Hodgson	18/08/2019	1 <sup>st</sup> draft
1.1	Lisa Hodgson	29/08/2019	Following review of system plan
1.2	Lisa Hodgson	16/09/2019	Reviewed following Swindon meeting
1.3	Lisa Hodgson	24/10/2019	Following of Wiltshire plan

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## 1.0 Introduction

- 1.1 The Winter Resilience and Cold Weather Plan for Wiltshire Health and Care (WHC) outlines the systems and processes in place to effectively manage capacity to meet the demand for planned and non-planned demand from the 1<sup>st</sup> December 2019 to the 31<sup>st</sup> March 2020; this period covers both the Christmas and New Year Holiday Periods but not Easter, as plans for Easter require further information from Wiltshire Commissioners.
- 1.2 The Plan is set within the context of the national guidance for 'Operational Performance Escalation Levels (OPEL) Framework. This document describes 4 levels of escalation for local health and social care systems, OPEL 1 (able to meet demand), 2 (starting to show signs of pressure), 3 (major pressures compromising patient flow) and 4 (organisations unable to deliver comprehensive care). There is also an accompanying set of actions which sit between OPEL level 3 and 4, which WHC will instigate in the event of an Acute Trust partner invoking a Full Hospital Protocol.
- 1.3 The need for sufficient headroom in community hospitals and within teams is critically important to the wider health system. As demand, length of stay, acuity and delays to discharge fluctuate they can be difficult to predict, there is a need to frequently monitor the operational status of the organisation and respond appropriately. Whilst individual patient pathways vary, the approach to management of capacity is to minimise risk and to retain a position where capacity outweighs demand.
- 1.4 Triggers detailed are used to set the escalation status of the organisation at any point in time and the responsibilities and actions for key staff and departments at each level of escalation to prevent further escalation and reduce pressure.
- 1.5 The management of the relationship between demand and capacity involves forecasting and early identification of issues, met with responsive and timely mitigating actions. The ultimate aim is to ensure that WHC and indeed the system is able to maintain, or return to, the lowest level of escalation in the shortest possible timeframe.
- 1.6 WHC launched the Wiltshire Patient Flow Hub in December 2018. This has enabled greater oversight of community capacity across Wiltshire and improved information about demand on discharge pathways 1 and 2. The hub is now fully staffed and operational seven days a week. The hub will play a central co-ordinating role throughout the winter period.

NB Although BREXIT may occur during the winter period, the planning to maintain business continuity is part of a separate process.

## 2.0 Key Pressures

- 2.1 The key pressures posed by winter include:
- Increased demand on the whole system (health and social care) due to the direct effects of cold weather resulting in increased heart attacks, strokes, respiratory diseases, influenza, falls, injuries, hypothermia and carbon monoxide poisoning, and the indirect effects of cold weather such as depression and other mental health illnesses.
  - Other winter diseases also impact on capacity, particular in beds based services i.e. beds closed and discharges delayed due to Noro-virus outbreak in hospitals and care homes.
  - Staffing pressures due to the health effects of cold weather as detailed above.

- The impact of extreme weather on road and rail networks making travel to and from work and while at work difficult; including reduced productivity of community staff and adversely affecting the care available for people in their own homes.
- Potential disruption to critical supply chain infrastructures.

### 3.0 Lessons from Previous Winters

3.1 A Winter Review was undertaken in early 2019, to consider the collective learning and resulting actions from 2018/19 and to inform the 2019/20 winter planning. The lessons impacting WHC were recognised as follows:

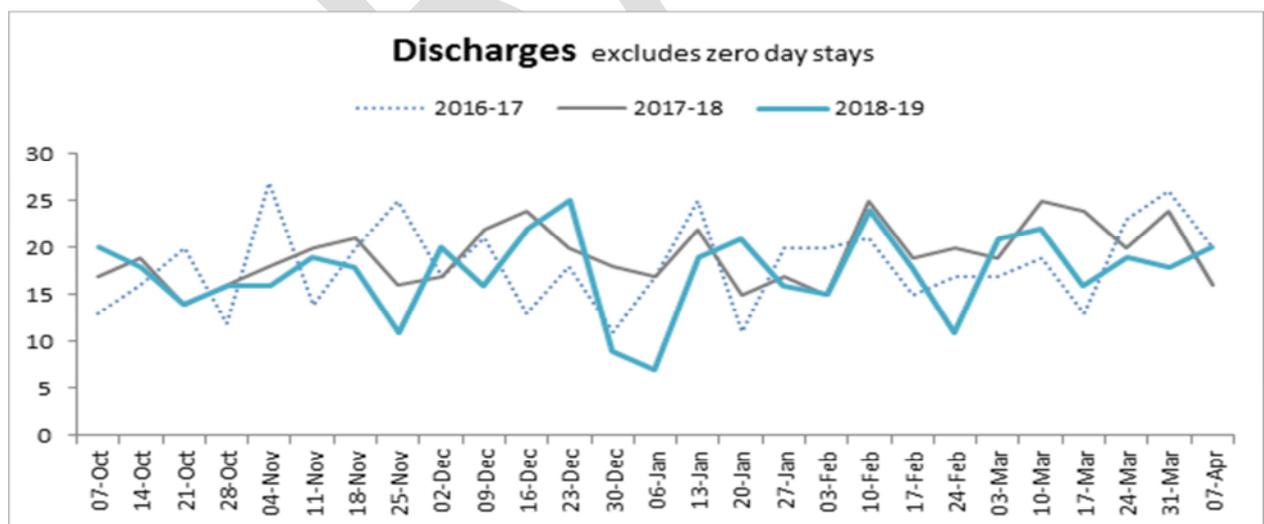
#### Positive Impact

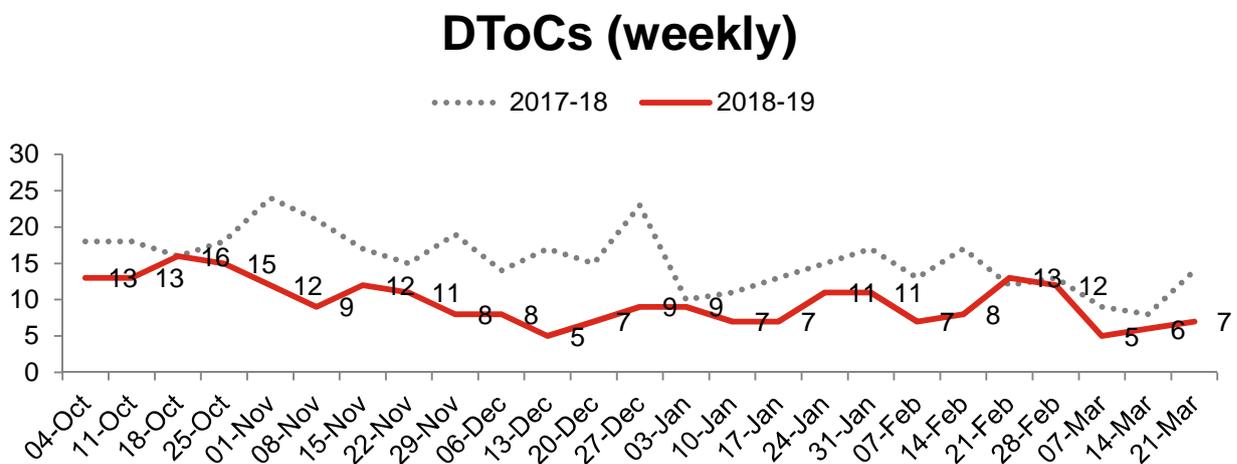
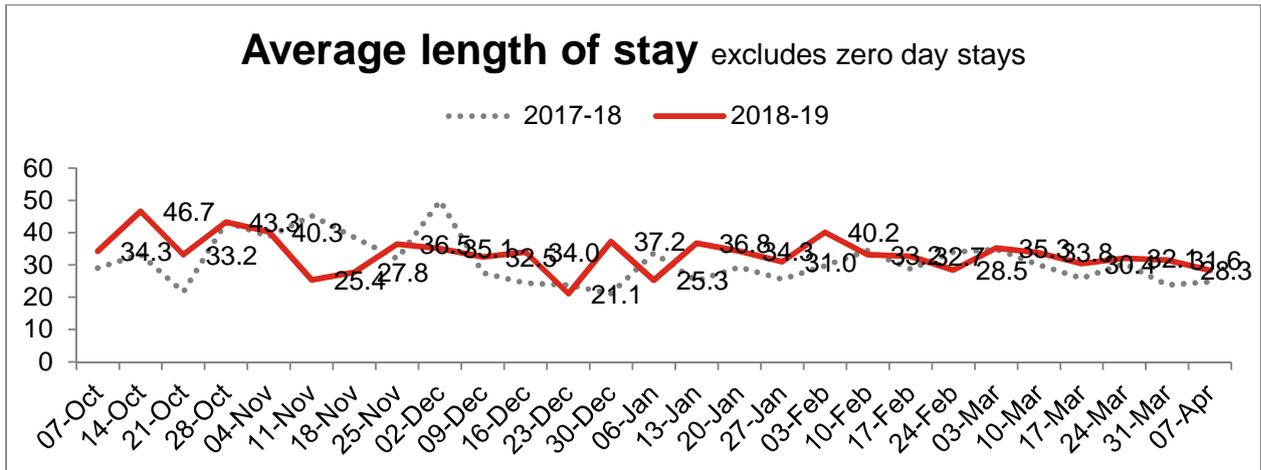
- Minimal disruptive weather
- WHC maintained a low level of DTOC, providing an additional 120 bed days per month to the system
- Additional PTS support additional discharges each day
- Ability to open additional escalation capacity in January provided additional resilience during the periods of high demand

#### Less than Positive Factors

- The return to business as usual post-holiday period resulted in significant high numbers of referral within a short space of time which caused significant bottle necks and long waits.
- Staff were exhausted and at times overwhelmed
- Lack of trusted assessor means individuals are often assessed multiple times
- Inherent delays within ICT processes

### 3.1 Previous Years Winter Performance





#### 4.0 Priorities for Winter 2019/ 2020

Building on the lessons learnt from 2018/19, the priorities for Wiltshire Health and Care for the forthcoming winter period are:

- Secure community in reach into each acute trust to reduce the prescription of care and ensure the right discharge pathway is selected first time
- Secure additional support worker and therapy hours to support patients at home.
- Work with WCC to ensure additional capacity is available and well utilised
- Improve the time taken for an Intermediate Care bed provider to accept a patient
- Increase the ICT provision available for health
- Reduce and maintain length of stay in Community Hospital wards to 28 days, with the exception of Mulberry Ward.
- Maintain Delayed Transfers of Care between 10% and 15%

#### 5.0 Control and Command

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

The Chief Operating Officer is the designated Winter Lead for Winter 2019/20.

Patient flow for Wiltshire Health and Care services will be co-ordinated through the Wiltshire Patient Flow Hub.

## 6.0 Escalation Management Plan

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

6.2 The OPEL definitions equate to:

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

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

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

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

## 7.0 Capacity

### 7.1.1 Bed Capacity

Ward	Speciality	Commissioned Beds
Ailesbury	Step up/down	15
Chestnut	Step up/down	15
Longleat	Step up/down	25
Cedar	Step down	17
Mulberry	Stroke rehab	20
Total		92

7.1.2 Flow is from step down from acute hospitals and step up from the community for Ailesbury, Chestnut and Longleat only.

7.1.3 Community wards do not have the same infrastructure as an Acute Hospital, hence it is difficult to be able to manage patients in the same way an Acute Hospital would respond in the event of 'A full Hospital' WHC has developed steps which would be followed in the event of an Acute Partner evoking the Full Hospital Policy. This will remain in play for 19/20 and is intended to sit along side the internal escalation (OPEL) processes.

7.1.4 With no additional bedded capacity available in Community Hospitals, the system response to an increased need for temporary beds will focus on any available capacity the nursing home and residential sector. In these circumstances, Wiltshire Health and Care will provide escalated support (for example increased therapy support for intermediate care beds).

## 7.2 Community Team Capacity

7.2.1 The capacity of an integrated team is their ability to meet the dependency of the caseload with the staffing levels that they have. Teams use a scoring system which considers dependency, staffing and skill mix to determine capacity. The OPEL action cards aim to ensure capacity is maintained across all teams.

7.2.2 Home first plus capacity will be managed and coordinated at a locality level.

## 8.0 De-Escalation

8.1 WHC will continue to be in a state of heightened escalation until the Chief Operating Officer or Director on call declares a stand down, usually following a period of 12 hours at a lower level of escalation.

## 9.0 Flu Vaccination

9.1. 2018/19 saw WHC achieve the highest number of staff vaccinated achieving over 70%. For 2019/20, it is the ambition of the Department of Health and NHS England that trusts ensure that a 100% offer of flu vaccination is made available for all frontline staff.

9.2 Frontline health workers have a duty of care to protect their patients and service users from infection. Therefore, as in previous years, flu immunisation will be offered to all WHC employees and volunteers.

9.3 Vaccines have been delivered in early October and the vaccination programme has begun in October 2019. Weekly communications will be shared with staff including:

- Myth busting
- Vaccination numbers by team
- Trajectories

9.4 Vaccination of healthcare workers with direct patient contact against flu has been shown to significantly lower rates of flu-like illness; hospitalisation and mortality in the elderly in long-term healthcare settings. WHC is aiming for 90% of all staff to have been vaccinated or to opt out and provide a reason for this.

9.5 As in 2018/19 WHC will support primary care to vaccinate patients where possible.

## 10.0 Cold Weather Resilience

10.1 The one episode of exceptional winter weather during early 2019 tested the resilience and readiness of community services. The approach and handling of these incidents, together with the two incidents in 2017/18 have been reviewed by the Executive Committee, with the following lessons learnt:

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

10.2 The following specific improvements have or are being put in place in readiness for winter 2019/20:

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

## 11.0 Winter Preparedness: Additional Capacity

11.1 Wiltshire Health and Care has worked with system partners to assess and plan for additional capacity to increase the resilience of the health and care system in anticipation of winter pressures. Specific schemes have been agreed by the commissioners, following discussion at a Winter Risk Summit, held on 25 October 2019. There are as follows:

[to be inserted following risk summit]

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Appendix 1.

<b>Purpose:</b>	To provide a quantitative method of defining Community Provider OPEL status.									
	Community Hospital Beds			Community Teams				MIU		Score
	Demand	Capacity	Flow	Demand Nursing	Capacity Nursing	Demand Therapy	Capacity Therapy	Capacity Chip. MIU	Capacity Trow. MIU	
Indicator	<b>No. patients waiting</b>  <i>% of total bed base (88)</i>	<b>48hr discharge forecast</b>  <i>Empty beds + dis. today + dis. tomorrow</i>	<b>% of Beds occupied by DToC (88)</b>	<b>No. of planned daily visits</b>	<b>Members of staff absent that are planned on shift (incl. vacancies)</b>	<b>No. of planned daily</b>	<b>Members of staff absent that are planned on shift (incl. vacancies)</b>	<b>Members of staff absent that are planned on shift (incl. vacancies)</b>	<b>Members of staff absent that are planned on shift (incl. vacancies)</b>	
OPEL	0 - 3  (<3% bed base)	>5  (> 4% bed base)	0 – 3  (<3% bed base)	Daily avg. or under	0	Daily avg. or under	0	0	0	
OPEL	4 - 9  (4% - 8% bed base)	3 - 4  (3% - 4% bed base)	4 - 7  (4% - 6% bed base)	Up to 10% over daily avg.	1	Up to 10% over daily avg.	1	1	1	

OPEL	10 - 18  (9% - 16% bed base)	1 - 2  (< 2% bed base)	8 - 12  (7% -11% bed base)	11% - 20% over daily avg.	2	11% - 20% over daily avg.	2	2	2	
OPEL	>18  (> 16% bed base)	0  (0% bed base)	>13  (>11% bed base)	>21% over daily avg.	>3	>21% over daily avg.	>3	>3	>3	
METHOD	<p>1. Each indicator reached has a score equivalent to its OPEL level  i.e. Opel 1 indicator = 1; OPEL 2 indicator = 2;</p> <p>2. All scores are then added together.</p> <p>3. The total of all scores defines OPEL Status</p> <ul style="list-style-type: none"> <li>• TBC = OPEL 1;</li> <li>• TBC = OPEL 2;</li> <li>• TBC = OPEL 3;</li> <li>• TBC = OPEL 4.</li> </ul>									Total

## Action Cards

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

### Community Hospital Beds

OPEL Level	Actions
<b>One</b>	No specific actions, WHC is operating at safe levels of escalation. Continue usual forward planning, Daily tracking and review of patients waiting for discharge and review of alternative solutions in the community.
<b>Two</b>	Review patients to ensure appropriate discharge plans in place. Enhanced co-ordination and communication. Identification of blockages and actions required to improve system flow. Escalate issues requiring system wide response to Head of Operations. Review all staffing to identify any gaps that will impact on ability to use all capacity. Agree requirements for bank and on framework agency staffing Link with partner organisations and take part in multi-agency conference calls as required.
<b>Three</b>	Only essential meetings to continue. Referral, phone and e-mail continue to be monitored and responded to in real time. Only urgent/ essential Supervision, annual appraisal, mandatory training is honoured Twice daily tracking and review of patients waiting for discharge and review of alternative solutions in the community. Head of Operations to participate in whole system tactical capacity teleconference / meeting frequency as required. Escalation to Chief Operating Officer of any issue where senior manager involvement /decision is required. Consider opening of escalation beds using agreed escalation process and following discussion and agreement with commissioners. Continue to review staffing and agree requirements for non-framework agency staff. Contact and/or utilise any clinical staff in non-front line roles Contact GPs providing medical cover to wards to assess their patients to help expedite discharges as above – inform GPs of OPEL 3 status. Participate in whole system tactical capacity teleconference / meeting frequency as required.
<b>Four</b>	All meetings aside those essential to maintain flow are cancelled.

	<p>All training is deferred.</p> <p>Daily communication to enable good operational knowledge and understanding of further actions planned and required. Consider redeployment of staff supporting non urgent services. Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if deemed to have the appropriate competencies required.</p>
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### Community Teams

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

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