WHC LLP Board Papers- Part I

6th September 2019

Wiltshire HEALTH AND CARE

AGENDA
Meeting of the Board
Part I

Venue:	Upstairs Meeting Room, 49 Rowden, Chippenham Community Hospital
Date:	6th September 2019
Time:	10.00am -11.50am

WHC Board Members		
Carol Bode (Chair)	Non-Executive Member, Independent Chair	CB
Richard Barritt	Non-Executive Member, Patient Voice	RB
Adibah Burch	Non-Executive Member, GP Representative	AB
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
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

In Attendance		
Katy Hamilton Jennings	Director of Governance and Company Secretary	KHJ
Amy Bowden (Minutes)	Corporate Officer	ABo
David James	Interim Board Secretary, WHC	DJ
Giles Peel	Managing Director of DCO Associates	GP
Jane Cheeseborough	Advanced Information Analyst	JC

Apologies		

Item No.	Details	Presenter	Paper/ Report Required	For information /Discussion /Decision
1.	**Welcome, Introduction and Apologies**	**Chair**	**NA**	
2.	**Register of Interests**	**Chair**	**Verbal**	
3.	**Minutes, Actions and Matters Arising**	**Chair**	**Paper**	
4.	**Focus on Diabetes Service including Patient Stories'**	**Chair**	**Verbal**	**Information**
5.	**Chair's Report**	**Chair**	**Verbal**	**Information**
6.	**Managing Director's Report**	**DB**	**Verbal**	**Information**

	DECISION/APPROVAL			
7.	**Approval of Modern Slavery Statement**	**KHJ**	**Paper**	**Approval**
8.	**Adult and Children's Safeguarding Statement**	**KHJ**	**Paper**	**Approval**
	DISCUSSION			
9.	**Winter Plan - Presentation**	**LH**	**Verbal**	
	FOR INFORMATION			
10.	**Dashboard Presentation**	**JC**	**Verbal**	
11.	**Quality, Performance and Finance Report** a. **Quality, Performance and Finance Dashboards**	**SJP/LH/AC**	**Paper**	
12.	**Risk Register Report** a. **Appendix 1: Details of all 12+ risks**	**DJ**	**Paper**	
13.	**Delivery Plan Tracker - Update**	**DB**	**Paper**	
14.	**Any Other Business**	**Chair**	**Verbal**	
	Next meeting: **1st November 2019, 10.00-13.00** **TR1 Chippenham Community Hospital** **Papers due in by close play of:** **25th October 2019**			

**Wiltshire Health and Care ("WHC")
Board Meeting**

Item 1

Welcome, Introductions, and Apologies

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Item 2

Register of Interests

VERBAL

MINUTES
Of a Wiltshire Health and Care (WHC)
Board Meeting Part I

Venue	Stain Glass Room, Melksham Community Hospital
Date	Tuesday 4th June 2019
Time	10:00 to 12:00

WHC Board Members		
Carol Bode (Chair)	Non-Executive Member, Independent Chair, WHC	CB
Douglas Blair	Executive Member, Managing Director, WHC	DB
Lisa Hodgson	Executive Member, Chief Operating Officer, WHC (From item 8 onwards)	LH
Annika Carroll	Executive Member, Director of Finance, WHC	AC
Sarah-Jane Peffers	Executive Member, Director of Quality, Professions & Workforce, WHC	SJP
Lisa Thomas	Non-Executive Member, Salisbury Foundation Trust ("SFT") Board Representative	LT
Kevin McNamara	Non-Executive Member, Great Western Hospitals NHS Foundation Trust ("GWH") Board Representative	KM
Rebecca Carlton	Non-Executive Member, Royal United Hospitals NHS Foundation Trust ("RUH") Board Representative	RC
Richard Barritt	Non-Executive Member, Patient Voice	RB
Celia Grummitt	Non-Executive Member, GP Representative	CG
Adibah Burch	Non-Executive Member, GP Representative	AB

In attendance		
Amy Bowden (Minutes)	Corporate Officer, WHC	ABo
David James	Interim Board Secretary, WHC	DJ
Rees Batley	KPMG Representative (Items 6 & 7)	RBa

Apologies		
Katy Hamilton Jennings	Director of Governance & Board Secretary, WHC	KHJ
Celia Grummitt	Non-Executive Member, GP Representative	CG
Adibah Burch	Non-Executive Member, GP Representative	AB

Item	Title/Notes	Actions
1	**Welcome, Introductions and Apologies** The Chair (CB) welcomed Members to the Board meeting. CB confirmed that the Board was operating as both a Board and an Audit Committee. Therefore some discussions would be recorded as confidential. DJ apologised to Board Members for the late circulation of papers and thanked everyone for their patience. The Chair noted apologies from KHJ, CG and AB.	

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2	**Minutes, Action Tracker and Matters Arising**	
	Minutes:	
	The minutes of the previous Board Meeting held on the 3rd May 2019 were reviewed by the Board.	
	DECISION- The Board **AGREED** the minutes as an accurate record and they were signed by the Chair (CB).	
	Actions:	
	All open actions on the Action Tracker were reviewed with the following updates:	
	- Action 79 - Agree an Audit Committee Chair- It was confirmed that this would be raised at the Strategic Alignment Meeting on the 20th June 2019. KM agreed to feed this information back to Liam Coleman (GWH Chair). - Action 104 - A paper outlining the proposed timeline for improved financial reporting was on the agenda for the June Board. - Action 107 - LH to implement a process of correspondence with physiotherapy patients to advise them of their treatment pathway - there was no update available, it was agreed that an update will be given at the September 2019 Board Meeting. - Action 108 - Open Forum dates – These had been circulated to Member Representatives.	
	ACTION: KM to feedback to Liam Coleman (GWH Chair) the need to focus on agreeing a WHC Audit Committee Chair during the Strategic Alignment Meeting on the 20th June 2019.	**KM**
	Matters Arising:	
	None.	
3	**Review of Register of Interests**	
	Interests were reviewed and signed by Board members. Changes to the list of Membership Deputies were noted by the Board. New interests were recorded on the register.	
	DECISION- The Board **AGREED** the Register of Interests	

4	**Chairs Report**	
	Well Led Review	
	CB updated the Board on the position of the Well Led Review advising that four bidders are due to present to WHC on the 13th June 2019. The presentation panel includes DB, SJP and Kieran Humphrey (Deputy Non-Executive Member Board Representative – SFT). This shift in presentation date originally set for the 4th June 2019 is due to availability of the bidders and a bidder appeal. It was **AGREED** that Member Representatives would update their Chairs on the WHC Well Led Review.	
	ACTION: Member Representatives to update their Chairs on the WHC Well Led Review.	**KM/LT/RC**
	The aim is to have to supplier appointed by the end of June 2019. DJ **AGREED** that he will update the Board on the outcome of the presentations to be held on the 13th June 2019.	
	ACTION: DJ to update the Board on the outcome of the Well Led presentations to be held on the 13th June 2019.	**DJ**
	Date of the next Board Meeting	
	DJ proposed that to facilitate the Well Led Review and access to senior staff by the successful bidders the Board Meeting scheduled for the 2nd August 2019 should be postponed to the 6th September 2019, 10.00-13.00.	
	DECISION: It was **AGREED** by the members that the next Board meeting should be held on 6th September 2019.	
	ACTION: Admin to amend email invite for the next Board Meeting from 3rd August to 6th September.	**ADMIN**
	Open Forums	
	CB updated the Board on the Open Forums she had attended with DB highlighting the need to look at how WHC attract staff/volunteers to these events. Overreaching themes from the feedback received are staff and system pressures. An example given was that therapists felt they do not have enough time with patients due to staff shortages and pressures on the health system.	
	RB fed back to the Board on his experience of attending the Warminster Open Forum alongside DB. It was restated that WHC needs to look at how to attract staff and volunteers to such events. However RB did feel that low numbers who attended Warminster allowed the presenters to give those individuals their	

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	full attention.	
	CB stated that alongside the Melksham Open Forum she had also visited physiotherapy and wheelchair services within the County.	
	Physiotherapy- Overall the unit itself is running well and there is a positive response coming from the staff and patients. Wait times have reduced. DB highlighted the need for better connection between outpatient physiotherapy departments and community physiotherapy. It is felt that some of the workload for community teams could be satisfied by using the outpatient service.	
	Wheelchair Services- CB highlighted that some of the issues that have been of concern to the Board in the past are being addressed. There are still staffing issues, but overall the team are in a good place.	
	The report was NOTED by the Board.	
5	**Managing Directors Report**	
	DB updated the Board that the upcoming Open Forum to be held in Savernake on 6th June 2019 has been rescheduled to 19th June 2019 due to a clash with a Listening Event taking place at the same time.	
	ACTION: Admin to liaise with the Communications and Engagement Lead on advertising the new Open Forum date for Savernake.	**ADMIN**
	The report was NOTED by the Board.	

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6	**WHC Annual Accounts 2018/19 Final**	
	The Board reviewed the contents of the Final Annual Accounts 2018/19.	
	AC updated the Board:	
	• The breakeven position stated in May 2019 had not changed. Although an underlying deficit was reported, a breakeven position was achieved as prior year provisions could be released.	
	• There has been an increase in creditors throughout the year. The main reason for this relates to NHS Property Services costs.	
	• AC has commenced a reconciliation exercise with NHS Property Services and will report to the Board once this process is completed	
	• A late notification was given to WHC by Wiltshire CCG that Soft FM charges currently invoiced by GWH directly to WCCG will be recharged to WHC. As it had previously been assumed that WCCG would top slice WHC contract value for this service, this change has caused an increase in the number of WHC creditors.	
	• AC advised the Board that the value and funding for this recharge had been agreed. KM highlighted the need to hold WCCG accountable for any financial costs incurred.	
	• WHC are still agreeing a final balance settlement with GWH, of the outstanding £951K, relating to previous intercompany charges.	
	• AC reported that WHC spent £3 million on agency staffing during 2018/19 and that a process is now in place to monitor and reduce this expenditure during 2019/20	
	ACTION: AC to report back to the Board on the outcome of the reconsolidation meeting with NHS property services.	**AC**
	DECISION: The Board **APPROVED** the Final Annual Accounts 2018/19.	

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7	**Improving Financial Reporting**	
	The Board noted the contents of this report including proposed timeframes for improved reporting over the 2019/20 financial year.	
	AC advised that WHC are not proposing to deliver service line reporting (SLR) in 2019/20 which had been previously discussed at the Board. This decision was due to the capacity required within the Finance Department to achieve SLR against the benefits of using the tool.	
	It was **AGREED** by the Board that the focus in 2019/20 would to be on productivity analysis in the absence of service line reporting	
	RB queried whether Service Managers knew how much is in their budget and asked did they receive support on managing these funds. AC advised the Board that Service Managers are made aware of the budget they hold, but it was recognised that education and support on managing budgets could be improved.	
	ACTION: AC to develop a process of providing Service Managers with budget management support.	**AC**
	ACTION: AC to provide the Board with a report on the capacity of WHC to complete productivity analysis.	**AC**
	DECISION The report was NOTED by the Board.	

8	**DRAFT Quality Account 2018/19**	
	SJP updated the Board on the DRAFT Quality Account 2018/19 noting the following points:	
	• The requirements of the WHC Quality Account are different from those required of a Foundation Trust.	
	• The draft Account aligns with the WHC Business Plan.	
	• Feedback has been received from: HealthWatch, The Wiltshire Health Scrutiny Committee and Wiltshire CCG.	
	• Some amendments were still required; not to content, but to the overall presentation of the account.	
	SJP invited the Board to approve the draft Quality Account 2018/19 for publication by the 30th June 2019.	
	KM advised that he will share this draft with his colleagues at GWH and feedback to SJP by the end of the week.	
	ACTION: KM to share the draft Quality Account with colleagues and feedback comments to SJP by the 7th June 2019.	**KM**
	DECISION: The Board **APPROVED** the publication of the draft Quality Account 2018/19 subject to final presentational amendments.	

9	**Quality, Performance and Finance Report/Dashboards**	
	The Board noted the contents of this report and the combined Quality and Performance Dashboard noting that this report had been prepared following the Executive Committee.	
	CB advised that she felt the navigation of the dashboard was challenging which was supported by RB. DB suggested that Jane Cheeseborough (Systems Analyst) would attend the next Board meeting to provide members with support on how to navigate the dashboard.	
	ACTION: ADMIN to ensure Systems Analyst attends a future Board meeting to provide support on navigating the Quality and Performance Dashboard.	**ADMIN**
	Quality	
	RB wanted assurance that the recruitment of a Patient and Public Engagement Officer is still a priority to WHC due to the need to deliver the Patient and Public Engagement Plan. SJP stated that the recruitment of this post is still a priority and she is working closely with the Communications and Engagement Lead to determine the best way of re-advertise and fill the position.	
	Finance	
	AC advised the Board that due to pressures of the External Audit no finance report has been produced for April 2019. However this will be combined with the May 2019 finance report and made available to the Board.	
	Performance	
	LH wanted to alert the Board to an on-going issue within CTPLD services regarding a patient currently cared for 'out of area' by a private provider who has given notice. LH advised that there is the potential for media attention, however she assured the Board that work is taking place to find a solution.	
	DECISION: The report was NOTED by the Board.	

10	**NHSI Governance Statement** DJ advised of a typographic error on the cover sheet of this report. Communication with NHSI has confirmed that the Governance Statement does not need to be submitted by 30th June 2019, but it does need to be signed off by the Board. DJ asked the Board if they were content on him postponing the completion of the text, regarding the absence of a separate Audit Committee, so as to include updates from the Strategic Alignment Meeting planned for 20th June 2019. This was **AGREED.** **ACTION: DJ to amend, if required the NHSI Governance Statement in relation to the Audit Committee text after the Strategic Alignment Meeting to be held on 20th June 2019.** **DECISION:** The Board **AGREED** to sign-off of the NHSI Governance Statement on condition that updates regarding the WHC Audit Committee, to be discussed at the upcoming Strategic Alignment Meeting, are included in the final document.	**DJ**
11	**Any Other Business** None CB thanked everyone for their attendance.	
	Date of Next Meeting: **6th September 2019, 10.00-13.00** **49 Rowden Upstairs Meeting Room, Chippenham Community Hospital.**	

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	Date closed	Notes
79	23.01.18	**Audit Committee chair** 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.
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		
109	04/06/2019	KM to feedback to Liam Coleman (GWH Chair) the need to focus on agreeing a WHC Audit Committee Chair during the Strategic Alignment Meeting on the 20th June 2019.	KM	Open		
110	04/06/2019	Member Representatives to update their Chairs on the WHC Well Led Review.	KM/LT/RC	Open		
111	04/06/2019	DJ to update the Board on the outcome of the Well Led presentations to be held on the 13th June 2019.	DJ	Can be closed		
112	04/06/2019	Admin to amend email invite for the next Board Meeting from 3rd August to 6th September.	KHJ	Can be closed		
113	04/06/2019	Admin to liaise with the Communications and Engagement Lead on advertising the new Open Forum date for Savernake.	KHJ	Can be closed		
114	04/06/2019	AC to report back to the Board on the outcome of the reconsolidation meeting with NHS property services.	AC	Can be closed		AC- A verbal update will be provided at the upcoming Board Meeting on the 6th September
115	04/06/2019	AC to develop a process of providing Service Managers with budget management support.	AC	Can be closed		AC- This is covered in the Finance section of the combined Quality, Finance and Performance report for September Board

116	04/06/2019	AC to provide the Board with a report on the capacity of WHC to complete productivity analysis.	AC	Can be closed		AC- This is covered in the Finance section of the combined Quality, Finance and Performance report for September Board
117	04/06/2019	KM to share the draft Quality Account with colleagues and feedback comments to SJP by the 7th June 2019.	KM	Can be closed		Quality Account published on 30 June 2019
118	04/06/2019	ADMIN to ensure Systems Analyst attends a future Board meeting to provide support on navigating the Quality and Performance Dashboard.	KHJ	Can be closed		On agenda for 6 September 2019.
119	04/06/2019	DJ to amend, if required the NHSI Governance Statement in relation to the Audit Committee text after the Strategic Alignment Meeting to be held on 20th June 2019.		Open		

Wiltshire Health and Care ("WHC")
Board Meeting

Item 4

Focus on Diabetes Services including patient stories

PRESENTATION

If you require any further information please contact us on
whc.corporateservices@nhs.net

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Wiltshire Health and Care ("WHC")
Board Meeting

Item 5

Chair's Report

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Item 6

Managing Director's Report

VERBAL

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Wiltshire Health and Care Board	
	For decision
Subject:	**Modern Slavery- Approval of Annual Modern Slavery Statement**
Date of Meeting:	**06 September 2019**
Author:	**Katy Hamilton Jennings, Director of Governance and Company Secretary**

1. Purpose

The purpose of this paper is to:

- Seek the Board's agreement to WHC's Modern Slavery Statement, to cover the financial year 18-19. – **FOR DECISION**

- Provide information on WHC's updated approach to identifying and eliminating modern slavery – **FOR INFORMATION**

2. Background

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

As well as ensuring that WHC meets its <u>statutory</u> obligations, it is also relevant to emphasise that WHC will increasingly be under <u>contractual</u> obligations to evidence its compliance with the Modern Slavery Act, by being asked to provide certain of its suppliers (and potentially its commissioner in due course) with:

- Proof of an up-to-date and comprehensive annual Modern Slavery Statement; and

- Being able to evidence that it is taking steps to ensure it had effective measures in place to identify modern slavery.

3. Discussion

The Modern Slavery Act 2015 prescribes content that all Modern Slavery Statements must contain. The statement proposed for WHC for 2018-19 covers all prescribed content in a tangible manner.

To ensure that we are able to build on our current approach into 2019-20, i.e. so that next year we can identify *further* effective measures implemented by us to identify/eradicate modern

slavery, in Q1 19/20 we introduced a Modern Slavery Policy at WHC. This policy sets out our approach to ensuring that the organisation identifies and eliminates modern slavery, by adopting a set of five clear "*Modern Slavery Oversight Measures*". The assumption being that if we are able to implement these oversight measures, it will provide our organisation with a firm basis upon which to assert that appropriate steps are being taken to *identify/eliminate* modern slavery.

The policy is set out as Appendix 1 to this paper for the information of the Board,

4. Recommendation

4.1   The Board are invited to:

A. APPROVE the proposed Modern Slavery Statement, dated August 2019.

Impacts/ Risk

Impacts	
Quality Impact	• **No negative impact on quality is identified.** • The approach taken in 18/19, and the approach that will be taken in 19/20 by implementing the new Modern Slavery Policy will impose tougher surveillance requirements on WHC. These measures would mean that WHC is more likely to identify any occurrence of modern slavery, and provides us with the opportunity to stop and prevent any potential quality issues that might arise from the same.
Equality Impact	• **No negative impact on equality is identified.** • The approach taken in 18/19, and the approach that will be taken in 19/20 by implementing the new Modern Slavery Policy will impose tougher surveillance requirements on WHC. These measures would mean that WHC is more likely to identify any occurrence of modern slavery, and provides us with the opportunity to stop and prevent any potential equality issues that might arise from the same.
Financial implications	• Implementing the proposed Modern Slavery Policy introduces five new annual reporting obligations, a new audit obligation, and an obligation on procurement to ensure that specific measures are included in all new contracts for goods and services directly negotiated by WHC. This will have a minor impact on the tasks to be undertaken by the procurement, HR, and legal teams, but it is estimated that this is a very small increase in volume of work that can be managed within current resource. **As such, there is no direct financial implication.**
Impact on operational delivery of services	• **No operational impact is identified as a result of implementing the proposals set out in this paper.**
Regulatory/ legal implications	• **Positive impact.** Implementing the proposals set out in this paper is likely to have a positive regulatory/ legal impact as it should enable WHC to more easily demonstrate compliance with the Modern Slavery Act 2015, and more easily show compliance under modern slavery clauses which will be mandated in the goods and services contracts that are entered into by WHC with third parties.

Consideration of risk	
Links to 3-year Business Plan	Ensuring compliance with statutory and contractual obligations.
Links to known risks	None identified
Identification of new risks	Implementing this proposal set out in this paper will not introduce any new risks to WHC.

APPENDIX 1

Wiltshire Health and Care Policies and Procedural Documents Template

Document No.	WHC 00:17	Version No.	0.1
Approved by	Policies and Procedures Group	Date Approved	Leave blank
Ratified by		Date Ratified	Leave blank
Date Implemented	Leave blank	Next Review Date	Leave blank
Status		Leave blank	
Target Audience (who does the document apply to and who should be using it)		Wiltshire Health and Care staff	
Accountable Director		Managing Director	
Policy Author/Originator – **Any comments on this document should, in the first instance, be addressed to whc.policyqueries@nhs.net**		Director of Governance	
If developed in partnership with another agency, ratification details of the relevant agency			

Equality Impact and Parity of Esteem

Wiltshire Health and Care staff strive to ensure equality of opportunity and parity of esteem for all service users, local people and the workforce. As an employer and a provider of health care, we aim to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

*References: **NHS England 'Everyone Counts: planning for patients 2014-15 / 2018-19' and The Mental Health Crisis Care Concordat (DH 2014).***

Safeguarding

Wiltshire Health and Care have a strong commitment to care that is safe, of a high quality and that upholds our patients' rights. All our patients have the right to live lives free from abuse or neglect and, where they are able to, to make or be supported to make informed decisions and choices about their treatment, care and support. Where patients are not able to make their own decisions, Wiltshire Health and Care staff are committed to ensuring that treatment, care and support is undertaken in accordance with the person's best interests. In order to fulfil these commitments, Wiltshire Health and Care follow the Safeguarding principles and responsibilities laid out in sections 42-46 of the Care Act (2014) and are informed by, and apply, the guiding principles and provisions of the Mental Capacity Act (2005) (refer to Wiltshire Health and Care Safeguarding Adults Policy and Procedure, and Mental Capacity Act Policy and Procedure). Regarding children, WHC is responsible for providing services in accordance with Section 11 of the Children's Act (1989) and works under the principles of Working Together to Safeguard Children (2018).

Special Cases
There are no special cases.

1. Policy Purpose

This policy ensures that Wiltshire Health and Care complies with section 54 of the [Modern Slavery Act 2015](#), and sets out the responsibilities for employers and employees. Regulatory/Legal Framework
[Modern Slavery Act 2015](#),

1.1 Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) to which employees should refer for further details:

Ref. No.	Document Title	Document Location
1	Management of Contracts and SLAs Policy	[..\..\..\..\..\Wiltshire_Health_and_Care_Documents](#)

2. Main Policy Content Details

Modern slavery is a crime and a violation of a person's fundamental human rights and is governed by the Modern Slavery Act 2015 (the "Act"). It takes various forms, such as slavery, servitude, forced and compulsory labour and human trafficking, all of which have in common the deprivation of a person's liberty by another in order to exploit them for personal or commercial gain. Wiltshire Health and Care has a zero-tolerance approach to modern slavery and is committed to acting ethically and with integrity in all our business dealings and relationships with a primary focus to implementing and enforcing effective systems and controls to ensure modern slavery does not take place anywhere in our own business or in any of our supply chains.

We are also committed to ensuring there is transparency in our own business and in our approach to tackling modern slavery throughout our supply chains, consistent with our disclosure obligations under the Act. The same high standards are expected throughout our supply chains. As part of our contracting processes, we include specific prohibitions against the use of forced, compulsory or trafficked labour, or any form of slavery or servitude, whether adults or children, and we expect that our suppliers hold their own suppliers to the same high standards.

This policy (the "Policy") applies to all persons working for Wiltshire Health and Care or on our behalf in any capacity, including employees at all levels, directors, officers, agency workers, seconded workers, volunteers, interns, agents, contractors, external consultants, third-party representatives and business partners.

This Policy may be amended at any time and will be regularly reviewed to ensure is compliance with the Act.

Wiltshire Health and Care is committed to ensuring that all of its business operations are free from involvement with slavery or human trafficking.

Training

To ensure a high level of understanding of the risks of modern slavery and human trafficking in our supply chains and our business, we will ensure that staff who are involved in the recruitment and selection of employees or form part of our procurement team have a good understanding of the need to mitigate the risks of modern slavery across Wiltshire Health and Care as a whole. We will achieve this by ensuring that staff in these categories undertake annual training on modern slavery.

Slavery and human trafficking (modern) statement

On an annual basis, the Executive Committee will review and update a modern slavery statement produced on behalf of Wiltshire Health and Care. This will be subsequently approved by the Board, and published on Wiltshire Health and Care's website.

Modern Slavery Oversight Measures

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

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

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

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

4. Ensuring that all commercial agreements (negotiated directly by us) include an obligation on our suppliers to operate in accordance with the Modern Slavery Act 2015.

5. Appointing a named individual to oversee the compliance with the Modern Slavery Act 2015 (this person is Katy Hamilton Jennings, Director of Governance and Company Secretary)

6. Identifying and addressing any areas of high risk in our supply chain (which would be identified as a result of the previous activities).

To meet the above commitments, Wiltshire Health and Care shall undertake the ***Modern Slavery Oversight Measures*** set out in Appendix C.

Efforts to undertake these Modern Slavery Oversight Measures shall be overseen by the Executive Committee, who will review reports on the topics set out in Appendix C on at least an annual basis.

Our Executive Committee will use the intelligence drawn from the reports on our Modern Slavery Oversight Measures and use this intelligence to propose developments to our strategy and policy for combating modern slavery. These developments will then be put to the Board for endorsement.

3. Duties and Responsibilities of Individuals and Groups

3.1 All Staff

This Policy forms part of the induction process for all individuals who work for us.

Our zero-tolerance approach to modern slavery must be communicated to all suppliers, contractors and business partners at the outset of our business relationship with them and reinforced as appropriate thereafter.

You (the "Employee") must ensure that you read, understand and comply with this Policy.

The prevention, detection and reporting of modern slavery in any part of our business or supply chains is the responsibility of all those working for us or under our control. As such, it is each Employee's individual responsibility to avoid any activity that might lead to, or suggest, a breach of this Policy.

You are encouraged to raise concerns about any issue or suspicion of modern slavery in any parts of our business or supply chains of any supplier tier at the earliest possible stage.

Who do I tell if I have concerns about modern slavery?

You must notify your manager, a member of the Board, or the Director of Governance as soon as possible if you believe or suspect that a breach of this Policy has occurred or may occur in the future.

Alternatively, you must report your concerns in accordance with the Wiltshire Health and Care Freedom to Speak Up Policy as soon as possible.

What if I am not sure about a situation?

If you are unsure about whether a particular act, the treatment of workers more generally, or their working conditions within any tier of our supply chains constitutes any of the various forms of modern slavery, raise it with your manager, a member of the Board, or the Director of Governance as soon as possible.

How will Wiltshire Health and Care treat those who raise a concern?

Wiltshire Health and Care will encourage openness and will support anyone who raises genuine concerns in good faith under this Policy, even if they turn out to be mistaken.

We are committed to ensuring no one suffers any detrimental treatment as a result of reporting in good faith their suspicion that modern slavery - of whatever form - is or may be taking place in any part of our business or in any of our supply chains.

Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern.

If you believe that you have suffered any such treatment, you should inform your manager, a member of the Board, or Director of Governance immediately. If the matter is not remedied, you should raise it formally using Wiltshire Health and Care's Grievance Procedure.

What happens if I act in a manner that is not in line with this policy?

Any Employee who breaches this Policy will face disciplinary action, which could result in dismissal for misconduct or gross misconduct.
What happens if I act in a manner that is not in line with this policy?
What happens if third parties act in a manner that is not in line with this policy?

Wiltshire Health and Care may seek to terminate our relationship with other individuals and organisations working on our behalf if they are deemed in breach of this Policy.

3.2 Managing Director

The Managing Director is ultimately responsible for the implementation of this document.

3.3 Ward/Service Managers, and Managers for Non Clinical Services

All Ward/Service Managers and Managers for Non Clinical Services are to ensure that the list of new or revised policies, competencies, clinical guidelines, strategies, plans, protocols or procedural documents published each month is on the agenda at meetings to ensure that the documents are drawn to the attention of managers and general users. All Ward/Service Managers and Managers for Non Clinical Services must ensure that employees within their area are aware of the document; able to implement the document and that any superseded documents are destroyed.

3.4 Document Author

The document author is responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

3.5 Target Audience – As indicated on the Cover Page of this document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

3.6 The Executive Committee

Our Executive Committee will use the intelligence drawn from the reports on our Modern Slavery Oversight Measures (see Appendix C) and use this intelligence to propose developments to our strategy and policy for combating modern slavery. These developments will then be put to the Board for endorsement.

4. Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in Appendix C.

5. Review Date and Consultation Process

5.1 Review Date

This document will be fully reviewed every 3 years in accordance with the Wiltshire Health and Care agreed process for reviewing its documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Managing Director	20/5/19
Head of People	21/5/19

Appendix A – Equality Impact Assessment

Protected Characteristic	For employees	For patients
Age	Employment practices including recruitment, personal development, promotion, entitlements and retention encompass employees with protected characteristics.	• Services are provided, regardless of age, on the basis of clinical need alone. •
Disability -	Reasonable steps will be taken to accommodate the disabled person's requirements, including: • Physical access • Format of information • Time of interview or consultation event • Personal assistance • Interpreter • Induction loop system • Independent living equipment • Content of interview of course etc.	Reasonable steps are taken to accommodate the disabled person's requirements, including: • Physical access • Format of information • Time of consultation /event • Personal assistance • Interpreter • Induction loop system
Gender reassignment -	There is equal access to recruitment, personal development, promotion and retention. Confidentiality about an individual's gender status is maintained.	There is equality of opportunity in relation to health care for individuals irrespective of whether they are male or female. Confidentiality about an individual's gender status is maintained and supported by a specific policy.
Marriage and Civil Partnership	There is equal access to recruitment, personal development, promotion and retention for individuals irrespective of whether they are single, divorced, separated, living together or married or in a civil partnership	There is equality of opportunity in relation to health care for individuals irrespective of whether they are single, divorced, separated, living together or married or in a civil partnership.
Pregnancy and Maternity -	There is equal access to recruitment, personal development, promotion and retention for female employees who are pregnant or on maternity leave. A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. • There is a Flexible Working Policy.	There is equality of opportunity in relation to health care for women irrespective of whether they are pregnant or on maternity leave. A woman is protected against discrimination on the grounds of pregnancy and maternity.
Race - including Nationality and Ethnicity	There is provision for interpreter services for people whose first language is not English. Documents can be made available in alternative languages/formats Written communications are in plain English and the use of language particularly jargon or colloquialisms are avoided. Religion, belief and culture are respected.	There is provision for interpreter services for people whose first language is not English. Documents can be made available in alternative languages/formats Written communications are in plain English and the use of language particularly jargon or colloquialisms are avoided. Religion, belief and culture are respected.
Religion or Belief	HR policies cover consideration of: • Prayer facilities	Equality and Diversity guidelines enable consideration of:

	• Dietary requirements. • Gender of staff when caring for patients of opposite sex. • Respect for requests from staff to have time off for religious festivals and strategies. • Respect for dress codes	• Prayer facilities • Dietary requirements. • Gender of staff when caring for patients of opposite sex. • Respect for religious festivals • Respect for dress codes
Sex	HR policies cover consideration of: • Equal access to recruitment, personal development, promotion and retention. • Childcare arrangements that do not exclude a candidate from employment and the need for flexible working. • The provision of single sex facilities, toilets	Single sex facilities, including toilets and on wards, are provided.
Sexual orientation	HR policies cover consideration of: • Recognition and respect of individual's sexuality. • Recognition of same sex relationships in respect to consent. • The maintenance of confidentiality about an individual's sexuality. • Consider the effect on heterosexual, gay, lesbian and bi-sexual people	There is: • Recognition and respect of individual's sexuality. • Recognition of same sex relationships in respect to consent. • The maintenance of confidentiality about an individual's sexuality. • Consideration of the effect on heterosexual, gay, lesbian and bi-sexual people

Appendix B – Quality Impact Assessment Tool

Purpose	
To assess the impact of individual policies and procedural documents on the quality of care provided to patients by Wiltshire Health and Care	
Process	
The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives.	
Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.	
Monitoring the Level of Risk	
The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.	
High Risks must be reported to the relevant Executive Lead.	
Impact Assessment	
Please explain or describe as applicable.	

#		
1.	Consider the impact that your document will have on our ability to deliver high quality care.	*No direct impact on patient care, although the policy ensures that companies with whom we have contracts are compliant with the law.*
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	
3.	Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.	*This document will not compromise care in any other area*
4.	Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.	

Impact on Clinical Effectiveness & Patient Safety		
5.	Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	*The policy will not have a direct impact on clinical effectiveness or patient safety.*
Impact on Patient & Carer Experience		
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	*The policy will not have a direct impact on patient or carer experience.*
Impact on Inequalities, and Parity of Esteem		
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	*There should be no negative impact on any groups of patients. The policy sets out the guidelines to mitigate any negative impact on individuals.*

APPENDIX C

MODERN SLAVERY OVERSIGHT MEASURES

Wiltshire Health and Care shall undertake the following Modern Slavery Oversight Measures as part of our efforts to ensure that slavery, servitude, forced labour and/or human trafficking (together Modern Slavery) does not exist in our supply chains.

Efforts to undertake these measures shall be overseen by the Executive Committee, who will review reports on the following topics on at least an annual basis:

	Our commitments *"We will" statements*	Reports produced to be reviewed by Executive Committee	Function responsible for producing report	Report Frequency
	Modern slavery concerns notified to Wiltshire Health and Care			

1.	• We will operate an effective system to enable staff to report concerns about modern slavery (Freedom to Speak Up process).
	• We will promote the process of raising concerns about modern slavery to our staff.
	• We will audit whether our staff are aware of how to report concerns about modern slavery.
		Report setting out:
		• Narrative on what we have done to promote the process of raising concerns about modern slavery to our staff.
		• Narrative on how we have surveyed staff awareness on how to report concerns; and what the results of that survey were.
		• In the instance that the survey results demonstrate a lack of awareness, narrative setting out how we will address the lack of awareness by our staff in how to report modern slavery concerns.
		• Narrative on:
		  ○ Number of modern slavery concerns raised in year
		  ○ Number of concerns upheld/ dismissed
		  ○ Where any concerns upheld, what actions we are taking to address that concern.
			HR	**Annual**

	Reviewing the approach being taken by our suppliers to modern slavery (audit of modern statements)			
2.	• We will periodically audit our existing suppliers' modern slavery statements, taking a risk-based approach, focusing on those suppliers who are based outside of the UK, and outside of the EU as priority (in line with the risk rating set out in the Global Slavery index).	Report setting out: • Which supplier's modern slavery statements have been audited, and whether we are satisfied with the findings. • Where not, what actions we are taking to address our concerns.	**Procurement (Contracts Manager)**	**Annual**
	Modern slavery compliance terms			
3.	• When entering into a new contractual arrangement for goods or services with a supplier (which we are directly negotiating), we will ensure that mandatory modern slavery compliance terms are included	Report setting out: • A list of the new contractual arrangements for the supply of goods or services entered in the last financial year (which we have directly negotiated).	**Procurement (Contracts Manager)**	**Annual**

	within the contractual agreement.	• Of those new contracts, which include modern slavery mandatory compliance terms. • If not, why not (should be zero).		
	Modern slavery training			
4.	• We will develop a modern slavery training module and make this available to key staff members. • We will ensure that all members of our recruitment and procurement teams have undertaken and successfully passed our modern slavery training module.	Report setting out: • Narrative on the development of the modern slavery training module. • Data specifying the percentage of recruitment and procurement staff who have undertaking modern slavery training in year. • In the instance that the training results demonstrate that less than 80% of recruitment and procurement staff have completed the training, a narrative on how this will be addressed.	**HR**	**Annual**
	Employment audits			
5.	• All staff are employed under Agenda for Change Terms. This ensures that all our employees are paid at least the National Minimum Wage.		**HR**	**Annual**

Our Executive Committee will use the intelligence drawn from the reports on our Modern Slavery Oversight Measures and use this intelligence to propose developments to our strategy and policy for combating modern slavery. These developments will then be put to the Board for endorsement.

Modern Slavery Act 2015 and Transparency in Supply Chains Act 2010

OVERVIEW

This statement, made pursuant to section 54(1) of the Modern Slavery Act 2015, sets out the approach taken by Wiltshire Health and Care to ensure that slavery, servitude, forced labour and/or human trafficking (together Modern Slavery) does not exist in our supply chains. This statement covers the period up to the financial year ending 31 March 2019.

OUR BUSINESS AND VALUES

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

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

Our members are the three local NHS Foundation Trusts:

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

We provide community nursing, physiotherapy, and occupational health services to patients who benefit from being cared for in their homes. This is supported by a team of specialised community services, who treat patients both at home and in clinic to provide services such as tissue viability, podiatry, orthotics, continence, heart failure, respiratory, PACE and oxygen, lymphedema, diabetes, dietetics, MSK, speech and language therapy, and wheelchair and specialist seating services. We also provide support for those with learning disabilities. We care for patients in community wards in three parts of the county (Chippenham, Warminster, and Marlborough), support intermediate care and therapy, and run the Minor Injuries Units in Chippenham and Trowbridge. We work as part of the local health and social care economy with our acute care partners, local primary care, social care colleagues, Carers Support Wiltshire, and many other third sector agencies. Of course, this is supported by a broad network of family members, friends, carers, and volunteers.

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

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

We have a zero-tolerance approach to modern slavery. Our Executive team operates to develop and oversee a series of measures, our "*Modern Slavery Oversight Measures*"

(described below), to prevent modern slavery and human trafficking from touching our business and supply chains. As a result, we expect the same standards from all our contractors, suppliers and other business partners.

OUR SUPPLY CHAINS

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

Hundreds of suppliers engage with us, who in turn have their own supply chains, making our end-to-end supply chains complex.

MODERN SLAVERY OVERSIGHT MEASURES

In order to ensure other organisations comply with our own standards and values, we are developing Modern Slavery Oversight Measures to assess and manage supply chain risk. This shall include undertaking due diligence on our key suppliers by periodically auditing their modern slavery statements and requesting mandatory compliance terms in supply contracts that we directly negotiate. We will focus our supplier due diligence by identifying higher risk suppliers by category of product and/or the geography of their operations, with reference to the global slavery index.

Where a key supplier does not satisfy us of their position on modern slavery, we will work with them to raise standards in this area. If there is a lack of engagement or sufficient assurances, we will review the continued use of that supplier with a view to changing to a supplier which is able to meet our standards on modern slavery.

TRAINING AND POLICIES

We are developing a training package on modern slavery obligations and the Modern Slavery Act. This will be made available to all staff but will be a mandatory requirement for our staff involved in recruitment and contract management ("Relevant Staff"). In 2019/20, we will continue to develop our training programme to inform and raise awareness on modern slavery across Wiltshire Health and Care and look to assess engagement and understanding through future staff surveys/ engagement exercises.

We have a clear Anti-Modern Slavery and Human Trafficking Policy, and are also reviewing and updating all relevant policies that touch on the issues arising under the Modern Slavery Act.

RAISING CONCERNS

We are committed to dealing with any concerns raised in an open and honest manner, empowering and protecting those who raise concerns. Our staff can report concerns through a variety of channels including our Freedom to Speak up Guardians.

OUR EFFECTIVENESS IN COMBATING SLAVERY AND HUMAN TRAFFICKING

As part of our Modern Slavery Oversight Measures, our Executive Committee will monitor the following key indicators:

- Any modern slavery concerns raised through the Freedom to Speak up (or other) routes.
- The results from the audit of our suppliers' modern slavery statements.
- The position with respect to suppliers (with whom we are directly negotiating agreements) being signed up to clear modern slavery terms via our contractual arrangements.
- The position with regards to our Relevant Staff completing modern slavery training.
- The position with regards to internal audit on the payments made to our staff, and their respective rights to work in the UK.

Our Executive team will periodically (and no less than annually) reflect upon the above, and use that intelligence to inform the development of the strategy and policy for combating modern slavery within Wiltshire Health and Care. Any such developments would be presented to our Board for endorsement.

This statement is approved by the Board and signed on its behalf by Douglas Blair, Managing Director

August 2019

Wiltshire Health and Care Board   **For decision**

Subject:	Adult and Children's Safeguarding – Approval of Annual Statement of Compliance
Date of Meeting:	06 September 2019
Author:	Katy Hamilton Jennings, Director of Governance and Company Secretary

1. Purpose

The purpose of this paper is to:

- Seek the Board's approval of the Annual Adult and Children's Safeguarding Statement 19/20 – **FOR DECISION**

2. Background

Both national legislation and NHS guidance requires WHC to publish a declaration of statutory compliance with safeguarding law. In doing so WHC shall provide the public, stakeholders, and commissioners with assurance with regards to its practices.

Historically, there has only been a requirement to publish a Safeguarding Children's declaration of statutory compliance. There is, however, now also a requirement to publish a compliance statement in relation to adult's safeguarding. The statement presented to the Board therefore covers both areas.

The suggested statement has been reviewed and discussed by both WHC's Safeguarding Policy and Oversight Group and WHC's Executive Committee. Both Committees were satisfied that the suggested text captured WHC compliance with safeguarding law.

3. Discussion

3.1 Please see below suggested text of a combined Adult and Children's Safeguarding Statement for approval:

Safeguarding Compliance Statement

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

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

Wiltshire Health and Care has a robust training strategy in place to deliver safeguarding training (both safeguarding children and safeguarding adults) that complies with the relevant guidance. Staff receive level 1, 2 or 3 dependent on their role, and we aim to ensure 85% of the relevant staff have received training. The levels are as follows:

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

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

- *Level 3: Safeguarding Children: All registered qualified clinical staff working with children, young people and/or their parents/carers or adults who may place children at risk who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are current or suspected child protection concerns are required to complete level 3 (level 1 and 2 competencies included).*

- *Level 3: Safeguarding Adults: All registered qualified clinical staff working with adults who could potentially contribute to assessing, planning, intervening or leading a safeguarding adults enquiry are required to complete level 3 Safeguarding Adults training. WHC will start level 3 training within Quarter 2 of 2019-20*

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

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

Director of Quality, Professions and Workforce	*1 Whole Time Equivalent (WTE)*
Safeguarding Lead(s) (Adult and Child)	*1.6 WTE*
Administrator	*1 WTE (**also covers Medicines Governance**)*

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

4. Recommendation

4.1   The Board is invited to:

(a)   **APPROVE the publication of the Adult and Children's Safeguarding Statement as set out above.**

Wiltshire Health and Care ("WHC")
Board Meeting

Item 9

Winter Plan

PRESENTATION

If you require any further information please contact us on
whc.corporateservices@nhs.net

Wiltshire Health and Care ("WHC")
Board Meeting

Item 10

Dashboard Presentation

If you require any further information please contact us on
whc.corporateservices@nhs.net

Wiltshire Health and Care Board　　　　　　　　　　**For information**

Subject:	**Quality, performance and finance quarterly report**
Date of Meeting:	**06 September 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:

| ADVISE | Following implementation of the **DATIX risk module,** we are experiencing issues with limited functionality and the web based system not operating as expected, particular in relation to obtaining any reporting from the system. Workarounds are in place. An escalation meeting with DATIX is scheduled for 4 September 2019, to address the concerns.

Complaints Compliance. Response compliance for July 2019 has reached 63%. It is anticipated that once colleagues become more familiar with the system this will markedly improve. Compliance data on the combined dashboard is inaccurate in month due to DATIX challenges, these are now been resolved and correct data reporting is expected going forward. There have been an increasing number of complaints relating to MIU services, these are being further scrutinised by the Senior Nurse and Deputy Chief Operating Officer to identify key learning and to ensure the learning is embedded. Some of the issues stem from local populations not recognising the limitations of a Minor Injuries Unit.

Duty of Candour. Compulsory questions for Managers was expected to be in place in July, there has been a delay due to the on-going issues with DATIX therefore we would expect to see an improving picture by September. Intelligence suggests it is being completed but not always recorded.

Quality visits from WCCG. WHC has received the report following the recent quality visit to Longleat. The majority of the report is very positive. However, they have recognised the current issues with the estate. These concerns do not differ from what is already recognised by WHC and these have been considered in the modelling and planning of proposed improvements. A further visit by the CCG to Salisbury Community team was undertaken on the 9th August 2019. We are awaiting the follow on report.

Workforce information on dashboard. Work has been completed to improve workforce data by aligning the Electronic Staff Record to budget information more closely. This is a contributory factor to an apparent rise in vacancy rates as all budgeted posts (regardless |

	of whether they relate to newly formed services) are included in the denominator. The Executive Committee has signed off a recruitment and retention plan to improve processes and approach to address hotspot areas.
	Flu Campaign. On target, expected start date 1st October 2019, dependent on vaccination supply.
	Serious Incidents. The process for recognising, analysing, reporting and embedding learning from SIs is currently under review due to the number of reports outstanding. A risk has been added to the risk register and the mitigating activity to be carried out during September 2019. An improved approach is expected to be launched early October 2019.
ALERT	Statutory notifications to CQC: delay in reporting. See attached alert report for details.
ACTION	None

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

ADVISE	**Financial Reporting** The new Wiltshire Health and Care budget manager reporting system - Financial Information Centre (FIC), has been launched. This replaces previously emailed budget statements and is available on-line within the financial ledger. Training to all budget and service managers is being provided as part of budget manager meetings.
	Further development of FIC is dependent on external consultancy and Financial Systems Manager support (RUH). It is anticipated that bespoke reports for managers and users will be developed during October (September development restricted due to Financial Systems Manager's annual leave).
	The Finance Dashboard is being expanded with guidance and support from NHSI to include 'Use of Resources', particularly Liquidity rating from M5 (August 19) reporting.
	The Finance Dashboard will include an Aged Debtor Report and Annual Forecast from M5 (August 19)
	Estates Reconciliation – NHSPS The final 2017/18 value, covering Hard FM and Leases, has now been agreed with NHSPS. The value does not exceed the provision made at year end for the outstanding liability.
	VAT The first draft of a VAT report has been received from the External VAT Advisors. Initial findings show a lower than expected financial disadvantage to Wiltshire Health and Care due to the VAT status of the LLP. A further update will be provided once the final draft has been agreed.
	The capacity of finance team to support productivity analysis There is temporarily no capacity within the finance team to support further ad-hoc productivity analysis, due to staffing shortages. Recruitment is on-going and regular updates will be provided to the Board on progress.
ALERT	**Agency usage**: please see attached alert report.
ACTION	None

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

ADVISE	**Flow:** • The Patient Flow Hub is now processing all aspects of referrals for community wards. This is giving a much more "joined up" approach and the process from referral to discharge is much smoother. However, it is proving to be time consuming to complete the assessments thoroughly. Good cross working with the ATLs at the acute organisations is supporting the process. • Weekly attendance at SFT for the Expert Panel is welcomed by stakeholders and is seen to be beneficial in order to promote correct use of pathways and means to escalate delays • Community inpatient DTOC numbers have increased which they did in the same period last year. Specific issues in relation to nursing home and funding decisions have been escalated. • It appears that delays related to the brokerage process have increased and work is been undertaken with WCC. • Flow through Home First has been constrained. Therapy remains the main constraint within WHC's control; further work is been undertaken to review how this can be improved. Options will include reducing the length of time it takes to assess, use of joint posts and possible funding options. **Inpatients:** • Maintaining service delivery with the current workforce constraints remains the highest risk. Very locally targeted work is yielding results but is very resource heavy. • Attitudes and behaviours is a recurring theme from complaints and listening events have commenced with staff. Each event includes a focus on WHC values and behaviours. **Community Teams:** • An audit of current case load will be undertaken for a week from the 16th September 2019 as part of the community caseload project. **MIUs:** • Chippenham MIU will be fully staffed by the end of September 2019, although vacancies remain at Trowbridge. A trial of MSK practitioners working in MIU's will commence in September 2019. **Wheelchair Services:** • All but one post are recruited to. Performance is improving slowly, however work is required to validate those waiting to understand if due to the length of wait re-triaging is required.
ALERT	As in Quality section, response to SI & Statutory Notifications: see alert report attached.
ACTION	None

3 Recommendation
4

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.

Finance/Quality/Performance Alert: Agency Usage	
Purpose of alerting the Board	Agency usage has increased for the 8th consecutive month, and the YTD position suggests that the expected spend for the year will be exceeded.
Description of issue	Agency usage remains high, with July being the 8th consecutive month reporting an increase in number of agency shifts used. The YTD usage is higher than the forecast included in the business plan.
How has issue arisen (and for how long)?	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.
What is root cause of the problem?	There are two drivers of agency usage: • Increased needs of patients means an increased number of requests for ad hoc enhanced support • Vacancies and sickness levels in community hospital wards and MIUs.
Does the issue suggest a need for improved systems of control?	Yes, the agency internal audit provided recommendations in relation to tightening of processes and review of agencies used.
Assurance/ Oversight	
Views/findings from Committee oversight	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.
Independent /external assurance	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.
Impacts and implications	
Quality	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.
Equality	There are no specific equality impact and implications identified.
Financial	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.
Operational delivery	Low numbers of substantive staff and reliance on agency staff complicates operational delivery.
Regulatory/ legal/ contractual	Levels of agency spend is an indicator considered by NHSI/E in assessing organisational performance.
Links	
Link to business plan/ 5 year programme of change	Objectives in the delivery plan for 2019/20 which are directly related to recovery include: • By Q2 we will **review and renew appropriate agency staff framework agreements**. • By Q2 we will **improve our board reporting** so that it includes additional information (including agency spend).

	• By Q4 we will **implement E-roster** across all services at team level. • By the end of Q4, we will have **increased the number of people recruited to our bank by 25%.** Objectives which may be affected by lack of sustainable staffing • **Red and Green** - By the end of Q2, we will have embedded red and green methodology fully on all inpatient wards. • By Q3, we will **reduce length of stay** in community hospital beds to be in line with national benchmarks for 19/20 to release capacity for winter.
Links to known risks	Risks 56 and 59
Identification of new risks	None
Plan	
What actions are being taken?	The Safer Staffing Programme, overseen by the Managing Director, is the focal point for action. This includes: • Implementation of e rostering • Acuity and dependency tools to guide the use of enhanced support • Prioritisation of preferred agencies from a quality and cost perspective • Focus on workforce optimisation for HCA roles. 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.
How and when will issue be resolved?	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 Increased focus on boosting recruitment on wards and MIUs is having some success, and new staff should be feeding through during Q3.
When will Board be updated?	November 2019

Quality/Performance Alert: Statutory Notifications delay in reporting	
Purpose of alerting the Board	To alert the Board that regulatory requirements to make statutory notifications to CQC are not currently being fulfilled consistently.

Description of issue	There are issues relating to WHC fulfilling the regulatory requirement to notify CQC of specific incidents. The data below illustrates the issue:
	
	Statutory Notifications to CQC:
	    Number of Incidents requiring a notification 124
	    CQC notification completed 24
	    CQC notification not completed 100
	
	table below
	
	Data requires validation by the operational teams and urgent remedial action to be taken.

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
Grand Total	*124*	*24*

How has issue arisen (and for how long)?	This issue of non-submission of Statutory Notifications has increased in Q1 and Q2 2019/ 2020
What is root cause of the problem?	Inconsistent approach adopted by different teams. New Team Leaders/ Ward Managers in post
Does the issue suggest a need for improved systems of control?	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. New managers need to be made aware of the need to complete this information.
Assurance/ Oversight	
Views/findings from Committee oversight	Monthly oversight at Quality and Planning and escalated to Performance and Planning.
Independent /external assurance	Quarterly meetings with CQC
Impacts and implications	
Quality	There are currently internal checking mechanisms of incidents. WHC also reports all incidents monthly onto NRLS

Equality	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.
Financial	There is currently no financial impact
Operational delivery	It is expected that operational leads are responsible for the completion and submission of Statutory Notifications
Regulatory/ legal/ contractual	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'.
Links	
Link to business plan/ 5 year programme of change	Quality Focus- linked with the improved implementation and embedding of DATIX incident and risk management tool
Links to known risks	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.
Identification of new risks	None.
Plan	
What actions are being taken?	All clinical services has been asked for an improvement trajectory to clear all SI investigation and reporting within the required time frame by the 6th September 2019. Within the report those accountable for SI time frame and undertaking statutory notifications will be shared.
How and when will issue be resolved?	The issue is expected to be resolved within 30 days
When will Board be updated?	The board will be updated in Q3

Wiltshire Health and Care ("WHC")
Board Meeting

Item 11a

Quality, Performance and Finance Dashboards

If you require any further information please contact us on
whc.corporateservices@nhs.net

Wiltshire Health and Care Board	For information

Wiltshire Health and Care Board   **For information**

Subject:	**Risk report**
Date of Meeting:	**06 September 2019**
Author:	**Tom Blowers Risk and Complaints Manager**

1. Purpose

This paper sets out:

- WHC risk summary profile – is *for information only as there is no requirement (risk framework February 2019) to update the Board as no risk is presently scoring 15+*
- 12+ risks on the risk register, as of 19th of August 2019
- 2019/20 actions to implement and embed the risk management framework in line with DATIX risk module implementation

2. Background

WHC's risk management framework was agreed by the Board in 1st February 2019. Changes to supporting systems and transfer to DATIX risk module took effect from 1 July 2019.

WHC risk summary profile - *for information*

Risk profile (as of August 19th 2019)
There are currently no 15+ risks on the risk register.

Risk profile		July Report	Movement	August Report
Total open risks on WHC Risk Register (as of 18th June 2019)		69	⬆	71
"Accepted" open risk on the WHC Risk Register		11	⬅➡	11
"Live" open risks on the WHC Risk Register[i]		58	⬆	60

Risk scoring profile for WHC's "live" risks

Profile of live risks open as at 19th of August 2019 2019					Total: 60	
Net Risk = Impact x Likelihood						
Impact						
5	Catastrophic	5	10	15	20	25
4	Major	4	8 6	12 4	16	20
3	Moderate	3	6 4	9 26 ⬆	12 6	15
2	Minor	2	4 3	6 7	8 1	10 2
1	Negligible	1	2	3	4	5
	Likelihood	Rare 1	Unlikely 2	Possible 3	Likely 4	Certain 5

Or, as presented in a linear manner:

Risk scoring profile of live risks open as at 25th July 2019														
1	2	3	4	5	6	8	9	10	12	15	16	20	25	Total
0	0	0	4	0	11	7	26	1	10	0	0	0	0	60

In comparison to July 2019:

Risk scoring profile of live risks open as at 25th July 2019														
1	2	3	4	5	6	8	9	10	12	15	16	20	25	Total
0	0	0	4	0	11	7	24	1	10	0	0	0	0	58

12+ Risk Profile (No Change to 12+ risk profile in month July – Aug 2019)

Risk theme profile for 12+ risks							
Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance	Total
6	0	0	0	3	1	0	10

12+ Risks aligned with WHC Delivery Goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People Including our *Safer Staffing Programme*	Supporting our patients and services with good IT	Supporting our patients and staff with physical infrastructure that better meets need	Providing services in an efficient and sustainable way	Ensuring everything we do has a quality focus	Involving and engaging our patients and the public in developing our services
(6) Operational	(0) Workforce	(0) ICT Infrastructure	(0) Infrastructure	(3) Financial	(1) Quality	Quality
(0) Governance						

Combined score of 12+ risks

Organisational risk summary profile for active 12+ risks			
Category	Combined risk score		Number of risks associated.
1. Operational	60	⬌	6
2. Workforce	0	⬌	0
3. ICT Infrastructure	0	⬌	0
4. Infrastructure	0	⬌	0
5. Financial	36	⬌	3
6. Quality	12	⬌	1
7. Governance	0	⬌	0

*See appendix 1 for detail of all 12+ risks.

New 12+ Risks as of 25th July 2019

There were zero 12+ risks added to the register in the reporting period.

Closed/Downgraded 12+ Risks in reporting period July – Aug 2019

Zero12+ risks were closed

Accepted 12+ Risks in reporting period July – Aug 2019

Zero risks were accepted during the reporting period

Movement of 12+ Risks in reporting period July – Aug 2019

There were no changes to the scoring status of any 12+ risks in the reporting period.

15+ Risks (August 2019)

As August 19th 2019, WHC has **ZERO** 15+ risks on its Risk Register.

Risk movement of 15 + risks (as of August 2019)

During the reporting period July to August 2019, no risks have **escalated** to a risk score of 15+.
During Q4 18/19, no **newly added** risks score 15+.

Q1 19/20 actions to implement and embed the risk management framework as we implement DATIX - *for information*

The risk module of Datix was implemented with effect from 1 July 2019. However, using the tool in practice, we are experiencing issues with its readiness and suitability. Discussions are on-going with DATIX to resolve these concerns, with an escalation meeting due to be held on the 4th September 2019. The main defects in functionality are as follows:

Issue	Description	Action	Timescale for resolution
- The risk review process on DATIX	When a risk review is performed, it is unclear where the previous version is saved, impacting on the ability to report and audit risk	TB and DC have raised issues with DATIX and WHC project team. Awaiting 'fixes' from DATIX Awaiting the implementation of Yellow Fin reporting tool DATIX are currently sending the Risk and Complaints Manager an excel spread sheet on a monthly basis in order for internal and external reporting	30.09.2019
- Reporting	There are no reporting tools for the ERM, impacting on the ability to report and audit risk	As above	As above

Following the commercial meeting with DATIX on 4th September 2019, and the functionality being in line with expectations and contract agreements, DATIX training will be delivered in October to key staff across the organisation. This is to ensure effective risk management and full utilisation of DATIX functionality. Alongside the face to face training, a training tracker module will be launched for appropriate staff to complete. This will include understanding of the Risk Management Framework and DATIX.

3. Recommendation

The Board is invited to:
- note the position with regards to WHC's 12+ risks
- confirm it is satisfied that WHC's key risks are being appropriately managed
- note the update in relation to the implementation of the risk module of DATIX

Wiltshire Health and Care ("WHC")
Board Meeting

Item 12a

Details of all 12+ risks

If you require any further information please contact us on
whc.corporateservices@nhs.net

Wiltshire Health and Care Board

For information

Subject:	**Delivery Plan Tracker**
Date of Meeting:	**06 September 2019**
Author:	**Douglas Blair, Managing Director**

1. Purpose

1.1 Outline progress against Wiltshire Health and Care (WHC) Delivery Plan 2019-20 objectives.

2. Background

2.1 WHC recognises the importance of monitoring achievement against plan. To assist with this process regular updates are received to ensure delivery on track. Criteria used are:

- 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;
- Milestone unlikely to be achieved by the end of 19/20 and
- Delivery milestone no longer applicable because of national decision making/ other

3. Discussion

3.1 The attached tracker sets out an update on all objectives. Overall, good progress is being made against the plan. The Delivery Plan included a mixture of objectives that could be delivered by Wiltshire Health and Care, and others focused on the ongoing development of community services which would be reliant on agreement with commissioners. On these, the Board will want to note that there are a number of objectives for which progress has either stalled, or the objective will not be achieved, due to factors outside the direct control of WHC. This is clearly shown in the accompanying narrative.

4. Recommendation

4.1 The Board is invited to note the information supplied and comment on the progress made against the 2019/20 plan.

![Wiltshire Health and Care logo] ![NHS logo]

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

Meeting:		Executive Committee
Date of Report:		August 2019

RAG key:			
		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.	

Type of objective key:		Transformation (T)	•	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.
		Project (P)	•	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.
		Service Development (SD)	•	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.
		Business as Usual (BAU)	•	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.

Key:		Lead	•	Person responsible for reporting to the Executive Committee on progress against objetcive.

SECTION 1: IMPLEMENTING A NEW MODEL OF CARE

	Topic/ Theme	#	Objective	Type	Reporting Lead		Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position
1	Start well, live well, stay well, age well	1.1.1	• Increase the number of staff attending **Making Every Contact Counts training**.	SD	Community Service Manager, West				→			The number of staff having completed the MECC training higher at Q4 19/20, than it was at Q4 18/19.	
		1.1.2	• Continue to use our systems and contacts to prompt **preventative discussion and lifestyle advice**.	SD	Community Service Manager, West				→				On-going work following risk behaviours CQUIN.
		1.1.3	• Continue to maintain good access to treatment with over **92% of people treated within 18 weeks**.	BAU	Chief Operating Officer (LH)			→				Over 92% of incomplete waiters waiting under 18 weeks.	Performance maintained in Q1
		1.1.4	• Define an optimal service model and pathway for **First Contact Physiotherapy** with primary care colleagues.	SD	Head of Service, MSK (CLJ)				✓			Service specification in place.	Good progress, with PCNs expresssing interest. Draft service model in circulation for final approval. Expanded to Calne , EOI from 5 further PCNs
		1.1.5	• Increase the number of areas where **First Contact Physiotherapy** is delivered.	SD	Head of Service, MSK (CLJ)		⊕		✓			Signed agreements to deliver First Contact Physios in multiple Primary Care Networks in place	
2	Live well with one or more long term conditions	1.2.1	• Expand the provision of **structured education and digital self-management** support tools.	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.
		1.2.2	• We will contribute to the development of the 'whole life' pathway to ensure the needs of patients with **Learning Disabilities** are recognised and addressed within the developing model of provision	SD	Head of Operations (Heather Khaler)				✓			Renewed service specification for LD services	Good dialogue opened with WCC, now part of the wider programme board
		1.2.3	• Develop a **single unified pathway for diabetes**	SD	Head of Service, Diabetes (PM)			✓				Wiltshire diabetes pathway in place	Initial pathway work commenced with WCCG. Internal pathways within WHC aligned
		1.2.4	• Develop a **common model for the provision of specialist advice** and support for people with long term conditions	SD	Head of Service, Diabetes (PM)				✓			LTC model in place	Developing concept in diabetes pathway that can be used for other LTC's
		1.2.5	• Reduce **wheelchair waiting times** so the 18-week RTT target is always achieved	BAU	Head of Service, MSK (CLJ)		→					RTT achieved	This is a challenging kpi as the clock does not stop on 1st appointment – recovery plan accepted by CCG, however further work is required with suppliers
		1.2.6	• Reduce waiting times for patients waiting for **wheelchair repair.**	SD	Head of Service, MSK (CLJ])		→					As above	As above
		1.2.7	• We will develop **personalised wheelchair budget systems**	SD	Head of Service, MSK (CLJ])				✓			A clear process is in place for PWB	Most service users will decline a PWB, further work is required to agree the service spec for which includes PWB
		1.2.8	• We will introduce a stock management system for **wheelchairs.**	SD	Head of Service, MSK (CLJ)			✓				A robust stock management system is in place	We have an interim but require a longer term solution
		1.2.9	• Develop a proposal for a Wiltshire-wide model for **community heart failure**, in partnership with the 3 cardiology depts.	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	• Case for change created which defines the benefits of **expanding the WHC Oxygen service** to south Wilts.	SD	Ella Purvis		⊕	✓				Case for change completed for WHC expand Community Oxygen service to South	Presentation to CCG on 6th September 2019
		1.2.11	• Provide commissioners with a costed options appraisal to **expand pulmonary rehabilitation.**	SD	Ella Purvis		⊕		✓			Costed options available to commissioners	Community options/ locations being considered.
		1.2.12	• Put in place arrangements to support the use of **Diasend** for Wiltshire community patients.	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 /frailty	1.3.1	• Work with the CCG to develop a proposal for **pain management** services across Wiltshire	SD	Head of Service, MSK (CLJ)		⊕	✓				Proposal for WHC to deliver enhanced pain management service	On hold by CCG
		1.3.2	• Define the **pathway for the management of frail patients** outside of hospital, and present the	SD	Chief Operating Officer (LH)		⊕	✓				Model in place	This is been led through BSW– needs further input by WHC COO to make local progress

#	Topic/ Theme	#	Objective	Type of objective	Reporting Lead		Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position where objective off-track
			funding requirements to commissioners.										
4	Accessible effective support in crisis	1.4.1	• Robust improvement plan in place to deliver improved resilience in our **Minor Injury Units**.	SD	Head of Operations (Clare Robinson)	🚧	✓					MIU action plan in place	Action plan approved, no reds remaining, staffing improving
		1.4.2	• Trialled **physiotherapists in MIUs**, evaluated impact of this by the end of Q4.	SD	Head of Service, MSK (CLJ)	🚧				✓		Outcome of trial known and agreed way forward	Posts approved and recruited to: start dates 9/9/19
		1.4.3	• Work with commissioners to clarify the specification for **Urgent Treatment Centres** in Wiltshire.	SD	Chief Operating Officer (LH)	➕			→			Clear plan for Urgent treatment Centres in place in Wiltshire	Awaiting clarity of commissioning intentions.
		1.4.4	**PRIORITY** ⊙ • Work as part of the Wiltshire Delivery Group to develop a proposal for an increase and streaming of **rapid response services**.	T	Band 8A Transformation Manager	➕		✓				Agreed service model with commissioners, with clear plan for WHC's part in implementation.	Moving into design phase currently – will not impact for this winter
		1.4.5	• As part of the design of rapid response services, we would look to deliver the full **falls pathway** across Wiltshire.	SD	Head of Operations (Clare Robinson)	➕			✓			Proposal for WHC delivering a falls response service	A proposal has been made to the CCG and is on hold pending procurement advice
		1.4.6	• Proposal for the delivery of **IV therapy** in the patient's home for south Wiltshire.	SD	Chief Operating Officer (LH)	➕	✓					Service in place to deliver IV therapy at home	On hold by CCG pending Rapid Response design
5	High quality person-centred specialist and acute care	1.5.1	• **Red and Green** - By the end of Q2, we will have embedded red and green methodology fully on all inpatient wards.	SD	Head of Inpatients (Lisa Maslen)	🚧		✓				Red & green in place	Project Lead pulled back into service. Clear plan in place to roll out from Sept 19
		1.5.2	• **Align the Acute Trust Liaison service** to the Wiltshire Patient Flow Hub.	SD	Chief Operating Officer (LH)	➕		✓				Community in reach model in place	Proposal to be made for WHC to manage function over winter
6	Good hand over and discharge planning and post support	1.6.1	• We will **reduce the number of bed days** occupied by patients with an acute length of stay of 21 days or more waiting for discharge to Pathway 1 and Pathway 2.	BAU	Chief Operating Officer (LH)	🚧			→			Reduction in bed days for >21 day for Pathway 1 and 2.	Need to agree on data monitoring process, as data does not exist at pathway level for all.
		1.6.2	• By Q3, we will **reduce length of stay** in community hospital beds to be in line with national benchmarks for 19/20 to release capacity for winter.	SD	Chief Operating Officer (LH)	🚧			✓			LoS to be at 27 days in Q4	Plans inplace to address, MDT's are occuring however we have a growing number of very complex pts and DTOCs
		1.6.3	• Develop the Wiltshire **Patient Flow Hub** further to **increase coordination of Home First+ discharges.**	SD	Chief Operating Officer (LH)	➕	✓					Agreement for increased resources for Home First coordination.	Review of processes underway but increased resources very unlikely for this aspect, as baseline resources for 7 day working have not been confirmed.
		1.6.4	• **Align** the Wiltshire **Patient Flow Hub** with **Wiltshire Council patient flow processes.**	SD	Chief Operating Officer (LH)	➕	✓					Agreed joint processes in place	Progress made and some SW will be located within the hub from September
7	Effective rehabilitation and reablement	1.7.1	• Complete the **roll out of the Home First + pathway with Wiltshire Council** in all localities.	SD	Chief Operating Officer (LH)	➕	✓					Pathway rolled out in all areas.	Completed, now embedding
		1.7.2	• **Stroke rehabilitation** reviewed, and proposal to increase rehabilitation at home.	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	• By the start of Q1, we will define the preferred model for **clinical input into ICT beds**.	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	• Propose **new approach for fracture clinics.**	SD	Chief Operating Officer (LH)	➕	✓					New model in place	Proposal to be considered by exec 26/8/19
8	Person centred, dignified, long term care	1.8.1	• By Q3, we will develop a proposal for **increased support to care homes** to prevent escalation.	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
9	Support, control, and choice at the End of Life	1.9.1	• Processes formalised to provide **care support** to patients who have a **diagnosis of a terminal illness** but who are not yet entering the final phase of life.	SD	Head of Operations, Community Team (HK)	🚧			✓			Formalised process as part of EOL pathway work.	On-going work.
10	Integrated services to provide person-centred care	1.10.1	**PRIORITY** ⊙ • Review and reorganise management of caseloads in community teams and working with GP practices.	T	Band 8A Transform-ation Maganer (Gemma Pugh)	🚧			→			Agreed case load numbers and processes to achieve in place	PID written, Case load audit to be undertaken in Sept 19

SECTION 2: DEVELOPING OUR PEOPLE

Topic/ Theme	#	Objective	Type of objective	Reporting Lead		Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position where objective off-track
Developing our People	2.1	• We will undertake an **agency diagnostic**, using an NHSI tool, to support on-going development.	SD	Head of People (Hanna Mansell)	🚧	✓					Agency diagnostic undertaken.	This has been completed, and will be shared at the safer staffing programme board. All areas where there is an identified area for improvement fit within already existing action plans
	2.2	• By Q2 we will **review and renew appropriate agency staff framework agreements**.	T	Director of Finance	🚧		✓				Agreements reviewed and renewed where appropriate.	Agency arrangements reviewed and priortisation agreed.
	2.3	• By Q2 we will **improve our board reporting** so that it includes additional information (including agency spends).	SD	Head of People (Hanna Mansell)	🚧		✓				Revised board reporting.	Initial work has started to look at the data required and how the systems are currently able to provide this. ESR will have corrected budgets from June 19, which is the current gap for a full workforce KPI report. Draft report template currently being worked up.
	2.4	• By Q4 we will **implement E-roster** across all services at team level.	T	Safer staffing programme board	🚧				✓		E roster implemented	Inpatient wards and MIUs by end of 2019; community teams in Q4. Some smaller specialist services may bridge into beginning of 2020/21.
	2.5	• By the end of Q4, we will have **increased the number of people recruited to our bank by 25%.**	SD	Head of People (Hanna Mansell)	🚧				✓		Bank numbers increased by 25%	Recruitment and retention plan and 'One Workforce' plan signed off in August 2019. Action plans are drafted within the one workforce and R&R plans. These are to be tabled at Executive Committee August 2019.
	2.6	• By the end of Q4 we will **increase our voluntary**	SD	Head of People (Hanna Mansell)	🚧				✓		Volunteer workforce increased by 10-	

#	Objective	Type of objective	Reporting Lead		Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position where objective off-track
	workforce by 10-15%.								(green)	15%.	
2.7	• Commence recruitment of **physiotherapy rotational posts** 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.
2.8	• Develop and deliver training from a **new education and training hub** at Savernake Hospital.	SD	Head of Learning and Develop (Vanessa Ongley)			✔			(amber)	Training hub in place	Reliant on estates changes
2.9	• Develop and deliver an **Acuity and Dependency tool** across all community wards - aligned to e-rostering.	T	Safer Staffing Programme Board			✔			(green)	Acuity and dependency tool implemented.	
2.10	• By Q2, we will develop and **deliver Clinical Leadership pathways**.	SD	Head of Learning and Develop (Vanessa Ongley)			✔			(green)	New clinical leadership pathways in place	Clinical career development 'flowers' in development
2.11	• From Q1 we will implement a **new value based appraisal process**.	SD	Head of People (Hanna Mansell)		✔				(green)	New appraisal process in place	Final documentation has been agreed and pilot area is testing to feedback before rolling out to the full organisation.
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 embed medical doctors to support clinical leadership and delivery of the clinical governance agenda.**	SD	Head of People (Hanna Mansell)			✔			(blue)	Medical doctors recruited.	The first medical Dr is in place with WHC, and two further appointments are going through the recruitment process. All policies which are under review are to review the requirements for medical staff, contracts and terms and conditions are all in place.
2.14	• By Q2, we will review, and **implement the Health and Wellbeing charter**, through **health and wellbeing forums**. We will evaluate its impact through staff survey results.	SD	Head of People (Hanna Mansell)			✔			(green)	Reviewed and implement charter	Draft presented to WFDGPOG August 19
2.15	• Implement a performance review system with Health and Wellbeing an integral part of the process.	SD	Head of People (Hanna Mansell)		✔					Performance review system in place	Final documentation has been agreed and pilot area is testing to feedback before rolling out to the
2.16	• From Q4, we will **align our SAFER staffing project to our health and wellbeing charter**.	SD	Head of People (Hanna Mansell)					✔		Outcomes of safer staffing aligned to charter.	This is work in progress with the development of the charter and the requirements of the safer staffing programme developing.
2.17	• Up-skill key staff within the Human Resources and Learning & Development team to support and deliver **organisational development**.	SD	Head of People (Hanna Mansell)					✔		OD skills within HR and L&D team.	Course obtained and one staff member completing in July 19, with further development of L&D team in August 19.
2.18	• Scope the development and delivery of **non-medical consultant roles in community settings** and produce a paper for consideration by our commissioners by the end of Q1.	SD	Chief Operating Officer (LH)	(green +)						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		Q1	Q2	Q3	Q4	[Q1] 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 (Devid Thompson)						(amber)	Migration complete.	Held up by GWH migration. The majority of sites will be migrated by the end of June.
	3.2	• We will have established and begun a rolling replacement programme for our **desktop estate**.	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 **migrated to Windows 10**.	P	IT Project Manager (Devid Thompson)						(amber)	Windows 10 migration complete	Reliance on GWH to facilitate the required changes. WHC project to be initiated despite dependency on GWH windows 10 planning.
	3.4	• An **Asset management system** 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.	
	3.5	• We will have an agreed 'to be' **network design and migration plan**, and work will have begun to deliver it.	P	Head of IT (KS)				✔		(green)	Plan completed.	
	3.6	• We will have gone live with a dedicated **Wiltshire Health and Care intranet**.	SD	Comms and Engage-ment Lead (Emma Bye)		✔				(blue)	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 **new telephone system provider**.	P	Head of IT (KS)			✔			(red)	Tender process commenced.	Dependency on the new network being available.

Topic/ Theme	#	Objective	Type of objective	Reporting Lead		Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position where objective off-track
	3.8	• We will have established a project to procure and implement the **new telephone system**.	P	IT Project Manager (Devid Thompson)				✓		Red	Project in place.	Dependancy on 3.7
	3.9	• By the end of Q4, Wiltshire Health and Care will be **"fax free"**.	P	Project Administrator, (Trish Kidly)					✓	Green	No fax machines in use.	
Supporting digitally enabled health care	3.10	• Ongoing participation and engagement in the **BSW STP interoperability programme**	BAU	Head of IT (KS)		→				Green	On-going participation.	
	3.11	• We will generate a specification outlining Wiltshire Health and Care's future **business intelligence requirements**	P	Head of IT (KS)				✓		Amber	Specification completed.	Dependant on STP work.
	3.12	• If the commissioners confirm that they are supportive of a move to **SystmOne for our wards** by the end of Q1, we will initiate the project to implement this by the beginning of Q3.	P	Director of Infrastructure (VH)	➕			✓		Red		No agreement from commissioners in Q1, timeline will therefore slip.
	3.13	• **Support care homes delivering intermediate care to use SystmOne** as clinical system (ensuring our system is shared appropriately)	P	Director of Infrastructure (VH)	➕		✓			Red		Ready to support, but reliant on CSU/CCG action to roll out.
	3.14	• We will develop a project to provide a **text-based advice and guidance service for patients** (e.g. Diabetes patients) to help support appropriate condition management.	SD	Director of Infrastructure (VH)	➕		✓			Amber		
	3.15	• We will **explore increased use of wearable technology and remote monitoring with partners**.	SD	Director of Infrastructure (VH)	➕				✓	Green		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		Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position where objective off-track
Improve quality and efficiency of existing accommodation	4.1	• **Specialist community services (including lymphedema) co-located** on the Chippenham Community Hospital site. The first phase of **backlog maintenance and service consolidation works**.	BAU	Director of Infrastructure		✓				Amber	New accomodation for specialist services.	Delayed to August 2019 due to NHS PS works.
	4.2	• The first phase **backlog maintenance** will have been completed and space planned to support efficient effective patient care in **Warminster Community Hospital**.	BAU	Director of Infrastructure		✓				Amber	First phase works complete.	Delayed to August 2019 due to NHS PS works.
	4.3	• **Scoped options** for the provision of compliant, safe, **ward accommodation** in the **Warminster Hospital** building will be available.	BAU	Director of Infrastructure			✓			Green	Options scoped	Good progress made in scoping options.
	4.4	• We will facilitate a long-term sustainable **solution for the provision of soft FM services** across Wiltshire community sites.	SD	Director of Infrastructure			✓			Amber	Long term solution in place.	Dependent on GWH and NHS PS processes.
Transformed estate to support new models of care	4.5	• New lease negotiation for the community team within **Ludgershall Health Centre**.	BAU	Director of Infrastructure		✓				Amber	Negotiation complete.	Progress made. Delivery timelines dependent on GWH handing back and delapadation works.
	4.6	• New lease negotiation for additional space for the community team in the new Wiltshire Council Community Hub in **Tisbury**.	BAU	Director of Infrastructure		✓				Amber	Negotiation complete.	Agreement reached in Q1. Move dependent on planning permission and IT requirements being met.
	4.7	• Sufficient space available to deliver community **physiotherapy activity in the south** of Wiltshire, including Hydrotherapy, and the associated leases negotiated.	SD	Director of Infrastructure			✓			Green		Dependant on SFT progressing costings
	4.8	• Sufficient space available to deliver **community diabetes and dietetic care in the south** of Wiltshire, associated leases negotiated.	SD	Director of Infrastructure			✓			Green		Dependent on SFT progressing costings
	4.9	• We will work with Wiltshire CCG and their consultants to work up the detail for the business cases to deliver the **new integrated care centres in Devizes and Trowbridge**.	SD	Director of Infrastructure		→				Green		There are risks to the CCG programme and budget.

SECTION 5: FINANCIAL SUSTAINABILITY AND PRODUCTIVITY/ ENVIRONMENTAL SUSTAINABILITY

Topic/ Theme	#	Objective	Type of objective	Reporting Lead		Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position where objective off-track
Financial sustainability and productivity	5.1	• **2.5% of our resources will be released** from planned expenditure for reinvestment to support services.	BAU	Executive Committee	🚧				→	Green	Cost Improvement Programmes in place and delivery upon.	CIPs totalling 2.5% planned as part of budgets. On track in Q1.
Environmental sustainability	5.2	• We will establish a **sustainability group** within our governance structure.	P		🚧		✔			Grey		No formal sustainability group required. Action plan will be managed via P&P for ops, WFDGPOG for workforce and EDIT POG for infrastructure.
	5.3	• We will produce a **Sustainable Development Action Plan** for 19/20 for agreement by the Board	P	Ops delivery(supported by project manager - JN)	🚧		✔			Amber	Plans and strategies in place.	Dependent on agreed actions at P&P 19.09.19. WFDGPOG 15.10.19 and EDIT POG 24.09.19. Project manager meeting with communications, procurement, soft FM and waste to outline potential data collection to support sustainability monitoring.
	5.4	• We will develop a **sustainable Travel Plan** using The Health Outcomes of Travel Tool, and refresh our related policies.	P	Ops delivery (supported by project manager - JN)	🚧				✔	Green		
	5.5	• We will communicate our **travel strategy** and related policies to all of our stakeholders, with particular attention being given to raising awareness of the low carbon travel alternatives available to staff, patients and visitors travelling to site	P	Ops delivery (supported by project manager - JN)	🚧				✔	Green		
	5.6	• We will develop a **'Paperless programme'** including a reduction in paper usage, printing, postage costs	P	Ops delivery (supported by project manager - JN)	🚧				✔	Green		
	5.7	• We will develop an **engagement plan for our sustainability efforts** (to engage and encourage support for carbon reduction from staff, patients, visitors, suppliers and the local community).	P	Ops delivery (supported by project manager - JN)	🚧		✔			Amber		
	5.9	• We will have reviewed and drafted **a plan to improve our data collection to support sustainability monitoring** and reporting within Wiltshire Health and Care.	P	Ops delivery (supported by project manager - JN)	🚧		✔			Amber		

SECTION 6: QUALITY FOCUS

Topic/ Theme	#	Objective	Type of objective	Lead		Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position where objective off-track
Quality focus	6.1	• Throughout 19/20, Wiltshire Health and Care will collaborate with West of England Academic Health Science Network to **develop and implement an Early Warning Score for people with Learning Disabilities**.	SD	Director of Quality, Professions, and Workforce	🚧				→	Green	Early Warning Score developed and implemented.	
	6.2	• Wiltshire Health and Care will **increase the Public and Patient voice within the organisation by the development and delivery of a forum**.	SD	NEW Engagement Post	🚧		✔			Amber	Forum in place.	Awaiting start of new Engagement Officer.
	6.3	• In Q1 we will implement new clinical risk software to improve incident reporting and risk management.	SD	Director of Quality, Professions, and Workforce	🚧	✔				Red	New software in place.	Datix implemented for incident reporting and risk management in Q1, but the software is not delivering the functionality that was promised in the specification purchased. Meeting to hold Datix to account diarised, seeking firm commitments to delivery, and interim mitigations.

SECTION 7: EQUALITY AND DIVERSITY (E&D)

Topic/ Theme	#	Objective	Type of objective	Lead		Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position where objective off-track
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)	🚧	✔				Blue	Survey carried out.	This was completed through the Q1 Staff Friends and Family with Report approved at August WFDG and to be presented at Exec Co 24 Sept 19
	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 -	🚧		✔			Amber	Action Plan agreed by Board.	Action plan developed based on current programs of activity and results from SFF Q1. To be presented at Exec Co 24 Sept 19. Timeline on plan to be defined

#	Objective	Type of objective	Lead	Q1	Q2	Q3	Q4	[Q1] RAG	Objective KPI	Narrative to explain current position where objective off-track
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.	Initial scoping and research has been undertaken, however opportunity for new data through existing systems still need to be defined. Data set development to be completed within workstreams activity in action plan
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.	This is as identified in the action plan. HR and communications to agree outline comms and engagement plan

SECTION 8: PATIENT AND PUBLIC ENGAGEMENT AND INVOLVEMENT

Topic/ Theme	#	Objective	Type of objective	Lead	Q1	Q2	Q3	Q4	[Q1] 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 Engage-ment Post		✔					Patient and Public Engagement Officer recruited and starting in post in Septemeber 2019. Work programme will be reviewed and prioritised during September.
	8.2	• We will hold patient and public involvement group listening events	SD (with project elements)	NEW Engage-ment Post		✔		✔			
	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 Engage-ment Post			✔				
	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 Engage-ment Post		✔					
	8.5	• Wee will define our approach for how we will listen to the voice of children who use our services.	SD (with project elements)	NEW Engage-ment Post		✔					
	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 Engage-ment Post		✔					

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.

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 will commence the week of the 16th September 2019. Following feedback from the teams, the revised plan will now include all staff rather than nursing caseload only. The aim is to gather information on the type of intervention we complete, in what environment, by what band, and for what duration. Currently 2 staff are trialling the study before we go live.

Community teams, as part of the pressure ulcer action plan, are working with informatics to pull reports on Case management per team caseload each month and have updated S1 inputting and "Waiting list "guidance to staff in the teams. 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 will be using the relaunched e-roster software fully for rosters covering October 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 are being reviewed   A safer staffing audit tool has been developed to be used in community ward areas every 6 months, which is being trialled during August 2019.

Wiltshire Health and Care ("WHC")
Board Meeting

Item 14

Any Other Business

VERBAL

**Wiltshire Health and Care ("WHC")
Board Meeting**

Date of Next Meeting

1ˢᵗ November 2019, 10.00-13.00

Training Room 1, Chippenham Community Hospital

www.wiltshirehealthandcare.nhs.uk

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