

## AGENDA for a Meeting of the Board Part I

<b>Venue:</b>	Training Room 1, Chippenham Community Hospital
<b>Date:</b>	2 <sup>nd</sup> November 2018
<b>Time:</b>	10:00 – 13:00

### WHC Board Members

Richard Barritt (Chair)	Non Executive Member	RB
Douglas Blair	Managing Director	DB
Annika Carroll	Head of Finance	AC
Sarah-Jane Peffers	Head of Quality	SJP
Lisa Thomas	SFT Board Representative	CC-B
Francesca Thompson	RUH Board Representative	FT
Carole Nicholl	Deputy GWH Board Representative	CN
Adibah Burch	Non Executive Member	AB

### In Attendance

Katy Hamilton Jennings	Head of Legal and Corporate Governance II Board Secretary	KHJ
Lianna Bradshaw	Executive Assistant	LB
Giles de Burgh	Head of Resilience, GWH, Swindon CCG and WHC	GDB
<b>Apologies</b>		
Carol Bode	Chair	CB
Lisa Hodgson	Chief Operating Officer	LH
Celia Grummitt	Non Executive Member	CG
Kevin McNamara	GWH Board Representative	KM

Agenda Item		Lead	Paper	For Decision/ Discussion/ Information
1	<b>Welcome, Apologies and Declarations of Interest</b>	Chair	Verbal	Information
2	<b>Minutes, Actions and Matters Arising</b>	Chair	Attached	Decision
3	<b>Chairs Report</b>	Chair	Verbal	Information
4	<b>MD Report</b>	DB	Verbal	Information
5	<b>Highlight Report from Quality Assurance Committee</b>	FT	Verbal	Information
6	<b>Highlight Report from Integration Committee</b>	RB	Verbal	Information
7	<b>Patient Story</b>	SJP	Verbal	Information
8	<b>EPRR Report</b>	GDB	Attached	Information
9	<b>Quarterly Finance, Quality and Performance Report</b>	AC/SJP/LH	Attached	Information
10	<b>Learning from Independent Reviews:</b> <ul style="list-style-type: none"> <li><b>Liverpool review</b> (<i>WHC was required to report to its commissioner reflecting on whether the issues affecting Liverpool Community Trust could happen at WHC. The review provided to Wiltshire CCG is being shared with the Board for information. This paper has also been considered by WHC's Executive Committee</i>)</li> <li><b>Gosport Update</b></li> </ul>	SJP	Attached	Discussion
11	<b>Winter Plan – Final Sign off</b>	LH	Attached	Decision

<b>12</b>	<b>Progress against WHC's Delivery Plan – Quarterly Update</b>	KHJ	Attached	Discussion
<b>13</b>	<b>Risk Report – 15+</b>	KHJ	Attached	Discussion
<b>14</b>	<b>Any Other Business</b>	Chair	Verbal	Information
	<b>Date of next meeting: 1<sup>st</sup> February 2019</b>			

**VERBAL ONLY**

**WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST**

## MINUTES Of a Wiltshire Health and Care Board Meeting Part I

<b>Venue</b>	Rowan East Meeting Room, Chippenham Community Hospital
<b>Date</b>	Friday 27 <sup>th</sup> July 2018
<b>Time</b>	10:00 to 13:00

### WHC Board Members

Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Annika Carroll	Head of Finance	AC
Sarah-Jane Peffers	Head of Quality	SJP
Francesca Thompson	RUH Board Representative	FT
Kevin McNamara	GWH Board Representative	KM
Laurence Arnold	Deputy SFT Board Representative	LA
Richard Barritt	Non Executive Board Member	RB
Celia Grummitt	Non Executive Board Member	CG
Adibah Burch	Non Executive Board Member	AB

### In attendance

Lianna Bradshaw	Executive Assistant (minutes)	LB
Giles de Burgh	Head of Resilience	GDB

### Apologies

Lisa Hodgson	Chief Operating Officer	LH
Lisa Thomas	SFT Board Representative	LT
Katy Hamilton Jennings	Head of Legal & Corporate Governance, Board Secretary	KHJ

Item	Title/Notes	Actions
1	<p><b><u>Welcome, Apologies and New Declarations of Interest</u></b></p> <p>Carol Bode welcomed everyone to the meeting and noted apologies from Lisa Hodgson, Lisa Thomas and Katy Hamilton Jennings.</p> <p>It was noted that Richard Barritt had a new declaration of interest with Mind as Consultant: Support for Local Minds, Cornwall, commencing in August.</p>	

2	<p><b><u>Part I Minutes, Actions and Matters Arising</u></b></p> <p>The minutes of the last meeting held on 22 June 2018 were agreed as a true and accurate record of the meeting.</p> <p>The members reviewed the action tracker and agreed to close some actions and update the wording of others. The changes are noted in a revised action tracker.</p> <p>It was agreed that LB and CB would look at the format of the action tracker to bring in line with needs for the Board.</p>	
3	<p><b><u>Patient Story</u></b></p> <p>The Board were joined by Susan Humphreys who shared her story in relation to the problems encountered by her late husband John as a patient of GWH, RUH, Marden Court Care Home and Savernake Hospital.</p> <p>Susan provided powerful examples of John's care and treatment by multiple settings in the health and care system, which highlighted the following themes:</p> <ul style="list-style-type: none"> <li>• Highlighting the rationale for integrated care and sharing of clinical records</li> <li>• The importance of listening to family and carers and understanding the individual needs and personality</li> <li>• Importance of recognising what people are already capable of, and ensuring that they are not losing that capability while an inpatient the unsuitability of an A&amp;E department for those whose condition is aggravated by noise and stress</li> <li>• the impact of patients' effects going missing while an inpatient, and the importance of improving the systems and process to stop this from happening</li> <li>• the importance of knowing relevant background and clinical information and listening to individuals and their advocates before making decisions about medical care</li> <li>• maintaining an open and honest culture</li> </ul> <p>The Board thanked Mrs Humphreys for attending and sharing John's story.</p>	
4	<p><b><u>Safeguarding Statement</u></b></p> <p>The Board agreed to the updated safeguarding statement which confirmed assurance of compliance against statutory responsibilities.</p>	

5	<p><b><u>EPRR Report</u></b></p> <p>GDB presented the EPRR assurance return for 2017/18 and shared the following key points:</p> <ul style="list-style-type: none"> <li>• The EPRR Report is an annual assurance report run by NHS England with 41 core standards that we should meet.</li> <li>• We met 39 of the core standards; our two amber ratings were around business continuity arrangements and incident coordination centre. Both are being developed.</li> <li>• The standards and assessment are largely based on the documentation and processes in place. There have been recent incidents – such as snow fall in March, which have tested these procedures in real situations. All of these incidents receive a debrief and learning is taken forward to improve processes further.</li> </ul> <p>The members acknowledged the 2017/18 EPRR assurance return and noted that the 2018/19 EPRR will be brought back to Board in November 2018.</p> <p>It was agreed that the paper setting out the 2018/19 return should, in addition to compliance against standards, also set out the main lessons learnt from incidents that have taken place during that year, and an assessment of the required programme of test exercises. This will help the Board to receive assurance of overall readiness in response to incidents.</p>	GDB
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6	<p><b><u>15+ Risks Review and Risk Appetite</u></b></p> <p><b><u>15+ Risks Review</u></b></p> <p>The Board reviewed the 15+ risks and noted the contents.</p> <p>It was agreed that timescales of mitigating actions would be useful to show when actions and expected shifts to risk level should have occurred by.</p> <p><b><u>Risk Appetite</u></b></p> <p>The Board considered the proposal for risk appetite, which had been presented for discussion as part of an ongoing wider review of the risk management policy.</p> <p>The Board agreed that:</p> <ul style="list-style-type: none"> <li>• the format and content of the risk appetite and tolerance was clear and usable, and the suggested appetite and tolerance levels seemed appropriate</li> <li>• there may be different levels of tolerances between safety and experience in day to day operational pressures and decision making, the format should therefore split these aspects out so that the Board can have the ability to agree differing tolerances.</li> </ul> <p>The Board agreed that, subject to these adjustments, the risk appetite and tolerance format and draft content should be used as part of finalising the revised overarching risk management policy.</p>	
7	<p><b><u>Approve Board Members Code of Conduct</u></b></p> <p>The Board reviewed the updated Board Members Code of Conduct which has been expanded to include further information around fit and proper persons process. In particular, it was noted that the policy stated that a health questionnaire would be used 'as appropriate'. This policy would mean that health questionnaires were used for Executive members of the Board but would not routinely be sought from non-executive members of the Board.</p> <p>The Board approved the code of conduct.</p>	
8	<p><b><u>Register of Interests</u></b></p> <p>It was noted that an updated Register of Interests had been circulated prior to this meeting to include RB's new appointment.</p> <p>The Board approved the Register of Interests.</p>	

9	<p><b><u>Quality, Performance and Finance</u></b></p> <p><u>Quality</u></p> <p>SJP highlighted the alert within the report which was in relation to Ailesbury Ward. It had come to light that allegations had been made by students at Oxford Brookes University (OBU) about actions on the ward that could be categorised as forms of abuse to patients and bullying and harassment of students by staff. The allegations referred to substantive and agency staff. WHC recognises the seriousness of these allegations and therefore are taking the immediate and necessary steps including the suspension of one member of staff to allow an investigation to be carried out. All staff are being supported throughout these steps. WHC has notified CQC of these allegations and referrals had been made to the NMC and CQC by OBU. SJP is in close dialogue with OBU and has shared the action plan. At this stage OBU are content with the actions that WHC are taking, however they have currently suspended student placements on Ailesbury Ward.</p> <p>The impact of this, and some other unrelated staffing changes, meant that the proportion of substantive staffing for the ward was not at a suitable level. An operational decision had therefore been made to temporarily reduce the size of the ward to 20 beds, so that the staffing levels and staffing mix were more appropriate. Staff from other wards had been temporarily assigned to Ailesbury ward to assist.</p> <p>In discussion, the following points were made:</p> <p>SJP confirmed that she is working on a communication plan with Emma Bye for internal and external communications and has an action plan in place which will be shared with members.</p> <p>FT said that she supported the action being taken to temporarily reduce the number of beds on the wards while staffing levels were improved.</p> <p>KM noted that plans were in place for WHC to seek to re-provide some bedded capacity elsewhere in the system to mitigate the effects of temporary closure of beds on the wider system.</p> <p>The Board noted the position and the proactive action being taken. It was agreed that:</p> <ul style="list-style-type: none"> <li>- it was important for there to be a clear communications plan to support this issue.</li> <li>- a 'lessons learned' exercise would be useful to consider and share with the Board at a future date.</li> </ul>	<p><b>SJP</b></p> <p><b>Exec Co</b></p>
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	<p><u>Performance</u></p> <p>It was noted that the note 2.3 under finance actually relates to performance.</p> <p><u>Finance</u></p> <p>There were no alerts for finance.</p>	
10	<p><u>Any Other Business</u></p> <p>There was no further business</p>	
	<b>Date of Next Meeting: 2<sup>nd</sup> November 2018</b>	

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No	Date Entered	Action	Assigned to	Status	Date completed	Notes
51	27.06.17	Ensure that the NHSPS prioritise the safety of buildings and provide appropriate assurance. This should include further inspections and involvement of the fire service advice.	SJP/DB	Open		21.09.17 Further assurance work undertaken but further assurance being sought from NHSPS before being brought back to Board. 13.11.17 meeting with fire lead at NHSPS took place in November – awaiting formal report in December of actions being taken. Will report back to Board once received. 09.03.18 Awaiting feedback from Jo Woodward. Update 15.03.18 Further assurance has been provided by NHSPS, the risk register has been updated to reflect reduced risk and fuller details will be provided in the annual report due in May
67	28.11.17	improvements to financial reporting should be made in line with the changes to new financial systems from April 2018. After initial improvements have been implemented for April 2018, a plan should be presented for further cost analysis and service line reporting.	AC	Open		
79	23.01.18	Liaise re independent Audit and Assurance Committee chair	CB	Open		
80	23.01.18	A strategic risk on financial information should be added to the Board Assurance Framework. Complete. Upon establishment of the new clinical risk system (anticipated end of May/June 2018), the Board Secretary will review the format of risk registers and re-structure the approach. The Audit and Assurance Committee should review proposals for redesign of the risk management process.	KHJ	Open		
81	23.01.18	H&S, Fire and Security: Assess incidents of violence and aggression on patient to patient or patient to staff change categories in information – This change to categorisation will be taken forward as part of the planning for a new clinical risk system. 09.03.18 In line with DATIX build, to be carried out during 2018-19	SJP	Open		
82	23.01.18	Update mandatory training table and identify and implement training mechanisms – 13.11.17 to be picked up by KHJ. 13.03.18 KHJ & LB to meet with Hanna Mansell/Nicky Shipman to discuss setting up of mandatory training	KHJ	Open		
83	23.01.18	Board members would be interested to see an analysis of the relative costs of providing a higher intensity care intervention as opposed to inpatient care. Further work to be done as timescale has slipped	DB	Open		
84	23.01.18	Report back on Physio waiting times – Discussions with CCG ongoing, no decision made on future pathway, waiting time position unchanged. Report back when commissioning decision reached – 25.07.17 No decision has been made so will bring back to Board.	DB	Open		This action needs to be updated.
96	22.06.18	A lack of capital funding within WHC could lead to limited funds being available for future investment requirements, potentially causing inability to invest in necessary upgrade of infrastructure and equipment needed to provide patient care. - To be added to risk register	AC	Open		
97	22.06.18	SJP to write thank you letter to Patient who provided story for Board	SJP	Open		
98	22.06.18	Summary of Quality Account to be produced for the Quality Accounts	SJP	Open		
99	22.06.18	Quarterly updates against delivery milestones from Delivery Plan should be made to Board	DB	Open		
100	22.06.18	Assessment against the key lessons to learn from the report into Gosport War Memorial Hospital at a future board meeting	SJP	Open		

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**CHAIR'S REPORT**

**VERBAL ONLY**

**MANAGING DIRECTOR'S REPORT**

**VERBAL ONLY**

**HIGHLIGHT REPORT FOR QUALITY ASSURANCE COMMITTEE**

**VERBAL ONLY**

**HIGHLIGHT REPORT FOR INTEGRATION COMMITTEE**

**VERBAL ONLY**

**PATIENT STORY**

**Wiltshire Health and Care Board****For information****Subject: Annual EPRR Board Report****Date of Meeting: 02 November 2018****Author: Giles de Burgh****1. Purpose**

1.1 Annual Emergency Preparedness Resilience and Response Board Report. Inclusive of NHS England Core Standards return.

**2. Background**

2.1 The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet. NHS England conducts an annual assurance process in line with these core standards. There is a requirement as part of this process to submit an annual board report detailing the return to the Board.

**3. Recommendation**

3.1 The Board is invited to:

- (a) Acknowledge the progress made in 2018 on the WHC Resilience Agenda



## Impacts and Links

Impacts	
<b>Quality Impact</b>	NA
<b>Equality Impact</b>	NA
<b>Financial implications</b>	Salary Resilience Officer 0.5 WTE Head of Resilience 0.1 WTE
<b>Impact on operational delivery of services</b>	Intended to maintain core service delivery through periods of disruption.
<b>Regulatory/ legal implications</b>	<ul style="list-style-type: none"> <li>• Statutory duty under the Civil Contingencies Act 2004</li> <li>• Regulatory duty under NHSE Core Standards for Emergency Preparedness Resilience and Response</li> <li>• CQC Regulatory duty to prepare for incidents</li> </ul>
Links	
<b>Link to business plan/ 5 year programme of change</b>	NA
<b>Links to known risks</b>	NA
<b>Identification of new risks</b>	NA

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## Wiltshire Health and Care LLP Annual Report:

### Emergency Preparedness, Resilience and Response

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<b>Title:</b>	Wiltshire Health and Care Annual EPRR Board Report		
<b>Author:</b>	<a href="mailto:Gilesdeburgh1@nhs.net">Gilesdeburgh1@nhs.net</a>	<b>Ratified:</b>	
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# 1 Introduction

## 1.1 Legislation

The Civil Contingencies Act 2004 identifies Wiltshire Health and Care as Category 1 responder. The act identifies 6 statutory duties for Category 1 responders:

1. Risk assessment
2. Business continuity management
3. Emergency planning
4. Warning and Informing
5. Co-operation (with other responders)
6. Information sharing (with other responders)

## 1.2 Core Standards for EPRR

The NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) are the minimum standards which NHS organisations and providers of NHS funded care must meet. NHS England conducts an annual assurance process in line with these core standards. There is a requirement as part of this process to submit an annual board report detailing the return to the Board.

## 1.3 iRespond

iRespond: Modular Planning and Response System provides the framework and methodology for developing and delivering organisational resilience, inclusive of business continuity and incident response plans, training and exercising.

iRespond consist of 8 core components:

1. **iRespond Operational Checklist:** One or two sided operational incident specific checklists identifying key actions across multiple staff groups
2. **iRespond Governance Record:** Each operational checklist will have a linked governance record detailing provenance, exercise, review and amendment history
3. **iRespond Quick Reference Handbooks:** Service specific hard copy Quick Reference Handbooks will be tailored to specific service i.e. they will only have checklist relevant to that service
4. **iRespond Control Desk:** An open access spread sheet containing hyperlinks to all checklists, governance records, planned response, exercise and training plans
5. **iRespond Planned Response:** An integrated planning and communication framework used to develop operationally focussed plans when there is a planned change, or disruption, to service delivery.
6. **iRespond Training:** Modular training packages for key aspects of response
7. **iRespond Exercises:** Operationally focussed exercises designed to evaluate checklists and response structures
8. **iRespond Debrief:** Manageable debrief structure and process designed to capture sialinet points and translate these into actions for planning.

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## 2 NHSE Core Standards Return

The assurance process is based on a RAG rated self-assessment which is then reviewed during a Confirm and Challenge Meeting with Wiltshire CCG.

RAG descriptors appear in the summary table below.

RAG	Descriptor	Number
Green	Green = fully compliant with core standard.	52
Amber	Amber = Not compliant but evidence of progress and in the EPRR work plan for the next 12 months.	2
Red	Red = Not compliant with core standard and not in the EPRR work plan within the next 12 months.	0

There are a total of 54 core standards applicable to community services of which WHC meet 52.

This provides an overall compliance level of Substantially Compliant for Wiltshire Health and Care.

### 2.1 NHSE core standards improvement plan 2018/19

Core standard	RAG	Action	Deadline	Lead name
33: Staff loggist	Amber	Additional loggist training to be scheduled to increase number of trained loggists	January 2018	Sarah Orr
68: Staff training decontamination	Amber	Additional training for frontline reception staff to manage emergency decontamination process for self-presenting.	January 2018	Sarah Orr

### 2.2 Developing organisational resilience

In the interest of transparency it should be noted that the NHSE Core Standards for Emergency Preparedness Resilience and Response are heavily focused on having paper plans. By identifying a core standard as green we have successfully evidenced that we have met the standard with a relevant checklist.

However, it should be acknowledged that developing organisational resilience goes far beyond the production of a plan on paper. Developing resilience should be viewed as a continual and cyclical process rather than an end point.

It can be argued that this style of assurance, that assesses in simplistic terms of black and white, over simplifies the process and the challenges and effort required to implement the resilience agenda.

Despite being substantially green in this year's assurance process there remains significant work to do in developing resilience in staff and services. It is hoped that the remainder of this annual report evidence such work.

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### 3 iRespond Operational Checklists

iRespond Operational Checklist: One or two sided operational incident specific checklists identifying key actions across multiple staff groups.

Type	Total	No. published this year	No. amended this year
00: Business as Usual	22	5	12
01: Escalation	3	1	
02: Business Continuity	18	5	31
03: Incident	30	25	30
04: Major Incident	6	0	3

### 4 iRespond Planned Response

iRespond Planned Response: An integrated planning and communication framework used to develop operationally focussed plans when there is a planned change, or disruption, to service delivery.

Name	Date	Key benefits / learning
06:002 Medway Planned Downtime	27/10/17	<ul style="list-style-type: none"> <li>First use of iRespond Planned Response process</li> <li>Created and tested checklist for unplanned Medway downtime</li> </ul>
06:003 Chippenham Wards water shut off & chlorination	31/03/18	<ul style="list-style-type: none"> <li>Safe management of water switch off and chlorination</li> <li>Bridged Property Services and wards to ensure the work was completed with minimal risk to patients and staff</li> <li>Tested 02:008 water loss checklist and edited it to fit the lessons learned</li> </ul>
06:007 Alert Cascade	11/10/18	<ul style="list-style-type: none"> <li>Safe transition from Vodafone pagers to Alert Cascade as the primary method for alerting on call managers and directors.</li> </ul>

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## 5 iRespond Training Programme

iRespond Training: Modular training packages for key aspects of response

Name	Summary	Staff Groups targeted	Numbers trained
07:003 MIU CBRN Training	Overview of CBRN plans, identifying a contaminated patient and resulting actions	<ul style="list-style-type: none"> <li>MIU clinical staff</li> <li>MIU Reception Staff</li> </ul>	<ul style="list-style-type: none"> <li>25</li> </ul>
07:007 Incident Response the first 3 hours	Session focussing on structuring the first three hours of response and key roles in the Incident Response Team	<ul style="list-style-type: none"> <li>On Call Managers</li> <li>On Call Directors</li> </ul>	<ul style="list-style-type: none"> <li>11</li> </ul>
07:007 Business Continuity Response	Session looking at the different business continuity incidents that can occur and the issues they may generate (Proceeded 07:007 Incident Response The first 3 hours)	<ul style="list-style-type: none"> <li>On Call Managers</li> <li>On Call Directors</li> </ul>	<ul style="list-style-type: none"> <li>18</li> </ul>
OCM & OCD Training: MIU Closure and Staffing Issues Checklists	Reviewing changes to 00:008 and 02:013	<ul style="list-style-type: none"> <li>On Call Managers</li> <li>On Call Directors</li> </ul>	<ul style="list-style-type: none"> <li>10</li> </ul>

## 6 iRespond Exercise Programme

iRespond Exercises: Operationally focussed exercises designed to evaluate checklists and response structures

Name	Date	Key benefits / learning	No. delegates
Emergency Ward Relocation	20/07/18	<ul style="list-style-type: none"> <li>Review of ward relocation options following losing Cedar Ward due to a fire</li> <li>Considered options, logistics and impact leading to update of 02:015 Ward Relocation Options Checklist</li> </ul>	12
Emergency Ward Relocation	16/10/18	<ul style="list-style-type: none"> <li>First opportunity to rehearse checklists 03:000-03:005 Incident Response Structure and Roles</li> <li>Highlighted importance of getting response coordinated asap so WHC can influence partner resources through Health Gold Call</li> <li>Raised awareness regarding pitfalls of running a response by committee in terms of keeping meetings short and decisive i.e. where there is detailed work to be done to support the response this should be allocated to a lead and managed outside of the control room.</li> </ul>	10 (+ Gold call partners CCGs, NHSE, GWH, SWAST)

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## 7 Incidents and Debriefs

iRespond Debrief: Manageable debrief structure and process designed to capture salient points and translate these into actions for planning.

Incident	Summary	Key Benefits / Learning
01/03/18 Snow	Two separate periods widespread and significant snow.	<ul style="list-style-type: none"> <li>• Pre planning of 4x4 resources required to keep our community teams on the road</li> <li>• Confirming response structure and how this will be coordinated for future events</li> <li>• Developing relationship with Wessex 4x4 support.</li> <li>• Confirming that the wider multi agency Emergency Transport Cell was counterproductive to an effective response for WHC. In future we will be able to continue resourcing teams directly with Wessex 4x4.</li> </ul>
04/06/18 Missing Patient	A patient left the ward and there were concerns regarding his mental state. Police were called and found him 2 hours later	<ul style="list-style-type: none"> <li>• 03:030 Missing Patients Community Wards was updated to be more in line with the Community Teams version inclusive of risk assessment process (prior to this the checklist was more similar to the GWH checklist)</li> <li>• Running the debrief with the Detective Inspector in charge of missing people from Wiltshire police enabled WHC staff to understand how the police run their operation and what information is needed.</li> </ul>
15/06/18 Chippenham power network outage	Brief outage, generator not switching on this lead to our IT network closing down to external links.	<ul style="list-style-type: none"> <li>• Awareness of criticality of Medivo GP cover to WHC inpatient wards,</li> <li>• Identifying gaps in SLAs with external organisations regarding critical IT equipment</li> <li>• Working spares for Critical IT equipment being held on site</li> </ul>

## 8 Areas of focus 2018/19

- Exercises to test and improve incident response
- Work with community teams to develop service specific checklists
- Build relationships and improve integration with Property Services for business continuity
- Build on and improve existing checklists through consultation and debriefs



<b>Title:</b>	Wiltshire Health and Care Annual EPRR Board Report		
<b>Author:</b>	<a href="mailto:Gilesdeburgh1@nhs.net">Gilesdeburgh1@nhs.net</a>	<b>Ratified:</b>	
<b>Version:</b>	1	<b>Date:</b> 17/10/18	<b>Review:</b> NA

## Appendix A: NHS Core Standards Return

Ref	Standard	RAG	Evidence (serial numbers reference iRespond Checklist)
1	Appointed AEO	Fully compliant	Chief Operating Officer - Lisa Hodgson
2	EPRR Policy Statement	Fully compliant	00:000 iRespond EPRR Policy
3	EPRR board reports	Fully compliant	Annual EPRR Report presented at Board
4	EPRR work programme	Fully compliant	iRespond White Boards
5	EPRR Resource	Fully compliant	Head of Resilience - 0.5 days per week Resilience Officer - 2.5 days per week
6	Continuous improvement process	Fully compliant	00:000 iRespond EPRR Policy 03:009 Incident Debrief Process 180301 Debrief: Severe Weather Snow
7	Risk assessment	Fully compliant	Health community risk assessment undertaken as part of the LHRP (see LHRP ToR).
8	Risk Management	Fully compliant	
9	Collaborative planning	Fully compliant	See iRespond Governance Records for evidence that plans are developed in collaboration with key internal and external stakeholders.
11	Critical incident	Fully compliant	03:000 Incident Response Overview (incl. Major Incident) 03:001 Incident Director 03:003 Incident Communications (confidential hard copy in On call and CSM pack) 03:004 Incident Coordinator 03:005 Incident Loggist_Action Log Management 03:006 Incident Divisional / Service Lead 03:008 Incident Agenda 03:009 Incident Debrief

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Ref	Standard	RAG	Evidence (serial numbers reference iRespond Checklist)
12	Major incident	Fully compliant	03:000 Incident Response Overview (incl. Major Incident) 03:001 Incident Director 03:003 Incident Communications (confidential hard copy in On call and CSM pack) 03:004 Incident Coordinator 03:005 Incident Loggist_Action Log Management 03:006 Incident Divisional / Service Lead 03:007 Incident CCG GWH Lead 03:008 Incident Agenda 03:009 Incident Debrief 04:000 Major Incident Overview 04:001 Major Incident Cascade 04:002 Major Incident System - Single Points of Contact 04:003 Major Incident- ETC Overview 04:004 Major Incident ETC TRD Role 04:005 System Major Incident_System Overview
13	Heatwave	Fully compliant	03:028 Heatwave
14	Cold weather	Fully compliant	02:025 Snow Emergency Transport 02:025 Debrief Report: Severe Weather Heavy Snow
15	Pandemic influenza	Fully compliant	03:018 Pandemic Flu Plan Overview 03:019 Pandemic Flu: Chair of Pandemic Control Team 03:020 Pandemic Flu: MIU 03:021 Pandemic Flu: Community Wards 03:022 Pandemic Flu: Community Teams 03:023 Pandemic Flu: Specialist Services 03:024 Pandemic Flu: ACP Overview 03:025 Pandemic Flu: Possible ACP Locations WHC 03:026 Trowbridge Lockdown Plan
16	Infectious disease	Fully compliant	00:010 D&V on ward 00:011 Influenza on ward
17	Mass Countermeasures	Fully compliant	LHRP Communicable Disease Plan

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Ref	Standard	RAG	Evidence (serial numbers reference iRespond Checklist)
18	Mass Casualty - surge	Fully compliant	04:000 Major Incident Overview 04:001 Major Incident Cascade 04:002 Major Incident System - Single Points of Contact 04:003 Major Incident- ETC Overview 04:004 Major Incident ETC TRD Role 04:005 System Major Incident_System Overview
20	Shelter and evacuation	Fully compliant	02:001 Building workbase loss 02:015 Ward Relocation Options
21	Lockdown	Fully compliant	03:017 Lockdown 03:026 Trowbridge Lockdown Plan
22	Protected individuals	Fully compliant	03:017 Lockdown 03:026 Trowbridge Lockdown Plan
23	Excess death planning	Fully compliant	Head of Resilience contributor to LRF Mass Fatalities Plan
24	On call mechanism	Fully compliant	00:000 iRespond EPRR Policy 24/7 365 Two Tier on call system alerted through Alert Cascade Messaging System
25	Trained on call staff	Fully compliant	07:000 Training Exercise Schedule 10:007 On Call Training Record
26	EPRR Training	Fully compliant	07:000 Training Exercise Schedule
27	EPRR exercising and testing programme	Fully compliant	This section also includes Incidents and Planned Response that have enabled the live exercising of checklists 07:000 Training Incident Schedule 02:026 Missing Patient (Community Wards) Debrief Power Failure and Network Downtime Debrief Snow Debrief Medway Downtime Planned Response
28	Strategic and tactical responder training	Fully compliant	

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Ref	Standard	RAG	Evidence (serial numbers reference iRespond Checklist)
30	Incident Co-ordination Centre (ICC)	Fully compliant	<p>Inclusive of incidents when the Control Room and Response Struture was exercised during incidents</p> <p>03:000 Incident Response Overview (incl. Major Incident)</p> <p>180615 Debrief: Incident Power / Network Failure</p> <p>20180720 Ward Relocation Exercise</p>
31	Access to planning arrangements	Fully compliant	<p>iRespond Control Desk link on all deskstops (cannot be removed) providing read only access to all iRespond Checklists.</p> <p>iRespond Quick Reference Handbooks (hard copy) in services areas and maintained centrally.</p>

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Ref	Standard	RAG	Evidence (serial numbers reference iRespond Checklist)
32	Management of business continuity incidents	Fully compliant	02:000 Business Continuity Incident Response 02:001 Building workbase loss 02:002 Door failure Trowbridge Hospital 02:003 Electricity failure mains and generator 02:004 Equipment failure clinical 02:005 Loss of Gas supply or Gas Leak 02:006 Hot Water Loss 02:007 Major Water Leak 02:008 Major Water Loss 02:009 Phone Failure (landlines) 02:010 Mobile Phone Failure 02:012 Medvivo use of Wiltshire Health and Care premises 02:013 MIU Closure 02:014 Call bell System failure 02:015 Ward Relocation Options 02:016 Departments and Organisations on WHC Sites 02:017 Medway Unavailable 02:018 Loss of Heating 02:025 Severe Weather Emergency Transport 03:000 Incident Response Overview (incl. Major Incident) 03:001 Incident Director 03:003 Incident Communications (confidential hard copy in On call and HQ pack) 03:004 Incident Coordinator 03:005 Incident Loggist_Action Log Management 03:006 Incident Service Lead 03:007 Incident CCG WHC Lead 03:008 Incident Agenda 03:009 Incident Debrief
33	Loggist	Partially compliant	03:005 Incident Loggist_Action Log Management
34	Situation Reports	Fully compliant	03:006 Incident Divisional / Service Lead 05:001 Impact Assessment Template 05:003 Major Incident METHANE Template 05:005 Major Incident NHS England SITREP 05:002 Major Incident WHC Situation Report

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Ref	Standard	RAG	Evidence (serial numbers reference iRespond Checklist)
37	Communication with partners and stakeholders	Fully compliant	03:003 Incident Communications (confidential hard copy in On call packs)
38	Warning and informing	Fully compliant	03:003 Incident Communications (confidential hard copy in On call packs)
39	Media strategy	Fully compliant	03:003 Incident Communications (confidential hard copy in On call packs)
40	LHRP attendance	Fully compliant	
41	LRF / BRF attendance	Fully compliant	Represented by NHS E
42	Mutual aid arrangements	Fully compliant	Mutual Aid is a NHSE responsibility
46	Information sharing	Fully compliant	LHRP Information Sharing Protocol
47	BC policy statement	Fully compliant	00:000 iRespond EPRR Policy
48	BCMS scope and objectives	Fully compliant	iRespond
49	Business Impact Assessment	Fully compliant	
50	Data Protection and Security Toolkit	Fully compliant	
51	Business Continuity Plans	Fully compliant	02:000 Business Continuity Incident Response 02:001 Building workbase loss 02:002 Door failure Trowbridge Hospital 02:003 Electricity failure mains and generator 02:004 Equipment failure clinical 02:005 Loss of Gas supply or Gas Leak 02:006 Hot Water Loss 02:007 Major Water Leak 02:008 Major Water Loss 02:009 Phone Failure (landlines) 02:010 Mobile Phone Failure 02:012 Medvivo use of Wiltshire Health and Care premises 02:013 MIU Closure 02:014 Call bell System failure 02:015 Ward Relocation Options 02:016 Departments and Organisations on WHC Sites 02:017 Medway Unavailable 02:018 Loss of Heating 02:025 Severe Weather Emergency Transport

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Ref	Standard	RAG	Evidence (serial numbers reference iRespond Checklist)
52	BCMS monitoring and evaluation	Fully compliant	00:000 EPRR Policy 03:009 Incident Debrief 180318 Snow Debrief Report WHC 180615 Chippenham Hospital Power & Network Downtime Debrief 180604 Missing patient Mulberry Debrief 171027 Medway Downtime Planned Service Change
53	BC audit	Fully compliant	Annual EPRR Assurance Process and annual EPRR Board Report
54	BCMS continuous improvement process	Fully compliant	See Incident Debrief, Exercises Debrief and Planned Response
55	Assurance of commissioned providers / suppliers BCPs	Fully compliant	Part of standard NHS Contract requirements
56	Telephony advice for CBRN exposure	Fully compliant	03:012 CBRN Overview 03:029 Novichok Response
57	HAZMAT / CBRN planning arrangement	Fully compliant	03:012 CBRN Overview 03:013 CBRN Reception 03:014 CBRN Decontaminating Patients 03:015 CBRN Cleaning & Waste 03:027 Corrosive Assault Treatment 03:029 MIU Novichok Response
58	HAZMAT / CBRN risk assessments	Fully compliant	See risk assessment
60	Equipment and supplies	Fully compliant	03:013 CBRN Overview 03:014 CBRN Decontaminating Patients
66	Training programme	Fully compliant	All receptionists sent the checklists and NARU training video annually. Receptionist training sessions. MIU staff training sessions
68	Staff training - decontamination	Partially Compliant	All staff sent decontamination checklist and NARU video annually
69	FFP3 access	Fully compliant	As standard

## Wiltshire Health and Care Board

## For information

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

**Date of Meeting:** 02 November 2018

**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 to Board

- 2.1 The quality and performance dashboards are attached for the Board's information.

#### Quality

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

<b>ADVISE</b>	<ul style="list-style-type: none"> <li>Improved position with Complaints compliance but further improvement required to improve on the current position of 60%.</li> <li>WHC Learning and development Lead has been reviewing the Statutory and Mandatory training requirements against national standards and has made the required changes to ESR and training tracker. Training figures will be available through the dashboard in the next quarter</li> <li>Appraisal rates are lower than expected and this has been discussed at Performance and Planning with the expectation that teams and services reporting below the expected level will develop and deliver appraisal schedules over the next 2 months.</li> <li>WHC have served notice to WCCG on the delivery of FNC/ CHC assessments. WHC will serve a 12 month notice period</li> <li>Q2 CQUIN reports have been submitted and we are expected 100% payment for this quarter.</li> <li>Staff survey has gone live in October and is open for the next 8 weeks. The Exec team will be actively promoting the completion of the survey.</li> <li>Flu vaccination campaign has started and WHC, the campaign will</li> </ul>
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	<p>be supported by peer vaccination campaigns and additional bank staff to improve the uptake.</p> <ul style="list-style-type: none"> <li>Ailesbury ward transformation is on target to go live on the 5<sup>th</sup> November 2018. This involves splitting ward into two units – Chestnut (rehabilitation) and Ailesbury (medical). The recruitment campaign has been making good progress and we have recruited into all senior clinical roles; Senior Sister, Therapy Lead, ANP/ ACPs, and there has been some recruitment into other nursing roles. As the new substantive staff come into post, there will be a stepped approach to the re-opening of the beds. Bassett House beds are expected to remain open until the end of November 2018. As previously reported to the board, incidents of concern in relation to the care were raised by Oxford Brookes student – these have now been fully investigated and a report will be available within the next month. The majority of the challenges that have been raised will be taken forward as part of the cultural stream of the Ailesbury transformation project and the relevant individuals are being supported through personal development.</li> <li>As previously highlighted to the Board, the CQC gave WHC a ‘must do’ of putting in place a Patient and Public Involvement Strategy. Following a successful engagement event with stakeholders earlier in the year to consider an initial draft strategy, we have now produced a updated draft, which takes into account the feedback of our patients, the public, staff, carers, volunteers, third sector providers, and Wiltshire CCG. We are just about to communicate this draft with our stakeholders to seek their buy-in. This updated draft is included in the Board pack so that Board members can note the progress being made.</li> </ul>
<b>ALERT</b>	<ul style="list-style-type: none"> <li><b>Wheelchair services</b> and <b>MIU's</b> have been identified as two key areas presenting challenges, with quality metrics not achieving the expected targets. Both areas will be extensively reviewed by new senior managers who are expected to commence employment in the next month. The reports will be available in December 2018. Further detail is provided in the Quality Alerts - <a href="#">Appendix 1</a> and <a href="#">Appendix 2</a>.</li> </ul>
<b>ACTION</b>	<ul style="list-style-type: none"> <li>Board to agree that the Managing Director can sign off the attached Annual statement of commitment to Health Safety, Fire and Security for 18/19.</li> </ul>

## Performance

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

<b>ADVISE</b>	<ul style="list-style-type: none"> <li>An agreement has been reached with Medvivo for WHC to take responsibility for pathway 2, production of the situation report and</li> </ul>
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	<p>allocation of community capacity. It has also been agreed that further changes to referral processes and the in reach function will be undertaken in 2019.</p> <ul style="list-style-type: none"> <li>• The new Head of Operation for community teams commenced in post on 3 October 2018. Two interims will join WHC in the next month to provide further resilience to the operational teams.</li> <li>• CTPLD services are experiencing performance challenges/ there is lack of psychology support for this service. A full report on these challenges will be produced by the interim deputy COO. This being framed by the Nora Fry report relevant to the system and the CCG's comments.</li> </ul>
<b>ALERT</b>	
<b>ACTION</b>	

## Finance

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

<b>ADVISE</b>	<p>1. Reliance on a finite financial systems resource from our Partner, due to lack of in-house expertise, has delayed the development of richer financial reporting, particularly to budget holders, and is putting pressure on the RUH financial systems team, as well as both the RUH and WHC finance teams. Additionally, as WHC is accessing and consuming the Unit4 license on the RUH instance of system - not their own separate installation, it is causing some access issues for the WHC finance team.</p> <p>The main mitigation for the lack of system based financial reporting is that the finance team is sending out 'Excel summary budget reports' to the budget managers from M6. However, this additional manual intervention is putting additional pressure on a small, already stretched team and is not providing the budget managers with the richness of data that was previously provided in Business Intelligence.</p> <p>The Head of Finance is meeting with the RUH finance team during the two first weeks of November to agree a date by which financial reporting will be in place. Should there be further unavoidable delays; WHC may need to consider other options in advance of the new financial year.</p> <p>2. Estates funding is still to be finalised, WHC is waiting for a response to a letter sent to the WCCG CFO on 14<sup>th</sup> September, which outlined the position. No risk adjustment is included in the YTD financial position.</p>
<b>ALERT</b>	No alerts relating to finance to be reported to the board

<b>ACTION</b>	There are no issues relating to finance on which Board action is required.
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### 3. Recommendation

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

## Appendix 1

Quality Alert: MIUs	
<b>Purpose of alerting the Board</b>	<p>There has been a number of factors (listed below) that have culminated which if not addressed will negatively impact on the safe and effective delivery of care;</p> <p><b>Culture</b></p> <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Limited staff support structure; meetings, clinical supervision etc.</li> <li>• Ways of working and the adoption of a one unit mentality</li> <li>• Daily operational management and the support of junior staff</li> </ul> <p><b>Performance</b></p> <ul style="list-style-type: none"> <li>• Number and reasons for Transfer to the Acute providers</li> <li>• Reason why peak in activity has dropped</li> <li>• Wound management activity- to establish what is happening</li> <li>• Unplanned re-attendances</li> </ul> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• Increase in serious incidents</li> <li>• Increase in complaints; themes and trends</li> <li>• Adoption of safeguarding practices</li> <li>• Approach to medicines governance</li> <li>• Delivery and sustainability of actions following CQC inspection (June 2017)</li> </ul> <p><b>HR</b></p> <ul style="list-style-type: none"> <li>• Staffing skill mix</li> <li>• Stat and Mandatory training compliance</li> <li>• Recruitment and Retention</li> <li>• Staff development</li> <li>• Effectiveness of career pathways</li> <li>• The effective utilisation of Emergency Practitioners with different clinical backgrounds</li> </ul>
<b>Description of issue</b>	MIU's have historically difficult to recruit to and therefore there has been a consistent reliance on temporary staff. This has also been impacted by limited clinical leadership in Chippenham and currently there is limited senior leadership. Coupled with challenging commissioning arrangements and the public use of MIU's has made working practices challenging
<b>How has issue arisen (and for</b>	The culmination of challenges has increased the risk over the last 2 months

how long)?	
<b>What is root cause of the problem?</b>	Multifactorial, further analysis will provide a richer understanding of the contributory factors.
<b>Does the issue suggest a need for improved systems of control?</b>	Yes, the current position does not provide the level of assurance that all available systems and processes are providing a sustainable safe and effective delivery model.
<b>Assurance/ Oversight</b>	
<b>Views/findings from Committee oversight</b>	The findings have been noted through the quality dashboard, including complaints and serious incidents. The various Clinical Governance sub-groups have recognised challenges.
<b>Independent /external assurance</b>	National benchmarking, CQC and STEIS reporting to CCG
<b>Impacts and implications</b>	
<b>Quality</b>	The current quality metrics are indicating a number of challenges that require further scrutiny to understand the risk to the delivery of safe and effective care.
<b>Equality</b>	Both MIUs will be reviewed as MIUs are seen as one service delivered in two sites.
<b>Financial</b>	There has been additional temporary investment agreed to support the recruitment of an interim Deputy COO to undertake the review.
<b>Operational delivery</b>	As described above the increased use of temporary staff and the inability to undertake regular meetings and supervision is impacting on daily operational delivery
<b>Regulatory/ legal/ contractual</b>	Health and Social Care Act 2008 Regulation 12 Safe care and treatment
<b>Links</b>	
<b>Link to business plan/ 5 year programme of change</b>	Strengthening Quality Assurance Design the workforce for the future Implement Values and behaviours Best Practice: Normal Practice
<b>Links to known risks</b>	2181 1979
<b>Identification of new risks</b>	None
<b>Plan</b>	
<b>What actions</b>	Carrying out an internal review.

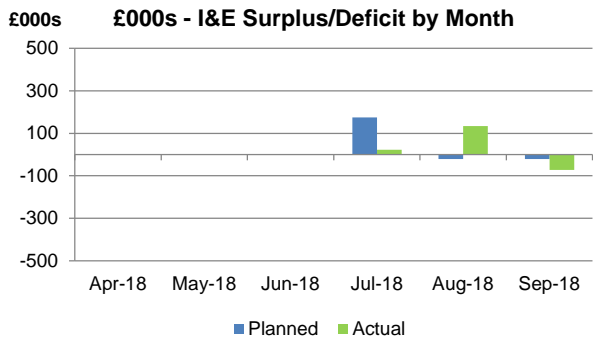
<b>are being taken?</b>	
<b>How and when will issue be resolved?</b>	<p>The review is expected to be finalised during December 2018 and the action plan developed. This will be implemented straight away and monitored through Performance and Planning, with non-executive scrutiny being provided by the Quality Assurance Committee.</p> <p>A new clinical lead has been appointed to support Chippenham and this is already have a noticeable positive affect.</p>
<b>When will Board be updated?</b>	January 2019

## Appendix 2

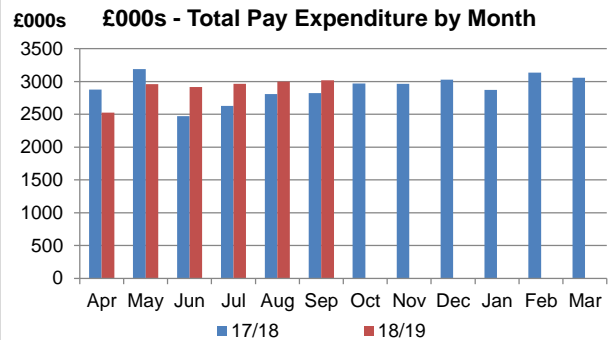
Quality Alert: Wheelchair services	
<b>Purpose of alerting the Board</b>	<p>There has been a number of factors (listed below) that have culminated which if not addressed will negatively impact on the safe and effective delivery of care;</p> <ul style="list-style-type: none"> <li>• Compliance with appropriate H&amp;S standards</li> <li>• Compliance with required IPC policies and procedure's</li> <li>• Staff Induction and supervision</li> <li>• Conditions of the physical estate</li> <li>• Availability of equipment</li> </ul>
<b>Description of issue</b>	<p>The delivery of wheelchair services has been a recognised performance challenge, alongside adequate IT systems to support the daily operational delivery.</p> <p>Recently H&amp;S issues and IPC issues were raised through the Freedom to Speak up Guardian, these concerns have been reviewed by WHC subject specialist and remedial action has been put in place, including the stoppage of welding activity.</p> <p>An interim review has been undertaken by an independent rehabilitation engineer who has made further suggestions which are being implemented and a further more extensive review has been commissioned and will start in December 2018.</p>
<b>How has issue arisen (and for how long)?</b>	The culmination of challenges has increased the risk over the last 2 months
<b>What is root cause of the problem?</b>	Multifactorial, further analysis will provide a richer understanding of the contributory factors.
<b>Does the issue suggest a need for improved systems of control?</b>	Yes, the current position does not provide the level of assurance that all available systems and processes are providing a sustainable safe and effective delivery model.
Assurance/ Oversight	
<b>Views/findings from Committee oversight</b>	The findings have been noted through the Freedom to Speak up Guardian route, IPC and H&S risk assessments. These are being monitored through a number of Clinical Governance sub-groups and Performance and Planning
<b>Independent /external assurance</b>	National benchmarking, CQC and STEIS reporting to CCG
Impacts and implications	
<b>Quality</b>	The current quality metrics are indicating a number of challenges that require further

	scrutiny to understand the risk to the delivery of safe and effective care.
<b>Equality</b>	Wheelchair services provide a County-wide service
<b>Financial</b>	Further investment has been given to recruit a Head of Ops to support the review and development of Wheelchair services, this person will be in post from December 2018.
<b>Operational delivery</b>	Changes have been implemented to support safe and effective working practices to support daily operational delivery.
<b>Regulatory/ legal/ contractual</b>	Health and Social Care Act 2008 Regulation 12 Safe care and treatment
<b>Links</b>	
<b>Link to business plan/ 5 year programme of change</b>	Strengthening Quality Assurance Design the workforce for the future Implement Values and behaviours Best Practice: Normal Practice
<b>Links to known risks</b>	1908 2022 2140
<b>Identification of new risks</b>	None
<b>Plan</b>	
<b>What actions are being taken?</b>	Risk assessment with actions are being implemented and monitored through WHC Governance structure Carrying out an internal review at senior level.
<b>How and when will issue be resolved?</b>	The review is expected to be completed by December 2018 and a further action plan developed. This will be implemented straight away and monitored through Performance and Planning. Remedial steps have been taken and specialists are monitoring the services to ensure continuation of safe and effective delivery of care.
<b>When will Board be updated?</b>	January 2019

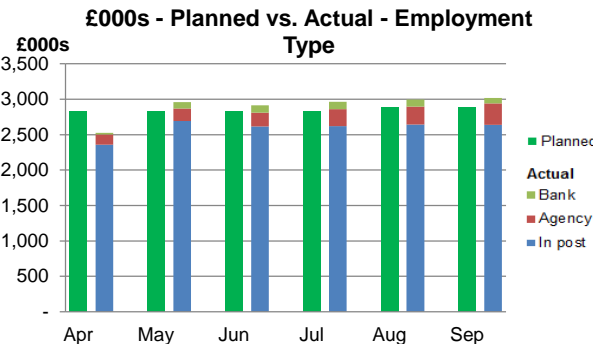
## Income &amp; Expenditure



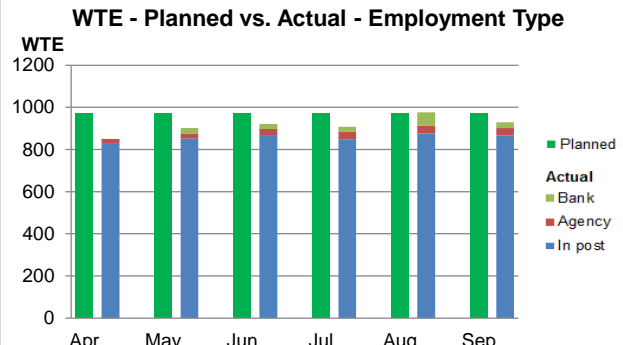
## Pay Expenditure - £ - Total



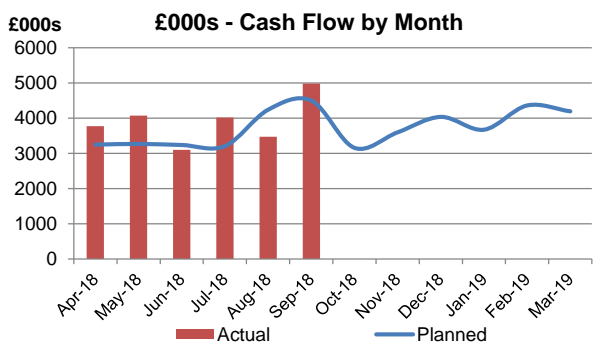
## Pay Expenditure - £ - Employment Type



## Pay - WTE



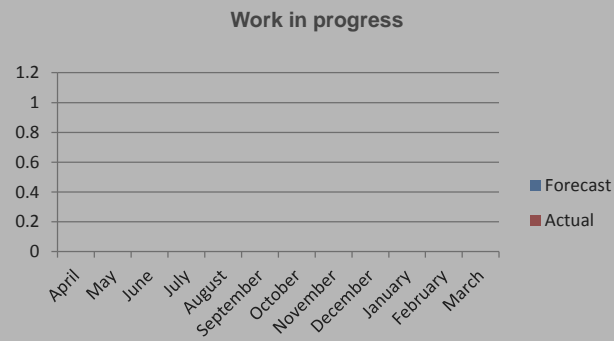
## Cash



## Best Practice Payment Code (BPPC)

BPPC % of bills paid in target	Current Month	Previous Month	Movement
By number	62%	59%	3%
By value	87%	59%	28%
Average number of days to pay an invoice			
Days	46	45	1

## Forecast



## Cost Improvement Plan (CIP)

	YTD (Cumulative)			Annual Plan £000s	Annual Forecast £000s
	Plan £000s	Actual £000s	Variance £000s		
<b>WH&amp;C 2018/19 Savings</b>					
Income	10	23	14	20	
Pay	495	219	(275)	990	
Non-Pay	149	235	86	298	
<b>Total income</b>	<b>654</b>	<b>477</b>	<b>(176)</b>	<b>1,307</b>	<b>1,307</b>

## NHSI Reporting

Metric	Definition	YTD	
		Plan Number	Actual Number
Capital service cover rating	Degree to which income covers financial obligations		
Liquidity rating	Days of operating costs held in cash		
I&E margin rating	I&E surplus/deficit / total revenue		
I&E margin: distance from financial plan	YTD actual I&E surplus/deficit compared to YTD plan		
Agency rating	Distance from cap		
Risk rating after overrides			

## Commentary

**Overall:** The LLP reports an adverse (£50k) variance against plan in September and a (£47k) adverse year to date variance against a plan of £131k surplus. The LLP continues to forecast a breakeven year end position. The main trends continue, with community and specialist services reporting favourable financial positions, which is offset by the deficit reported for the wards and MIUs, due to temporary staffing spend exceeding vacancy levels.

**Positives:** The overall financial and cash position continues to be strong. The LLP received confirmation of its eligibility to receive the central pay award funding in the month (final value yet to be confirmed). The data quality issues within the general ledger have improved in the month.

**Concerns:** High levels of temporary staffing spend continue, particularly for close support. Additional saving plans are required as unidentified saving targets remain. Estates funding is still to be finalised, funding adjustments are assumed in the YTD financial position.



## Patient & Public Involvement Plan 2018-2021:

How we will involve patients, their families, carers, volunteers staff and the wider community in the delivery of our services

# DRAFT



This plan sets out how we will actively involve our patients and their families, carers, staff, volunteers and the wider community in the delivery of our services and in the way we run our organisation. It also explains why we want to do this and why it is so important.



## Who is this plan for?

The plan is for everyone who has an interest in Wiltshire Health and Care services. There is a focus on our patients and their families, carers, volunteers, staff and the local community. The diagram below shows the many people and organisations WHC interacts with and that the public and patient voice is central to all of these relationships.



## Definitions

**GWH** – Great Western Hospitals NHS Foundation Trust (Great Western Hospital in Swindon)

**RUH** – Royal United Hospitals NHS Foundations Trust (Royal United Hospital in Bath)

**SFT** – Salisbury NHS Foundation Trust (Salisbury Hospital)

**AWP** – Avon and Wiltshire Mental Health Partnership NHS Trust, the local mental health service provider.

**Bath, Swindon & Wiltshire STP** – The local Sustainability and Transformation Partnership made up of 13 health providers and commissioners with the aim to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health.

## Why this plan is important

**We know that we can improve the services we deliver and how we function as an organisation by listening to other people and learning from their knowledge and experience.**

We want the voice of our patients, carers and public to be continuously heard across all areas of our operation; from the recruitment and training of staff, to being the motivating force of service design and evaluating the care we provide. All of our employees are responsible for patient and public involvement, whatever their job role.

Effective patient and public involvement will help us to improve all aspects of health care including patient safety; patient experience and health outcomes.



## Wiltshire Health and Care's commitment to patients, carers and the community

**Wiltshire Health and Care's Values and Behaviours reflect the importance of patient and public involvement. They include our commitment to building and strengthening partnerships and delivering quality care that is centred round our patients.**



We want to promote a culture of involvement; listening and learning, making improvements where possible and feeding back to all those who have engaged with us.



## Wiltshire Health and Care's Values and Behaviours



The emphasis of the plan is on openness and transparency, working in partnership and talking with individuals.

We have focused on three key areas:

- Delivering safe and effective patient care
- Wiltshire Health and Care service and developments
- The wider health and care system

### Delivering Safe and effective Patient care

Build strong relationships, building trust and empowering patients and their families and carers to make the right decisions about their care at every stage; whether they are in their home, the community or hospital.

**This means we will:**

- ✓ Always discuss the options for treatment with patients and/or carers and help them to understand their condition
- ✓ Understand patients concerns and aspirations; provide support so that they are happy about the decisions they have made and can plan for the future including our partner organisations as necessary
- ✓ Make it simple for our patients their families and carers to give feedback, with our complaints, concerns and comments process accessible by all



- ✓ Tell everyone how their feedback is influencing decision making and leading to improvements using a variety of methods
- ✓ Encourage people to live healthy independent lives, embracing new technology to support this

## Wiltshire Health and Care services and development

Involve patients, carers, volunteers, staff, the public and wider community in all aspects of the design and delivery of our services.

### This means we will:

- ✓ Actively encourage patients and the public to have a voice and get involved in all areas of our service development including strategic priorities, staff recruitment, training and budget setting
- ✓ Develop an approach to actively encourage all those with an interest in our services (including hard to reach groups and people protected under the Equality Act 2010) to help us monitor and drive improvements in the quality, safety and efficiency of our services
- ✓ Set a framework for reporting into the Wiltshire Health and Care Board



## The health and care system

Make Wiltshire Health and Care an influential partner in developing joined up community health and social care in Wiltshire.

### This will enable us to:

- ✓ Raise the profile of Wiltshire Health and Care's services across Wiltshire
- ✓ Build relationships with local authorities, Bath Swindon & Wiltshire Sustainability and Transformation Partnership, commissioners, voluntary and community sector organisations
- ✓ Help develop joint health and care initiatives with Wiltshire Council, mental health, voluntary and community sector organisations to deliver new, people centred community health and care services



## How you can get involved

If you are interested in getting involved and would like more information, please contact:



**Central Office:** 01249 456565

**Email:** ask.wiltshirehealthandcare@nhs.net

**Postal address:** Wiltshire Health and Care  
Chippenham Community Hospital  
Rowden Hill, Chippenham Wiltshire SN15 2AJ

You can follow Wiltshire Health and Care on social media:



@WiltsHC\_NHS



Wiltshire Health and Care

**Thank you to everyone who has contributed to this plan including our patients; volunteers, staff, Wiltshire Health and Care Board, The League of Friends of Chippenham Hospital, Barnardos, Age UK, Wiltshire Clinical Commissioning Group, Healthwatch Wiltshire, Wiltshire Service Users Network and Exalon Care.**

## Appendix 1: Patient & Public Involvement Plan 2018-2021- Action Plan

This action plan will align to Wiltshire Health and Care's:

- ✓ Values and Behaviours
- ✓ Duty of Candour
- ✓ Equality and Diversity Policy
- ✓ Staff Health and Well Being Charter

### How we will measure our success:

- ✓ A reduction in complaints and concerns
- ✓ Improvement in our Friends and Family Test
- ✓ An increase in active participation across our services. This will be measured regularly by staff through a Patient Activation Survey, which will capture patient and public involvement in their particular area
- ✓ Increased number of volunteers
- ✓ Increased relationships with news stakeholders
- ✓ Patient and public involvement in all stages of new service delivery; by helping inform the initial service model proposals, attending project meetings and helping with public consultations

Key Areas	Actions	By When
<b>Delivering safe and effective care</b>	<ul style="list-style-type: none"> <li>• Additional internal resource employed to support learning from patient and public experience</li> <li>• Enhance the use of DATIX clinical incident reporting system to collate and utilise patient and public feedback</li> <li>• Actively encourage patients and the public to feedback their experience of using WHC services by holding regular learning events</li> <li>• Improve the use of our electronic clinical record to ensure valuable information is captured in one place</li> <li>• Expand the use of volunteers on in-patient ward areas</li> <li>• Patient and public stories/ presentation at quarterly board meetings</li> <li>• Promote board meetings externally</li> <li>• Active participation of patients and public in recruiting staff, WHC inductions and service specific workshops</li> <li>• Develop our staff to recognise the importance and value of patient and public engagement</li> </ul>	<p>Q1-Q2- March-Aug 2018</p> <p>End of Q4-March 2019</p>
<b>WHC services and developments</b>  Promote the utilisation of patients and public in addition to staff groups during service development	<ul style="list-style-type: none"> <li>• Maintain a database of people who wish to actively participate in service development discussions</li> <li>• Actively seek patient and public involvement in all service developments</li> <li>• Patient and public involvement in WHC's Clinical Reference Group</li> <li>• Build the WHC website to support greater public and patient participation, creating an ongoing list of involvement opportunities and creating an opportunity to regularly feedback to patients and public</li> <li>• Regularly utilise all social media platforms to encourage feedback from patients about service developments</li> </ul>	Q3-December 2018
<b>The wider health and care system</b>	<ul style="list-style-type: none"> <li>• Work with our partners to ensure all user groups and community members are utilised to support the development of better community services and reduce duplication</li> <li>• Build more joint learning and development opportunities</li> <li>• WHC to be a lead partner in the health and social integration delivery group</li> </ul>	Q3-Q4- October- March 2019



**WHC Board**  
**Health & Safety**  
**Statement of Commitment**

We are committed to identifying and managing health & safety risks, meeting legislative requirements and achieving best practice standards.

We recognise the legal requirements under the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999 to ensure the health & safety of staff delivering services on behalf of Wiltshire Health & Care (WHC) and anyone else whose health, safety and welfare could be affected by the work and activities of WHC.

WHC will do all that it can to ensure staff delivering services on behalf of WHC, and others, are not exposed to unacceptable risk.

We recognise that a healthy workforce, working within a safe working environment, has a positive impact on our abilities to deliver services and achieve excellence in our work.

To achieve this objective we will ensure a safety management system is maintained that supports individuals and managers to actively manage foreseeable or identified health & safety risks.

Expectations and standards for Health & Safety will be clearly defined and local arrangements will be documented.

WHC will ensure the leadership and resources are in place so that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, safe working environment and safe working practice.

Implementation of the Health & Safety Policy is an individual and management responsibility and accountability will be clear at every level.

Health & Safety Management will be part of our everyday approach to our work and its effectiveness will be measured and monitored as a core business activity.

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I and other members of the Wiltshire Health & Care Board are committed to ensuring the implementation and maintenance of the highest standards of health, safety and welfare across the Wiltshire Health & Care Partnership. We expect every member of staff working on behalf of Wiltshire Health & Care to share this commitment and to work together to achieve it.

Managing Director

Date

## Wiltshire Health and Care Report

<b>Report/Indicator Title:</b>	41 - National Reports – Liverpool Community Health Report
<b>Quality Schedule Domain:</b>	5: Treating and caring for people in a safe environment and protecting them from avoidable harm
<b>Date of Report:</b>	10/08/2018
<b>Report written by (Name and title):</b>	Sarah-Jane Peffers, Head of Quality Caroline Wylie, Deputy Head of Quality

Ensure that all relevant recommendations from national reports published previously and within the contract year are acknowledged and acted upon. For example Francis reports, Berwick, Winterbourne View

The section below identifies current performance and gives details against each threshold.

### Method of measurement:

The Provider will review all National Guidance or Reports and deliver self-assessments and action plans against these reports / guidance which will be monitored via the Contract Review Meetings. The provider and commissioner will agree in advance which reports / published guidance will be reviewed and reported.

### Frequency:

Adhoc

### Purpose

To highlight the recommendations from the independent review and advise on the learning for Wiltshire Health and Care (WHC).

### Background

WHC executive committee has reviewed the following report; ***Liverpool Community Health Independent Review, January 2018***. The report is a review of widespread failings surrounding community health services based in Liverpool. The review was carried out by Dr. Bill Kirkup CBE and published in January 2018. The findings of an inspection carried out by the Care Quality Commission (CQC) in late November and early December 2013 identified a range of serious issues that required an immediate response. The inspection was undertaken following a number of whistleblowing concerns raised directly to CQC. Whistleblowing concerns had also been raised to the local MP; Rosie Cooper, and in February 2014 she raised questions about the management of the Trust with the Prime Minister and the Secretary for Health.

Following the publication of the CQC report, NHS Improvement oversaw a number of changes to executive directors, culminating in the appointment of an interim executive management team. The Trust board sought to address issues raised in the report by commissioning a quality, safety and management assurance review, carried out by Capsticks Solicitors LLP. Their report was published on the 22<sup>nd</sup> March 2016.

The publication raised a number of significant concerns which led NHS Improvement to establish an independent review of the Trust.

The publication has been reviewed and discussed by WHC Executive team and the following table outlines WHC response to the findings. To note; Wiltshire Health and Care was inspected by the Care Quality Commission in June 2017 and received an overall rating of Good.

## Discussion

Review Findings (summarised)	Could say	Couldn't say	Comments
Liverpool Community Health NHS Trust (LCH) was a dysfunctional organisation from the outset. The trust acted inappropriately in pursuit of Foundation Trust status infeasible financial targets that damaged patient services.		√	WHC is a Limited Liability Partnership and therefore not in pursuit of FT status. WHC business objectives focus on the improvement of patient services and has not set unrealistic financial targets
The Trust was created as a new organisation in 2010 with a new inexperienced management team. The Chair and non-Executive Directors were also relatively inexperienced and offered insufficient challenge to the management team	√		WHC was set up in 2016 after a competitive tendering process run by WCCG. WHC is a Limited Liability Partnership which is formed by the partnership with the 3 Foundation Trust who also deliver care to the people of Wiltshire. WHC has a very experienced Chair, 3 of the non-executives are executives from the partner organisations and the other non-executives bring a wealth of experience from primary care and third sector organisations. The CQC recognise the immaturity of the board and rated WHC as requirement improvement in the well-led domain. With the recent appointment of a company secretary and a review of the governance structure, improvements have been recognised
The Trusts Principal objective was to become a FT, This objective dominated the time and attention		√	This does not relate to Wiltshire Health and Care
It was asked by its commissioners to achieve a very significant cost saving and appeared to offer little or no challenge to the feasibility of achieving this.		√	This does not apply to WHC. WHC has a healthy relationship with its commissioners and has recently agreed its contractual value, an increase of 2.7% growth above nationally prescribed value (net prescribed growth 0.1%). The growth amount does not include new investments. WHC CIP savings are less than 3%
The Trust undertook to generate a significant cash surplus over the same period		√	This does not apply to WHC.
In order to address the external and self-imposed cost pressures, the management team embarked on a series of drastic cost-improvement measures.... The trust undertook to achieve 15% in a year		√	This does not apply to WHC.
Proposed cost improvements mainly involved reducing staffing numbers		√	This does not apply to WHC.
QIAs were grossly deficient in the Trust and failed to identify the obvious adverse consequences of most of the proposals that were implemented. On the occasions that QIAs were undertaken, they were not actively managed nor robustly reviewed	√		This is an area of improvement for WHC. Processes have been adopted and the new governance structure will ensure improvements in the robustness of the internal scrutiny and monitoring.

The Trust should have had clear and effective systems in place to manage risk, including the clinical risk arising from over-ambitious and ill-considered cost improvement measures, as well as clinical governance systems to monitor the quality of clinical services.	√		This is an area of improvement. WHC has invested in DATIX which will enhance the management of risk. This is expected to be in place by April 2019. The system will be supported by the revision of WHC's risk management policy.
This placed significant responsibility for clinical quality on the Nurse Director, but she was, for at least part of the period, the Trust's Chief Operating Officer	√		WHC appointed a CCO in August 2017. Further review of Executive Management team with the improved governance structure will ensure there is the right skills, competence and ability to support effective decision making
The adverse consequences were significant. First, many staff soon became demoralised. They had not felt involved in planning for the impact of staff reductions, and when they reported difficulty in maintaining safe and effective services, they did not feel listened to; certainly there was no evident change in the approach taken. Sickness absence rose, worsening staffing levels further		√	The most recent staff survey recognises WHC as listening organisation. Exec level forums give opportunities for people to raise their concerns and WHC has Freedom to Speak Up Guardians to further support people. Short term sickness is low and all Long-Term sickness is actively managed to support people back to work.
Heard repeated accounts that reporting was discouraged, investigation was poor, incidents were regularly downgraded in importance and action planning for improvement was absent or invisible	√	√	WHC actively encourages people to raise incidents. During the transformation programme (April 2018), WHC now manages all reporting and investigation of incidents. This has meant the investment in DATIX and the investment in Serious incident/ RCA training. This will be rolled-out over the coming months with expected improvement in reporting. Again the new governance structure will mean greater scrutiny and management of actions.
It is clear that the reaction of the Trust Board (to the two points above) to this gathering crisis in services was based on denial		√	The board are sighted on the challenges through regular review of the performance, Quality and financial dashboards. It is also aware of the changes that are in place. The 5 year plan and refresh has been reviewed and signed off by the board.
The initial impact fell predominantly on middle managers, positioned between the Trust's board insistence on pushing through the cost reductions regardless and the staff difficulty in maintaining safe and effective care and their consequent unhappiness. Unfortunately, faced with this undoubtedly challenging position, it is clear that their response was inadequate and inappropriate and, in too many cases, included extreme action against junior staff, amounting to bullying		√	The staff report does not show a culture of bullying in the organisation. A new leadership programme for middle managers is expected to be rolled out in Autumn 2018. The appointment of two 8b Head of Operations roles will also support middle managers in their decision making.
When some staff attempted to raise concerns, or in some cases grievances as a result of being bullied, the response was seriously deficient. We heard repeated accounts that staff would be suspended without being told why, or		√	WHC has a grievance policy and supports staff to use this route if it is required. The Freedom to Speak up approach also enables staff to raise concerns. If staff have to be suspended and this only happens following a

what the next steps would be.			discussion with the Head of Quality the reason for suspension is always given. At times there has been a delay in concluding cases when people have been suspended and this is mainly a result of resource available. All staff that are suspended are supported by their line manager alongside a nominated health and wellbeing lead.
The Trust adopted an approach of expanding its provision. It took on responsibility for an additional geographical area while struggling to manage an entirely different type of service- prison healthcare in HMP Liverpool.		√	WHC has expanded some of its existing services; MSK and Home First. However, it is very clear that its current expansion activity is for Wiltshire. During the time of the contract being awarded, WHC has ceased providing children's continence services because it did not have the appropriate governance structure in place to support safe and effective care delivery. This was recognised by WHC who entered into active dialogue with WCCG to support safe transition to another provider.
The management of prison health services; the trust should have recognised that it had neither the experience nor the capability to manage this service area		√	As above; WHC has not expanded services outside its area of capability and competence.
It is clear in light of these failings that the trust was seriously dysfunctional. There was a lack of leadership at senior and middle levels. The trust board lacked the capability to see beyond its goal of becoming an FT and failed to recognise the significant harm that its programme of cost reduction was inflicting		√	WHC recognises the limitations of its current Exec structure and g=have appointed new senior posts as well as additional middle management posts and has plans to build further resilience in this structure. The MD with the scrutiny of the remuneration committee is reviewing a number of Exec posts. The experience of WC's non Exec's supports the delivery of WHC's business plan.

#### Matters to be brought to the Commissioners attention

None

#### Actions to be taken forward:

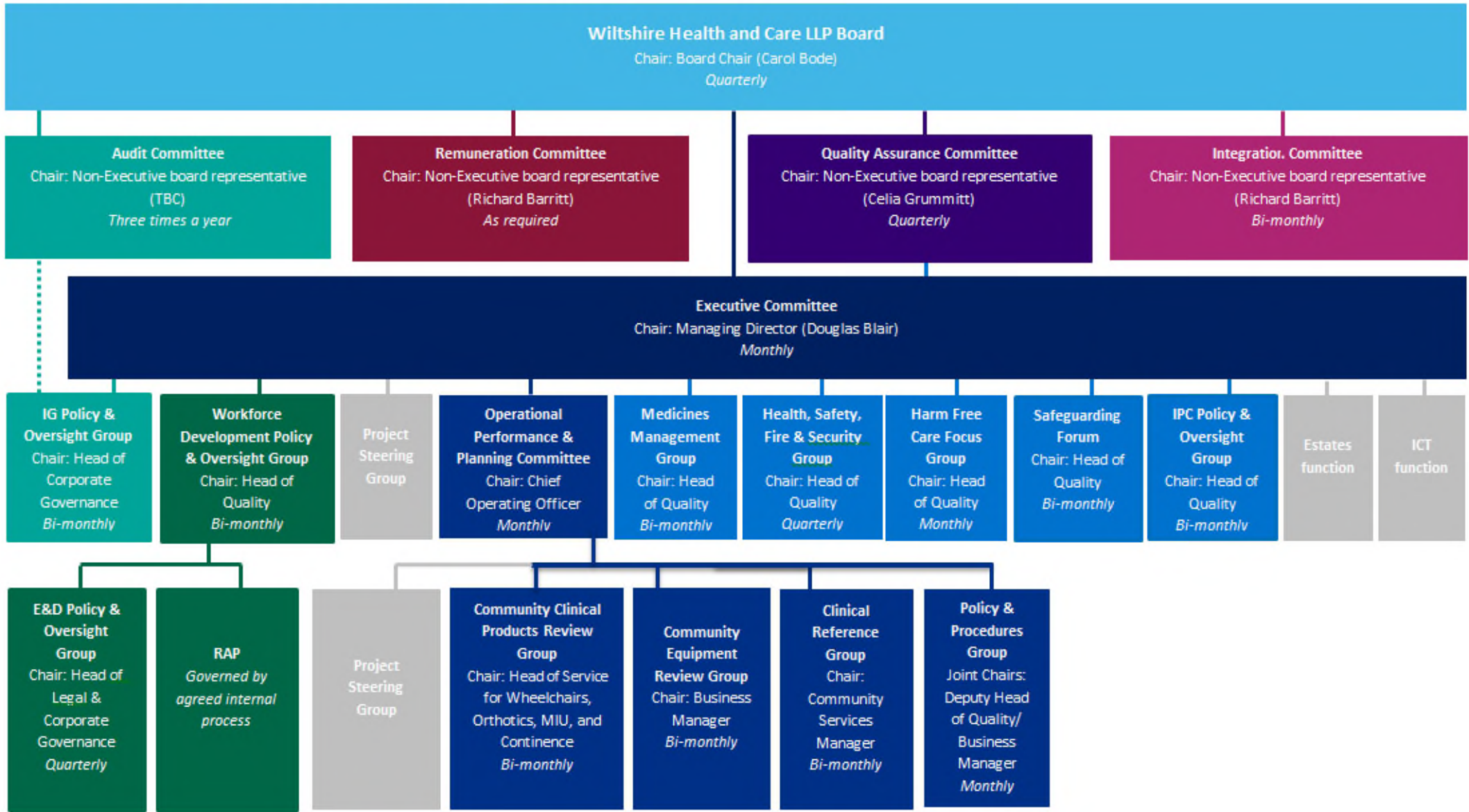
WHC will continue to build its governance capability, and the key actions to be implemented during 2018/19.

- Improved Clinical risk reporting through the implementation of DATIX IQ, this will allow timelier reporting and data collation and therefore more effective data analysis.
- Investment and delivery of RCA training to 40 clinical leaders
- Delivery of leadership training to all line managers
- Further investment in leadership roles
- Improved resilience in the Executive team with the Clinical Director post expected to be recruited to in the coming months



WHC New Governance Structure:

WILTSHIRE HEALTH AND CARE LLP – GOVERNANCE STRUCTURE



**Wiltshire Health and Care Board****For information****Subject: Gosport Inquiry – Impact for Wiltshire Health and Care****Date of Meeting: 02 November 2018****Author: Sarah Jane Peffers****1. Purpose**

To update the Board on additional assurance activity that has been put in place following the independent investigation into the Gosport Memorial Hospital.

**2. Background**

An independent investigation into the Gosport Memorial Hospital, covering a period from 1987 to 2001 was published in June 2018. Out of a possible 2024 patients, the Panel found evidence of opioid use without appropriate indication in 456 patients. Taking into account missing records, there may have been a further 200 patients. The report can be accessed at

<https://www.gosportpanel.independent.gov.uk/>

The panel concluded (in short), during the period between 1989 and 2000 at Gosport War Memorial Hospital (which appears to cover the start and end of a pattern of opioid prescribing of concern) they found that:

- there was a disregard for human life and a culture of shortening the lives of a large number of patients.
- there was an institutionalised regime of prescribing and administering “*dangerous doses*” of a hazardous combination of medication not clinically indicated or justified, with patients and relatives powerless in their relationship with professional staff.
- when the relatives complained about the safety of patients and the appropriateness of their care, they were consistently let down by those in authority – both individuals and institutions.
- staff formally raised concerns about the prescribing patterns, and were supported by the Royal College of Nursing. Yet the hospital failed to put in processes to rectify the situation.
- the senior management of the hospital, healthcare organisations, Hampshire Constabulary, local politicians, the coronial system, the Crown Prosecution Service, the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) all failed to act in ways that would have better protected patients and relatives, whose interests some subordinated to the reputation of the hospital and the professions involved.

The report, however, made no recommendations with regard what other NHS organisations should do to determine whether they have a similar problem, or what processes to put in place to prevent such problems.

### 3. Discussion

3.1 The findings of the report relate to Wiltshire Health and Care as we are responsible to delivering safe and effective care in four inpatient community wards. The findings can also extend more widely to the use of opioids in community settings more generally.

#### ***Oversight and assurance mechanisms in place***

The key processes that Wiltshire Health and Care has in place which would help prevent similar issues to those found at Gosport include:

Reporting and oversight mechanisms:

- Incident reporting and its reporting through reporting structures
- Complaints reporting and procedures and its reporting through reporting structures
- Freedom to speak up and its reporting
- Quality dashboard and reporting
- Medicine Governance Committee (MGC) and its reporting through to Executive Committee and Quality Assurance Committee
- Quality Assurance Committee

Pharmacy governance and oversight:

- Non-medical prescribers & Patient group directives
- Community governance pharmacist started in August 2017 however interim measures were in place since May 2017, to provide additional scrutiny and support for medicines governance.

Mortality oversight:

- Mortality reviews reviewed at the Harm Free Care group for all deaths while an inpatient and then reported through to Executive Committee and Quality Assurance Committee if further scrutiny and assurance is required
- Externally mortality oversight is provided through CQC Statutory Notifications, Wiltshire CCG Quality Schedule and NHSI

#### ***Use of older-style syringe pumps***

Errors were reported in the Gosport inquiry due to incorrect use of Graseby 16, 16a and 26 syringe pumps. These older-style pumps worked by measuring millimetres of syringe length. This was discussed at the WHC Medicines Governance Committee on 18 July 2018. It was confirmed that these had been removed from use in adult community services historically and that Wiltshire Health and Care does not use them.

#### ***Audit of opioid medicines practice***

The Gosport report acted as a prompt to add a detailed audit into opioid medicines practice across Wiltshire Health and Care. This is underway and will be reporting during November through WHC governance structure. It is suggested that, given the link back to the Gosport report, that the outcome of this audit should be reported to the Quality Assurance Committee.



### ***Sharing practice***

GWH has shared its action plan on the Gosport inquiry with Wiltshire Health and Care as it relates to community services in Swindon. This allows sharing of practice to take place.

## **4. Recommendation**

4.1 The Board is invited to note:

- (a) The findings of the Inquiry into the Gosport Memorial Hospital
- (b) The oversight and assurance mechanisms in place within Wiltshire Health and Care
- (c) That it has been confirmed that older-style syringe pumps are not in use in Wiltshire Health and Care
- (d) That a full audit of opioid medicines management and practice is being undertaken and will be reported back to the Quality Assurance Committee.

**Wiltshire Health and Care Board****For decision****Subject: Winter Plan – For final sign off****Date of Meeting: 02 November 2018****Author: Lisa Hodgson, Chief Operating Officer****1. Purpose**

- 1.1 To prepare for the demands of the winter period.

**2. Background**

- 2.1 The winter plan is a live document and may be added to as we move into winter, and as processes change as a result of WHC taking on the role currently undertaken by Access to Care.
- 2.2 The plan was signed off by WHC's Executive Committee on 23 October 2018.

**3. Recommendation**

- 3.1 The Board is invited to:
- (a) Consider the winter plan, and confirm that it is satisfied that it is provided with sufficient assurance as to the measures planned by WHC to cope with the winter period.

# Winter Resilience & Cold Weather Plan 2018/19

Summary	The purpose of this document is to describe the arrangements put in place by Wiltshire Health and Care (WHC) to support the Delivery of planned and unplanned care from 1 <sup>st</sup> December 2018 to 23 <sup>rd</sup> April 2019, including Christmas, New Year and Easter holiday period.
Target Audience	WHC, Board Members, Volunteers and Contractors.
Review Date	September 2019
Approved By	Executive Committee, WHC
Author	Lisa Hodgson, COO
Version	1.3
Date of Issue	October 2018

## Version Control

Version	Author	Date	Reason
1.0	Lisa Hodgson	18/08/2018	1 <sup>st</sup> draft
1.1	Lisa Hodgson	31/08/2018	Following review of system plan
1.2	Lisa Hodgson	05/09/18	Review by DB
1.3	Lisa Hodgson	20/09/18	Following review

## **Winter Resilience & Cold Weather Plan - 2018/19**

### **1.0 Introduction**

- 1.1 The Winter Resilience and Cold Weather Plan for Wiltshire Health and Care (WHC) outlines the systems and processes in place to effectively manage capacity to meet the demand for planned and non-planned demand from the 1<sup>st</sup> December 2018 to the 23rd April 2019; this period covers both the Christmas, New Year and Easter Holiday Periods..
- 1.2 The Plan is set within the context of the national guidance for 'Operational Performance Escalation Levels (OPEL) Framework' – 31st October 2016 by NHS England. This document describes 4 levels of escalation for local health and social care systems, OPEL 1 (able to meet demand), 2 (starting to show signs of pressure), 3 (major pressures compromising patient flow) and 4 (organisations unable to deliver comprehensive care).
- 1.3 The need for sufficient headroom in community hospitals and within teams is critically important to the wider health system. As demand, length of stay, acuity and delays to discharge fluctuate they can be difficult to predict, there is a need to frequently monitor the operational status of the organisation and respond appropriately. Whilst individual patient pathways vary, the approach to management of capacity is to minimise risk and to retain a position where capacity outweighs demand.
- 1.4 Triggers detailed are used to set the escalation status of the organisation at any point in time and the responsibilities and actions for key staff and departments at each level of escalation to prevent further escalation and reduce pressure.
- 1.5 The management of the relationship between demand and capacity involves forecasting and early identification of issues, met with responsive and timely mitigating actions. The ultimate aim is to ensure that WHC is able to maintain, or return to, the lowest level of escalation in the shortest possible timeframe.

### **2.0 Key Pressures**

2.1 The key pressures posed by winter include:

- Increased demand on the whole system (health and social care) due to the direct effects of cold weather resulting in increased heart attacks, strokes, respiratory diseases, influenza, falls, injuries, hypothermia and carbon monoxide poisoning, and the indirect effects of cold weather such as depression and other mental health illnesses.
- Other winter diseases also impact on capacity, particular in beds based services i.e. beds closed and discharges delayed due to Noro-virus outbreak in hospitals and care homes.
- Staffing pressures due to the health effects of cold weather as detailed above.
- The impact of extreme weather on road and rail networks making travel to and from work and while at work difficult; including reduced productivity of community staff and adversely affecting the care available for people in their own homes.
- Potential disruption to critical supply chain infrastructures.

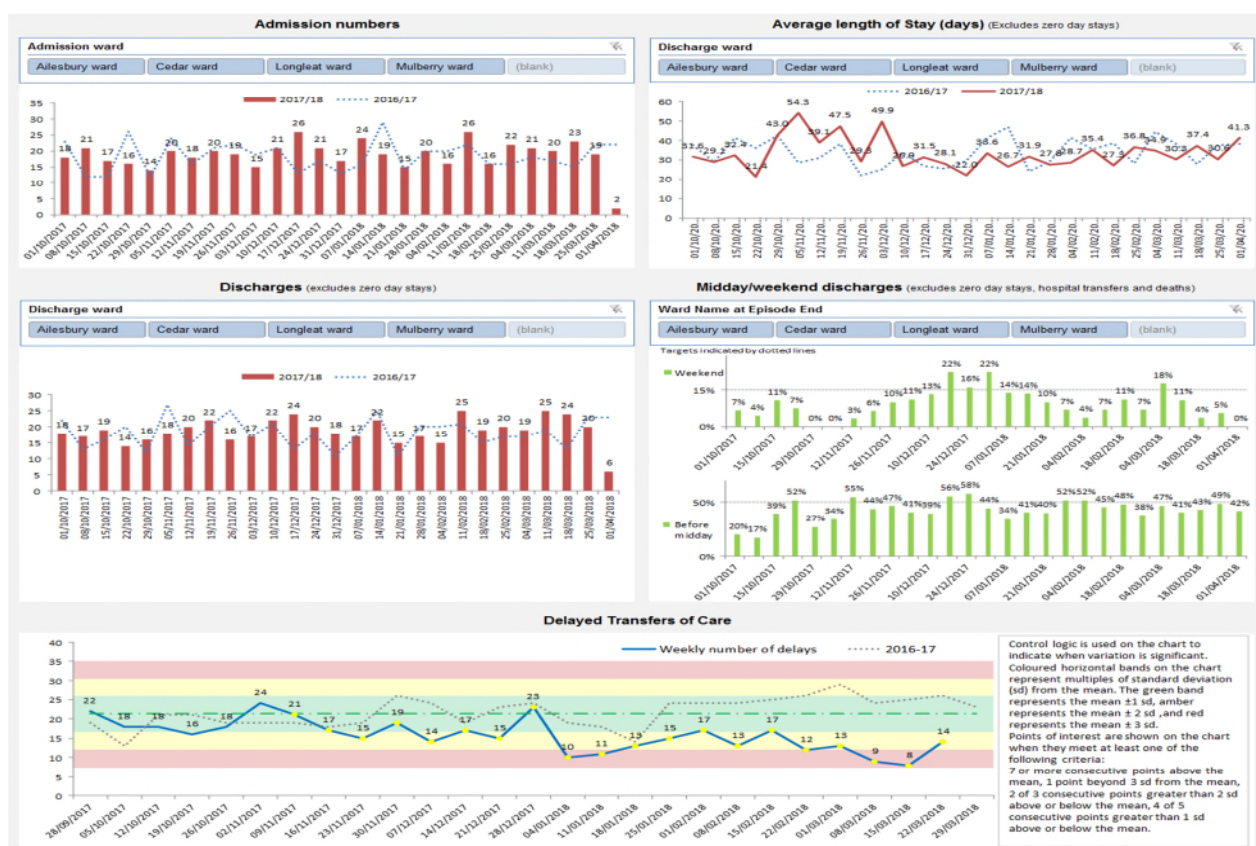
### 3.0 Lessons from Previous Winters

3.1 A Winter Review was undertaken in early 2018 by Wiltshire CCG, to consider the collective learning and resulting actions from 2017/18 and to inform the 2018/19 winter planning. The lessons impacting WHC were recognised as follows:-

- The introduction of the Wiltshire Integrated Control Centre (WICC) was considered to have had a positive impact on flow and co-ordination. This is evidenced in the graphs below.
- A reduction of Delayed of Transfers of Care during the period within community hospitals increased the available bedded capacity for the system over time.
- Holding the escalation beds until the 2<sup>nd</sup> January was positive step as we maintained flow up until the 1<sup>st</sup> January 2018.
- Flu immunisation by staff, although improved on previous years, was not as good as it could have been and further work will be undertaken to prepare for 2018/19.
- Home First was the right approach and plans are been prepared to roll out Home First fully in SFT, some positive impact should be experienced for Winter 2018/19
- There is further work be done to stream line the referral process into community services to reduce delays and avoid duplication.

A review of the lessons learnt from the winter period was presented to the Wiltshire Health and Care Board on 10<sup>th</sup> April 2018.

Graph 1. Demonstrating the additional flow achieved from 2016/17 and 2017/18



#### 4.0 Priorities for winter 2018/19

Building on the lessons learnt from 2017/18, the priorities for Wiltshire Health and Care for the forthcoming winter period are:

- Work in partnership with Acute partners to reduce the number of stranded and super stranded patients within all Hospitals including Community.
- Reduce and maintain length of stay in Community Hospital wards to 28 days, with the exception of Mulberry Ward.
- Maintain Delayed Transfers of Care between 10% and 15%
- Ensure the new Home First Plus pathway is mobilised across Wiltshire, working in close partnership with Wiltshire Council, so that benefits are realised during Winter 2018/19.
- Embed Home First pathway and processes within SFT
- Embed the rotational RSW's recruited through RUH and ensure maximum productivity
- Improve Flu immunisation uptake amongst staff
- Strengthen the role of the WICC with close involvement of WCC

#### 5.0 Control and Command

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

The Chief Operating Officer is the designated Winter Lead for Winter 2018/19.

Patient flow for Health and Social Care will be co-ordinated through the WICC.

#### 6.0 Escalation Management Plan

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

6.2 The OPEL definitions equate to:

Operational Pressures Escalation Level	Description
OPEL 1	Low risk: Capacity is such that the organisation is able to maintain patient flow and is able to meet anticipated demand within available resources
OPEL 2	Moderate Risk and Signs of Pressure The organisation is starting to show signs of pressure. Focused actions are required to mitigate further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible – to return to green status as quickly as possible.
OPEL 3	High Risk and Major Pressure Actions taken in OPEL 3 have failed to de-escalate the system and pressure is worsening. The organisation is experiencing major pressures compromising patient flow and continues to increase. Further urgent actions are required across the organisation by partners.

OPEL 4	<p>Very High Risk and Critical Pressure</p> <p>All actions have failed to contain service pressures and the organisation is unable to deliver comprehensive care.</p> <p>There is increased potential for patient care and safety to be compromised. Decisive action must be led and taken at COO level until de-escalation to RED is achieved. This may include use of escalation beds.</p>
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6.3 As a community provider, the needs of partners may well require actions to be taken which do not necessarily align with the OPEL level for WHC.

6.4 WHC has developed a framework to provide a quantitative method of defining Community Provider OPEL status; this is still being tested currently but will be in use this coming winter. The triggers and escalation can be reviewed in appendix 2.

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

## 7.0 Capacity

### 7.1.1 Bed Capacity

Ward	Speciality	Commissioned Beds	Additional capacity available
Ailesbury	Step up/down	26	4 (seeking commissioner support for permanent commissioning as part of reconfiguration of Ailesbury)
Longleat	Step up/down	25	0
Cedar	Step down	17	0
Mulbury	Stroke rehab	20	0
Total		88	4

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

7.1.3 Ailesbury has capacity to increase the bed numbers by four. A proposal has been made to increase the capacity on a permanent basis. Discussions are on-going with commissioners.

7.1.4 Community wards do not have the same infrastructure as an Acute Hospital; hence it is difficult to be able to manage patients in the same way an Acute Hospital would respond in the event of 'A full Hospital'. During 2017/18 WHC developed steps which would be followed in the event of an Acute Partner evoking the Full Hospital Policy. This will

remain in play for 18/19 and is intended to sit alongside the internal escalation (OPEL) processes.

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

## **7.2 Community Team Capacity**

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

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

## **8.0 De-Escalation**

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

## **9.0 Flu Vaccination**

9.1. For 2018/19, it is the ambition of the Department of Health and NHS England that trusts ensure that a 100% offer of flu vaccination is made available for all frontline staff.

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

9.3 Vaccines will be delivered in early October and the vaccination programme will begin immediately. WHC will launch the formal campaign in October 2018; weekly communications will be shared with staff including:

- Myth busting
- Vaccination numbers by team
- Trajectories

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

9.5 As in 2017/18 WHC will support primary care to vaccinate patients where possible.

## **10.0 Cold Weather Resilience**



10.1 The two episodes of exceptional winter weather during early 2018 tested the resilience and readiness of community services. The approach and handling of these incidents have been reviewed by the Executive Committee, with the following lessons learnt:

- Internal response structure felt fragmented with a lack of clarity on a number of issues
- Response reliance on a few people
- Role of Resilience Team and emergency transport line vs Operational Teams
- Pathways and criteria to escalate clinical risk from frontline teams
- Lack of capacity of WHC on call structure to manage the logistics of emergency transport whilst managing standard on call issues (which were exacerbated by heavy snow).
- Use of personal email accounts rather than established generic accounts lead to fragmented information flow and risk of loss of critical information.
- Function of the Emergency Transport Line at GWH was unclear to some managers. There was a lack of ability to follow up status of requests for transport.
- Some ward teams struggled to develop lists of staff requiring transport with the keep information required when they were working clinically as well.
- Provision for staff meals being made for those staff staying late or delayed waiting for transport.
- Identification of places for staff to sleep on site with provisions of blankets
- Not all teams have a 4x4 as a pool car i.e. Trowbridge
- List of 4x4 volunteers and linked to the existing process of getting them on the company insurance.
- Staff lists that include locality of staff to support identification of who can be expected to get into their shift.

10.2 The following specific improvements have or are being put in place in readiness for winter 2018/19:

- Pre planning community team 4x4s incl. identification of where 4x4s can be shared across teams when 4x4 resource is low
- GWH Emergency Transport Line
- Wiltshire Health and Care response structure
- Pre-population templates and guidelines for wards / areas to complete of staff in known areas that have transport issues in heavy snow
- Provision of food and sleeping arrangements for staff
- Work with Site Managers to develop a list of places where staff can sleep on site. Especially those with wards and / or MIUs.
- Recommendation that all teams have at least one 4x4 car in their pool.
- Work with the communications team to develop a list of 4x4 volunteers ahead of winter 2018 /19
- Work with HR to identify issues and develop an accessible list of staff that includes where they live.
- Understand the process for agreeing military support (MACA) and why it took so long.

## 11.0 Winter Preparedness Action Plan

Scheme	Capacity	WHC lead	Time Scale
Home First + mobilisation	GWH 4 additional discharges SFT 4 additional discharges RUH 2 additional discharges (and reduction of waiting time for existing HF discharges)	Heather Kahler	Implementation from November 2018
Ailesbury Ward	Additional 4 beds agreed as part of new commissioned model for two 15 bedded units	Lisa Hodgson	Agreement by Mid – September  Subject to Wiltshire CCG support
Maintaining DTOC in community hospitals at average of 12.5%	Additional 100 bed days across Wiltshire per month	Lisa Hodgson	On going
Clear joint plan achieved on coordination arrangements in place for Winter 2018/19	Creation of a 7 day a week patient flow coordination team	Lisa Hodgson	December 2018

Appendix 1.

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

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

## Action Cards

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

### Community Hospital Beds

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

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

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

	<p>Consider redeployment of staff supporting non urgent services.</p> <p>Senior nursing staff, including specialist nurses and managers with nursing background may be pulled into rosters if deemed to have the appropriate competencies required.</p> <p>? what to do about planned/routine visits</p>
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## MIU

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

**Wiltshire Health and Care Board****For discussion**

**Subject:** Quarterly Review of WHC's Health and Care Delivery Plan 18/19 – Quarter 2

**Date of Meeting:** 23 October 2018

**Author:** Katherine Hamilton Jennings, Board Secretary

**1. Purpose**

- 1.1 For 18/19, WHC developed a 'Health and Care Delivery Plan', which set out (in a quarter by quarter manner), how WHC intended to meet the delivery components of its Business Plan.
- 1.2 An assessment of progress made at Q2 is set-out in the attached paper.
- 1.3 The Board should assure itself that it is satisfied with the progress being made, and that all reasonable actions are being taken by WHC to ensure the delivery plan is being progressed in line with the planned trajectory.

**2. Background**

- 2.1 For 18/19., WHC has set itself a delivery plan, which sets out how it will meet the delivery objectives of its Business Plan. The Board is asked to review the attached paper.

**3. Recommendation**

- 3.1 The Board is invited to:
  - (a) Discuss the progressed made to Q2 and the trajectory for the remainder of the year 18/19.



## Impacts and Links

Impacts	
Quality Impact	None identified.
Equality Impact	None identified.
Financial implications	To be informed by discussions of the Executive Committee.
Impact on operational delivery of services	To be informed by discussions of the Executive Committee.
Regulatory/ legal implications	None identified.
Links	
Link to business plan/ 5 year programme of change	This is a section of the business plan under review to assess delivery against plan.
Links to known risks	<ul style="list-style-type: none"> <li>• <b>Risk 1431 (10) – Clinical treatment areas for orthotics and podiatry not DDA compliant/ poor patient experience - Complaints/ reputational damage/ impositions by our regulators.</b> This is being addressed through the Care Delivery Plan stream “Plan for change in estates”, specifically, “Work with WCCG and NHS PS to deliver more efficient use of space across the community including the new developments in Devizes and Trowbridge”. This stream is on track.</li> <li>• <b>Risk 1568 (12) – Lack of clarity in relation to EFM - Leading to poor hygiene within sites and increasing the risk of patient/staff harm &gt; complaints, litigation, low morale poor reputation.</b> This is being addressed through the Care Delivery Plan stream “Plan for change in estates”, specifically, “Sustainable approach to soft facilities management designed”. This stream may not be on track.</li> <li>• <b>Risk 2090 (8) – Inappropriate estate.</b> This is being addressed through the Care Delivery Plan stream “Plan for change in estates”, specifically, “Work with WCCG and NHS PS to deliver more efficient use of space across the community including the new developments in Devizes and Trowbridge”. This stream is on track.</li> <li>• <b>Risk 1786 (8) – Recruitment and retention- increased complaints, litigation, poor ratings from CQC and negative reputation with commissioners, patients and the public. An increase in clinical errors in these areas has been observed. Similarly 1907 (9).</b> The Delivery Plan stream “Design workforce for the future” will help to address this risk. This stream is largely on track.</li> </ul>
Identification of new risks	<a href="#">Click here to enter text</a>

## Wiltshire Health and Care Delivery Plan: Milestones for 2018/19

	Q1	Q2	Q3	Q4	Position at the end of Q2 (Sept 2018)	Actions needed to get back on track
Standardise and systemise to reduce variation		<ul style="list-style-type: none"><li>Higher intensity care recognised in system care delivery framework.</li></ul>		<ul style="list-style-type: none"><li>Frailty scoring rate increased to 80% (Q4).</li></ul>	<u>Frailty scoring</u> <ul style="list-style-type: none"><li>At the end of 17/18, WHC's average frailty scoring rate was 64%. As at the end of Q2, WHC's frailty scoring rate was 67%. The Q4 target is 80%. – <b>Q2 goal delivered.</b> – <b>Some risk to WHC achieving Q4 goal</b></li></ul>	
		<ul style="list-style-type: none"><li>Wounds assessment CQUIN target of 60% (Q2) achieved.</li></ul>		<ul style="list-style-type: none"><li>Wounds assessment CQUIN target of 80% (Q4) achieved.</li></ul>	<u>Higher Intensity Care</u> <ul style="list-style-type: none"><li>Higher Intensity Care is now a recognised feature of the Wiltshire Care Model. The SDIP (the Service Development Improvement Plan, which sits within WHC's contract with Wiltshire CCG), reflects this. – <b>Q2 goal delivered.</b></li></ul> <u>Wound assessments</u> <ul style="list-style-type: none"><li>The percentage of wounds being assessed at the end of Q2 was 64%. As at the end of Q2, WHC's frailty scoring rate was 67%. The Q4 target is 80%. – <b>Q2 goal delivered.</b></li></ul>	
Respond to increased demand and maintain performance	RTT performance maintained				<u>RTT</u> <ul style="list-style-type: none"><li>Overall RTT performance has been maintained above target. Q1: 97.2% and Q2; 96.8%. There have been, in particular, substantial improvements to performance on physiotherapy waiting times. – <b>Targets being maintained overall.</b></li></ul>	
		Orthotics service re-procured			<u>Orthotics re-procurement</u> <ul style="list-style-type: none"><li>In order to be able to carry out a re-tendering exercise for the orthotics service in Q3, WHC will need to identify additional procurement support to support this. It will be very difficult to achieve in Q3/Q4 unless additional support is identified. – <b>Material risk that goal for Q3/4 is not achieved.</b></li></ul>	<u>Orthotics re-procurement</u> <ul style="list-style-type: none"><li>WHC needs to identify additional procurement support to carry out the proposed retendering exercise.</li></ul>
Improve system flow	Home First pathway further embedded across all sites throughout 2018/19				<u>Home First</u> <ul style="list-style-type: none"><li>There is now a joint clinical lead post between WHC and SFT, who is responsible for working with SFT services on site to embed Home First, and to align the early supported discharge services. – <b>Q4 goal on track.</b></li></ul>	

	Q1	Q2	Q3	Q4	Position at the end of Q2 (Sept 2018)	Actions needed to get back on track
		<ul style="list-style-type: none"> <li>Improved data collection for ESD stroke pathway</li> </ul>	<ul style="list-style-type: none"> <li>New reablement pathway aligned with Home First.</li> <li>Real time data collection for Home First.</li> </ul>	<ul style="list-style-type: none"> <li>Requirements of safe and proactive discharge CQUIN achieved.</li> </ul> <p>This is now stroke collaborative involvement at 'Place' level.</p>	<p><u>ESD stroke pathway</u></p> <ul style="list-style-type: none"> <li>Changes to the ESD data collection method were made in as part of the split unit project between July and September 2018 to address some of the data quality concerns previously encountered. These changes are bedding in but are expected to improve data collection.</li> </ul> <p>– Q2 goal delivered.</p> <p><u>New reablement pathway</u></p> <ul style="list-style-type: none"> <li>A new reablement pathway aligned with Home First has now been designed, agreed, and signed-off by the Joint Commissioning Board (JCB).</li> <li>Implementation of this pathway is due to take place from November 2018, with the intention that the pathway will be fully mobilised by February 2019.</li> </ul> <p>– Q3 goal on track.</p> <p><u>Real time data collection for Home First</u></p> <ul style="list-style-type: none"> <li>WHC now has real time data collection for Home First. This was the result of the 'split units' Systm1 project. The September 2018 dashboard is the first data from this new way of recording. It also means that WHC can share <i>weekly</i> numbers of patients starting care on Home First with the CSU/CCG.</li> </ul> <p>- Q3 goal delivered (ahead of schedule).</p> <p><u>Requirements of safe and proactive discharge CQUIN</u></p> <ul style="list-style-type: none"> <li>It has been nationally decided that this CQUIN has been suspended for 18/19. Instead of payment against this CQUIN, the CCG has placed payment against stroke collaboration. WHC is actively participating in the Wiltshire stroke collaborative.</li> </ul> <p>- Q4 goal re-scoped.</p>	
Bring community provision together	Cross working and integration between community services continues				<p><u>Cross working and integration between community services continues</u></p> <ul style="list-style-type: none"> <li>WHC has identified that it needs further discussions on the medium-term strategy for LD with Wiltshire CCG and Wiltshire Council. These meetings are happening, and WHC's interim deputy COO (Simon Jones) will be responsible for progressing these conversations in Q3.</li> <li>WHC is looking at combined flow coordinators to span health and social care. A business case has been shared with Wiltshire CCG.</li> <li>The opportunity for providing a service in an integrated manner with primary care to support</li> </ul>	

	Q1	Q2	Q3	Q4	Position at the end of Q2 (Sept 2018)	Actions needed to get back on track
					complex wound care is currently under discussion. - <b>Q4 goal on track.</b>	
Implement new approaches to promote self management and proactive care		<ul style="list-style-type: none"> <li>New MSK Pathway commences.</li> </ul>	<ul style="list-style-type: none"> <li>SMS based text system implemented for MSK services.</li> </ul>	<ul style="list-style-type: none"> <li>Further development of new MSK pathway, with addition of more Extended Scope Practitioners</li> </ul>	<p><u>New MSK pathway</u></p> <ul style="list-style-type: none"> <li>Phase 1 of the new MSK pathway has mobilised. Phase 2 is on track to mobilise in December 2018. The new pathway has received positive stakeholder feedback.</li> </ul> <p>- <b>Q2 goal delivered.</b></p>	
		<ul style="list-style-type: none"> <li>Frailty strategy for Wiltshire Health and Care finalised and action plan shared with commissioners.</li> </ul>		<ul style="list-style-type: none"> <li>Reporting arrangements for MSK reviewed by commissioners and WHC in light of the new strategy and associated actions. New reporting arrangements to be in place in 2019/20 quality schedule</li> <li>Requirements of personalised care and preventing ill health CQUIN achieved</li> </ul>	<p><u>SMS text messages</u></p> <ul style="list-style-type: none"> <li>The roll-out of SMS messages for the Wiltshire Orthopaedic Network (WON) is in progress. Work is currently being undertaken to ensure our approach to consent in relation to the roll-out will be appropriate.</li> </ul> <p>- <b>Q3 goal is on track.</b></p> <p><u>Development of MSK pathway</u></p> <ul style="list-style-type: none"> <li>A number of Extended Scope Practitioners (ESPs) have been added to the MSK service. WHC will work with Wiltshire CCG to review the service specification for this pathway, and will add further ESPs where this makes sense along the pathway.</li> </ul> <p>- <b>Q4 goal on track.</b></p> <p><u>Reporting arrangements MSK</u></p> <ul style="list-style-type: none"> <li>Discussions relating to the reporting arrangements for the MSK pathway are being undertaken.</li> </ul> <p>- <b>Q4 goal on track.</b></p> <p><u>Requirements of personalised care and preventing ill health CQUIN</u></p> <p>- <b>Q4 goal on track.</b></p> <p><u>Frailty strategy</u></p> <ul style="list-style-type: none"> <li>WHC is currently working through an exercise in setting out clarify services in place, service gaps and opportunities to fill service gaps. This is a requirement of the Quality Schedule. WHC will be basing its strategy on the overarching principles set out by the STP. WHC will also work collaboratively with WCCG and other providers to collectively design the place/locality based model that will link into an overarching STP model, with a strategy for frailty at its heart.</li> </ul> <p>- <b>Q2 goal has not been delivered, and is being re-scoped in line with Quality Schedule and broader system level work.</b></p>	
						<p><u>Frailty Strategy</u></p> <ul style="list-style-type: none"> <li>WHC will support Wiltshire CCG and Wiltshire Council to develop a county-wide frailty strategy, but progressing this WHC delivery goal is dependent on external organisations making strategic decisions.</li> </ul>

	Q1	Q2	Q3	Q4	Position at the end of Q2 (Sept 2018)	Actions needed to get back on track
Review services	<ul style="list-style-type: none"> <li>Alignment with new urgent care service</li> </ul>	<ul style="list-style-type: none"> <li>Clear agreement on approach to patient flow support reached with CCG.</li> </ul>	<ul style="list-style-type: none"> <li>Implement the agreed approach to patient flow.</li> </ul>		<p><u>Alignment with new urgent care service</u></p> <ul style="list-style-type: none"> <li>The CCG has not yet published their urgent care strategy, so WHC is currently continuing with processes 'as is', whilst simultaneously remaining engaged with Wiltshire CCG in relation to the development of their strategy.</li> </ul> <p><b>- Q1 goal not delivered, but is dependent on system partners to progress.</b></p> <p><u>Clear agreement on approach to patient flow</u></p> <ul style="list-style-type: none"> <li>WHC now has in principle agreement on the approach for patient flow with Wiltshire CCG, which will include WHC taking responsibility for bed allocation, sit reps and patient flow. The timeline for reallocation of some of the functions of Access to Care is being worked through currently.</li> </ul> <p><b>- Q2 goal delivered.</b></p> <p><u>Implementation of the agreed approach to patient flow</u></p> <ul style="list-style-type: none"> <li>WHC is looking to go live with the new approach in during Quarter 4.</li> </ul> <p><b>- Q4 goal on track.</b></p>	<p><u>Alignment with new urgent care services</u></p> <ul style="list-style-type: none"> <li>WHC will support Wiltshire CCG to develop its urgent care strategy, but aligning with new urgent care services will be dependent on Wiltshire CCG defining the direction of travel for urgent care services in Wiltshire. As such, progressing this WHC delivery goal is dependent on Wiltshire CCG making strategic decisions.</li> </ul>
Develop and strengthen partnerships	<ul style="list-style-type: none"> <li>Joint Programme Committee established to oversee integration of Home First and reablement pathway</li> </ul>		<ul style="list-style-type: none"> <li>Resources in place for integrated pathway.</li> <li>Revised approach to the management of intermediate care beds agreed</li> </ul>		<p><u>Joint Integrated Programme Committee</u></p> <ul style="list-style-type: none"> <li>Completed.</li> </ul> <p><b>- Q1 goal delivered.</b></p> <p><u>Resources in place now for integrated pathway.</u></p> <ul style="list-style-type: none"> <li>Additional resources for Home First and reablement signed off by Joint Commissioning Board in August 2018. Recruitment underway. The plan is for the majority of staff to be in place by the end of Q3, so that the joint pathway can be up and running during Q4.</li> </ul> <p><b>- Q3 goal on track.</b></p> <p><u>Intermediate care beds</u></p> <ul style="list-style-type: none"> <li>Wiltshire CCG has recently carried out an interim review of the provision of intermediate care in the south of the county (care homes), and extended the current arrangements until April 2019. The CCG is now indicating that it will carry out a full review across the county in 2019.</li> </ul> <p><b>- Q3 goal is not on track, and is unlikely to be achieved within 18/19 since it is dependent on an external partner to progress</b></p>	<p><u>Intermediate care beds</u></p> <ul style="list-style-type: none"> <li>Progressing this WHC delivery goal is dependent on Wiltshire CCG making strategic decisions.</li> </ul>

	Q1	Q2	Q3	Q4	Position at the end of Q2 (Sept 2018)	Actions needed to get back on track
					<u>Rotational scheme for workforce</u> <ul style="list-style-type: none"> <li>Focus in 18/19 has been placed on WHC's own workforce initially. WHC will start rotations with physiotherapists around WHC's own services initially in January 2019. This will inform our approach going forward which will hopefully involve more rotations with other partners – including primary care. We are building up the relationships with primary care through the GP Alliance partnership.</li> <li><b>- Q4 goal is not on track in terms of rotations with primary care, instead the focus has been shifted to getting this to work internally in 18/19</b></li> </ul>	
Plan for change in estates	Part of STP Estates strategy and Wiltshire CCG estates work to deliver a plan for estates in Wiltshire				<u>Deliver a plan for estates in Wiltshire</u> <ul style="list-style-type: none"> <li>Wiltshire Health and Care is engaged in estates strategy work, being led by Wiltshire CCG</li> <li><b>- Q4 goal reliant on external partners</b></li> </ul>	<u>Deliver a plan for estates in Wiltshire</u> <ul style="list-style-type: none"> <li>Goal reliant on external partners.</li> </ul>
	Work with WCCG and NHS PS to deliver more efficient use of space across the community including the new developments in Devizes and Trowbridge				<u>Use of space across the community</u> <ul style="list-style-type: none"> <li>On track to consolidate services in Chippenham, Warminster, Trowbridge Devizes and CHC Salisbury.</li> <li><b>- Q4 goal on track.</b></li> </ul>	
			New estates advisory arrangements in place		<u>Estates advisory arrangements</u> <ul style="list-style-type: none"> <li>WHC internal governance for estates developed and approved.</li> <li>RUH have approval to develop Business Case to deliver Estates Advisor Service for WHC.</li> <li><b>- Delivery goal likely to be delivered in Q4.</b></li> </ul>	
	Sustainable approach to soft facilities management designed		Sustainable approach to soft facilities management delivered		<u>Soft facilities management - design</u> <ul style="list-style-type: none"> <li>Design of approach agreed</li> <li><b>- Q2 goal delivered.</b></li> </ul> <u>Soft facilities management - delivered</u> <ul style="list-style-type: none"> <li>This is an area of uncertainty, reliant on decisions from the CCG and other providers. Therefore further work to be done to understand which provider will deliver and what the contractual mechanism is.</li> <li><b>- High risk that this delivery goal will not be achieved by the end of Q4.</b></li> </ul>	<u>Soft facilities management</u> <ul style="list-style-type: none"> <li>Agree estates budget with WCCG.</li> <li>Agree the contractual mechanism for soft FM services with WCCG.</li> <li>Negotiate with Soft FM provider(s).</li> </ul>
Transform the use of technology			MIUs moved onto SystmOne		<u>MIUs to System1</u> <ul style="list-style-type: none"> <li>Project started in Q3, delivery of end solution now Q4.</li> <li><b>- Q3 goal has slipped, but it.</b></li> </ul>	

	Q1	Q2	Q3	Q4	Position at the end of Q2 (Sept 2018)	Actions needed to get back on track
	Through engagement with STP wide-work, N3 network connections replaced with Health and Social Care Network solution for sites in the community				<u>N3 network connections replaced with HSCN solution across the community sites</u> <ul style="list-style-type: none"> <li>HSCN contract in place following STP-wide procurement process.</li> <li>WHC is engaged in the roll out of the new connections.</li> <li>New Head of ICT joins WHC in November 2018 to bring additional capacity to plan. The potential risk is around the scope of the role out. <ul style="list-style-type: none"> <li><b>Some risk to WHC achieving Q4 goal.</b></li> </ul> </li> </ul>	
	New telephone system scoped and implementation in phases commenced				<u>New telephone system</u> <ul style="list-style-type: none"> <li>Telephone system for outpatient booking team being replaced. Further expansion to be pursued. <ul style="list-style-type: none"> <li><b>Some potential risk to WHC achieving Q4 goal, which will be determined once task is fully scoped by new staff member joining WHC team in November 2018.</b></li> </ul> </li> </ul>	
	Bid to move inpatient wards onto SystmOne as opportunities arise				<u>Bid to move wards to SystmOne</u> <ul style="list-style-type: none"> <li>New bid for moving inpatient wards to SystmOne submitted in August 2018. Awaiting confirmation of funding from Wiltshire CCG. <ul style="list-style-type: none"> <li><b>Some risk to WHC achieving Q4 goal.</b></li> </ul> </li> </ul>	
Design the workforce for the future	Participation in STP workforce projects				<u>Participation in STP Workforce projects</u> <ul style="list-style-type: none"> <li>LWAB - WHC participates in the Local Workforce Area Board (LWAB), and WHC is signed up to furthering the agreed objectives of the LWAB as these are articulated and agree upon.</li> <li>STP partnership forum – This has a staff side and a management component. WHC is a keen participant in this when the group is active. <ul style="list-style-type: none"> <li><b>Q4 goal on track.</b></li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>WHC dedicated staff bank established</li> </ul>			<ul style="list-style-type: none"> <li>WHC bank grown in size, providing greater proportion of flexible workforce</li> </ul>	<u>Staff bank – established</u> <ul style="list-style-type: none"> <li>The WHC staff bank has been established and operating since Q1. <ul style="list-style-type: none"> <li><b>Q1 goal delivered.</b></li> </ul> </li> </ul> <u>Staff bank – developed</u> <ul style="list-style-type: none"> <li>Now that WHC has a bank in place, developing its size is the priority. In September 2018, WHC signed off a centralised bank recruitment plan. This is a 12 month rolling-programme where every month focus is placed on a different discipline – with emphasis on registered nursing being the focus on alternate months. To support this organisation-wide initiative, a team of representatives across the WHC specialities</li> </ul>	

	Q1	Q2	Q3	Q4	Position at the end of Q2 (Sept 2018)	Actions needed to get back on track
					(specialist, community teams, in patients), will short list and interview. This centralised bank recruitment plan is due to start in November 2018. - <b>Q4 goal on track, but work will continue into 18/19.</b>	
Implement values and behaviours	<ul style="list-style-type: none"> <li>Internal survey on embedding of values and behaviours completed</li> </ul>			<ul style="list-style-type: none"> <li>Requirements of staff health and wellbeing CQUIN achieved.</li> </ul>	<p><u>Internal survey on values and behaviours</u></p> <ul style="list-style-type: none"> <li>An internal survey on values and behaviours was carried out in Q1.</li> <li>Awareness of WHC's values and behaviours has been recently promoted at the staff listening events undertaken with colleagues from specialist services. The staff supported these.</li> </ul> <p>- <b>Q1 goal delivered.</b></p> <p><u>Staff Health and Wellbeing CQUIN</u></p> <ul style="list-style-type: none"> <li>WHC has a flu action plan signed off to try to ensure it achieves its target against the flu vaccination CQUIN.</li> <li>In relation to the two questions in the staff survey that are used as a proxy for staff wellbeing (MSK issues/ support and stress issues/support), WHC has not had capacity to proactively to promote the support that is available to staff for MSK and/or stress-related issues in 18/19, although a mental health awareness event was organised for staff in Chippenham Community Hospital on national mental health awareness day, which was well received.</li> </ul> <p>- <b>Some risk to WHC achieving Q4 goal.</b></p>	<p><u>Staff Health and Wellbeing CQUIN</u></p> <ul style="list-style-type: none"> <li>It would be useful to consider non-traditional ways of proactively promoting support for MSK and stress-related health issues within WHC to help staff feel well, and help staff feel supported.</li> </ul>
Develop career pathways	Links to universities enhanced				<p><u>Link to universities</u></p> <ul style="list-style-type: none"> <li>WHC has a new Learning and Development Lead in post, who is carrying out a programme of work a portion of which focuses on improving WHC link with universities. .</li> </ul> <p>- <b>Q4 goal achieved, but work will continue to build this further.</b></p>	
	Existing career development pathways reviewed and enhanced				<p><u>Career development pathways enhanced</u></p> <ul style="list-style-type: none"> <li>WHC's SPQ development pathway has been reviewed and we now have a post registration development pathway. This also enables WHC to utilise Annex U of A4C.</li> <li>WHC has utilised 100% of its apprenticeship levy in 18/19. It has also secured 10% of GWH's, and is approaching other businesses - including business outside of health.</li> <li>WHC has introduced a new trainee nurse associate development pathway (which when complete</li> </ul>	



	Q1	Q2	Q3	Q4	Position at the end of Q2 (Sept 2018)	Actions needed to get back on track
					<ul style="list-style-type: none"> <li>results in a band 4 registered nurse qualification).</li> <li>The cumulative effect of the above means that a school lever could be developed from GCSEs through to a registered nurse by undertaking training with WHC (initially by undertaking the apprentice schemes - NVQ levels 2 and 3, and then by undertaking the trainee nurse associate development pathway to become a registered nurse).</li> </ul> <p><b>- Q2 goal delivered.</b></p>	
			Leadership training rolled out		<p><u>Leadership training</u></p> <ul style="list-style-type: none"> <li>In patient ward part of this will be commenced in Q3. This programme has been designed by our L&amp;D lead.</li> <li>The remainder of this programme is in development, and WHC is now hoping to roll-out leadership training in Q1 of 19/20. Scoping options for the delivery of the material is likely to continue to take place across Q3 (with external sources of training being included in the scoping), with the intention of the material being signed off in Q4.</li> </ul> <p><b>- An element of the Q3 goal is on track, and the remainder will be progressed in 19/20.</b></p>	
Connect acute and community pathways	Further implementation work on discharge pathways taken forward as system transformation project.				<p><u>Discharge pathways</u></p> <ul style="list-style-type: none"> <li>This is incorporated into the flow and Home First work – see above.</li> </ul> <p><b>- Q4 goal on track.</b></p>	
	Continued development of Older Persons Pathway in South Wiltshire				<p><u>Older Persons Pathway</u></p> <ul style="list-style-type: none"> <li>WHC sits on the strategy group for the development of the Older Persons Pathway in South Wiltshire, and has representation at all the related operational groups. WHC is heavily engaged in the development of the MDT model.</li> <li>Further embedding of the MDT model and identification of patients risk stratification are tasks that will continue in Q3/Q4.</li> </ul> <p><b>- Q4 goal on track</b></p>	
A quality focus	<ul style="list-style-type: none"> <li>Quality priorities published in Quality Account</li> </ul>		<ul style="list-style-type: none"> <li>Quality accounts bi-annual update to be reported through the Quality Schedule</li> </ul>		<p><u>Quality Account</u></p> <ul style="list-style-type: none"> <li>WHC's Quality Account was published in Q1.</li> </ul> <p><b>- Q1 goal delivered.</b></p> <p><u>Quality Account updates – through quality schedule.</u></p> <p><b>- Q3 goal on track.</b></p>	
		New risk management and incident reporting system designed and			<p><u>Risk management and Incident Reporting System</u></p> <ul style="list-style-type: none"> <li>WHC has a defined risk appetite signed off by the</li> </ul>	

	Q1	Q2	Q3	Q4	Position at the end of Q2 (Sept 2018)	Actions needed to get back on track
			implemented		<ul style="list-style-type: none"> <li>board, against which an assessment can be made about any new strategic proposal.</li> <li>A new risk management strategy tailored made for WHC has been drafted and is currently under consultation.</li> <li>Work towards the implementation of DATIX is underway, and on track to be implemented by April 2019.</li> </ul> <p><b>- Q4 goal on track.</b></p>	
A public and patient engagement plan	<ul style="list-style-type: none"> <li>Stakeholder engagement on public and patient engagement plan</li> </ul>		<ul style="list-style-type: none"> <li>A public and patient engagement plan published</li> </ul>	<ul style="list-style-type: none"> <li>Review of the plan to date</li> </ul>	<p>Stakeholder engagement plan</p> <ul style="list-style-type: none"> <li>A patient and public engagement event was undertaken in Q1, which was well attended and informed the content of the early draft of WHC's public and patient involvement plan.</li> <li>An updated draft of WHC's public and patient involvement plan is now ready to be presented for wider consultation.</li> </ul> <p><b>- Q2 goal missed, but likely to be completed in Q3.</b></p>	
Good use of resources	<ul style="list-style-type: none"> <li>Upgraded financial ledger and associated financial reporting developed</li> </ul>		<ul style="list-style-type: none"> <li>Upgraded financial ledger implemented along with new financial reporting</li> </ul>		<p><u>Financial ledger – developed</u></p> <ul style="list-style-type: none"> <li>Financial reporting in place for Board and Executive Committee (through Excel).</li> <li>Financial reporting through the Agresso system not yet in place</li> </ul> <p><b>- Q1 goal achieved in part, with the remainder still being pursued.</b></p> <p><u>Financial ledger – implemented</u></p> <ul style="list-style-type: none"> <li>Unit 4 purchasing programme rolled out in Q2</li> <li>Financial reporting using the system still being developed</li> </ul> <p><b>- Q2 goal only partially achieved, delivery goal likely to be completed Q1 2019/20.</b></p>	<p><u>Financial ledger</u></p> <ul style="list-style-type: none"> <li>Dedicated support required from Financial Systems Manager at RUH (limited resource) as well as Unit 4 Consultancy Support.</li> </ul>

## Wiltshire Health and Care Board

**For discussion**

**Subject: Quarterly Report on 15+ Risks**

**Date of Meeting: 02 November 2018**

**Author: Katherine Hamilton Jennings, Board Secretary**

### 1. Purpose

- 1.1 The Board has overarching responsibility for WHC's risk.
- 1.2 The Board is responsible for overseeing WHC's risks, so that it may be assured that these are being appropriately managed.

### 2. Background

#### **15+ Risks**

- 2.1 In line with prevailing governance processes, the Board shall review WHC's 15+ risks on a quarterly basis.

### 3. Discussion

#### ***Risk Management Approach***

- 3.1 As WHC prepares for the implementation of DATIX, work is being undertaken to ensure preparation is complete for the implementation of a proposed new risk management framework. This includes ensuring that DATIX conveys clear and simple data to key staff to ensure that relevant senior managers are aware of factors that may lead to increased risks – serious incidents, complaints and ultimately reputational and financial damage.
- 3.2 The WHC Risk and Complaints manager and the Board Secretary will be undertaking Management of Risk training in Q4. This will ensure consistency and structure in future risk assessment and recording.


#### ***Risk Register***

- 3.3 As at 25 October 2018, WHC's Risk Register records the following risks:

Risk score	Number of risks
<b>Total</b>	<b>40</b>
<b>15+ risks</b>	<b>2</b>
<b>12 risks</b>	<b>13</b>
<b>&lt;12 risks</b>	<b>23</b>

## 15+ Risks

3.4 The table below sets out the 15+ risks:

Risk Register Ref	Headline	Date entered on Risk Register	Overview of the risk	Owner	Risk score at previous board review	Risk score Today	Target risk score	Movement in last review by the Board	Risk monitored by	Mitigations and Controls	Full PDF
2093	Ailesbury Ward	01/07/2016	<ul style="list-style-type: none"> <li>Lack of staffing, high use of agency staff and the physical layout of the wards has the potential to impact on patient care &amp; safety in Ailesbury Ward, Savernake Community Hospital, leading to; complaints, poor ratings from CQC, poor reputation with commissioners, stress on substantive staff - possibly leading to increased vacancies, increased adverse incidents, potentially leading to litigation.</li> </ul>	Lisa Hodgson	16	16	8	↔	Exec Co	<ul style="list-style-type: none"> <li>Ailesbury ward transformation is on target to go live on 5 November 2018. The recruitment campaign has been making good progress and we have recruited into all senior clinical roles; Senior Sister, Therapy Lead, ANP/ ACPs, and there has been some recruitment into other nursing roles. As the new substantive staff come into post, there will be a stepped approach to the re-opening of the beds. Bassett House beds are expected to remain open until the end of November 2018.</li> </ul>	 2093 - 26.

2150	IT connectivity	20/07/2018	<ul style="list-style-type: none"> <li>Staff members are unable to access electronic patient records, due to slow connections, impacting on clinical productivity and delays impacting on patient experience and staff frustration.</li> </ul>	Douglas Blair	15	15	4	↔	Exec Co	<ul style="list-style-type: none"> <li>Staff members are encouraged to use the offline function when on Wi-Fi, and update the record when returning to an internet connection.</li> <li>A new permanent member of staff for WHC is starting her new role as Head of ICT on 5 November 2018, and a crucial part of her work plan will be to improve WHC's situation with regards to connectivity.</li> <li>Regular updates will be provided to staff regarding the improvement of the network.</li> </ul>	 2150 - 26.
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#### Risks previously scored at 15+ at last Board review:

Risk Register Ref	Headline	Date entered on Risk Register	Overview of the risk	Owner	Risk score at previous board review	Risk score Today	Target risk score	Movement in last review by the Board	Risk monitored by	Mitigations and Controls	Full PDF
1805	Patient Transport	14/03/2017	<ul style="list-style-type: none"> <li>Patient transfers and/or treatment may be delayed or not occur due to a lack of available transport.</li> </ul>	Lisa Hodgson	16	9	3	↓	Exec Co	<ul style="list-style-type: none"> <li>Arrangements have been made for WHC to access additional</li> </ul>	 1805 - 26.

			<p>This could comprise the safety and effectiveness of patient care.</p> <p>This could cause reputational damage for WHC and result in patient complaints.</p>							<p>transport through the WICC over the coming winter months. This will be reviewed going into the financial year 19/20</p>	
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#### 4. Recommendation

4.1 The Board is invited to:

- (a) Note the 15+ risks, and confirm that it is satisfied that WHC's key risks are being appropriately managed.

## Impacts and Links

Impacts	
<b>Quality Impact</b>	As detailed in the risks.
<b>Equality Impact</b>	As detailed in the risks.
<b>Financial implications</b>	As detailed in the risks.
<b>Impact on operational delivery of services</b>	As detailed in the risks.
<b>Regulatory/ legal implications</b>	As detailed in the risks.
Links	
<b>Link to business plan/ 5 year programme of change</b>	<ul style="list-style-type: none"> <li>• 2093</li> <li>• 1805</li> <li>• 2150</li> <li>• 2217</li> </ul>
<b>Links to known risks</b>	As detailed in the risks.
<b>Identification of new risks</b>	As detailed in the risks.

**VERBAL ONLY**

**ANY OTHER BUSINESS**