0. COVER PAPER FOR BOARD PAPER BUNDLE

0b. Board Meeting Agenda Part I - 03.05.2019

1. Welcome, Introductions, and Apologies

2. Board Member - Register of Interests - updated April 2019

3. DRAFT WHC Board Minutes, 4 February 2019, Part I

3b. WHC Board Action Tracker- Part I

4. Patient Story

5. Chair's Report

6. Managing Director's Report

7. WHC Delivery Plan 18_19 - Quarter by Quarter Update (Q4) - Part I v2

8. WHC Delivery Plan 2019-2020

8b. Wiltshire Health and Care Delivery Plan on a Poster - 1 Year, 2019-2020 - V0.5

9. Quality Performance and Finance Board Paper 03 05 2019

9b. Appendix 1 - Staff Survey

9c. March Finance Dashboard

10. WHC DPO Annual Report - March 2019 Final

11. WHC Board Risk Report (May 2019) KHJ

12. NHSI Oversight Segmentation

13. Board Meeting Schedule

14. Any Other Business

15. Date of Next Meeting

16. END PAPER FOR BOARD PAPER BUNDLE

WHC LLP Board Papers

3rd May 2019

Wiltshire
HEALTH AND CARE

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

AGENDA
for a Meeting of the Board
Part I

Venue:	Training Room 1, Chippenham Community Hospital
Date:	3rd May 2019
Time:	10:00 – 13:00

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

In Attendance		
Amy Bowden (Minutes)	Corporate Officer	ABo
David James	Interim Board Secretary, WHC	DJ
Heidi Doubtfire-Lynn	Data Protection Officer, WHC	HDL

Apologies		
Katy Hamilton Jennings	Director of Governance & Company Secretary	KHJ

	Agenda Item	Lead	Paper	For Decision/ Discussion/ Information
1.	**Welcome, Introductions and Apologies**	Chair	Verbal	
2.	**Review of the Register of interests**	Chair	Paper	Decision
3.	**Minutes, Actions & Matters Arising**	Chair	Paper	Decision
4.	**Patient Story**	SJP	Presentation	For information
5.	**Chair's Report**	Chair	Verbal	For information
6.	**MD Report**	DB	Verbal	For information
	Strategy			
7.	**Quarter by Quarter review of delivery plan objectives, Q4 18/19**	DB	Paper	For information/Discussion
8.	**WHC Delivery Plan 2019-2020**	DB	Paper	Decision
	Scrutiny			
9.	**Combined Quality, Performance and Finance report**	SJP/AC/LH	Paper	For information/Discussion
	Governance			

10.	**WHC DPO Annual Report- March 2019 Final**	HDL	Paper	For information
11.	**Risk Report**	DB	Paper	For information/Discussion
12.	**NHSI Oversight Segmentation**	DB	Verbal	For information
13.	**Board Meeting Scheduling**	Chair	Verbal	Decision
14.	**Any Other Business**	Chair	Verbal	For information/Discussion
	Date of Next Meeting: **4th June 2019, 10.00-12.00** **Satin Glass Room, Melksham Community Hospital**			

Wiltshire Health and Care ("WHC")
Board Meeting

Item 1

Welcome, Introductions, and Apologies

VERBAL

Wiltshire Health and Care – Register of Interests

Wiltshire Health and Care LLP is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board, and those working for the organisation with significant control (defined as substantive staff members that are Grade 8C or above).

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

Board Members are required to register any relevant and material interests as soon as they arise, or within seven clear days of becoming aware of the existence of the interest. As such the Board Member will contact the Company Secretary to provide notification of the interest so that our Register of Interests may be updated as appropriate.

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

The Board will receive the Members' Register of Interests annually to assure the Board that the Register is being maintained and that there are no conflicts of interest which could adversely affect the LLP and its operations. It is the responsibility of the Company Secretary to ensure that at all times the Board takes into account relevant conflicts in its decision making, and will bring to the attention of the Chair and known conflicts that may be relevant to the discussion.

Wiltshire HEALTH AND CARE

NHS

Register Entries

BOARD

Independent Chair

CAROL BODE - Independent Chair – *updated 29 May 2018*

Title	*Organisation*	*Date of Commencement*
Group Chair	Radian Group Limited	July 2013
Chair Trustees	Basingstoke Voluntary Action	September 2017
Associate Trainer	NHS Providers	February 2012
Presiding Justice	Magistrates Court (N. Hants)	April 2006

Signed as correct, by CAROL BODE:……..

Date:……..

Executive Board Representatives

DOUGLAS BLAIR – Executive Board Member (Managing Director) – *updated 29 May 2018*

Title	*Organisation*	*Date of Commencement*
None Identified	-	-

Signed as correct, by DOUGLAS BLAIR……..

Date:……..

LISA HODGSON – Executive Board Member (Chief Operating Officer) – *updated 8 June 2018*

Title	*Organisation*	*Date of Commencement*
Sole trader	Lisa Hodgson, Healthcare Solutions	June 2013
Pool member	IMAS	June 2017

Signed as correct, by LISA HODGSON ……..

Date:……..

SARAH JANE PEFFERS - Executive Board Member (Director of Quality, Professions, and Workforce) – *updated 4 June 2018*

Title	*Organisation*	*Date of Commencement*
None Identified	-	-

Signed as correct, by SARAH-JANE PEFFERS……..

Date:……..

ANNIKA CARROLL - Executive Board Member (Director of Finance) – *updated 21 June 2018*

Title	*Organisation*	*Date of Commencement*
None Identified	-	-

Signed as correct, by ANNIKA CARROLL: ……..

Date:……..

Independent Board Representatives

RICHARD BARRITT - Non-Executive Board Member, Patient Voice Representative – *updated 26 July 2018*

Chief Executive Officer	Solent Mind	Lapsed
Consultant: OD/Leadership	The Wellbeing Collective for clients: Sussex Partnership NHS Trust, Kent & Medway NHS Partnership Trust, Somerset CCG, Huntercombe Group	July 2017
Interim CEO	Age UK Mid Hampshire	September 2017
Consultant: Support for Local Minds, Cornwall	Mind	August 2018

Signed as correct, by RICHARD BARRITT:……..

Date:……..……..

Dr CELIA GRUMMITT - Non-Executive Board Member, GP Representative – *updated 30 May 2018*

Title	*Organisation*	*Date of Commencement*
GP Partner	Cross Plain Health Centre *The Practice is a member of*	2003

	Wiltshire CCG and is in receipt of the services of the LLP	
Director	Solstice Health Limited General Medical Practice Activities	22 June 2016
Military and Veterans Champion	Wiltshire	2007
Co-Chair	SW Armed Forces Forum - Wiltshire CCG	2007
Managing Director	Rainbow 2 Limited - *R&D family company*	2007

Signed as correct, by CELIA GRUMMIT:……..

Date:……..

Dr ADIBAH BURCH - Non-Executive Board Member, GP Representative – *updated 4 June 2018*

Title	*Organisation*	*Date of Commencement*
GP Associate	Whitehorse Health Centre, Westbury *The Practice is a member of Wiltshire CCG and is in receipt of the services of the LLP*	January 2018
Company Director	Health and Vitality Solutions Limited	October 2017

Signed as correct, by ADIBAH BURCH……..

Date:……..

Great Western Hospitals NHS Foundation Trust Member Board Representative

KEVIN MCNAMARA - Non-Executive Member Board Representative (from July 2018, previously Deputy) – GWH – *updated 27 June 2018*

Title	*Organisation*	*Date of Commencement*
Director of Strategy/Executive Director	Great Western Hospitals NHS FT	April 2014
Executive Lead	Swindon Community Health Services	October 2016

Signed as correct, by KEVIN MCNAMARA……..

Date:……..

CAROLE NICHOLL – Deputy Non-Executive Member Board Representative – GWH – *TBC*

Title	*Organisation*	*Date of Commencement*

Signed as correct, by CAROLE NICHOLL……..

Date:……..

Royal United Bath NHS Foundation Trust Member Board Representative

REBECCA CARLTON - Non-Executive Member Board Representative – RUH – *updated April 2019*

Title	*Organisation*	*Date of Commencement*

Signed as correct, by REBECCA CARLTON……..

Date:……..

CLARE O'FARRELL - Deputy Non-Executive Member Board Representative – RUH – *updated 27 June 2018*

Title	*Organisation*	*Date of Commencement*
None Identified	-	-

Signed as correct, by CLARE O'FARRELL:……..

Date:……..

Salisbury Foundation Trust Member Board Representative

LISA THOMAS - Non-Executive Member Board Representative – SFT – *19 July 2018*

Title	*Organisation*	*Date of Commencement*
Director	Salisbury Trading Limited	1 September 2017

Signed as correct, by LISA THOMAS……..

Date:……..

KIERAN HUMPHREY - Deputy Non-Executive Member Board Representative – SFT – *updated*

Title	*Organisation*	*Date of Commencement*

Signed as correct, by KIERAN HUMPHREY……..

Date:……..

MINUTES
Of a Wiltshire Health and Care
Board Meeting Part I

Venue	By Telephone
Date	4 February 2019
Time	11:00-12:00

WHC Board Members		
Carol Bode	Non-Executive Member, Independent Chair	CB
Richard Barritt	Non-Executive Member, Patient Voice	RB
Francesca Thompson	Non-Executive Member, Royal United Hospitals NHS Foundation Trust ("RUH") Board Representative	FT
Kevin McNamara	Non-Executive Member, Great Western Hospitals NHS Foundation trust ("GWH") Board Representative	KMcN
Lisa Thomas	Non-Executive Member, Salisbury Foundation Trust ("SFT") Board Representative	LT
Douglas Blair	Executive Member, Managing Director	DB
Annika Carroll	Executive Member, Director of Finance	AC
In attendance		
Katy Hamilton Jennings	Director of Corporate Governance & Company Secretary	KHJ
Apologies		
Celia Grummitt	Non-Executive Member, GP Representative	CG
Adibah Burch	Non-Executive Member, GP Representative	AB
Sarah-Jane Peffers	Executive Member, Director of Quality, Professions & Workforce	SJP
Lisa Hodgson	Executive Member, Chief Operating Officer	LH

Item	Title/Notes	Actions
1	**Welcome, Apologies and New Declarations of Interest** The Chair thanked Board Members for making time available to dial into this virtual meeting of the Wiltshire Health and Care Board that had been rearranged at short notice given the heavy snow fall the previous Friday. The Chair noted that this was the last meeting of the Wiltshire Health and Care Board that would be attended by FT, due to her retirement from RUH. On behalf of the full Board, the Chair thanked FT for all her contributions to the Board and the Sub-Committees of WHC. The Chair noted that formal apologies has been received from: • CG, AB, SJP and LH. No new conflicts of interest were declared.	

2	**Part I Minutes, Actions and Matters Arising** **Minutes of Meeting of 2 November 2018** The minutes of the meeting of 2 November 2018 were approved as being a true and accurate reflection of the discussions undertaken by the Board. **Action Tracker** **The Action Tracker was updated in the following manner:** • **[67] Financial Reporting –** It was noted that an interim solution remains in place whilst we work towards the aim of richer reporting to budget managers. RUH's system's manager is working with us and external colleagues. April 2019 (M1) reporting will be web-based reporting. It was noted that board reporting has improved from the situation in April 2018, but there is further work to do. AC confirmed that she would put a timeline to the improvements anticipated, but advised that the improvements are likely take around 12 months to implement (i.e. to be in place by circa January 2020). Given this position, FT requested that AC circulate a paper articulating the risks relating to the financial reporting position that would not be fully resolved until circa January 2020. **ACTION: AC to circulate a paper to articulate the timeline for how the issues with financial reporting would be resolved, together with the risks presented by the current financial reporting system that would not be resolved fully until January 2020.** • **[79] Audit chair –** It was noted that the action relating to WHC appointing a new board member to act as audit chair remained open. It was noted that in June 2018 the Board approved the proposal to appoint an additional non-executive with a financial/audit background due to the absence of this experience amongst the current non-executives. Interviews had taken place, and nominations were proposed. Subsequently, the Member Representatives had requested that WHC did not increase the size of the Board. As such, a new board representative had not been appointed. It was noted that WHC would be unable to establish an audit committee with non-executive board member representation covering with independent recent and relevant financial experience. CB directed KHJ to add a risk to the WHC risk register to reflect the presenting situation, commenting that the board would need to continue to carry out the audit committee function – receiving the internal audit reports for 2018/19; reviewing and signing off internal audit plan for 2019/20; receiving the external auditor's report for 2018/19. LT asked KHJ to confirm whether there was a requirement to establish an audit committee, and it was agreed that KHJ would revert to the Board with this advice and a proposal for managing the above information from the auditors.	**AC**

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	ACTION: KHJ to circulate a paper setting out a proposal for how the internal and external audit matters should be dealt with by the board members • **[82] Board Mandatory training –** It was noted that mechanisms for monitoring mandatory training for board members are now embedded. The Company Secretary now receives a monthly report on board training compliance, and is supported by the WHC Learning & Development team to engage the board membership to complete any outstanding training where applicable. In Q3 of 18/19 all non-executives had either completed their mandatory training or had provided WHC with evidence of equivalent compliance. This being with one exception of local fire safety training which, subsequent to the circulation of the board papers, a solution for ensuring this compliance had been put in place. This action was closed. • **[101] Sharing patient stories with GP Alliance colleagues –** It was noted that a record of the patient stories brought to the WHC board would be shared with Dr Lindsay Kinlin, the Wiltshire GP Alliance, Improved Access, Director, to share with Wiltshire GP Alliance colleagues. This action was closed. • **[102] Board member visit to Ailesbury/Chestnut units in Savernake Hospital –** It was noted that CG had visited Ailesbury ward, alongside GWH's Chief operating officer Jim O'Connell, on 26 January 2019. KMcN fed back to the board that Jim had enjoyed his experience of visiting the new units, and had reported back positively in relation to the changes that had been made. CG was not in attendance at the meeting, but her feedback had been provided by email. CG was keen to ensure that further work continued to support the units now that the formal project phase had concluded. It was noted that the Executive Committee would maintain oversight of the further work to support the units. This action was closed. • **[103] Keeping the board informed of progress with the Employee Partnership Forum (EPF) –** It was noted that the first meeting of WHC's EPF would be convened in May 2019. Feedback from the EPF would be fed to the board via WHC's performance report. This action was closed. **<u>Matters arising</u>** There were no matters arising.	**KHJ**

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3	**Patient Story** As this board meeting had been rearranged by telephone at short notice on account of the thick snow that had fallen on the day of the planned board meeting, the board were unable to hear a patient story at this meeting. The patient who had been invited to attend this quarter's meeting of the board had been asked whether they would like to attend a subsequent meeting of the board, and they had confirmed that they would like to.	
4	**Chair's Report** The board did not receive a report from the Chair on this occasion.	
5	**Managing Director's Report** It was noted that in lieu of providing a verbal update, DB would circulate a narrative report to board members after the meeting covering the following topics: • MSK • The positive results demonstrated from the First Contact Physiotherapy pilots (which, as highlight, had shown that 91% of people had avoided seeing a GP as a result of the scheme). • Patient flow It was noted that this narrative would also be circulated to the Chairs and Chief Executives of our member trusts.	

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6	**Quarterly Finance, Quality and Performance Report** **<u>Feedback from Members</u>** FT advised the board that NHSI had attended RUH for a seminar to review board reporting, and had commented on WHC's performance dashboard as being an exemplar document particularly with reference to the fact that it was easy to identify when performance was flagging statistically significant variation. The board noted the content of the combined finance, quality, and performance report, and noted the following key messages: **<u>Quality</u>** The Board noted the following ADVISORY updates: • CQUIN flu target of 75% was achieved. WHC achieved 75.61%. • Staff survey had been completed, and the information from that would be presented to the next Board meeting. Response rate from staff was 36%, and more responses were received this year than the previous year as the survey was sent to all staff. • There is now an active recruitment pipeline for Ailesbury and Chestnut units with new starters arriving throughout January- March 2019, including a new Ward Manager. • DATIX implementation remains on target. Training to be rolled out in March 2019. • Complaints response target not been achieved in month 9 (44%), although target achieved in previous months. There are no outstanding complaints. The area receiving the most complaints is MIU. An interim Head of Ops started on the 14th January 2019 and has commenced a diagnostic and will triangulate quality, performance and finance information. The report is expected to be available in March 2019. • WHC remains above the national benchmark for falls on community wards. An action plan is now in place. The newly appointed senior Nurse and Head of Patient Safety and Quality will oversee the completion of the plan. • Sickness rates are at 5.35% against a target of 3.5%, this increase is due to long-term sickness. All cases are being managed in line with HR policy. • Appraisal rate below target; 58.6% against a target of 80%. This has improved in month and all teams/ services have an 8 week recovery plan in place. • Statutory and Mandatory training rate is below target; 75.13% against a target of 80%. This has improved in month and teams/ services are working to an 8 week recovery plan.	

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- Allocate (Healthroster) is due to start rollout in Q4, this will be a 12 month project led by Interim Head of Ops and delivered by Workforce Optimisation Lead.
- Public and Patient Engagement Plan has been published.
- Falsification of Medicines Directive - Expected date of delivery is the 9th February 2019. However, further progress will not be made following the procurement exercise until there is further national guidance offering greater clarity, particularly in relation to Independent Healthcare Providers.

The Board received the following ALERT:

- Meetings have been held with independent Occupational Health organisations; however, this has not secured any new microbiology support. Further advice will be sought from other community providers; Gloucestershire Community and Hampshire/ Dorset community to identify if there are other delivery models.

There were no Board ACTIONS.

Finance

- There are continuing issues with the upgrade of WHC's financial ledgers. Recent issues with the RUH's upgrade poses further risk to the timeline and consequential delay in establishing fuller financial reporting. The main mitigation remains the addition of further consultancy support.

There were no ALERTs to the Board.
There were no Board ACTIONS.

Performance

The Board noted the following ADVISORY updates:

- **RTT performance** has improved across all services with the exception of:
    - **Community Teams -** Agreement has been reached with commissioners that the community teams will not meet the target in 2018/19, due to the level of escalation in the system, and the requirement for all resources to be focused on supporting discharges. However, all waits over 35 weeks will be reviewed to ensure no breaches are in excess of 52 weeks.

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	○ **Learning Disabilities -** Delays relate to therapy and psychology. Psychology requires a commissioner discussion which is due to take place in February 2019. Additional therapy support to cover vacancies and sickness is actively being sought and an improvement is expected to be seen in Q1 of 2019/20. ○ **Wheelchairs** – This is an improving picture and the trajectory in place will bring the service back within target by Q1 2019/20. ○ **Other services** - significant RTT improvements have been made in all other services, and the RTT target will be met at organisational level. • **Flow -** The Wiltshire Flow Hub was launched in December 2018. Wiltshire Health and Care is now responsible for flow from acute hospitals into community bedded capacity. Prior to the Christmas Holiday period there had been good flow into bedded capacity which had supported lower occupancy rates at acute hospitals over the Christmas period. As a consequence, as demand picked up during the first week in January 2019, there was more limited bedded capacity available. . WHC has maintained DToC in community wards within the target range 10-15%, and the number of discharges prior to midday has improved. Flow into Pathway 2 beds has been maintained. • **Intermediate Care beds -** It has been noted through the work of the Wiltshire Flow Hub, there are a number of Intermediate Care bed process improvements which could be considered to improve flow. A task and finish group has therefore been established with partners to review this. • **MIUs** - December 2018 saw 7% of patients requiring transfer to an acute trust. This was due to the acuity of patients and was therefore appropriate. Public education continues through Wiltshire CCG. • **Inpatients assessments -** The target was not met in December 2018. Following review it would appear that this was due to the acuity of patients and workload. A review has been requested to analyse this performance. The Board received the following ALERTs: • **Wheelchair Services -** A review of the Wheelchair service has now been completed, and presented to the Executive Committee. A full briefing will be made available to the Board in Q1 of 2019.	

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	• **MIUs -** Diagnostic work is currently being undertaken to better understand the problems experienced by both MIUs. This is being supported through a listening event with staff. The initial work is due to complete in early March 2019. There were no Board ACTIONS.	
7	**Risk Framework** KHJ presented a proposed new risk framework for WHC. KHJ advised that this proposal built upon the framework adopted from GWH, but had been adapted so that it more aptly reflected: • Community team working • The governance and reporting structure of WHC • The abilities of the new system being adopted by WHC for incident and risk management – DATIX. In terms of more deeply embedding an effective risk management culture within WHC's services, KHJ advised that the plan was to utilise the new combined dashboard report, which would be published monthly at team/service level from May 2018 (i.e. following the launch of DATIX), and to use information from this to prompt an analysis by team/service leads as to current or upcoming risks in 6 key areas. These would be documented in a barometer, which would be discussed at WHC's Operational Performance and Planning meeting. The purpose of these discussions being to prompt an appropriate risk management plan where applicable. Board members were supportive of the proposal. It was noted that as part of the 18/19 internal audit programme, WHC's approach to risk management was being reviewed. **The Board APPROVED the proposed Risk Framework.**	

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8	**Risk Report 15+** The Board reviewed the Risk Report and noted the contents. The Board noted that one new risk with a score of 15+ had been added to the risk register in the last quarter. This risk related to MIU incidents, in relation to which WHC was managing the risk through the appointment of a new clinical lead, and a deep dive exercise to consider issues and put in place an action plan through a newly appointment Head of Ops was underway. The Board would receive an update on this exercise once completed (March 2019). As per the previous discussions undertaken in relation to the action tracker, CB instructed KHJ to ensure WHC's risk register appropriately documented WHC's risks in relation to the absence of an independent board member with recent and relevant financial experience / an established audit committee. KHJ agreed. The review of 15+ risks was carried out briefly given time constraints. Given this, Board members were asked to feedback to KHJ any key concerns or feedback relating to the report. **ACTION: KHJ to update the WHC Risk Register to document the risk relating to the absence of an independent board member with recent and relevant financial experience / an established audit committee.**	**KHJ**
9	**Process against WHC's Delivery Plan – Quarterly Update** The Board noted the quarterly update of the delivery plan for Q3. The Board were asked for questions by exception, but there were none on this occasion. It was noted that any further queries or questions should be directed to KHJ in the first instance following the meeting.	

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10	**EU Exit assurance** The Board noted that WHC was complying with the regime that was being put in place nationally for NHS providers. Most recently WHC has submitted risk assessments in 6 key areas to Wiltshire CCG, for onward transmission to NHS England. It was noted that there were no specific risks for WHC, additional to the general risks faced by all healthcare providers if national efforts to protect supply chain were not successful. In these circumstances, issues affecting community services would be managed as indicent response. . The Resilience team at GWH, which supports WHC through an SLA, will be coordinating WHC's EU Exit assurance.	
10	**Any Other Business** No other business was brought to the meeting. CB once again thanked FT for her contributions to the work of the WHC Board. FT advised that her replacement would be her successor Chief Operating Officer at RUH – Rebecca Carlton, who is due to start at RUH on 24 February 2019.	
	Date of Next Meeting: 3rd May 2019, 10:00-13:00, Training Room 1, Chippenham Community Hospital	

DRAFT

Wiltshire Health and Care
Board Action Tracker- Part I

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

No	Date Entered	Action	Assigned to	Status	Date closed	Notes
67	28.11.17	**Financial reporting** 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		As per previous reports into the board (advise section), this remains under development.
79	23.01.18	**Audit Committee chair** Agree a strategy for ensuring WHC can access an independent Audit and Assurance Committee chair.	CB	Open		In June 2018, the Board approved the proposal to appoint an additional non-executive with a financial/audit background due to the absence of this experience amongst the current non-execs. Interviews took place, and nominations were proposed. Subsequently, the member reps have requested that WHC does not increase the size of the Board. As such, we will not appoint a new board representative, and WHC will be unable to establish an audit committee with its current membership. The Board will act to oversee the annual report in 18/19, as per 17/18.

104	04.02.2019	**Timeline for addressing the issues with financial reporting** AC to circulate a paper to articulate the timeline for how the issues with financial reporting would be resolved, together with the risks presented by the current financial reporting system that would not be resolved fully until January 2020.	AC	Open		
105	04.02.2019	**Update to risk register - Independent board member with recent and relevant financial experience** KHJ to update the WHC Risk Register to document the risk relating to the absence of an independent board member with recent and relevant financial experience / an established audit committee.	KHJ	Can be closed	26.02.2019	Action complete.

Wiltshire Health and Care ("WHC")
Board Meeting

Item 4

Patient Story

PRESENTATION

Wiltshire Health and Care ("WHC")
Board Meeting

Item 5

Chair's Report

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Item 6

Managing Director's Report

VERBAL

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care Delivery Plan: Milestones for 2018/19, Q4 Update

Key	
	Delivery milestone achieved.
	Delivery milestone on track to be completed by target date.
	Delivery milestone off-track to be completed by target date, but actions in place to achieve milestone by the end of the year.
	Delivery milestone off-track to be completed by target date, and milestone unlikely to be achieved by the end of 18/19.
	Delivery milestone no longer applicable on account of national decision making

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
Standardise and systemise to reduce variation		• Higher intensity care recognised in system care delivery framework.		• Frailty scoring rate increased to 80% (Q4).	<u>Frailty scoring</u> • At the end of 17/18, WHC's average frailty scoring rate was 64%. As at February 2019, the average frailty scoring rate is 68%, however 5 of the 11 community teams have achieved the 80% frailty scoring target. - **Q4 goal achieved by 5 of the 11 teams, but not all.**	<u>Frailty scoring</u> This is a significant component of our Delivery Plan for 19/20, and actions to ensure continued improvement in our frailty scoring are set out in our Delivery Plan in *'Part 2, Theme 3'.*
		• Wounds assessment CQUIN target of 60% (Q2) achieved.		• Wounds assessment CQUIN target of 80% (Q4) achieved.	<u>Higher Intensity Care</u> • 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. **– Q2 goal was achieved.** <u>Wound assessments</u> • The percentage of wounds being assessed at the end of Q4 is 93%. **– Achieved.**	
Respond to increased demand and maintain performance	RTT performance maintained above target (92%)				<u>RTT</u> • Overall RTT performance has been maintained above target. Q1: 97.2%, Q2: 96.8% and Q3: 96.5; Q4: 96.4%. **– Achieved.**	
			Orthotics service re-procured		<u>Orthotics re-procurement</u> • This exercise was deprioritised in 18/19 to focus on higher priority tasks. **–Q4 goal not achieved.**	<u>Orthotics re-procurement</u> WHC will review the benefits of re-procuring this service in 19/20.
Improve system flow	Home First pathway further embedded across all sites throughout 2018/19				<u>Home First</u> • There is now a joint clinical lead post between WHC and SFT - responsible for working with SFT services on site to embed Home First, and to align the early supported discharge services. Work with Swindon community services has aligned pathway for GWH. **– Q4 goal achieved.**	

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
		• Improved data collection for ESD stroke pathway	• New reablement pathway aligned with Home First. • Real time data collection for Home First.	• Requirements of safe and proactive discharge CQUIN achieved.	<u>ESD stroke pathway</u> • 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. **– Q2 goal delivered.** <u>New reablement pathway</u> • A new reablement pathway aligned with Home First has now been designed, agreed, and signed-off by the Joint Commissioning Board (JCB). • Implementation of this pathway is well underway; however recruitment challenges have delayed the full implementation in the South. **– Alignment of the reablement pathway in the South remains a priority into 19/20.** <u>Real time data collection for Home First</u> • 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 *weekly* numbers of patients starting care on Home First with the CSU/CCG. **- Q3 goal delivered (ahead of schedule).** <u>Requirements of safe and proactive discharge CQUIN</u> • 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. **- Q4 goal no longer applicable.**	<u>New reablement pathway</u> Finalising the alignment of the reablement pathway is a key objective in our 19/20 Delivery Plan (see *Part 2, Theme 7*).
Bring community provision together	Cross working and integration between community services continues				<u>Cross working and integration between community services continues</u> • WHC's interim Head of Operations has actively engaged the LDs at Wiltshire CCG and Wiltshire Council to develop the strategy for LD services in the county. • Adult Social care colleagues now attend the Wiltshire Patient Flow Hub on a regular basis. Further work is required in 19/20 to further embed this joint working as set out in our Business Plan. WHC is looking at combined flow coordinators. This is set out in our Delivery Plan for 2019-2020	<u>Learning Disabilities</u> During 2019/20 Wiltshire Council are undertaking a review of the 'whole life pathway' of patients, including those with a Learning Disability. WHC's CPTLD team will contribute to the development of this pathway to ensure the needs of patients with LD are recognised and

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
					Part 2, Theme 6. **- Q4 achieved in many ways, with ongoing work to further integration being a key aspect of our Delivery Plan for 2019-2020.**	addressed within the developing model of health and social care provision (see Delivery Plan *Part 2, Theme 7*). <u>Primary care</u> Providing services in an integrated manner with primary care colleagues is a key part of our Delivery plan for 2019-2020 (*Part 2, Theme 10*).
Implement new approaches to promote self management and proactive care		• New MSK Pathway commences. • Frailty strategy for Wiltshire Health and Care finalised and action plan shared with commissioners.	• SMS based text system implemented for MSK services.	• Further development of new MSK pathway, with addition of more Extended Scope Practitioners • 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. • Requirements of personalised care and preventing ill health CQUIN achieved.	<u>New MSK pathway</u> • Phase 1 and Phase 2 of the new MSK pathway have mobilised. The Q2 goal was delivered. The new pathway has received positive stakeholder feedback. **- Q2 goal delivered.** <u>SMS text messages</u> • The roll-out of SMS messages for the Wiltshire Orthopaedic Network (WON) is in progress. **- Q3 goal delivered.** <u>Development of MSK pathway</u> • 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. **- Q4 delivered.** <u>Reporting arrangements MSK</u> • Discussions relating to the reporting arrangements for the MSK pathway concluded. **- Q4 delivered.** <u>Requirements of personalised care and preventing ill health CQUIN</u> • WHC successfully achieved the preventing ill health CQUIN in every quarter of 18/19. • WHC successfully asked the activation questions applicable to the personalised care CQUIN to all relevant patients, and all but one patient's scores to the activation questions improved (the one patient's score who did not improve remained the same and there was a justifiable clinical reason for this). On this basis, we are predicting that the CCG will deem this CQUIN achieved.	<u>Development MSK pathway</u> Phase 3 will commence in May 2019 and will include releasing more appointments in the community and roll out of more classes for patients across Wiltshire (see *Delivery Plan, Part 2, Theme 1*).

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
					- Q4 achieved Frailty strategy • WHC's frailty strategy is now defined, and forms part of our Delivery Plan for 19/20 (Part 2, theme 3). Our approach to improved management of frailty as a long term condition endorses the four overriding principles agreed by the STP frailty programme. **- Q2 goal not achieved, but goal achieved as at the end of Q4.**	
Review services	• Alignment with new urgent care service	• Clear agreement on approach to patient flow support reached with CCG.	• Implement the agreed approach to patient flow.		Alignment with new urgent care service • 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. • WHC has commenced an internal review of its MIUs - to be led by the interim Head of Operations. **- Q1 goal not delivered, but aligning our MIUs with the wider system plans for urgent care forms part of our Delivery Plan objectives for 2019/20.** Clear agreement on approach to patient flow • WHC agreed the approach for patient flow with Wiltshire CCG. It was agreed that WHC would take a number of the functions delivered by Access to Care and deliver these directly. E.g. in winter 2018, Access to Care handed over responsibility for bed allocation, production of the sit rep, and patient flow. **- Q2 goal delivered.** Implementation of the agreed approach to patient flow • Since December 2018, WHC has taken responsibility for bed allocation, sit reps, and patient flow (by developing the WICC into the "Wiltshire Patient Flow Hub"). **- Q3 delivered.**	Urgent Treatment Centres • Throughout 19/20, we will work with commissioners to clarify the specification for Urgent Treatment Centres in Wiltshire, to allow development (see our Delivery Plan for 19/20, *Part 2, Theme 4*).
Develop and strengthen partnerships	• Joint Programme Committee		• Resources in place for integrated		Joint Integrated Programme Committee • Completed. **- Q1 goal delivered.**	

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
	established to oversee integration of Home First and reablement pathway		pathway. • Revised approach to the management of intermediate care beds agreed		Resources in place now for integrated pathway. • Additional resources for Home First and reablement signed off by Joint Commissioning Board in August 2018. Recruitment continues, but is not yet completed in the South. We will therefore continue to target this area into 2019/2020. **- Q3 goal delivered in part of the county, put not county-wide. This will form part of our Delivery Plan for 2019/2020.** Intermediate care beds • In 18/19, WHC 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. As part of our Delivery Plan for 2019/20, in Q1, we will put a proposal to Wiltshire CCG to increase our role in the clinical oversight of intermediate care beds. **- Q3 goal delivered. Longer term solution to be defined in 19/20.**	Resources for integrated pathway In Q1 2019/20, we will pursue alternative and innovative methods to boost recruitment in the South (See *Delivery Plan, Part, Theme 6*). Intermediate care beds As part of our Delivery Plan for 2019/20, in Q1, we will put a proposal to Wiltshire CCG to increase our role in the clinical oversight of intermediate care beds.
	Rotational scheme for workforce tested with primary care colleagues				Rotational scheme for workforce • Focus in 18/19 has been placed on WHC's own workforce initially. Rotations were initially put in place for physiotherapists within WHC's own services, and this has now been expanded to CTPLD. Feedback from these areas will inform our approach going forward, which will hopefully involve more rotations with other partners – including primary care. • In line with the NHS Long Term Plan and the objective to dissolve the barrier between primary care and community care, we are actively engaging in discussions with practices and the developing primary care networks to consider opportunities to align community and primary care teams – reducing duplication, and supporting resilience. This will be a key part of our Delivery Plan in 19/20, see *Part 2, Theme 10*. **- This Q4 goal was not achieved, but we are laying the foundations to support the vision of the NHS Long Term Plan, and the alignment of primary care and community care.**	Dissolving the barriers between primary and community care We are actively engaging in discussions with practices and the developing primary care networks to consider opportunities to align community and primary care teams – reducing duplication, and supporting resilience. This will be a key part of our Delivery Plan in 19/20, see *Part 2, Theme 10*.
Plan for change in estates	Part of STP Estates strategy and Wiltshire CCG estates work to deliver a plan for estates in Wiltshire				Deliver a plan for estates in Wiltshire • Wiltshire Health and Care is engaged in estates strategy work, being led by Wiltshire CCG, including, for example, work on new facilities in Devizes and Trowbridge. **- Progress made in 18/19.**	.

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
	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> • Schemes to improve use of Devizes, Trowbridge, and Salisbury estates have all been delivered by NHSPS. • Works in Chippenham and Warminster will commenced in Q4 of 18/19, and will continue into 19/20. **- Q4 goal delivered.**	
			New estates advisory arrangements in place.		<u>Estates advisory arrangements</u> • WHC internal governance for estates developed and approved. • RUH have approval to develop a business case to deliver Estates Advisor Service for WHC. **- We will secure these arrangements in early 19/20.**	
	Sustainable approach to soft facilities management designed		Sustainable approach to soft facilities management delivered		<u>Soft facilities management - designed</u> • Approach was designed by Q2, but due to contextual changes, it is likely that this will need to be revisited. **- Q2 goal being revisited in 19/20.** <u>Soft facilities management - delivered</u> • Further work will be done to understand the most suitable approach in the longer term. **- Goal being pursued in 19/20.**	<u>Soft facilities management</u> In 19/20 further work will be done to understand the most suitable approach in the longer term.
Transform the use of technology			MIUs moved onto SystmOne		<u>MIUs to System1</u> • Project started in Q3, but delivery of solution was strategically pushed into 19/20 to <u>follow</u> network upgrades in Chippenham. **- Delivery goal likely to be delivered in Q1, 19/20 to align with improved network capability.**	<u>MIU to System1</u> Delivery goal likely to be delivered in Q1, 19/20 to align with improved network capability.
	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> • HSCN contract in place following STP-wide procurement process. • WHC is engaged in the roll out of the new connections. • HSCN orders for all sites were placed in November 2018. • Delivery of new connection occurred started in April 2019. **– 18/19 goal partially achieved. The remainder of the lines will be put in place in early 19/20.**	<u>HSCN lines</u> The remainder of the lines will be put in place in early 19/20.

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
	New telephone system scoped and implementation in phases commenced				<u>New telephone system</u> • Delivery of new telephone system will move into 19/20 due to interdependency on increased network capability (see above). **– Cannot be delivered in 18/19. Being re-programmed as a 19/20 deliverable.**	<u>New telephone system</u> By the end of Q2 of 19/20, we will be in a position to run a competitive tender for a new telephone system provider.
	Bid to move inpatient wards onto SystmOne as opportunities arise				<u>Bid to move wards to SystmOne</u> • New bid for moving inpatient wards to SystmOne was submitted to the CCG in August 2018. This will be implemented ***<u>if</u>*** the commissioners decide that they wish to fun it.	<u>Bid to move wards to SystmOne</u> Can be implemented in 19/20 if the commissioners determine that they wish to fund this.
Design the workforce for the future	Participation in STP workforce projects				<u>Participation in STP Workforce projects</u> • 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. • STP partnership forum – This has a staff side and a management component. WHC is a keen participant in this when the group is active. **- Engagement throughout 19/20 successful.**	
	• WHC dedicated staff bank established			• WHC bank grown in size, providing greater proportion of flexible workforce	<u>Staff bank – established</u> • The WHC staff bank has been established and operating since Q1. **- Q1 goal delivered.** <u>Staff bank – developed</u> • 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 (specialist, community teams, in patients), will short list and interview. This centralised bank recruitment plan commenced in November 2018. **- Q4 goal delivered, but work will continue into 18/19.**	.
Implement values and behaviours	• Internal survey on embedding of values and behaviours completed			• Requirements of staff health and wellbeing CQUIN achieved.	<u>Internal survey on values and behaviours</u> • An internal survey on values and behaviours was carried out in Q1. • Awareness of WHC's values and behaviours has been recently promoted at the staff listening events undertaken with colleagues from specialist	<u>Staff Health and Wellbeing CQUIN</u> • Q4 goal not achieved, but measures to improve wellbeing are a key feature of the

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
					services. The staff supported these. **- Q1 goal delivered.** <u>Staff Health and Wellbeing CQUIN</u> • Flu - WHC achieved its target of 75%. • The 18/19 CQUIN measure was to achieve a 5% improvement on the 2016 staff survey results for two measures; staff having MSK issues and staff feeling supported for stress. Unfortunately this has not been achieved based on the reported results for 18/19. Given this position, measures to address and improve staff wellbeing form part of our suite of workforce objectives for 19/20 (see Delivery Plan, *Part 3C*) **– Q4 goal not achieved, but measures to improve wellbeing are a key feature of the 19/20 Delivery Plan.**	19/20 Delivery Plan 20 (see Delivery Plan, *Part 3C*).
Develop career pathways	Links to universities enhanced				<u>Link to universities</u> • 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. . **- Q4 goal achieved, but work will continue to build this further.**	
	Existing career development pathways reviewed and enhanced				<u>Career development pathways enhanced</u> • 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. • 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. • WHC has introduced a new trainee nurse associate development pathway (which when complete results in a band 4 registered nurse qualification). • 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). **- Q2 goal delivered.**	

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
			Leadership training rolled out		<u>Leadership training</u> • In patient ward part of this commenced in Q3. This programme has been designed by our L&D lead. • The remainder of this programme is in development, and will be delivered in 19/20 (see Delivery Plan, Part 3B). **- An element of the Q3 goal was delivered, and the remainder will be progressed in 19/20.**	
Connect acute and community pathways	Further implementation work on discharge pathways taken forward as system transformation project.				<u>Discharge pathways</u> • This is incorporated into the flow and Home First work – see above. **- Q4 goal delivered, and we will build upon this foundation in 19/20.**	<u>Discharge pathways</u> By the end of Q2 19/20, we will develop the Patient Flow Hub further to increase coordination of Home First + discharges (See Delivery Plan, *Part 2, Theme 5*).
	Continued development of Older Persons Pathway in South Wiltshire				<u>Older Persons Pathway</u> • 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. • Further embedding of the MDT model and identification of patients risk stratification are tasks that will continue in 19/20. **- Participation throughout 18/19. This will continue into 19/20.**	
A quality focus	• Quality priorities published in Quality Account		• Quality accounts bi-annual update to be reported through the Quality Schedule		<u>Quality Account</u> • WHC's Quality Account was published in Q1. **- Q1 goal delivered.** <u>Quality Account updates – through quality schedule</u>. **- Q3 delivered.**	
		New risk management and incident reporting system designed and implemented			<u>Risk management and Incident Reporting System</u> • WHC has a defined risk appetite signed off by the board, against which an assessment can be made about any new strategic proposal. • A new risk management strategy tailored made for WHC has been drafted and is currently under consultation. • DATIX implementation progressed throughout Q4, and was ready to launch for incident management on 1 April 2019, and will launch for risk management on 1 May 2019. **- Q4 achieved.**	
A public and patient engagement plan	• Stakeholder engagement on public and patient	• A public and patient engagement		• Review of the plan to date	<u>Stakeholder engagement plan</u> • A patient and public engagement event was undertaken in Q1, which was well attended and	<u>Stakeholder engagement plan</u> Additional resource is

	Q1	Q2	Q3	Q4	Position at the end of Q4 (March 2019)	How we are addressing gaps in next year's plan
	engagement plan	plan published			• informed the content of the early draft of WHC's public and patient involvement plan. • An updated draft of WHC's public and patient involvement plan was drafted, and underwent consultation in late 2018/ early 2019. This has been endorsed by the Board, and is now a live document. • The plan was reviewed in Q4, and a set of objectives relating to the delivery of our public and patient engagement plan form part of our Delivery Plan for 19/20 (see Section 8). • Throughout 18/19 we have established a close partnership with Carers Support Wiltshire, which has helped us to ensure that the carers of our patients have a voice. This has enabled 'open visiting' across all 4 of our wards. **- All delivery goals completed in 18/19.**	being appointed in 19/20 to support the delivery of our public and patient engagement plan. At the same time,
Good use of resources	• Upgraded financial ledger and associated financial reporting developed	• Upgraded financial ledger implemented along with new financial reporting			<u>Financial ledger – developed</u> • Financial reporting in place for Board and Executive Committee (through Excel). • Financial reporting through the Agresso system not yet in place **- Q1 goal achieved in part, with the remainder still being pursued.** <u>Financial ledger – implemented</u> • Unit 4 purchasing programme rolled out in Q2 • Financial reporting using the system still being developed **- Q2 goal only partially achieved, delivery goal likely to be completed Q1 2019/20.**	<u>Financial ledger</u> Financial reporting through the Agresso system will go live in Q1 2019/20.

Wiltshire Health and Care

Delivery Plan

2019-2020

Wiltshire
HEALTH AND CARE

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

www.wiltshirehealthandcare.nhs.uk

Quality, Integrity
Partnership, Change
NHS

1. Contents

Delivery Plan 2019-20 This will be published as a stand alone document for wide circulation. In line with other health plans, it covers one year only			
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Delivery Plan for 2019-2020

1. Introduction

Wiltshire Health and Care LLP
Our purpose
To provide seamless care to the residents of Wiltshire - removing the cultural and contractual barriers.
Our vision
Our vision is to enable people to live independent and fulfilling lives for as long as possible.

Our strategic objectives	
In pursuing our vision, three simultaneous strategic objectives, and associated workstreams are being pursued in 19/20:	
Implementation of a new model of care	Wiltshire Health and Care will play an active role in implementing the Long Term Plan for the NHS within Wiltshire, working with delivery partners on shared plans and priorities.
Integration of service provision at a local level	Wiltshire Health and Care is committed to the integration of service provision to reduce duplication, increase resilience, and improve the quality and experience of services.
Transforming adult community health services	Transforming the approach to adult community health services, modernising systems and processes, improving the infrastructure, and reducing the fragmentation of the sector to meet the needs of a changing population.
These three strategic objectives are mutually supportive of each other and can be pursued in parallel.	

Our delivery goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People Including our *Safer Staffing Programme*	Supporting our patients and services with good IT	Supporting our patients and staff with physical infrastructure that better meets need	Providing services in an efficient and sustainable way	Ensuring everything we do has a quality focus	Involving and engaging our patients and the public in developing our services

Our values
Quality, Integrity, Partnership, Change

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Wiltshire Health and Care was established to provide seamless care to the residents of Wiltshire - removing the cultural and contractual barriers to achieving this joined up approach.

As we look forward to 2019-2020, to continue to achieve this goal for local people, Wiltshire Health and Care is faced by the following challenges:

- Increasing needs in the Wiltshire population, and increased demand for community services.
- The effects of historic under-investment in community services and in their supporting infrastructure.
- The legacy of traditional thinking on how health services should be delivered, structured, and organised with some service models still similar to those in place at the inception of the NHS.
- A long standing contractual boundary between primary care and community services which is increasingly a barrier to change and improvement
- Recruiting and retaining a clinical workforce in the context of a large proportion of the workforce that are eligible to retire, whilst facing national issues such as the effects of undergraduate payments and numbers and apprenticeship levy payments,

To address these challenges and meet our overarching objectives, Wiltshire Health and Care will act as a key part of implementing the new vision for the NHS in the 21st century (as set out within the NHS Long Term Plan) across Wiltshire by:

- Playing our part in implementing a new model of care – *see Chapter 2*
- Developing our people – *see Chapter 3*
- Supporting our services and patients with good IT – *see Chapter 4*
- Supporting our patients and staff with physical infrastructure that better meets need – *see Chapter 5*
- Taking action to promote sustainability and productivity – *see Chapter 6*
- Promoting quality services, that meet the needs of the population, and support equality diversity, and inclusion – *see Chapter 7*
- Engaging our patients and the local community – *see Chapter 8*

This activity will be carried out with close alignment to our primary care and social care colleagues to ensure that effectively aligned care delivery is achieved across the county. In particular, we will have regard to the particular commitment within the Long Term Plan for the NHS to 'dissolve' the boundary between primary care and community services.

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How we are organised

The long term plans for the NHS are clear that future models of care will be based around strong Primary Care Networks that plan and deliver care for populations of around 30-50,000.

For Wiltshire, these areas have been agreed as:

Integrated Neighbourhood Localities	Population
• Sarum West (includes Courtyard Surgery 2,776 patients)	31,022
• Sarum South	78,581
• Sarum North	41,285
• Devizes (excludes Courtyard Surgery 2,776 patients)	31,099
• Trowbridge	48,658
• Bradford on Avon and Melksham	46,635
• Westbury and Warminster	39,797
• Chippenham (includes Corsham and Box)	62,801
• Calne	27,098
• North Wiltshire Border Locality (Malmesbury, Tolsey, Royal Wotton Bassett, Purton and Cricklade)	50,484
• East Kennett	34,036
Wiltshire Total	**491,496**

Wiltshire Health and Care's core community teams already work in these areas and there is close alignment in the way in which services are structured. This means that Wiltshire is well placed to continue to develop local integrated working.

Working across multiple Primary Care Networks

There will always be a need to deliver or plan services for populations that span more than one Primary Care Network area. For example:

- When providing specialist nursing advice, guidance, and support in the community, this will often be provided by a team that spans more than one Primary Care Network area, so that they can benefit from increased resilience and a familiar and consistent service. This will similarly apply to rapid response requirements.
- When discussing and planning flow of patients in and out of an acute hospital, different groupings of Primary Care Networks – often working across local authority boundaries – are required.
- When planning and organising services that are aligned or integrated with Wiltshire Council, or need to benefit from economies of scale and links to Health and Wellbeing strategies and plans, there is a need to consider all 11 Primary Care Network areas.
- There will also be issues for which all areas within the Bath and North East Somerset, Swindon, and Wiltshire STP area need to be considered together.

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The way in which Wiltshire Health and Care services are organised will allow for this flexible approach.

STP planning priorities

The BANES Swindon and Wiltshire STP has set out its priorities for the system in its Operational Plan for 2019/20. These are detailed below.

Priority 1	**Improving the Health and Wellbeing of our population**
Priority 2	**Developing sustainable communities**
Priority 3	**Sustainable secondary care**
Priority 4	**Transforming care across BSW**
Priority 5	**Creating strong Clinical Networks to deliver the NHS Long Term Plan**

Wiltshire Health and Care's delivery plan has been drafted to align with these priorities. Key aspects of this alignment are:

- Making **shared decision making** with individuals reading plans for their care the norm in BSW (STP priority 1 – WHC Delivery Plan, section 2, theme 2)
- Supporting **people to take more responsibility for their health and wellbeing** (STP priority 1 – WHC Delivery Plan, section 2, theme 2)
- Using initiatives such as **Making Every Contact Count** (STP priority 1 – WHC Delivery Plan, section 2, theme 1)
- **Engaging with the stakeholders and the public** about the local vision for delivering the NHS Long Term Plan (STP priority 1 – WHC Delivery Plan, section 8
- Delivery of **joined up efficient and effective primary, community and social scare services** (STP priority 2 – WHC Delivery Plan, section 2, theme 10)
- Focus on **managing frail individuals to maintain independence**, **reducing length of sta**y and **preventing admission to hospital** wherever appropriate (STP priority 2 – WHC Delivery Plan, section 2, theme 3)
- Leveraging the efficiencies from an **integrated approach** to reduce care costs for all partners (STP priority 2 – WHC Delivery Plan, section 2, theme 3).
- **Rethinking the approach to outpatient appointments** to reflect the potential of technology and way in which the public wishes to receive care in the in the 21st Century and delivering the ambitions set out within the Long Term Plan (STP Priority 4, WHC Delivery Plan, section 2, theme 2).
- **Quality improvement methodology** (STP Priority 4, WHC Delivery Plan, section 2, theme 2).

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Aligning plans

To shape Wiltshire Health and Care's Delivery Plan for 2019-2020, we have also aligned our delivery plan objectives with the themes from our 5 year plan, and the themes of the NHS Long Term Plan. We have also checked that our plans align with the separate plans that each of the NHS Trusts who have come together as partners to form Wiltshire Health and Care LLP (Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, and Salisbury NHS Foundation Trust), are putting in place in relation to the hospital services that they are commissioned to deliver. This is illustrated below.

<table>
<tr><th>WHC themes</th><th>NHS Long Term Plan themes</th><th colspan="2">Cross-cutting themes</th></tr>
<tr><td>A service delivered in partnership</td><td rowspan="2">[1] A new service model for the 21st Century</td><td rowspan="7">Public and Patient Engagement (How we will engage to deliver the plan)</td><td rowspan="7">A Quality Focus (this will inform our Quality Accounts)</td></tr>
<tr><td>Higher intensity care

Community-based urgent care</td></tr>
<tr><td>Healthy independent lives</td><td>[2] More NHS action on prevention and inequalities</td></tr>
<tr><td>Best practice: normal practice</td><td>[3] Further progress on care quality and outcome</td></tr>
<tr><td>Broadening skills</td><td>[4] NHS Staff will get the backing they need</td></tr>
<tr><td>Leading the way</td><td>[5] Digitally-enabled care will go mainstream across the NHS</td></tr>
<tr><td>More for your money</td><td>[6] Tax payers investment will be used to maximum effect</td></tr>
</table>

A new model of care

To ensure best alignment with the work of the STP and other delivery partners at the point of drafting this Delivery Plan, Wiltshire Health and Care has sought to align its delivery objectives for a new model of care with the 'components' of the health and care system proposed by the Wiltshire Delivery Group. These are shown in the diagram below:

10 components of the health and care system	
1	Start well, live well, stay well, age well,
2	Live well with 1 or more long term conditions
3	Support for complex comorbidities/ frailty
4	Accessible effective support in crisis
5	High quality person-centred specialist and acute care
6	Good hand over and discharge planning and post support
7	Effective rehabilitation and reablement
8	Person centred, dignified, long term care
9	Support, control, and choice at the End of Life
10	Integrated services to provide person-centred care

Outputs

Having considered what Wiltshire Health and Care wishes to achieve in line with the above theming, our Delivery Plan for 2019-2020 is split into the following sections:

Wiltshire Health and Care's Delivery Plan 2019-2020:	
Section 2	**Implementing a new model of care**
Section 3	**Developing our People (our Workforce Plan)**
Section 4	**Supporting our services and patients with good IT (our Digital IT Plan)**
Section 5	**Supporting our patients and staff with physical infrastructure that better meets need (our Infrastructure Plan)**
Section 6	**Sustainability and Productivity**
Section 7	**A Quality Focus**
Section 8	**Public and Patient Engagement**

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2. Implementing a New Model of Care

The NHS Long Term Plan sets out the need for the NHS to move towards a new service model for the 21st Century, which allows more joined-up and coordinated care, a more proactive approach, and increased differentiation in the support offered to individuals.

This is consistent with the work that Wiltshire Health and Care has been undertaking in relation to the ongoing transformation of community services.

This has included:

- Expanding the amount of resources available for proactive rehabilitation and reablement for those people being discharged from hospital and requiring short periods of support to regain their independence.
- Wrapping community teams around clusters of GP practices, to increase the amount of joint working at a local level.
- Increasing the use of Multi-Disciplinary Team workings and reviews to ensure proactive management of issues.
- Recognition that frailty is increasingly seen across all our clinical services, and to reflect that, we are striving to continually improve the recognition, prevention and management of this condition.
- Offering more education and advice, rather than treatment, for those living with long term conditions such as diabetes.
- Increasing use of classes for those living with musculoskeletal problems.
- Increasing activity and a therapy focus on our inpatient wards.

As such, Wiltshire Health and Care will be a key contributor to efforts to move towards redesigned models of care during 2019/20. This cannot be done in isolation and will require good partnership working against a common model of care. This section is therefore set out in a way that shows the planned contribution against the 10 key components proposed by the Wiltshire Delivery Group.

The content for this section is broadly split into two categories:

- Commitments to deliver improvement and change for existing services
- Additional workstreams that we wish to pursue.

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For quick reference, we have presented these two categories diagrammatically as per the key below:

Key	
Commitments to deliver improvement and change for existing services Objectives with this logo are assigned to services that Wiltshire Health and Care is currently delivering where we have identified that further service development could: • Better align community services with the objectives of the NHS Long Term Plan • Better meet the needs of our local population • Ensure enhanced efficiency and effectiveness between local partner organisations These objectives will be delivered within the resources agreed for the adult community services baseline resources agreed for 2019/20.	
Additional work streams that we wish to pursue • Objectives with this logo are those that we will scope, and then present to our commissioners to seek their endorsement to pursue where these activities align with their commissioning intentions. • These objectives have been designed to align with the NHS Long Term Plan, so that community services in Wiltshire are laying the foundations for those aspects of the plan that need to be delivered across the ten year period. • As such, implementing the schemes that are the subject of the objectives in this category would require additional investment above the level of the block contract. • These objectives therefore represent Wiltshire Health and Care's suggested priorities for the continued expansion of community services. The delivery timelines for these service developments will be dependent on business cases being accepted and agreement being reached during 2019/20. For some areas, these might mean that delivery starts during 2019-20, for others it will mean that a proposal for a new service is agreed, but delivery will take place in subsequent years. For some aspects, it may be that there is no commissioner support for further development.	

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Theme 1: Start well, live well, stay well, age well

The ambitions described within the NHS Long Term Plan, seek to strengthen the provision of community services and deliver care closer to people's homes. This argument in favour of stronger, expanded community services has been made for three overarching reasons:

- Health and Care Services must radically improve the ability to prevent illness and support people to ensure their own wellbeing if they are to be resilient and sustainable. Strengthened community services are crucial to bringing the right focus on preventing ill health, improving the population's health and wellbeing, and tackling health inequalities.

- The disease burden is shifting as people are living much longer with multiple long-term conditions that cannot be permanently cured by hospital intervention. Conditions such as diabetes and hypertension require a very different type of interaction with patients and the public than, for example, a traumatic injury. Community services offer the most appropriate way to promote good health and prevention and provide joined-up care for an ageing population.

- Acute inpatient services, in both hospitals and mental health services, are under huge pressure and they are currently being used unnecessarily and inappropriately for patients who could and should be treated closer to home. With primary care and community services at the heart of provision there is a unique opportunity to provide good population health and prevention at scale.

Prevention-focused contacts

Wiltshire Health and Care endorses the principles of *Making Every Contact Count*; an approach to healthcare that encourages all those who have contact with the public to talk about their health and wellbeing. We will support this by 'hard wiring' prevention-focused discussion and prompts into every day systems, process and interactions.

For example, our electronic clinical records enable assessments which are set up to prompt the conversation to ask about lifestyle questions and offer advice and, if required, onward referral. In particular:

- For the last two years, we have also been prompting discussions and providing advice and guidance about alcohol and tobacco use for everyone who is admitted into a community inpatient ward.

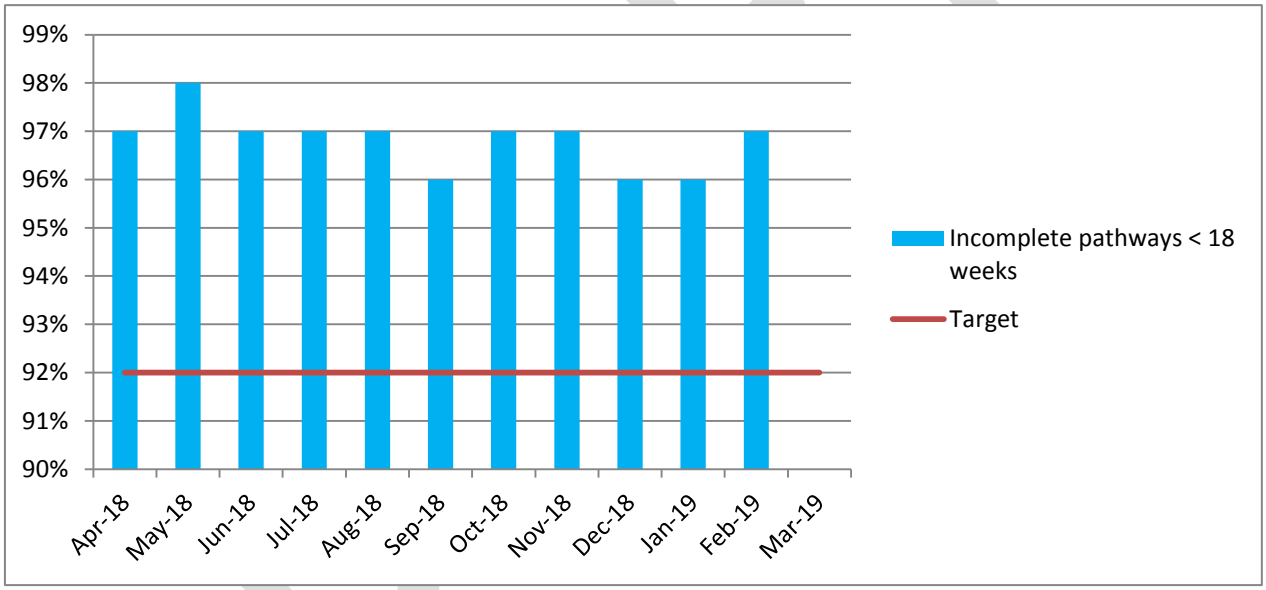
- A falls assessment is an integral part of an Initial Assessment for every new patient on the caseload. If appropriate, a patient can be offered a fuller assessment of falls risk and rehabilitation needs, and can attend a Balance Group, provided by community teams to improve mobility & transfers as well as improving knowledge of

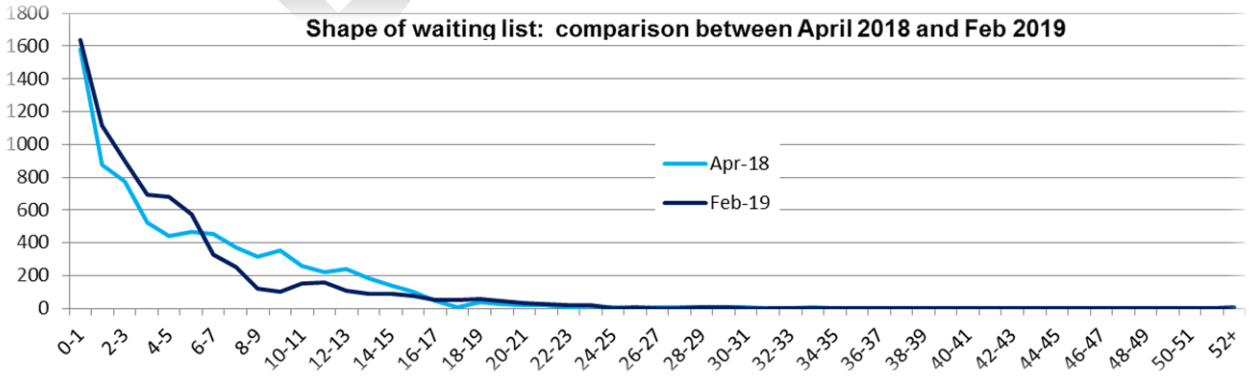
nutrition, reducing fall risks in the home, awareness of risks if you do fall, and improving ongoing links in the community for longer term support.

Maintaining good access to treatment when it is needed

A key part of staying well is to receive good access to treatment when it is required, and for that treatment to be focused on maintaining independence and continuing to live as healthy a life as possible.

Community services provide routine treatment for a variety of needs. This may be physiotherapy for a one off injury or, for some, the start of some ongoing treatment for longer term issues. As such, these services also support those who are living with long term conditions, described in more detail later in this plan. The services may either be in a clinic setting or, for some patients, in their own home. During 2018/19, we maintained standards so that over 92% of people received treatment within 18 weeks and reduced waiting times overall. We will maintain good performance against this standard during 2019-20.





Expansion of First Contact Physiotherapy

The NHS Long Term Plan highlights the benefits of First Contact Physiotherapy (FCP), physiotherapists who support GP practices. The FCP role see patients earlier in their journey which is preferred for patients as it can help deal with issues earlier and keep people at work. Where necessary, the FCP role can link effectively with the Orthopaedic MSK Interface Service for the small number of patients that may require further onward referral.

Funds are being made available to primary care from 2020/21 for a significant expansion of FCP roles. Wiltshire Health and Care has been part of pilot schemes during 2018/19, which have shown early promising results and received very positive patient feedback:

'This is such a good service as I thought I would have to see the GP first to be referred to a Physio, so pleasantly surprised that I could immediately book a telephone consultation.

Very happy following my discussion with the Physio and in being sent my exercise programme'

'Excellent help from the physiotherapist - really helped in my hour of need'

During 2019/20, we will continue to test the FCP model with primary care colleagues, expand the number of areas where the model is being used, and prepare for further expansion by building a strong recruitment pipeline and development pathway. Given the workforce implications of this expansion, we will plan this carefully (see workforce section for more detail).

Increase access to self-management tools for those with musculo-skeletal (MSK) conditions

Wiltshire Health and Care is already part of the roll out of ESCAPE, a nationally supported evidence based programme for arthritis of the hip and knee referred to in the NHS Long Term Plan. We are contributing data to a national study looking at long term health gain. This approach will continue in 2019/20.

During 2019/2020, we will make available to all patients with arthritis an education and exercise programme, and supporting information for managing flare ups. Alongside this we will encourage long term exercise compliance through referral to exercise prescription schemes across Wiltshire.

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Supporting our staff to live well

As an employer of over 1000 people in Wiltshire, we have a responsibility to ensure that our staff can live well also. This is covered in more detail in our workforce plan later in this plan.

Theme 1: 2019/20 Objective(s)						
	• **Making Every Contact Count** – Throughout 19/20, we will increase the number staff members who have attended **Making Every Contact Counts (MECC)** training.		Q1	Q2	Q3	Q4
		County-wide	→	→	→	→
	• **Lifestyle advice** - Throughout 19/20, we will continue to use our systems and contacts to prompt preventative discussion and advice, including providing **advice and guidance** on **alcohol and tobacco to all inpatients**.		Q1	Q2	Q3	Q4
		County-wide	→	→	→	→
	• **Access to treatment -** Throughout 19/20 we will continue to maintain good access to treatment when it is required, with **over 92% of people receiving treatment within 18 weeks**.		Q1	Q2	Q3	Q4
		County-wide	→	→	→	→
	• **First Contact Physiotherapy design** - By Q3, we will have defined an optimal service model and pathway for **First Contact Physiotherapy** with primary care colleagues.		Q1	Q2	Q3	Q4
		County-wide			✓	
	• **First Contact Physiotherapy delivery** – By the end of Q4, we will have expanded the number of areas in which First Contact Physiotherapy (FCP) is being delivered, supporting primary care colleagues.		Q1	Q2	Q3	Q4
		County-wide				✓

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Theme 2: Live well with one or more long term conditions

People who live with a long term condition often have higher usage of the healthcare system. Some people will be living with one long term condition and may be able to navigate their way to the right people at the right place with relative ease. There are, however, also increasing numbers of people living with more than one long term condition, where this task is not so easy. The current model of providing services means that, for people living with one or more Long Term Condition, services can fragment care by responding to each condition separately. Current services can also be reactive and not predictive, making people passive recipients of healthcare rather than in control of their own health.

Our support for living well with one or more Long Term Condition should be aiming to empower patients to take the lead in managing their long term conditions and improve their health and wellbeing outcomes.

Clarifying a consistent model for Long Term Conditions

At present, specialist teams work individually to support people living with long term conditions. We can further build on this by developing a consistent model which means that conditions are no longer treated in silo, and, instead a person centred approach to care is provided. We will do this by strengthening links with other health, social care and voluntary groups, and by increasing the amount of multidisciplinary case management to develop person centred care planning.

Aligning expertise as part of comprehensive long term condition approach

In order to support a community Multi-Disciplinary Team (MDT) or virtual MDT model for Long Term Conditions, there will be a need to agree how secondary care expertise will connect into these models. The aim should be for Consultant specialists to work increasingly as part of the community team providing support to primary care colleagues, concentrating on reviewing highest risk patients. Securing the success of this would involve enabling access by Consultants to the same clinical record as the community team. There are currently fragmented clinical records and duplication of appointments and care across primary, community and secondary care. Wiltshire Health and Care will make a start on this journey, starting with establishing virtual MDTs and system access for diabetes specialists (see below). This will need to be considered alongside programmes of work to transform the traditional outpatient model as the development of new long term condition models is likely to 'design out' the need for some outpatient appointments.

Patient education for Long Term Conditions

People living with one or more Long Term Condition need to be able to access quality education to enable them to both understand their condition in more detail and to be an

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active participant in its management. The delivery needs to be at a time and place that is suitable and available in various formats, both face to face and digital.

During 2019/20, we will explore expanding a digital offer of education, advice and guidance making full use of our website and other digital tools. We will explore the best ways to provide greater support to patients with Long Term Conditions, by initially focussing on those with diabetes. We would then roll-out what works well more widely to other Long Term Conditions.

As a result of the above, our objectives for 2019/20 will be to:

- Develop a common model for the provision of specialist advice and support for long term conditions, to be used to guide the work of specialist teams.
- Work with primary care colleagues to define the model for *case finding* for those people of highest risk.
- Align expertise as part of a comprehensive approach
- Increase and improve patient education as a key part of a long term condition model.

Continuing to improve support for living with diabetes

Given the rising number of people who are diagnosed with diabetes, it is an area in which the way support is provided is ripe for further change. Changes required are:

- **A unified pathway** for diabetes across primary care, community services and secondary care.
- **Consistency of approach surrounding facilitation of primary care management.** There are currently diabetes nurse facilitators that support management of people with diabetes within primary care in some parts of Wiltshire. Although this was not commissioned as a consistent model, there is scope to learn lessons from experience to spread the model more widely and consistently.
- **Development of a foot protection approach.** Supported by an agreed *case finding* approach, there is scope for an increased focus on foot protection to review those at highest risk, care plan, and prevent ulceration and amputation.
- **Support for new technologies**. Flash glucose monitoring, CGMS (continuous glucose monitoring services), Wiltshire '*Diasend*' for people to download information to. This supports phone/ e-consultation to discuss issues rather than face to face appointments.

2019/20 Objective(s)					
	• **Common model for long term conditions -** Starting with a single unified pathway for diabetes, by Q4 we will develop a **common model** for the		Q1	Q2	Q3	Q4
		County-wide				✓

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	provision of **specialist advice and support for people with long term conditions**. This model will include **case finding**, maintenance, and treatment of exacerbation.					
	• **Structured education –** By the end of Q2, we will have expanded the provision of **structured education** and **digital self-management support tools available to patients**.		Q1	Q2	Q3	Q4
		County-wide		✓		
	• **Diasend to support diabetes** - We will support use of new technologies. By the end of Q3 we could put in place arrangements to support the use of **Diasend** for Wiltshire community patients.		Q1	Q2	Q3	Q4
		County-wide			✓	

Improving the provision of wheelchairs

The wheelchair service provided at Melksham provides postural and pressure assessments on patients who require the use of wheelchairs to support their clinical needs.

Following a systematic review of the service a number of key objectives to improve the service have been identified and need to be completed to enhance and optimise the experience of patients who require these services.

Areas which have been identified for improvement are:

- Reduction in delays and breaches around the 18 week Referral To Treatment (RTT) target to minimise patient risk caused by having inappropriate equipment or no equipment.
- Improved aftercare support for devices loaned from Wiltshire Health and Care to minimise delays in repair callout time.
- Introduction of "daily living needs" as part of patient pathway and development of personal wheelchair budget systems to maximise device benefit to meet patient's daily needs.
- Introduction of a stock management system to ensure efficiencies in ordering and management of our spare parts and loan chairs.

2019/20 Objective(s)						
	• **Wheelchair waiting times** - We will **reduce waiting times for patients** accessing the wheelchair service so that the 18 week RTT target is consistently achieved.		Q1	Q2	Q3	Q4
		County-wide			→	

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			Q1	Q2	Q3	Q4
	• **Waiting times for repairs** - We will reduce waiting times for patients waiting for wheelchair repair.	County-wide	→			
	• **Personalised budgets** – We will develop personalised wheelchair budget systems	County-wide				✓
	• **Wheelchair stock management system** – We will introduce a stock management system.	County-wide		✓		

Learning Disability Services

Wiltshire Health and Care's Community Team for People with Learning Disabilities (CTPLD) is delivered in partnership with Wiltshire Council. CTPLD is a team of both health and social care professionals who work closely with mainstream services to promote and achieve high quality health and social care provision for people with learning disabilities (and their carers) who are registered with a Wiltshire GP.

During 2019/20 Wiltshire Council are undertaking a review of the 'whole life pathway' of patients, including those with a Learning Disability. CTPLD will contribute to the development of this pathway to ensure the needs of patients with LD are recognised and addressed within the developing model of health and social care provision.

2019/20 Objective(s)						
			Q1	Q2	Q3	Q4
	• We will contribute to the development of the 'whole life' pathway to ensure the needs of patients with Learning Disabilities are recognised and addressed within the developing model of health and social care provision.	County-wide				✓

Respiratory Services

The community respiratory service currently delivers three elements:

- Specialist clinical lead input to support the community teams and tertiary services. Treating complex chronic long term respiratory conditions to support post hospital discharge, to prevent admission and to optimise and implement frontline respiratory care. The clinical leads also provide education and support to primary care and WHC staff to increase knowledge and skills and embed respiratory guidelines and management of patients.

- PACE (pulmonary active community exercise), delivers an intense six week programme combining pulmonary exercise and education sessions as a proven prescribed therapy

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for respiratory disease. This service is long established and satellites through the commissioned areas to deliver 22 programmes per year with specialist respiratory physiotherapy, occupational therapy, psychology and dietetic input to deliver a gold standard programme. The aim is to ensure patients continue into active health, and we will work closely with Wiltshire Council services to support this transition.

- An oxygen service, with approximately 1200 patients. This team assesses and reviews patients on oxygen therapy, prescribing as per national guidelines, supporting secondary care post discharge and tertiary centres .We have developed pathways for Wiltshire Health and Care, and ensure appropriate prescribing. We work extensively with the oxygen provider to review concordance data and to effectively monitor high risk patients. This service is only commissioned for the North and West of Wiltshire.

The NHS Long Term plan highlights the benefit of pulmonary rehabilitation, and suggests that it should be expanded to all those initially diagnosed. During 2019/20, we will work with commissioners to scope this further expansion. In addition, we wish to explore the expansion of the oxygen service to the South of Wiltshire, and to offer consistency of approach and eligibility to PACE across the whole county.

2019/20 Objective(s)

- **Expansion of pulmonary rehabilitation** – By Q4, we will provide commissioners with a costed **options appraisal** to expand **pulmonary rehabilitation**, which clearly defines the benefits.

	Q1	Q2	Q3	Q4
County-wide				✓

2019/20 Objective(s)

- **Oxygen services (south)** – By Q2, we will create the case for change which defines the benefits of **expanding the WHC Oxygen service to the South** of Wiltshire.

	Q1	Q2	Q3	Q4
North				
West				
South		✓		

Heart Failure services

At present community heart failure services are only provided in the South of Wiltshire, as part of a pilot scheme. There is no service in the North or West of the county. Given this, there is an opportunity to develop these services in line with a consistent long term conditions model. During 2019/20, we will work with commissioners to understand the scope for implementing a new model.

2019/20 Objective(s)

- **Heart failure** - We will develop a proposal for a Wiltshire-wide model for community heart failure, in partnership with the three cardiology departments.

	Q1	Q2	Q3	Q4
North		✓		
West		✓		
South		✓		

Theme 3: Support for complex comorbidities/frailty

Frailty

Our specialist nurses and therapists are particularly involved when individuals are living with complex co-morbidities or becoming increasingly frail.

In common with many other services, there are improvements that can be made in the coordination of care for people who are living with multiple different long term conditions. In these circumstances, our local community teams can play a coordinating role working with GPs, ensuring that specialists in different areas are coordinated through multidisciplinary teams.

Our approach to frailty

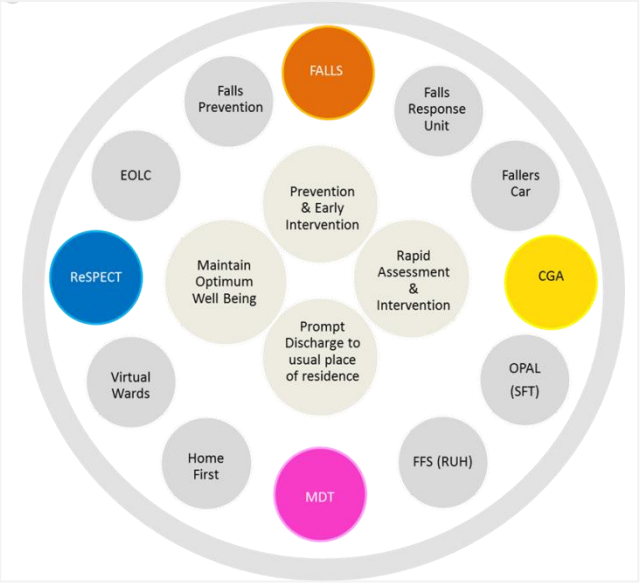
Frailty is a clinical syndrome that focuses on loss of reserve, energy and wellbeing. People with frailty tend to present late and often in crisis to health and care services so their care may be hospital-based, episodic, and unplanned. Frailty should be reframed as a long-term condition and managed proactively across primary care and community services by supported self-management and person-centred care. Our teams will play a vital role as key workers, care co-ordinators, and supporters to patients and their carers at all stages of the frailty trajectory.

Frailty as a Long Term Condition

Our approach to improved management of frailty as a long term condition endorses the four overriding principles agreed by the STP frailty programme:

1. Prevention and Early intervention
2. Rapid Assessment and Intervention
3. Prompt Discharge (to usual place of residence).

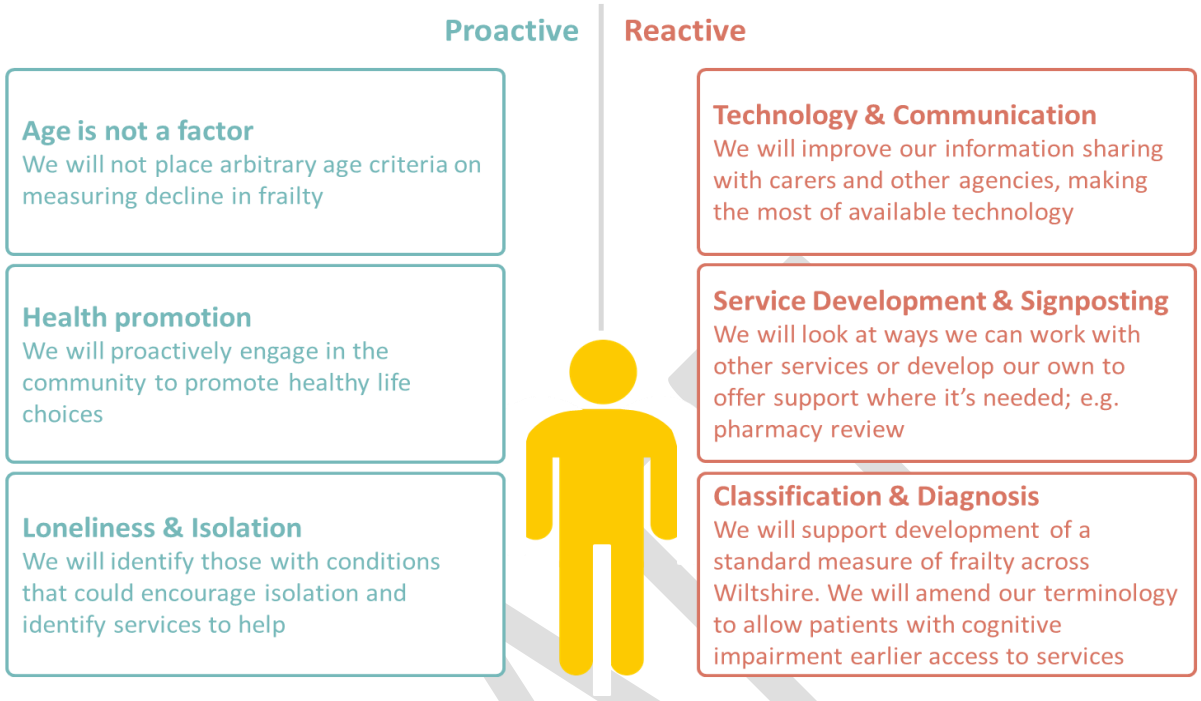
   As this statement assumes admittance/ secondary care, Wiltshire Health and Care interprets this as meaning discharge from an active caseload.
4. Maintain Optimum Wellbeing



Our guiding principles are summarised in the diagram below. We will use these to define in more detail the appropriate

pathway of care, measurements, and monitoring for frailty outside of hospital settings.

Factors to consider in identifying and managing frailty



2019/20 Objective(s)

- **Frailty pathway design** – By the end of Q2, we will **define the pathway** for the management of **frail patients** outside of hospital, and we will present the funding requirements to commissioners.

	Q1	Q2	Q3	Q4
County-wide		✓		

Pain Management

Pain management is an area in which there are gaps in service within Wiltshire. We have been piloting a model of co-delivery with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and developing plans to respond to the gap in service provision.

As a result of the above, our objective for 2019/20 will be to work with our commissioner to develop a proposal for pain management services across Wiltshire.

2019/20 Objective(s)

Pain management services - We will work with the CCG to develop a proposal for **pain management** services across Wiltshire by the end of Q1. If the proposal is accepted, a further objective to mobilise the new service will be scoped.

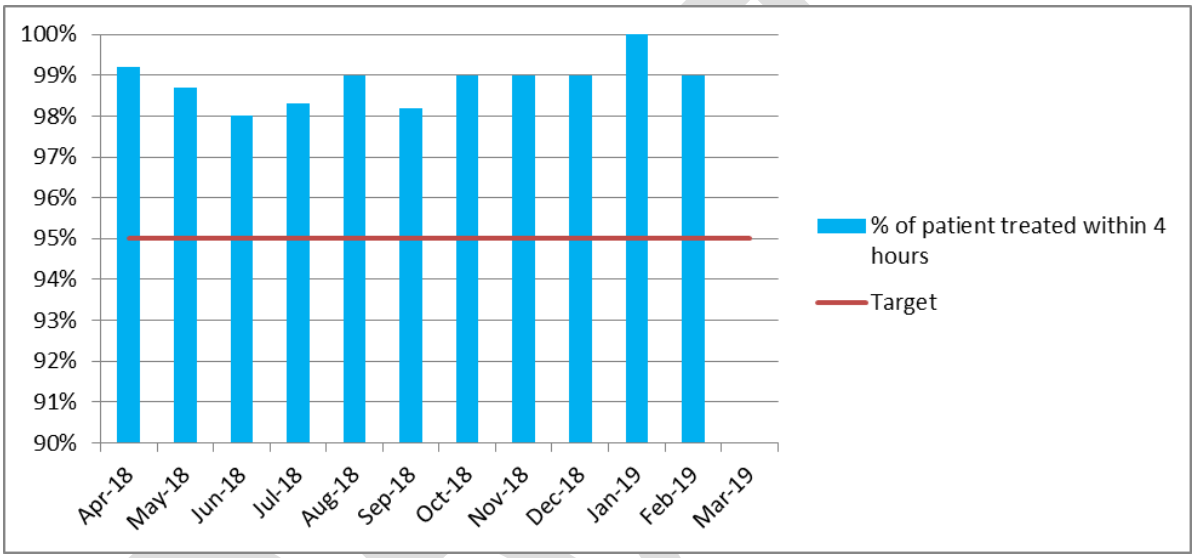
	Q1	Q2	Q3	Q4
County-wide	✓			

Theme 4: Accessible effective support in a crisis

Although the focus of the model of care in Wiltshire is, and needs to continue to be, focused on prevention of ill health and supporting living well, there will always be occasions in which a person's needs escalate rapidly in a manner that is not predictable. In these circumstances, services need to be accessible and support individuals to control their needs.

Minor Injuries Units/ Urgent Care

Our two Minor Injury Units have seen an increased number of attendances in 2018-19. Despite this, they have continued to provide rapid response for those who are injured:



There is, however, widespread recognition that a model of care which has a distinction between illness and injury is not fit for the future, as it causes confusion for the public. There is a need to ensure that further commissioning decisions are made about the future direction of travel around Urgent Treatment Centres. There is a national expectation in the NHS Long Term Plan that the Urgent Treatment Centre model is fully implemented by autumn 2020. We will engage with commissioners of services to ensure there is a clear direction of travel, and the implication(s) for the existing Minor Injury Units is clear.

Similarly, we will engage in local discussions with primary care colleagues on the models of care within Primary Care Network areas around urgent care.

2019/20 Objective(s)

- **MIUs** - By the end of Q1, we will put a robust improvement plan in place, with agreed milestones, to deliver improved resilience in our Minor Injury Units.

	Q1	Q2	Q3	Q4
Both	✓			

			Q1	Q2	Q3	Q4
	• **Trial of physios in MIU** - By the end of Q2 we will have trialled physiotherapists in MIUs, and we will evaluate the impact of this by the end of Q4.	Both		✓		✓
	• **Urgent Treatment Centres** – Throughout 19/20, we will work with commissioners to clarify the specification for Urgent Treatment Centres in Wiltshire, to allow development.	All	→	→	→	→

PRIORITY OBJECTIVE

Rapid Response Services

The NHS Long Term Plan also sets out that community health crisis response services should be an important part of the health and care system. This is an area identified by the Wiltshire Delivery Group for further development during 2019-20. Wiltshire Health and Care will play its full part in designing and developing integrated services aimed at boosting the service offer in this area.

Where this longer term design work is ongoing, our initial focus will be on the response to falls and the provision of IV therapy.

As part of these developments, attention needs to be paid to the fact that Right Care data for non-elective trauma and injuries, which benchmarks Wiltshire as 'high' in the numbers attending A&E, and also on subsequent admission as a result of a fall. The dominant age group for these attendances is in the population aged over 65 years old.

A proposal has been developed for Wiltshire Health and Care to deliver a rapid response falls service, based on learning, national evidence, and best practice. The service would cover all the adult age range, as evidence from other areas shows benefits to be gained from attending all those with multi morbidities and long term conditions that experience a fall. Such a fall could further tip individuals into becoming frail, and hence the need for a holistic assessment and multi-disciplinary/ multiagency response.

The benefits for patients will be:

- Reduced A&E attendances as a result of a fall.
- Improved outcomes for fallers, as the faller would immediately be placed on a care plan of emergency response as required, plus a rehabilitation pathway of assessment, advice, information, and onward referral (as necessary), to existing services dependant on the individual need of the faller.

- We will also propose the addition of IV therapy in a home setting, including in South Wiltshire to increase the number of people receiving IV therapy in a community setting that would otherwise have been treated in an inpatient setting.

As a result of the above, one of our priority objectives for 2019/20 will be to deliver a full falls pathway across Wiltshire in a way that is integrated into a rapid response approach.

The work to redesign rapid response in the community also needs to examine the scope for using existing community facilities to provide ambulatory care support, as part of a hub and spoke model. We will ensure that these options are considered as part of the broader design during 2019/20.

2019/20 Objective(s)						
	PRIORITY • **Rapid response services** - We will work as part of the Wiltshire Delivery Group to develop, by Q4, a proposal for an increase in rapid response services, and streamlining of approach.		Q1	Q2	Q3	Q4
		County-wide				✓
	• **Falls pathway** - As part of the design of rapid response services, we would look to deliver the full falls pathway across Wiltshire ensuing the pathway is designed to achieve the desired patient outcomes as per an agreed specification.		Q1	Q2	Q3	Q4
		County-wide				✓
	• **IV therapy delivered at home -** By the end of Q1, we will draft a proposal for the delivery of IV therapy in the patient's home. If the proposal is accepted a further objective to deliver a new service will be added.		Q1	Q2	Q3	Q4
		South	✓			

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Theme 5: High quality person-centred specialist and acute care

Theme 6: Good hand over and discharge planning/ post support

Improving System Flow

When people experience a health crisis they often require care in an acute hospital. Once this acute episode subsides, an extended stay in hospital can have a negative impact.

Including:

- Reduced mobility
- Falls
- Infection
- Isolation

Wiltshire Health and Care works closely with its acute partners to decrease the time people spend in an acute hospital, often referred to as length of stay reduction.

In order to further improve the situation, we will propose a model of community in-reach which supports clinical teams to work together to plan a person's care. The aim will be to promote Home First and to reduce duplication, parallel processes and improve the understanding of community services

The Wiltshire Patient Flow Hub was launched in December 2018 and seeks to manage the flow of patients from inpatient settings on discharge in a streamlined manner. In 2019/20, we will further develop the Wiltshire Patient Flow Hub to connect in the Acute Trust Liaison function.

2019/20 Objective(s)						
	Flow Hub alignment with Acute Trust Liaison – By the end of Q2, we will align the Acute Trust Liaison service to the Wiltshire Patient Flow Hub.		Q1	Q2	Q3	Q4
		County-wide		✓		
	Flow Hub coordination of Home First+ discharges – By the end of Q2, we will develop the Patient Flow Hub further to increase coordination of Home First + discharges.		Q1	Q2	Q3	Q4
		County-wide		✓		
	Alignment of flow Hub alignment with Wiltshire Council flow processes – By the end of Q2, we will align the Wiltshire Patient Flow Hub with Wiltshire Council patient flow processes.		Q1	Q2	Q3	Q4
		County-wide		✓		

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Reduced length of stay in acute hospitals

There is a national objective to further reduce long length of stay in acute hospitals in 2019-2020. Wiltshire Health and Care has a role to play in this by ensuring that the flow of discharges from hospital in Pathway 1 (HomeFirst) and Pathway 2 (Community Hospital and Intermediate Care Team (ICT) beds) is maintained and improved. Accordingly, we have set ourselves the target of reducing the number of bed days occupied by patients with a length of stay of 21 days or more waiting for discharge to Pathway 1 and Pathway 2. This will include working with partners to create the necessary monitoring data.

2019/20 Objective(s)

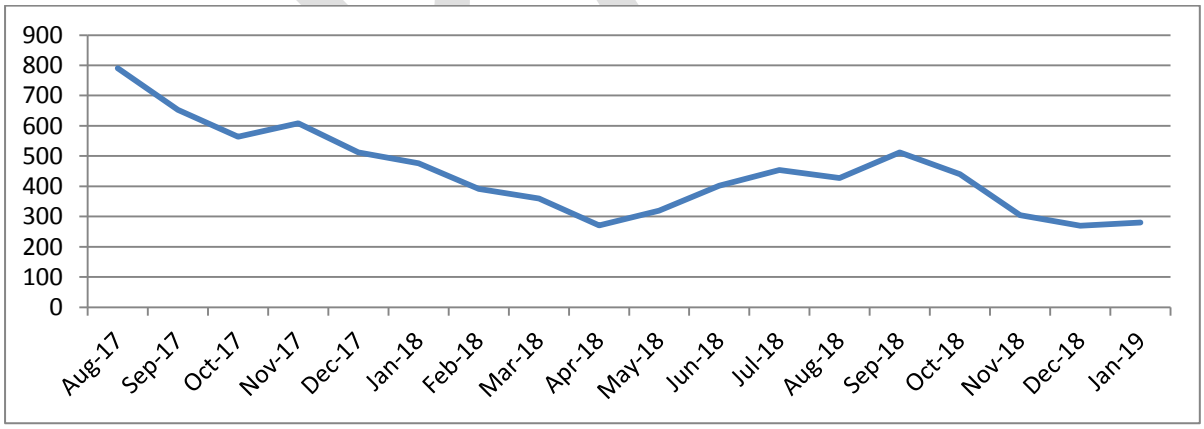
- We will **reduce the number of bed days** occupied by patients with a length of stay of 21 days or more waiting for discharge to Pathway 1 and Pathway 2.

	Q1	Q2	Q3	Q4
All	→			

Length of stay in community inpatient wards

The focus in 2018/19 to increase flow through community inpatient wards has been on reducing the number of patients delayed in their discharge. This work has been successful, with a significant reduction in delayed bed days.

Delayed bed days per month: 60% reduction in 18 months



There is, however, more work to do to reduce the length of stay on community wards, which is above benchmark comparators. This will be the focus of quality improvement activity during 2019/20 to embed consistent methodology.

As a result of the above, our objectives for 2019/20 will be:

- By the end of Q2, we will have embedded red and green methodology fully on all of our inpatient wards.

- Reduce length of stay by to be in line with national benchmarks in 19/20 by Q3 to release capacity for winter.

2019/20 Objective(s)						
	• **Red and Green** - By the end of Q2, we will have embedded red and green methodology fully on all inpatient wards.		Q1	Q2	Q3	Q4
		All WHC wards		✓		
	• **Length of stay** – By Q3, we will reduce length of stay to be in line with national benchmarks for 19/20 to release capacity for winter.		Q1	Q2	Q3	Q4
		All WHC wards				✓

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Theme 7: Effective Rehabilitation and Reablement

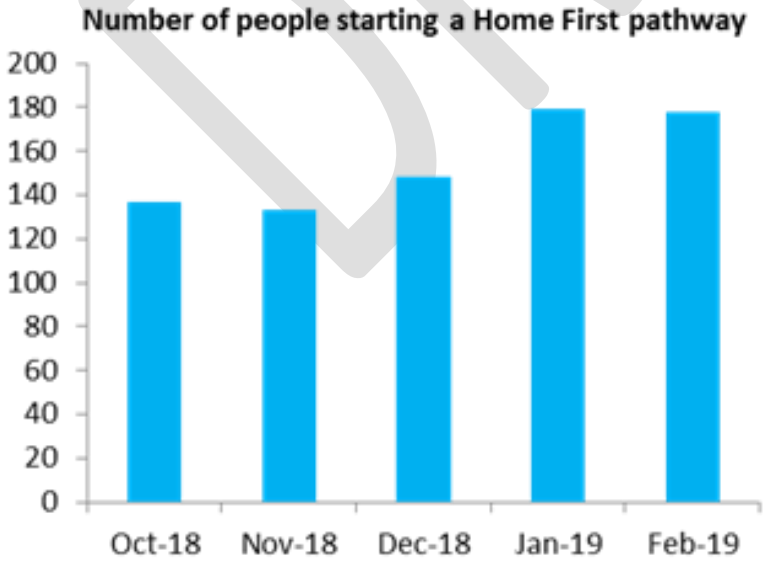
Effective rehabilitation and reablement has been a major focus in recent years with the introduction of our Home First service, which provides enhanced support for people who have been discharged from inpatient units with teams of therapists and rehabilitation support workers.

Home First

In May 2018, the Wiltshire Joint Commissioning Board (JCB) agreed that work would be undertaken to develop an integrated post-discharge pathway to ensure that Homefirst, the Wiltshire Reablement service, and any onward care provision was aligned and coherent. The JCB subsequently agreed funding in July 2018. This 'Home First +' pathway has been implemented since then, with a significant recruitment drive to increase resources.

Considerable work has been undertaken to include staff on the ground in the development of the processes, which has resulted in a good appetite for collaborative working and innovative ideas from the teams involved. The Integrated Homefirst pathway model was launched in the West locality in January 2019, in the North locality in February 2019 and is planned to be launched in the South locality in March 2019. By introducing Homefirst+, patients receive the appropriate rehabilitation to improve their functional independence, thus reducing the need for ongoing support. The numbers needing to be referred onto social care are therefore reduced.

Since the changes described above have been implemented, the number of people starting a Home First pathway have increased to their highest levels:



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There is further work to do to complete implementation, in particular improving recruitment levels in the South of Wiltshire. By the end of Q1, we will have completed the roll out of the Home First+ pathway with Wiltshire Council in all localities including pursuing alternative and innovative methods to boost recruitment in the South.

2019/20 Objective(s)					
	• **HomeFirst+ roll out –** By the end of Q1, we will complete the roll out of the Home First + pathway with Wiltshire Council in all localities.		Q1	Q2	Q3	Q4
		North	✓			
		West	✓			
		South	✓			

Stroke Rehabilitation

A review of the services provided by the Early Support Discharge service is underway and a review of the neurological service offered in Wiltshire is to be undertaken in 2019. The aim of these reviews is to ensure parity of service across the organisation and to improve the service offered so as to be in line with NICE guidelines.

Feedback from patients receiving the Early Support Discharge service has been positive:

"I was really worried about caring for my husband at home, but I think he has got better faster in his own home than if he'd stayed in hospital."

"The whole experience has been fantastic, turning a very traumatic stroke into 6 weeks of gentle but extremely productive rehab."

As a result of the above, one of our objectives for 2019/20 will be to review stroke rehabilitation delivered in our wards alongside maximising the rehabilitation opportunities at home.

2019/20 Objective(s)					
	• **Stroke rehabilitation** – By the end of Q2 we will review stroke rehabilitation, and set out a proposal to increase rehabilitation at home.		Q1	Q2	Q3	Q4
		County-wide		✓		

Intermediate Care Beds

Wiltshire Health and Care is responsible for the provision of therapy support to Intermediate Care Beds. In addition, we have been part of a successful pilot project in the South of Wiltshire to improve the level of clinical oversight to these beds.

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As a result of the above, one of our objectives for 2019/20 will be to increase our role in the clinical oversight of intermediate care beds.

2019/20 Objective(s)		Q1	Q2	Q3	Q4
	• **Clinical model for ICT beds** – By the start of Q1, we will define the preferred model for clinical input into ICT beds.	County-wide ✓			

Fracture clinics

There is a need during 2019/20 to review the current model of fracture clinics in Wiltshire and agree an improved model of care.

2019/20 Objective		Q1	Q2	Q3	Q4
	• **Fracture clinics** – By the end of Q2, we will put together a proposal for a new approach for fracture clinics.	County-wide	✓		

Theme 8: Person centred, dignified, long term care

Support to Care Homes

Wiltshire Health and Care is committed to working alongside primary care, adult social care, and care homes, to unify the approach to supporting the patients/ residents in care homes in Wiltshire. This should support a more responsive discharge from acute settings.

During 2019/20 we will be part of scoping work to assess the models which should be implemented, in line with the NHS Long Term Plan.

2019/20 Objective(s)		Q1	Q2	Q3	Q4
	• **Increased support to care homes** – By Q3, we will develop a proposal for increased support to care homes to prevent escalation.	County-wide		✓	

Theme 9: Support, control and choice at end of life

End of Life care

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Community teams are highly skilled in providing end of life care in patients' homes and have excellent links with local hospices and palliative care clinicians. Regular MDT sessions take place with the outreach staff from the hospices to review palliative patients on the community team caseload, and GP-based MDT meetings also take place, but on a less regular basis.

Reviews of the processes used and reflective sessions also take place if there have been particular challenges. This has ensured continued collaborative working between all parties.

The priorities for 2019/20 are:

- Continue to meet the needs of patients to die in their place of choice and formalise the processes used to provide care support to patients who have a diagnosis of a terminal illness but who are not yet entering the final phase of life. Alongside this, support the increase in number of patients entering end of life.
- Participation in RESPECT project, led by the West of England Academic Health Science Network (AHSN).

2019/20 Objective(s)						
	• **Support to those diagnosed with a terminal illness, but not entering the final phase of life** – By Q3 we will formalise the processes used to provide care support to patients who have a diagnosis of a terminal illness but who are not yet entering the final phase of life.		Q1	Q2	Q3	Q4
		County-wide			✓	
	• **RESPECT** – Throughout 2019/20, we will participate in the RESPECT Project led by the West of England Academic Health Science Network (AHSN)		Q1	Q2	Q3	Q4
		County-wide	→			

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Theme 10: Integrated services to provide person-centred care

All of the specific initiatives set out in this Delivery Plan will only be successfully delivered if we also grasp all opportunities to work in a more integrated way, particularly at a local level.

The NHS Long Term Plan is clear that the model of care for the future of the NHS is built on close integrated working at Primary Care Network areas. This is line with Wiltshire Health and Care's objectives.

PRIORITY OBJECTIVE

Community teams alignment with primary care

As one of our priority projects for 2019-2020, we will implement integrated working between community teams as part of primary care network areas. This will start in pilot areas initially, and then broaden once the principles of what works wells (and what doesn't) have been learnt in test beds.

This project will include:

- Management of the community team caseload.
- Understanding the care requirements within a locality, identifying the model for delivery
- Optimizing workforce to support new models of delivery – reducing duplication and improving efficiency and resilience.
- Incorporate support for frail patients.

This will allow different approaches to be taken in partnership with colleagues.

In the initial stages, this project will be delivered in tandem with external consultancy support which has been procured by Wiltshire CCG to support Primary Care Networks.

2019/20 Objective(s)

PRIORITY

- **Integrated community and primary care provision** - Throughout 19/20 we will implement integrated working between community teams and GP practices as part of Primary Care Network areas. As part of this we will co-design the role of clinical leads, and test the potential blending of community and practice nursing roles - optimising an integrated workforce.

	Q1	Q2	Q3	Q4
County-wide	→			

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3. Developing our People

Overview

Our people are our most valuable asset. We are committed to re-designing our workforce to ensure we meet the needs of the local population - including enabling more people to be cared for in their home or in a community setting. We will do this by continually scoping opportunities for enhanced efficiency and effectiveness between local partner organisations. In line with the direction of the NHS Long Term Plan, we will work in close collaboration with the developing Primary Care Networks. However, we recognise this is against a background of both national and South West shortages in a number of clinical roles.

Wiltshire Health and Care will offer many opportunities within the workplace to attract and retain staff. This will be achieved by offering exciting development pathways, including increasing the number of trainee Nursing and Therapy Associates, providing support for Continued Professional Development (CPD), and maximising the spend of our apprenticeship levy (as well as working within our local community to identify ways to tap into the unused apprenticeship levy of other local organisations). People will be able to start *and* develop their career at Wiltshire Health and Care.

Throughout 2019/20, we will develop and enhance a flexible approach to working patterns. Aligned to this, we will expand upon the opportunities for those working for us to rotate into different specialities or roles.

We recognise that volunteers also offer an essential and valuable contribution to the delivery of Wiltshire Health and Care. Since 2016, we have seen a growth of 35% in the number of volunteers, and we wish to expand this further during 19/20.

The health and care system is very reliant on the efforts that staff members make. Their commitment to patient care often means that they go above and beyond to ensure people stay safe and well, and are cared for where they wish to be cared for. This can have an impact on staff health and well-being. We will ensure our staff members feel -.

During the next 12 months and the coming years our people are going to be part of a significant change in the way and where healthcare is provided. To ensure staff are supported and valued throughout the change process we will also enhance the Organisational Development offer from Wiltshire Health and Care.

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Principles

Our workforce objectives for 19/20 will be guided by the following principles:

- **Support and collaborate with our workforce**
  - Offer an Organisational Development model that recognises the contribution of staff and offers support through change
  - Maximise health and well-being support for all staff
- **Design in tandem with primary care and social care**
  - Reduce duplication of similar roles at local level
  - Collaborate on development pathways and recruitment
- **Focus primarily on development of skills rather than recruitment of skills from other parts of the system**
  - Maximise apprenticeships as part of grown your own
  - Work with Health Education England and Universities to align community opportunities

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Priorities

In 19/20, we will pursue the following priority areas:

- **3A: SAFER Staffing**
  - Full implementation of E-Roster
  - Control of agency and maximisation of flexible workforce
  - Workforce optimisation
    - Effective workforce planning
      - Developing new solutions in hot spot areas (inpatient, MIU, support services in South Wiltshire)
      - Determining best use of nursing/ therapy associate roles
      - Alignment with Primary Care Networks
      - Optimisation of opportunities for all roles
    - Implementation of SAFER caseloads
    - Expanding our flexible workforce
    - Increasing the number and contribution of our voluntary workforce
  - Acuity and dependency management
- **3B: Leadership and talent management**
- **3C: Health and Well-being of our workforce**
  - **Organisational Development**

Outline of our current workforce risks

Description of workforce risk	Impact	Risk response strategy	Timescales and progress to date
High reliance on agency staff to supplement vacancy rate and patient needs	High	Tackle underlying issues by reviewing patient acuity and the associated skill mix required, so that agency is not utilised where there is not a genuine need. Instead focused can be placed on substantively recruiting to a clear skill mix; recruitment objectives to address vacancies.	• Along with the implementation of our E-roster system, Wiltshire Health and Care will develop a new acuity and dependency tool to match staffing requirements with the needs of all patients – fully implemented by Q2. • By Q2, we will develop and implement improved close support monitoring, supplemented by an increase in our voluntary workforce, the impact of these two actions should be a clear definition of when close support is needed, and a clear definition of when volunteer support can be utilised to support this – decreasing reliance on agency. • Actions to improve the retention and

			attractiveness of our nursing roles including: ○ The development of clear clinical leadership pathways- by Q2. ○ New appraisal process – from Q1. ○ Us scoping the development of non-medical consultant roles - Q1/ ○ Reviewing the current ANP/ ACP role and competency framework in inpatient settings, and setting out a revised proposed to maximise the potential of the role in the community hospital model. ○ Recruitment of substantive medical staff as part of the team.
Mandatory training compliance Lack of compliance with mandatory training could result in increased risk to patient and staff safety.	Medium	Audit of system to ensure data quality; increase mechanisms of surveillance and challenge introduced; adaptations to support staff engagement with the system introduced.	• Reminder system implemented January 2019. • New escalation process implemented in January 2019. • Action plans sent to all line managers for population regarding plans for compliance improvement, and managers asked to agree trajectories to reach full compliance - March 2019. • Review of system to optimise its user-friendliness – March 2019. • Audit of profiles to check accuracy – March 2019.
Appraisal compliance Without proper appraisal compliance staff may not receive the proper guidance and support in their role. This could lead to decreased morale, issues with retention/ turnover and grievances.	Medium	Widely publicised staff engagement exercise to develop a new appraisal framework for 2019/20	• In Q1, we will implement a new values based appraisal process – updating our approach (including the documentation used), in a way that is based on staff feedback and staff engagement forums on the topic.

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Our approach to workforce planning

Proactive workforce planning within Wiltshire Health and Care will be undertaken through the six step model, with particular emphasis in 19/20 on ensuring that our data is used effectively on our journey to develop a workforce that will enable us to deliver the vision of the NHS Long term Plan and the Wiltshire Health and Care Business Plan for 2019-2022. Collaboration with local Primary Care Networks, Wiltshire CCG and BSW Local Workforce Action Board will be an essential part of this work. This will form a core work stream of our Safer Staffing Programme for 2019/20, where the delivery of actions and milestones will be monitored by Wiltshire Health and Care's Executive Committee, who will be provided with assurance through monthly highlight reporting and the sign off of any amendments of workforce structures.

Delivering our priorities/ objectives

3A: SAFER Staffing

SAFER staffing is an important work programme which will be established to enable Wiltshire Health and Care to secure the foundations and support the removal of the artificial boundaries between services and organisations. It will also ensure safe and effective delivery of care and move us forward to truly valuing the contribution of both the substantive and voluntary workforce. We will gain a better understanding of ways of working and where productivity and efficiency gains can be made. This work aligns well with Lord Carter's review (May 2018) into unwarranted variations in mental health and community health services. The report recognised the importance of detailed management attention to effective rostering, job planning, managing sickness absence, maximising the clinical time of community staff, appropriate skills mixing, and effective training.

Accordingly, this programme of work will include:

- Implementation of E-Roster
- Control of agency and maximisation of flexible workforce
- Workforce optimisation
- Acuity and dependency management

Implementation of E-Roster

Wiltshire Health and Care has e-roster software but its use is not fully embedded or configured across the services. We will pursue the comprehensive implementation of the system and ensure the system is used effectively, and drives efficiency and productivity gains.

The roll out of e-rostering will be led by a knowledgeable and competent project manager with clear direction from a designated Head of Operations, utilising the most effective project management methodology. The programme of work will be sponsored by the Chief Operating Officer.

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The expected outcomes include:

- More clinical time available to care (E-roster reporting)
- Increased efficiency and reduced repetition (capacity management)
- Decreased bank and agency spend (Finance reporting)
- Availability of real time updates improving staff deployment (e-rostering)
- Improved staff morale (staff survey)

Control of agency and maximisation of flexible workforce

Use of agency staffing to fill essential shifts is a common feature of health services and is related to fundamental shortages of workforce in crucial areas. In order to control the use of agency staffing from both a financial and quality perspective requires:

- Maximum utilisation of effective e- rostering, including flexible workforce
- Operational managers, clinicians, human resources, and finance managers working collaboratively to manage workforce challenges
- A large, flexible cohort of bank staff
- A strong procurement approach
- Detailed management information to help decision-making

We will continue to work to ensure all of these elements are in place and robust. In particular, we will improve our controls and contractual arrangements to ensure that, when agency staffing is used, we are meeting best practice.

The expected outcomes include:

- Significantly reduced agency spend (finance reporting)
- Improved transparency on agency and bank spend (finance reporting)
- Greater assurance on quality of agency supply (vendor agreements and contract management)
- Conversion of agency staff into permanent or bank roles (HR reporting)

Workforce Optimisation

Workforce Optimisation is a key work stream of the safer staffing programme. Effective workforce planning and regular review will ensure that we have the right staff, doing the right roles with the right skills.

During the coming year, Wiltshire Health and Care will further its approach to ensure it undertakes workforce planning systematically across all teams and services. To date there has been a focus on key hotspot areas, in particular Minor Injury Units and community

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wards. This proactive approach has recognised new development pathways, introduced new roles (including the introduction of Trainee Nursing Associates and apprenticeships), and a seen a different approach to clinical leadership and administration of ward environments. Wiltshire Health and Care is closely monitoring the impact, and is starting to yield the benefits of attracting, recruiting and retaining staff. However, a one size fits all approach will not be the solution to the workforce challenges across all services, and the approach taken needs to reflect the different needs of our different localities and neighbourhoods.

The NHS Long Term plan starts to pave the way for a national people strategy, which Wiltshire Health and Care has aligned against its workforce strategy, to identify what the key objectives need to be over the next few years. By doing this, Wiltshire Health and Care will be working closely with Wiltshire CCG on the development of Primary Care Networks across Wiltshire and to support the delivery of an integrated workforce across health and social care. This has the potential of offering greater and more varied workforce opportunities and development, reduces duplication of tasks and improves coordination for individual patients.

Local intelligence recognises a number of key challenges for Wiltshire Health and Care service delivery over the coming years:

- 48% drop in numbers of adult nurses applying to the local University Oxford Brookes University following the Spending Review changes to funding (the reduction of numbers will be first felt on graduation in September 2020).
- Almost 50% reduction in the number of learning disability programmes being offered by Higher Education Institutes in England due to lack of recruitment and financial viability for programme providers since changes in funding post spending review.
- Aging profile in learning disability nursing with high numbers of experienced/ leadership staff due to retire in next 5 years.
- High turnover of band 5 Occupational Therapists and physiotherapists across community Early Support Discharge/ preference within graduating physiotherapists for MSK.
- Inability to recruit to registered podiatrist posts – over the last 6 months, with professional body not accepting Assistant Practitioner posts ability to deliver key skills.

Wiltshire Health and Care has already launched a number of schemes to try to mitigate the impact these challenges by cause:

- Increase pipeline by offering nursing careers apprenticeships to school/ college leavers for inpatient services. Utilising L2, L3 and L5 apprenticeships.
- Recruitment and support for part time Open University pre-registration nursing students (Working 15 hours per week as band 3, studying 3 days a week in supportive placements across Wiltshire Health and Care).

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- Reducing turnover by offering clear career development in community nursing teams via the Specialist Practice Qualification (SPQ) and in Minor Injuries Unit via Emergency Nurse Practitioner training.
- Jobs within Wiltshire Health and Care with supportive placements in the geography and specialisms of the individuals' choosing.
- Plans to recruit Trainee Nursing Associates as part of the skill mix with identified staff to support to enable entry criteria/ qualifications. This will for commence in September 2019, utilising additional Health Education England funding offer.
- Utilising additional Health Education England funding offer and launching *Return to Practice* jobs within Wiltshire Health and Care with supportive placements in the geography of the individuals' choosing. This is particularly focused at Learning Disability Nurses.
- Succession planning and support for CPD/ leadership courses to support identified future leaders in the service.
- Therapy rotational posts across Community teams/ MSK, Learning Disabilities, and inpatient/ primary care and acute. This will commence in April 2019 for four full-time posts within physiotherapy.

To support the podiatry service Wiltshire Health and Care will ensure:

- Active membership of apprenticeship trailblazer group to develop a standard that will present opportunity for recruitment and succession planning next year.
- Support for podiatrist to *Return to Practice* in the next 6 months including financial support as per Health Education England pilot.

To support the increased demand for physiotherapists to delivery First Contact Physiotherapy from 2020:

The workforce planning process for FCP roles has started with a recruitment pipeline strategy over the next year. This includes:

- Scoping of potential future talent and interest, broadening skills through cross working with existing practices and FCP staff.
- Creation of competency framework in line with national recommendations, see diagram below.
- CPD planning and funding, retaining specialist staff, building a reputation as an attractive employer.
- Collaborative working to prepare for wider rollout 2020.

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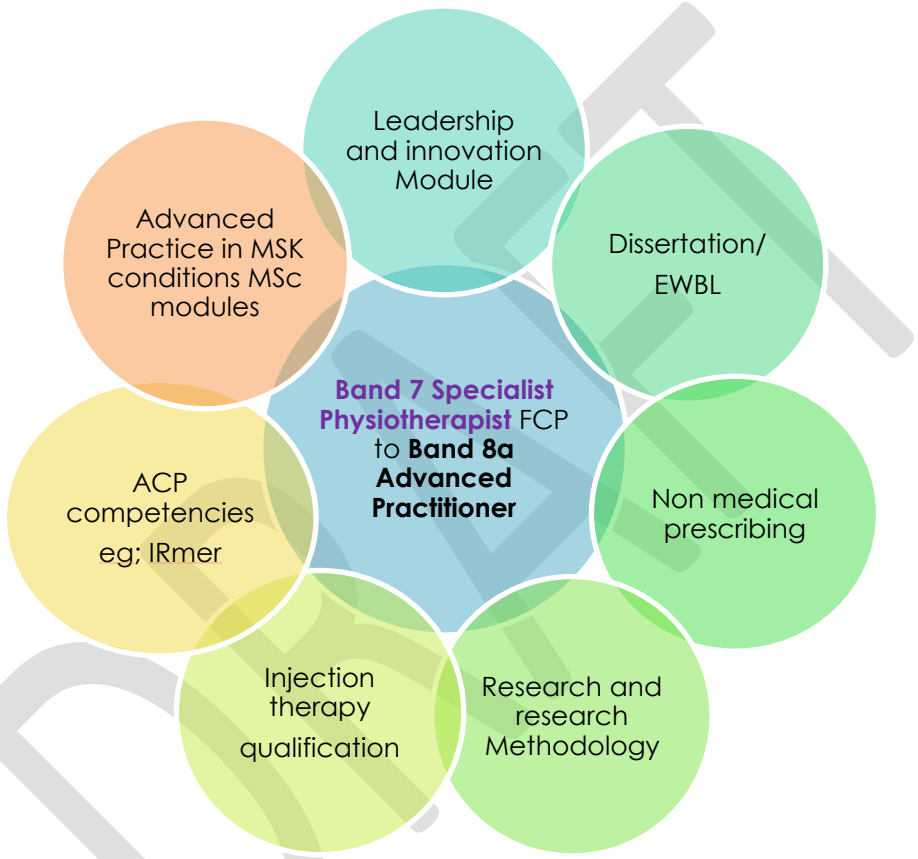
- Planning the pipeline from graduate through to advanced practitioner within Wiltshire Health and Care.

Flexible workforce:

Wiltshire Health and Care will be investing in its flexible workforce offer and ensure staff employed in this way have the same benefits and support to prosper and develop. We will increase the number of voluntary staff and ensure the skill set that individuals bring is recognised and utilised. This will be across all teams and services.



Wiltshire Health and Care will also develop is training facilities and flexible approach to developing staff, always maximising the opportunities on offer through the Local Workforce Action Board and Health Education England.

The expected outcomes include:

- Increase in recruitment into substantive posts (vacancy rate of less than 8.5%)
- Improved retention (voluntary turnover of less than 10%)
- Increased flexible workforce numbers
- Decreased utilisation of agency
- Decrease in sickness (less than 3.5%)
- Improvement in staff survey results

- Maximum utilisation of Wiltshire Health and Care's apprenticeship levy (finance reporting)

Acuity and dependency management

The management of patient dependency and acuity is fundamental to the delivery of safe and effective care. Along with the implementation of our E-roster system, Wiltshire Health and Care will develop a new acuity and dependency tool to match staffing requirements with the needs of all patients. This will provide 'live' information to senior operational and clinical leads to support decision making.

Wiltshire Health and Care will review its current approaches to close support monitoring to ensure it puts the person and their family and carers at the centre of the decision making, and always offers the least restrictive options.

The expected outcomes include:

- Staffing levels that reflect dependency and acuity (e-roster reporting)
- Fewer clinical incidents relating to close support management (DATIX reporting)
- Greater inclusion of family and carers in the delivery of care (Patient and carer feedback)
- Improvement in staff morale (sickness monitoring, staff feedback)

SAFER staffing: 2019/20 Objectives						
	• **E-Roster** - By Q4 we will implement E-roster across all services at team level.		Q1	Q2	Q3	Q4
		All				✓
	• **Agency diagnostic** - During Q1, we will undertake an agency diagnostic, using an NHSI tool, to support on-going development.		Q1	Q2	Q3	Q4
		All	✓			
	• **Agency framework** - By Q2 we will review and renew appropriate agency staff framework agreements.		Q1	Q2	Q3	Q4
		All		✓		
	• **Board reporting** - By Q2 we will improve our board reporting so that it includes additional information (including agency spends).		Q1	Q2	Q3	Q4
		All		✓		
	• **Bank staff** - By the end of Q4, we will have increased the number of people recruited to our bank by 25%.		Q1	Q2	Q3	Q4
		All	→	→	→	→
	• **Workforce planning** - Throughout 19/20, we will undertake workforce planning for all services and teams.		Q1	Q2	Q3	Q4
		All	→	→	→	→

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			Q1	Q2	Q3	
	• **Voluntary workforce** - By the end of Q4 we will increase our voluntary workforce by 10-15%.	All				✓
	• **Supporting the STP workforce strategy** - Throughout 19/20 we will work with Wiltshire CCG and partners to support the development and delivery of the Wiltshire Wide Workforce Strategy.	All	Q1 →	Q2 →	Q3 →	Q4
	• **Rotational posts -** In Q1, we will commence recruitment of physiotherapy rotational posts in three areas; MSK, In-patient wards and Community Teams	All	✓			
	• **Education Hub** - From Q2, we will develop and deliver training from a new education and training hub based at Savernake Hospital.	All		✓		
	• **Acuity and Dependency tool** - By Q2, we will develop and deliver an Acuity and Dependency tool across all community wards. This will be aligned to e-rostering.	All		✓		
	• **Close support monitoring** - By Q2, we will develop and implement improved close support monitoring.	All		✓		

3B: Leadership and talent management

Wiltshire Health and Care recognises the importance of transformational leadership skills throughout the workforce. Leaders need to be flexible and enabled to operationally deliver commissioned services, whilst recognising and pursuing service development opportunities and collaborating with partners. This is an essential prerequisite of leadership roles, alongside ensuring staff are supported and recognised to undertake their defined daily roles and have the benefit to learn and grow.

Managers and leaders with Wiltshire Health and Care will be given a toolkit *('Bringing policies to life'*) to support the daily management of their teams. Leadership development pathways will be designed to enhance the delivery of the 'toolkit'. There will also be a focus on the expansion of clinical leadership roles. Wiltshire Health and Care will work with Wiltshire CCG to support the implementation of non-medical consultant roles to support delivery of more care in a community setting, and offer different and attractive roles in hard

to recruit to areas. This will complement the advancement of clinical leadership roles in community hospital settings. Advancing clinical leadership roles will offer more opportunities for clinicians to pursue their careers beyond the traditional band 7 ceiling.

During 19/20 Wiltshire Health and Care will be increasing the number of medical doctors it engages to enhance clinical leadership in community hospitals and support MDT delivery in the community. Medical Advisors will work alongside the Director of Quality, Professions and Workforce; this will enhance the leadership of Wiltshire Health and Care's clinical governance agenda. Leadership and talent management will be recognised and valued through a newly revised valued-based appraisal process which will be implemented during 2019/ 2020.

The expected outcomes include:

- Increase in senior clinical leadership roles (performance monitoring)
- Greater job satisfaction in leaders (staff survey)
- Increase retention in clinical roles (workforce reporting)
- Reduction in agency medical spend (finance reporting)
- Improved staff support (workforce KPIs)

Leadership and talent management: 2019/20 Objective(s)					
			Q1	Q2	Q3	Q4
	• **Clinical leadership pathways –** By Q2, we will develop and deliver Clinical Leadership pathways.	**All**		✓		
	• **Policy toolkit –** By Q2, we will deliver the '*Bringing Policies to Life*' toolkit.	**All**		✓		
	• **New appraisal process** – From Q1 we will implement a new value based appraisal process.	**All**	✓			
	• **Non-medical consultant roles** - We will scope the development and delivery of non-medical consultant roles in community settings, and produce a paper for consideration by our commissioners by the end of Q1.	**South**	✓			
	• **Maximising the potential of the ANP/ ACP role** – By Q2, we will review the current Advanced Nurse Practitioner/ Advanced Care Practitioner role and competency framework in community in-patient settings, and set out a revised proposal to maximise the potential of the role and the community hospital delivery model.	**Wards**		✓		

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	• Recruitment of medical staff – By Q2, we will recruit and embed medical doctors to support clinical leadership and delivery of the clinical governance agenda.	**Wards/ corporate**		✓		

3C: Health and Wellbeing of our workforce

The workforce in the NHS is ageing and Wiltshire Health and Care is no different, with 37% of its workforce over the age of 51+. It is essential we support the maintenance of staff health and well-being so they are able to have long and accomplished careers, and support the development of the future workforce. The *NHS Health and Wellbeing Framework* sets out the standards of how NHS organisations need to support staff to feel well, healthy and happy at work. In line with the Framework, Wiltshire Health and Care have adopted a charter. The main focus of Wiltshire Health and Care's charter is the delivery of support to staff for Mental Health, Musculoskeletal, and Healthy Lifestyles.

Organisational Development

The principle of organisational development is to align organisational structure and culture to the strategic goals. This is achieved by shaping and supporting the workforce to meet the agreed goals. Through the application of Organisational Development strategies, practitioners with the right level of skills and knowledge achieve positive cultural change and the delivery of strategic goals. Organisational Development also enables organisations to recognise and make informed changes to the workforce to meet future service delivery.

The recent staff survey results showed that, in the 2018 survey, the number of staff feeling empowered and involved in decision making, such as change and culture had decreased slightly - in particular in the area of team working. This will be a focus for an Organisational Development programme of work to improve staff experience.

With the number and breadth of changes that have occurred in recent years, and the pace of change continuing to increase, investing time in Organisational Development will be essential, and Wiltshire Health and Care recognises this.

Expected outcomes include:

- Improved staff absence rates (below 3.5%)
- Improved retention rates (staff turnover below 10%)
- Positive staff survey results

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Health and Wellbeing of our workforce: 2019/20 Objective(s)						
			Q1	Q2	Q3	Q4
	• **Health and Well-being charter** – By Q2, we will review, and implement the Health and Well-being charter, through health and well-being forums. We will evaluate its impact through staff survey results.	All		✓		
	• **Health and Wellbeing as part of review system** – From Q1, we will implement a performance review system that has Health and Wellbeing as an integral part of the process.	All	✓			
	• **SAFER staffing** – From Q4, we will align our SAFER staffing project to our health and well-being charter.	All				✓
	• **Organisational development delivery** – By Q3, we will have up-skilled key staff within the Human Resources and Learning & Development team to support and deliver organisational development.	All			✓	

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4. Supporting our Services and Patients with good IT

Overview

Information and Communications Technology is a vital component of the toolkit we give our staff to support them in performing their roles. Access to up-to-date, accurate and relevant clinical information is a critical part of delivering quality and timely care.

Recognising that our ICT estate has some distance to travel in order to be ready for the ambitions laid out in the *Long Term Plan*, this section will set out our plans for establishing a solid infrastructure foundation on which to build and develop more innovative services.

Digital IT Strategy

We will continue with our participation and engagement in the BSW STP interoperability programme and ensure alignment with the emerging STP Digital strategy following publication in Q1.

Digital IT Principles

Within the context of the STP Digital Strategy WHC will hold work to following principles:

- Infrastructure & Foundations
  - Establish a solid underlying network infrastructure
  - Move our networking into the cloud
  - Network environment upgrades
  - Migration to Windows 10

- Productivity & Efficiency
  - Eradicating fax usage
  - Establishing our own intranet
  - Adopting Skype for Business
  - Establishing a rolling desktop refresh programme
  - Moving to IP telephony
  - Implementing e-rostering
  - Introducing managed print services

- Moving towards Paper-free
  - SystmOne for MIUs
  - SystmOne for Orthotics
  - Supporting Care Homes to use SystmOne
  - Scoping SystmOne for Community Wards

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- Security and Governance
    - Scoping and delivering an asset management solution

- Patient Engagement
    - Patient self-check in
    - SMS text-based advice and guidance
    - Wearable technologies and remote monitoring
    - NHS App integration

- Working collaboratively
    - Specifying future Business Intelligence needs
    - Supporting STP digital agenda and LHCRE programme

Workstreams

Our workstreams for Digital IT in 2019/20 will be:

4A	Strengthening foundations
4B	Supporting our teams to work efficiently
4C	Supporting digitally enabled health care

4A: Strengthening Foundations

Our plans for strengthening foundations will include:

- Delivering the HSCN replacement programme to improve network speeds.
- Refreshing and starting to deliver a revised PC and laptop replacement programme.
- Delivering the use of SystmOne on our MIUs.
- Migration to Windows 10.
- Scoping the solution for WHC asset management.
- Improving our IT infrastructure, including migrating from existing server based provision to cloud based provision.

Delivering the Health and Social Care Network replacement programme to improve network speeds

This work involves ordering and installing improved data connections to the buildings we occupy so that services can benefit from increased network speeds. The work is already underway, with site surveys currently being undertaken. Working with our Telecoms partner, MLL, 12 WHC sites have been identified as requiring an HSCN Connection. Circuit installation dates have been received for two sites so far.

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By the end of Q1 we will have completed the migration of all links on to more cost-effective and fit for purpose infrastructure that will deliver the bandwidth we need to start delivering improvements.

2019/20 Objective(s)						
	By the end of Q1, we will have completed the migration of all N3 links on to more cost-effective and fit for purpose infrastructure.		Q1	Q2	Q3	Q4
		All	✓			

Refresh and start to deliver a revised PC and laptop replacement programme

An assessment of the current IT stock has been made during Q4 of 2018/19 to prepare for a revised replacement programme. The first stage will have commenced during Q4 of 2018/19, with the replacement of some desktops. This represents the first stage of the establishment of a rolling replacement programme.

We will:

- Replace at least 50 PC's per annum over the next three years in order to establish a rolling replacement programme
- Identify the most-utilised/strategically important machines and prioritise for replacement accordingly
- Agree a Windows 10 build with our support providers and a date from which Windows 10 will be rolled out
- Identify target machines for further rounds of replacement/refresh as funding becomes available
- Ensure that adequate facilities for hot desking/staff to work in a mobile environment are in place
- Review current procurement approach and identify replacement models of desktops/laptops appropriately, centralising procurement of IT equipment to ensure consistency and suitability.

2019/20 Objective(s)						
	By the end of Q4, we will have established and begun a rolling replacement programme for our desktop estate.		Q1	Q2	Q3	Q4
		All				✓

Deliver the use of SystmOne on the MIUs

The planned go-live of SystmOne in MIU was delayed from February 2019, due to concerns about potential impact on the wider system during winter pressures. As a result go-live has

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been delayed until early June to minimise operational impact (avoiding go-live over Easter and May bank holiday periods) and to allow for refresher training of MIU staff.

2019/20 Objective(s)						
	By the end of Q1, we will have gone "live" with SystmOne for our MIUs.		Q1	Q2	Q3	Q4
		All	✓			

Migrate to Windows 10

A project to progress the migration of all desktop devices currently running windows 7 or 8.1 has been established. Currently there are on-going discussions with our service provider, GWH, to:

- Agree a date from which older operating systems will no longer be rolled out and to establish a Wiltshire Health and Care Windows 10 build.
- Determine the number of available Windows 10 upgrade licenses, quantifying the extent of any shortfall
- Agree a method for maintaining currency of Windows 10 patching and application or security updates pre and post network migration

It is anticipated that the Windows 10 replacement programme will run alongside a plan to establish a cloud based network.

2019/20 Objective(s)						
	By the end of Q4, all Wiltshire Health and Care computers will have migrated to Windows 10.		Q1	Q2	Q3	Q4
		All				✓

Scope solution for WHC asset management

During 2019/20 we will source an asset management system to improve the management of all assets, including IT assets. It is anticipated that, following successful appointment of a supplier, a project will be initiated to deliver the implementation to stakeholders, in the anticipation that a system will be in place by end of Q3.

2019/20 Objective(s)						
	Asset management system for Wiltshire Health and Care's digital ICT will be in place by the end of Q3.		Q1	Q2	Q3	Q4
		All			✓	

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Improve IT infrastructure including migrating from existing server based provision to cloud based provision

There is a need to improve the IT infrastructure being used by Wiltshire Health and Care services. In doing so, further benefits would be gained from a move away from server based provision to cloud based technology, in order to increase flexibility and provide an agile infrastructure. Initial scoping has been undertaken, with more detailed work expected to take place in early 2019/20. It is anticipated that any solution design and migration plan will be taken to the STP Technical Design Authority for comment/discussion and to ensure synergy with other STP level infrastructure initiatives.

It is anticipated that work to begin to deliver the new network will begin in Q3, and will run alongside the Windows 10 upgrade programme, shifting Windows 10 machines into the new network infrastructure as they are migrated.

Investment in replacement network equipment or Infrastructure as a Service (IAAS) will take place as part of the network redesign.

2019/20 Objective(s)						
	By Q3 we will have an agreed 'to be' network design and migration plan, and work will have begun to deliver it.		Q1	Q2	Q3	Q4
		All			✓	

Implement SystmOne on our Wards

Implementation of SystmOne on our wards would improve interoperability with other services, including primary care.

Subject to funding, it is hoped to initiate a project to move Wiltshire Health and Care's inpatient wards away from Medway and migrate to SystmOne, meaning all WHC services use a single system which will offer significant clinical and efficiency benefits.

A business case has been developed and approval is sought. If this is forthcoming, the project would commence in Q3 2019-20.

2019/20 Objective(s)						
	If the commissioners confirm that they are supportive of a move to SystmOne for our wards by the end of Q1, we will initiate the project to implement this by the beginning of Q3.		Q1	Q2	Q3	Q4
		All			✓	

Support care homes delivering intermediate care to use SystmOne as clinical system

Working with Care Home and Primary Care colleagues, we will support the development of governance processes and access to SystmOne to ensure that relevant clinical information can be shared appropriately, to achieve better outcomes, reduce risk and improve the quality of care provided. The initial focus will be those nursing homes contracted to deliver intermediate care beds, so that this provide a benefit to system flow.

2019/20 Objective(s)					
	Support care homes delivering intermediate care to use SystmOne as clinical system (ensuring our system is shared appropriately)		Q1	Q2	Q3	Q4
		All		✓		

4B: Supporting our teams to work efficiently

As part of our support to teams to work efficiently, we will consider:

- Establishing the new WHC intranet.
- Selecting the product for a new telephone system.
- Implementing a new telephone system on agreed site(s).
- Eliminating any remaining need to send or receive faxes.

Establishment of new WHC intranet

Work on the new WHC intranet is currently underway and our development partner is on track to deliver phase 1 functionality in mid-April 2019.

2019/20 Objective(s)					
	By the end of Q1, we will have gone live with a dedicated to Wiltshire Health and Care intranet.		Q1	Q2	Q3	Q4
		All	✓			

Selecting the product for a new telephone system

There is a dependency on HSCN connectivity being in place before this work can commence.

It is anticipated that work will begin to scope organisational and departmental/location requirements in Q2 with a view to producing a specification and running a competitive procurement process to determine preferred supplier.

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2019/20 Objective(s)					
	By the end of Q2, we will be in a position to run a competitive tender for a new telephone system provider.		Q1	Q2	Q3	Q4
		All		✓		

Commence implementation of telephone system on agreed site(s)

A project to work with the appointed supplier to manage and oversee the delivery of an enterprise level IP telephony system by end of March 2020 will be established.

2019/20 Objective(s)					
	By the beginning of Q3 we will have established a project to procure and implement the new telephone system.		Q1	Q2	Q3	Q4
		All			✓	

Eliminate any remaining need to send or receive faxes

There is national drive to discontinue the use of faxes within the NHS. Since January 2019, health-service organisations have not been able to buy new fax machines, and the intention is that faxes will be eliminated from use entirely by 31 March 2020.

To enable Wiltshire Health and Care to meet this target, an initial survey has been undertaken to determine current usage and location of fax machines, alongside reasons for their continued use. Based on responses received, an action plan is now being developed to determine:

- Where agreement with other health or social care providers is required to determine an alternative means of communication, particularly where urgent action is required.
- Where alternative hardware is required to eliminate the need to fax (e.g. document scanners where a handwritten signature is required).
- Where further information governance work to establish a secure electronic form of communication needs to occur (e.g. Care Homes accessing NHSmail).

It is anticipated that this work will be complete by end of Q3 2019-20, so that Wiltshire Health and Care can be fax free by the end of Q4 2019/20.

2019/20 Objective(s)					
	By the end of Q4, Wiltshire Health and Care will be “fax free”.		Q1	Q2	Q3	Q4
		All				✓

4C: Supporting digitally enabled healthcare

In order to support digitally enabled healthcare, we will:

- Participate and engage with the Bath Swindon and Wiltshire STP interoperability programme.
- Develop a specification for future business intelligence provision.
- Develop text based communication used as part of care, and integrated into clinical record
- Explore increased use of wearable technology

On-going participation and engagement BSW STP interoperability programme

Wiltshire Health and Care is represented at the BSW STP Digital Board and the BSW Interoperability Programme Board as well as the BSW STP Technical Design Authority.

2019/20 Objective(s)					
	Ongoing participation and engagement in the BSW STP interoperability programme.		Q1	Q2	Q3	Q4
		All	→			

Development of specification for future business intelligence provision

In partnership with our current provider, GWH, and STP colleagues, we will forecast future requirements and explore the provision of a data warehouse or at-scale data extraction to provide access to richer information and support population health management and risk stratification. We will generate a specification outlining Wiltshire Health and Care's future requirements by beginning of Q3 2019.

2019/20 Objective(s)					
	We will generate a specification outlining Wiltshire Health and Care's future business intelligence requirements by beginning of Q3 2019.		Q1	Q2	Q3	Q4
		All			✓	

Text based communication used as part of care, and integrated into clinical record

We will develop a project to provide a text-based advice and guidance service for patients (e.g. Diabetes patients) to help support appropriate condition management, and prevent deterioration of non-progressive conditions.

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2019/20 Objective(s)						
	We will develop a project to provide a text-based advice and guidance service for patients (e.g. Diabetes patients) to help support appropriate condition management.		Q1	Q2	Q3	Q4
		All			✓	

Explore increased use of wearable technology

We will explore increased use of wearable technology and remote monitoring with partners: at least 1 pilot in place.

We will support clinical colleagues to identify a cohort or cohorts of patients who would willingly engage with and benefit from technology that monitors management of conditions and symptoms.

We will work with local Academic Health Science Network and STP colleagues to review and identify wearable technology that will support remote monitoring and management of a condition or disease, delivering benefit to patients and efficiency or time savings to staff.

2019/20 Objective(s)						
	We will explore increased use of wearable technology and remote monitoring with partners: at least 1 pilot in place.		Q1	Q2	Q3	Q4
		All				✓

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5. Supporting our patients and staff with physical infrastructure that better meets need

Overview

As a community provider, Wiltshire Health and Care occupies a number of sites across Wiltshire, all of which are shared with other health and social care providers. These sites are predominantly owned and maintained by NHS Property Services but some are owned by Wiltshire Council and Primary Care providers. Soft Facilities Management Services, (cleaning, catering, portering, waste etc.) are also delivered by a different provider.

In order to support working in partnership across the community it is important that WHC continues to work across multiple sites, with multiple landlords, however this does pose a challenge from an Estates and Infrastructure perspective. Rather than having direct control over buildings and building related services, WHC works with others to ensure buildings are safe, and appropriate for the services that we deliver.

In line with the NHS Long Term Plan, in 2019/20 WHC will work with estates partners to:

- Support NHS PS to address the backlog maintenance on Wiltshire sites whilst improving the efficiency of how we use space.
- Improve the geographical spread of the estate that we have access to, to support partnership delivery including supporting Primary Care Networks as they develop.
- In line with the STP Estates plan, support the delivery of new estates developments that support new models of care in partnership with Wiltshire CCG.
- Ensure the continuing cleanliness of accommodation and quality of catering through influencing the long term solution for a soft FM provider across Wiltshire.

Physical infrastructure principles

In line with the NHS Long term Plan, our overarching principle for the estate that we use is as follows:

- To support the delivery of the transformation of services
- To support improved productivity
- To allow for effective planning and control
- To improve the sustainability of the spaces that we use, improving energy efficiency and releasing properties that no longer meet our needs.

Workstreams

Our priority workstreams for physical Infrastructure in 2019/20 will be:

5A	Improve quality and efficiency of existing accommodation
5B	Transformed estate to support new models of care

5A: Improve quality and efficiency of existing accommodation

Our plans to improve the quality and efficiency of existing accommodation will include:

- Improvements in clinical service accommodation at Chippenham
- Improvements for community team accommodation at Warminster
- Improvement in ward accommodation in Warminster
- A sustainable solution for Soft Facilities Management Services across Wiltshire

Improvements in clinical service accommodation at Chippenham

We will work with NHS Property Services to address the significant backlog maintenance works to be undertaken in the Rowan East and Rowan West areas of Chippenham Community Hospital. In order to improve access to clinical services, improve working environments, and make more efficient use of space. Specific benefits will include:

- Increased accessibility to Podiatry Services for wheelchair users.
- Specialist services will be clustered together on the site - enabling teams treating similar groups of patients to work more closely together, and share ideas. This will help to facilitate Wiltshire Health and Care's specialist services moving further towards a case management approach
- Providing accommodation for the new extended scope practitioners.
- Allowing the co-location of Lymphedema services with other specialist services.
- Areas of the Chippenham site in poor repair and not suitable for future use will be vacated.
- Wiltshire Health and Care's corporate services will be collocated, with improved facilities for the central booking office.

Improvements for community accommodation in Warminster

We will work with NHS Property Services to address the significant backlog maintenance works to be undertaken on the ground floor of Warminster Hospital, which will deliver the following benefits:

- The creation of defined patient and non-patient areas, which will improve staff and patient safety and confidentiality.
- Opportunity to address the backlog maintenance on Longleat ward.

Improvement in ward accommodation in Warminster

We will work with NHS Property Services to scope how Longleat ward could be provided with compliant, safe, accommodation in the Warminster Hospital building. This scoping exercise will be undertaken by an architect and health care planners under the instruction of NHS Property Services.

A sustainable solution for Soft Facilities Management Services across Wiltshire

We will work with the current soft Facilities Management (FM) provider, NHS Property Services, and Wiltshire CCG to agree and long-term sustainable solution for the provision of soft FM services across Wiltshire community sites.

Improve quality and efficiency of existing accommodation : 2019/20 Objectives					
	By the end of Q1, specialist community services (including lymphedema) will be co-located on the Chippenham Community Hospital site. This is allows the release of 49 and 51 Rowden Hill.	Q1 ✓	Q2	Q3	Q4
	By the end of Q1, the first phase of backlog maintenance and service consolidation works will have been completed in Chippenham Community Hospital.	Q1 ✓	Q2	Q3	Q4
	By the end of Q1, the first phase backlog maintenance will have been completed and space planned to support efficient effective patient care in Warminster Community Hospital.	Q1 ✓	Q2	Q3	Q4
	By the end of Q2, scoped options for the provision of compliant, safe, ward accommodation in the Warminster Hospital building will be available.	Q1	Q2 ✓	Q3	Q4
	By the end of Q2, we will agree a long-term sustainable solution for the provision of soft FM services across Wiltshire community sites.	Q1	Q2 ✓	Q3	Q4

5B: Transformed estate to support new models of care

Our plans to ensure the physical estate supports new models of care includes:

- Improving the availability of accommodation to support community services in the South of Wiltshire.

- Supporting the delivery of new facilities in Devizes and Trowbridge.

Improving support for community services in South of Wiltshire

There is a general lack of suitable estate close to some communities in the South of Wiltshire which is often a block on progress when planning new or revised services. As part of addressing this issue, during 2019/20, we will:

- Negotiate a new lease for the community team within Ludgershall Health Centre.
- Negotiate a lease for additional space for the community team in the new Wiltshire Council Community Hub in Tisbury.
- We will ensure that sufficient space is available to deliver community physiotherapy activity in the south of Wiltshire, including Hydrotherapy, and negotiate the associated leases.
- We will ensure sufficient space is available to deliver community diabetes and dietetic care in the south of Wiltshire, and negotiate the associated leases.

Supporting the delivery of new facilities in Devizes and Trowbridge

We will work with Wiltshire CCG, and the consultants supporting the CCG, to work up the detail for the business cases to deliver the new integrated care centres in Devizes and Trowbridge.

Transformed estate to support new models of care : 2019/20 Objectives					
		Q1	Q2	Q3	Q4
	By the end of Q1, we will have negotiated a new lease for the community team within Ludgershall Health Centre.	✓			
	By the end of Q1, we will have negotiated a new lease for additional space for the community team in the new Wiltshire Council Community Hub in Tisbury.	✓			

			Q1	Q2	Q3	Q4
	We will ensure that sufficient space is available to deliver community physiotherapy activity in the south of Wiltshire, including Hydrotherapy, and negotiate the associated leases.			✓		
	We will ensure that sufficient space is available to deliver community diabetes and dietetic care in the south of Wiltshire, and negotiate the associated leases.			✓		
	We will work with Wiltshire CCG and their consultants to work up the detail for the business cases to deliver the new integrated care centres in Devizes and Trowbridge.			→		

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6. Sustainability and Productivity

This section covers:

6A	Activity and Demand Modelling
6B	Financial Sustainability and Productivity
6C	Environmental Sustainability

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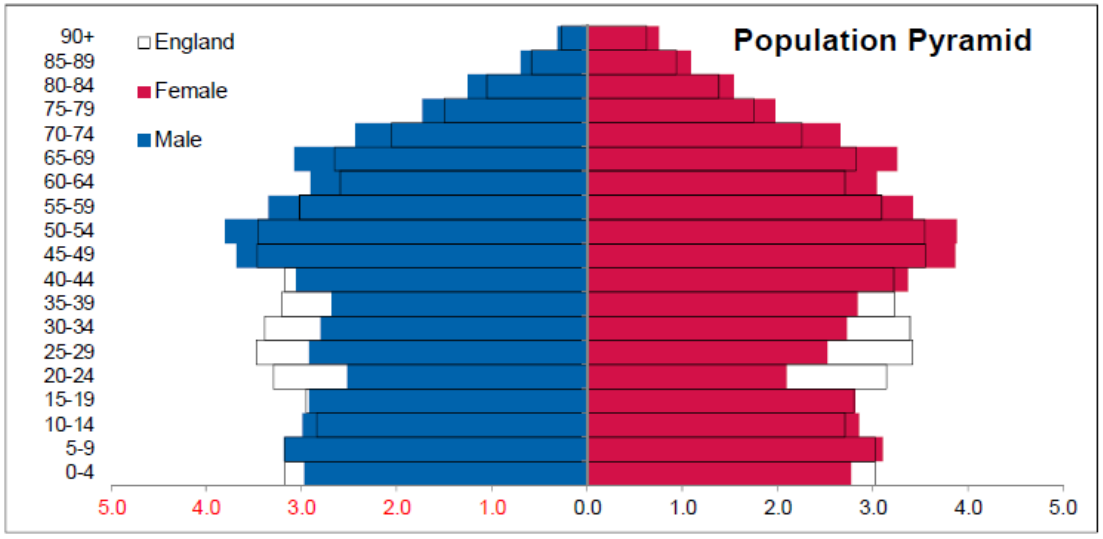
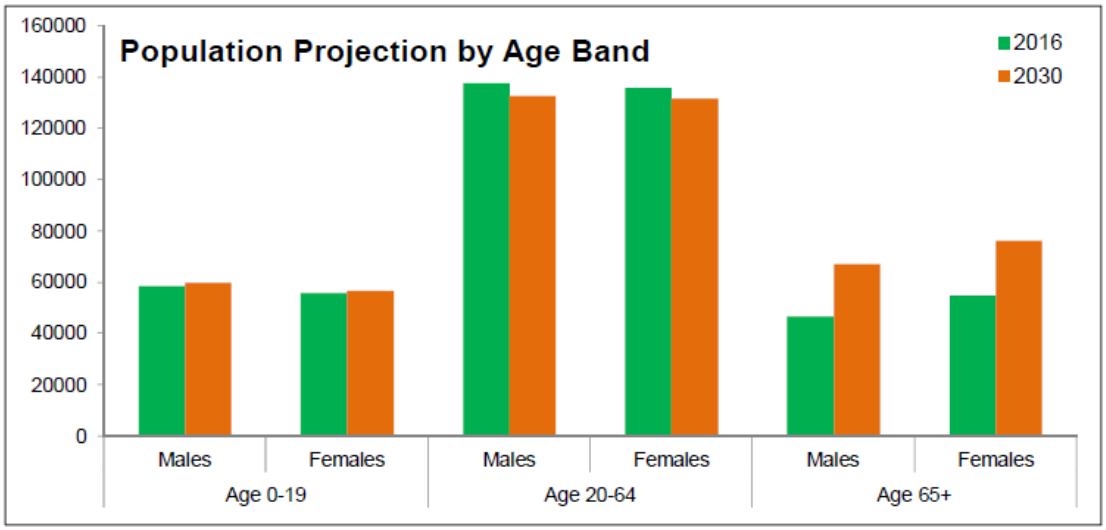
6A: Activity and demand modelling

In common with all health and care services, demand on community services is growing. This, at least in part, is related to the demographics of Wiltshire. It is widely recognised that the population of Wiltshire is older than the English average and that this shift in demographics is predicted to continue.

Wiltshire population older than English average



Wiltshire population over 65 projected to grow



An analysis of activity levels for our services which receive over 1000 referrals is provided in the table below (whilst there is also growth for smaller services, it is more difficult to exclude other factors such as changes to systems).

Services with > 1000 referrals a year

		2017-18	2018-19 Projected	% change	Narrative
Community Teams	Total Contacts	349306	360275	3.14%	Contacts used as a proxy as referral figures affected by change in systems. Likely to be an underestimate.
Dietetics	Referrals	2732	3077	12.62%	
MIU	Total Contacts	35983	40050	11.30%	Performance against 4 hour target maintained despite growth in activity.
Orthotics	Referrals	1570	1540	-1.94%	
Outpatient Physiotherapy	Referrals	33236	36281	9.16%	Growth of 5% was planned as part of planned investment into MSK pathway.
Podiatry	Referrals	6723	7225	7.47%	
Speech & Language Therapy	Referrals	1206	1412	17.11%	
Tissue Viability	Referrals	1558	1327	-14.81%	This may be due to changes in recording practices.
Wheelchair Service	Referrals	1007	1297	28.82%	Improvement project in place to match capacity and demand.
Wiltshire Orthopaedic Network / Orthopaedic Interface Service	Referrals	5197	10166	95.62%	This is related to planned change and investment in ESPs in North and the launch of the Interface Service during 2018/19. Levels of activity will be monitored as part of this implementation.
Diabetes	Referrals	1878	2476.8	31.88%	Reflects increase in diabetes facilitation as part of investment in pathway.

Our plan includes a recognition that activity demand has risen. The following mitigations are being pursued:

- Closer working with primary care colleagues to reduce any duplication in resources by looking for opportunities to plan collective caseload in a more joined up way.
- Where it is clear that there is a step change in levels of demand for individual services which cannot be met through increasing productivity or service redesign, investment in additional staffing will be considered from within available resources.
- Where additional demand is due to new services, or a need for additional services, we will include these areas in discussions about priority service developments with commissioners.

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6B: Financial Sustainability and Productivity

Wiltshire Health and Care has broken even in each of its first three years. This is a significant achievement, given that – in line with all health and care services – demand on services has continued to grow.

Benchmarking carried out by NHS England and NHS Improvement shows that, in comparison to other areas of the country, community services in the Bath and North East Somerset, Swindon and Wiltshire (BSW) area have not been funded with the same level of proportional investment. That has meant that the services have been used to delivering from limited resources. While this promotes prudent financial management, it also means that there is limited headroom to innovate or invest to save.

The NHS Long Term Plan does commit to increased investment in primary care and community services as one of its priorities. We will work closely with commissioners to ensure that this increased investment flows through to both support baseline resources for existing services, and support the development of new and additional services.

Strategy/ priorities

Our financial strategy for 2019/20 is, therefore to:

- Breakeven in 2019/20, through careful planning and management of resources, we will plan to break even for the fourth consecutive year.
- Invest wherever possible to renew and improve infrastructure, particularly IT infrastructure.
- Improve financial reporting by rolling out richer financial reporting to gain better understanding of the total cost of each service.
- Increase the productivity of services, including by increasing the use of benchmarking with other similar services.

Investment in infrastructure

One of the consequences of the proportional under investment in community services has been the limited scope to invest in supporting infrastructure over a number of years. This has been compounded by the fact that community services have, historically, missed out on national investment funding which has tended to be ring-fenced to either primary care or secondary care. This means that elements of the infrastructure relied upon by community services are in urgent need of improvement, particularly if they are to support ongoing development as part of new care models. We will maximise the amount of investment possible from within baseline resources during 2019-20 as well as seeking all available sources of additional funding to support infrastructure investment.

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Productivity

In line with the work of Lord Carter, our work to improve the productivity of community services will have four main areas of focus:

- Gaining productivity benefits from improved infrastructure For example, reducing time and travel associated with meetings and visits which could be undertaken virtually with enhanced bandwidth and software.
- Continuing to reduce our vacancies and increase the number of members of our bank, to reduce spending on expensive agency staff.
- Increasing productivity by adapting existing service delivery approaches so that more demand for services can be met from within the same level of existing resources.
- Reducing and containing costs related to physical infrastructure by using estates space more efficiently.
- Reducing any waste in our supply chain through better buying and improved stock control.

As a result, we expect that 2.5% of our resources will be released from planned expenditure for reinvestment to support services**.**

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6C: Environmental sustainability

Sustainable Development Management Plan

Introduction

Wiltshire Health and Care is committed to incorporating sustainability in all of our community services. We will take every opportunity to make a difference environmentally, socially and financially to evolve as an organisation that supports our patients, staff and local community now and for future generations.

Wiltshire Health and Care delivers a broad range of high quality healthcare community services across Wiltshire, and in doing so uses significant quantities of energy, fuel and water, producing a considerable amount of waste. Materials and equipment are also procured, and this has a significant financial cost to the organisation.

Given this, we recognise that we need to:

- Reduce our carbon emissions in response to the NHS Carbon Reduction Strategy for England and the management of energy, waste and water to build a sustainable organisation.
- Protect resources and the environment, while continuing to deliver high quality healthcare.
- Work with internal and external stakeholders in the delivery of our sustainability plan.
- Comply with all environmental legislation
- Manage climate change in the delivery of our health services.

This Sustainable Development Management Plan (SDMP) outlines how we will embed sustainable development into our organisation.

1987 Brundtland Report

The goal of sustainable development is described in the 1987 Brundtland Report "*Meet the needs of the present without compromising the ability of future generations to meet their own needs*". This requires consideration of the three pillars of sustainability; **economy**, **society** and **environment.**

1987 Brundtland Report	**1987 Brundtland Report,** **'Meet the needs of the present without compromising the ability of future generations to meet their own needs'**

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Background information to inform this plan

Site Information

Wiltshire Health and Care provides services from a range of sites including six community hospital sites. Three of these hospitals have inpatient wards: Chippenham, Warminster and Savernake. There are two Minor Injury Units based at the Chippenham and Trowbridge hospital sites.

Energy, waste, and water management

Energy, waste and water management for Wiltshire Health and Care is provided by NHS Property Services, via Great Western Hospitals NHS Foundation Trust. NHS Property Services have their own Sustainable Development Management Plan and follow BRE Environmental Assessment Method standards for new builds. Clinical and patient needs are balanced alongside the environmental needs of a project against the financial envelope. NHS Property Services also work with the Re:Fit initiative to improve the environmental sustainability of the estate.

Wiltshire Health and Care adheres to a water management policy, and is a member of a Water Safety Group (WSG) formed to oversee the commissioning, development and on-going management of a water safety plan (WSP) for the Wiltshire Community Estate.

Wiltshire Health and Care adheres to waste management and confidential waste policies, which reflect environmental legislation. It has responsibility for the control, management, transport and disposal of waste.

Planning for the future - Bath and North East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan

The BSW STP aims to support the efficient use of property and estates across the STP's geographical footprint. As part of this, commissioners and providers are working together to establish whether we can provide improved access to specialist care within the region, reducing the need for people to travel to other areas.

Our sustainable vision

Our Sustainable Vision	**To ensure that our services meet the healthcare needs of the community now and in the future, delivering safe, quality and effective patient outcomes, embedding sustainable development in all our services.**

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Our Plan

Key areas of our Sustainable Development Management Plan (SDMP)

This Sustainable Development Management Plan (SDMP) covers key areas including governance, environmental legislation, energy management, procurement, travel and transport, water and waste management, key partnerships, finance, workforce development. Our SDMP will contribute to the BSW STP's 'Planning for the future'.

To accompany our SDMP, we will produce an accompanying Sustainable Development Action Plan (SDAP), setting out a range of actions necessary to progress our SMDP.

The key areas driving our SDMP mirror those recommended by the Sustainable Development Unit:

How will we deliver sustainable development across our sites and services?

We will take the following approach:

- Follow the guidance of the Sustainable Development Unit (to the extent that it applies to the activities of Wiltshire Health and Care), so as to deliver the sustainability objectives of the NHS Long Term Plan.
- Establish a sustainability group within our governance structure, with responsibility for overseeing the delivery of our Sustainable Development Action Plan (SDAP). This group will be led by a named semnior manager who will produce a board report.

- Target cultural change within our workforce, leadership, through training and education.
- Move closer to conformance with the accepted national standards and requirements of ISO 14001, the environmental management system.
- Respond to staff ideas and innovative opportunities.
- Involve and engage – volunteers and staff members, staff and patients, local business and organisations.

Environmental sustainability: 2019/20 Objectives			Q1	Q2	Q3	Q4
	By Q2, we will establish a sustainability group within our governance structure.	**All**		✓		
	By Q2, we will produce a Sustainable Development Action Plan for 19/20 for agreement by the Board.	**All**		✓		
	By Q3, we will develop a sustainable Travel Plan using The Health Outcomes of Travel Tool, and refresh our related policies.	**All**			✓	
	By Q4 we will communicate our travel strategy and related policies to all of our stakeholders, with particular attention being given to raising awareness of the low carbon travel alternatives available to staff, patients and visitors travelling to site.	**All**				✓
	By Q4, we will develop a 'Paperless programme' to include reduction in paper usage, printing, postage costs, IT solutions'.	**All**				✓
	By Q2 we will develop an engagement plan for our sustainability efforts (to engage and encourage support for carbon reduction from staff, patients, visitors, suppliers and the local community).	**All**		✓		
	By Q2 we will have reviewed and drafted a plan to improve our data collection to support sustainability monitoring and reporting within Wiltshire Health and Care.	**All**		✓		

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7. A Quality Focus

This section covers:

7A	Quality strategy and objectives
7B	Equality and Diversity

7A: Quality strategy and objectives

Approach to Quality Improvement, Leadership and Governance

Quality is the foundation for all decision making and actions undertaken by Wiltshire Health and Care. Wiltshire Health and Care has a clear objective to ensure the delivery of safe and effective care. This is evidenced by the 'golden' thread of quality woven throughout the delivery plan. The provision of high quality care is measured against the Care Quality Commission (CQC) domains;

Safe	People are protected from abuse and avoidable harm
Effective	People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidenced based where possible
Caring/ Experience	Staff involve and treat people with compassion, kindness, dignity and respect
Responsive	Services are organised so they meet people's needs
Well Led	Leadership, management and governance of the organisation assure the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture

The Named Executive Lead for Wiltshire Health and Care is the Director of Quality, Professions and Workforce.

CQC rating and what it means for Wiltshire Health and Care

In October 2017 WHC received an overall **Good** rating from CQC.

Since then, Wiltshire Health and Care has continued to improve and develop its approach. In particular, the following aspects have been achieved:

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Improvements	
✓	Reviewed and improved Governance Structure with established Policy and Oversight Groups, with clearly defined Terms of Reference and reporting structure.
✓	Improved quality reporting. This will be enhanced further in April 2019 with the launch of DATIX IQ, and the introduction of the Quality, Performance and Workforce scorecard.
✓	Wiltshire Health and Care has published its Public and Patient involvement plan. This was developed in conjunction with patient, carers and the wider public. Wiltshire Health and Care will be continually referring to this plan as services evolve, expand and increase.
✓	Wiltshire Health and Care has an active recruitment pipeline. With focused recruitment campaigns, there has been significant improvement in hard to recruit to areas, for example Savernake Hospital.
✓	All Executive and Non- Executive board members have up to date assessments as Fit and Proper Persons.
✓	Wiltshire Health and Care has invested in external RCA training for a large number of its senior and middle managers. This has delivered a new RCA methodology, enhanced knowledge and skills and focused actions and lessons learned from Serious Incidents. This supports the delivery of improved pressure ulcer and falls care delivery.
✓	Early Warning System roll-out across all wards and community teams.
✓	Improved medicines governance arrangements in place with the appointment of a Medicines Optimisation Pharmacist, and Policy and Oversight Group.

Top three quality risks

		Risk	Mitigating actions
1	Safe and Effective care	Patient harm as a result of pressure ulcer care that is not standardised and consistently applied.	• Community Service Managers (CSMs) to standardise Systm1 reporting to dashboards, enabling reliable and timely reporting to support capacity management. ***Target date: 01.05.2019*** • CSMs and Head of Operations to agree tolerances to support improved capacity management. ***Target date: 01.05.2019*** • A new Risk Management framework will be introduced in April 2019. This will alert the WHC Performance and Planning Meetings of where staffing levels within individual team have fallen below agreed tolerances. This will allow senior managers to agree robust solutions to under staffing. ***Target date: 18.06.2019.*** • Roll out of smart phones and endorsement of wound management protocol through audit. ***Target date: Q2.*** • Robust monitoring and scrutiny of all serious incidents, RCA and actions through monthly harm free care policy and oversight group, chaired by Director of Quality. These actions are externally monitored through CCG quality schedule meetings.
2	Patient experience	Delivery of care not aligned with expected	• New leadership structure in place. • New clinical lead recruited February 2019. • Quality improvement project commenced February 2019.

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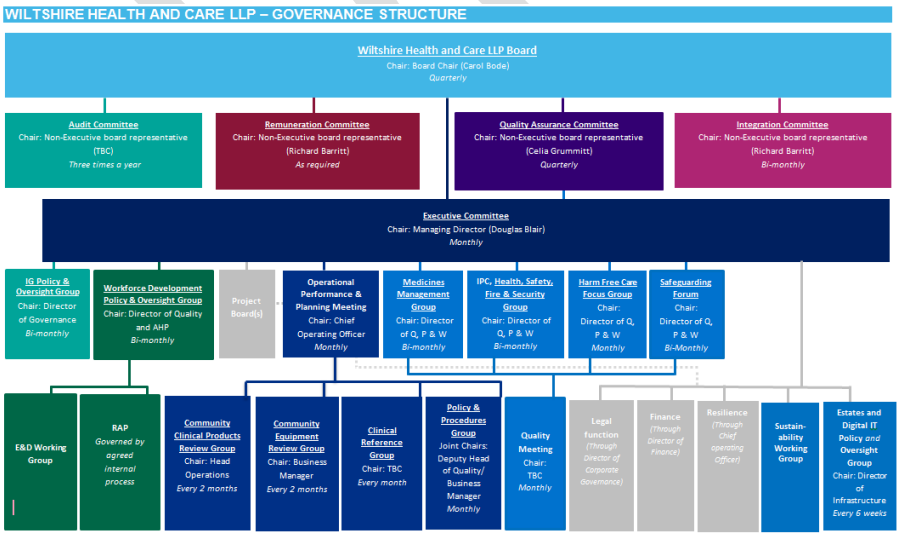
		standards, due to inconsistent staffing and lack of clinical leadership.	• A diagnostic review informing a recovery plan to be published by April 2019 • Senior staff from Trowbridge MIU spending time at Chippenham MIU to provide leadership/informal supervision. • Training of all staff reviewed by Q2 to ensure clinical skills in diagnoses, and development plans updated to address gaps.
3	Safe and Effective Care	Patient harm as a result of safeguarding processes not being applied in high risk areas, such as the MIU and tissue viability.	• New adult safeguarding lead appointed. • Clinical staff to undergo training to address MCA and the links with pressure ulcer care – programme throughout 19/20. • New Safeguarding lead to deliver team specific focussed training sessions. ***Target date: 30 April 2019.*** • Successful bid for advanced MCA training for clinical leads, improving the MCA process within community teams. Quarterly.

Quality Assurance Approach

During the first 2 years since its inception, Wiltshire Health and Care has had a focused approach on developing its Quality Assurance (QA) function, to ensure effective mechanisms are in place to measure compliance against regulatory and statutory standards. This has resulted in an increase in subject expert roles, which include: Medicines Optimisation Pharmacist, Safeguarding Lead for Children and an increase in Infection Protection and Control and Health and Safety support. Wiltshire Health and Care is now confident in its 'floor to board' governance arrangements, and has a number of Policy and Oversight Groups (POGs) to support and assure the Executive team. Further enhancement of the clinical governance structure is provided by oversight and scrutiny by our Non-Executive Directors through the Quality Assurance Committee.

The organisational chart below shows the flow of quality reporting through Wiltshire Health and Care:



Improved data flows through the implementation of DATIX IQ, and the improved presentation of triangulated quality, performance, and finance data from April 2019, will offer richer discussions, support more robust action planning, and offer a higher level of assurance.

Quality Improvement Approach

The approach to Quality Improvement (QI) is recognised as a dynamic process and continues to evolve in Wiltshire Health and Care. Quality Improvement projects that were achieved last year are:

1. Ailesbury Ward transformation project
2. Implementation of the Home First pathway
3. Review and recommendations for wheelchair services
4. Introduction of Early Warning Scoring throughout community wards and Community Teams

QI projects are developed at all levels through the organisation.

During 2019/20 Wiltshire Health and Care will be consolidating its approach to QI by strengthening both the individual and organisational capacity and capability. This approach will enable Wiltshire Health and Care to support the spread of QI projects throughout all services. The delivery of training and support will be delivered through a variety of learning mechanisms to reflect the needs and capabilities of all staff.

Measures to demonstrate the effectiveness of Quality Improvement

Outcome measure	What are we expecting?	How will this be evidenced?
Public and Patient Feedback	More people saying they would recommend WHC services	• Quality dashboard • Staff Survey • Quality Account • CQC notifications • Workforce scorecard • Non-Executive feedback • CCG feedback
Complaints	Decrease in complaints	
Efficiency of delivery	More patients seen within expected timeframes	
Effectiveness of delivery	Improved Clinical Audit results Compliance with Clinical Guidelines Improved patient outcome measures for example; improvements in modified Barthel score, mobility scoring etc.	
Staff Morale	Increase in staff morale due to greater involvement in Quality Improvement	

	Initiatives	
Recruitment and Retention	Improvement in WHCs ability to recruit and retain staff	
CQC Notifications Whistleblowing	Reduction in CQC notifications and zero level of external whistleblowing cases	
Serious Incidents	A decrease in serious incidents in areas where QI approached have been adopted, for example; PU's and Falls	

Quality Impact Assessment Process

All of the following undergo a Quality Impact Assessment ahead of approval:

- Business cases – e.g., for new services/processes or proposed changes to service/ processes
- Cost improvement plans
- Strategies
- Policies
- Recruitment Approval Process where there is a change in skill-mix is proposed

Each of the template documents for the above contains clear guidance on assessing quality impact. These documents must show a neutral of positive impact on quality to be approved by one of the following, and progressed by Wiltshire Health and Care.

Document	Sign-off

Business cases, Cost improvement plans Strategies	• Business cases:
	  ○ Up to 1% of annual contract value: Executive Committee
	  ○ Above 1% of annual contract value: Board
	• Cost improvement plans/ strategies:
	  ○ Endorsement by Executive Committee, followed by ratification by Board.

Policies	• The appropriate specialist policy and oversight group within our governance structure
Recruitment Approval Process where there is a change in skill-mix is proposed	• Director of Quality, Professions, and Workforce

When considering quality impact the following criteria are used:

Patient safety	**Consider the impact your proposal will have on patient safety** Consider issues such as: • Does the proposal increase the risk of harm? • Does it impact on the reliability of safety systems? • Is there any impact on partner organisations and any shared risk?
Clinical effectiveness	**Consider the impact your proposal will have on clinical effectiveness** Consider the impact your proposal will have on clinical effectiveness

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	Consider issues such as: • Is the proposal evidence-based? • Is care being delivered in the most clinically effective setting?
Patient experience	**Consider the impact your proposal will have on patient and carer experience.** Does the proposal affect choice, access or experience? Consider issues such as: • Our ability to treat patients with dignity and respect. • Our ability to deliver personalised care; and • Our ability to care for patients in an appropriate physical environment.
Workforce	**Consider the impact your proposal will have on workforce.** Will the proposal impact on: • Staff morale/ welfare? • Turnover? • Ability to engage staff?

Against these criteria a scoring matrix is used to test the risk. Where there is a *potentially* negative impact on quality indicated by the assessment process, the approving committee must be satisfied that appropriate actions will be taken to eliminate the negative impact of a proposal. Such actions would be monitored by the Executive Committee, or appropriate delegates from the Executive Committee, as part of the project or cost improvement plan oversight process.

In terms of monitoring the ongoing quality impact of projects, all projects must identify an indicator that can be used to monitor performance so that any quality concerns can be identified and addressed early.

As such, as part of the project approval process, project leads are required to:

- Consider whether a potential risk to quality impact has been identified through the QIA process.
- Identify a KPI to monitor that potential risk
- Report on that KPI at a regular interval through the relevant project oversight arrangements (Executive Committee or a delegated other oversight arrangements). This would typically be by way of scorecard.

Where oversight of the project is being performed through arrangements delegated by the Executive Committee, any instances of a quality metric indicating a concern would be escalated by exception the Executive Committee for discussion.

Initiating Cost Improvement Plans
Staff members are aware of the need to provide services in a safe and efficient manner, and budget holders are aware that they will be asked to provide their ideas for how they can run their services in a more efficient manner on an annual basis. On a cyclical basis, budget holders are approached for ideas, and then provided with documentation and support to details these ideas, so that a formal Quality Impact Assessment can be undertaken. Once plans are developed, a satisfactory quality impact assessment has been approved by the executive committee, and endorsed by the Board, staff members are supported to deliver their scheme, and receive a monthly financial update on progress.

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Quality Priorities

Each year Wiltshire Health and Care works with staff, public and patients, partners and external stakeholders, including Wiltshire CCG to develop quality priorities. The priorities are selected by reviewing and triangulated a number of metrics, including incidents, complaints, internal performance measures as well as national and local initiatives, such as initiatives being developed and implemented by the West of England Academic Health Science Network (WEAHSN).

Quality Priorities for 2019/ 2020

Wiltshire Health and Care is currently seeking the views of all stakeholders to agree the Quality Priorities for 2019/ 2020. These will be detailed in our Quality Accounts, published in June 2019, and, as such, will draw together objectives from this plan, which form the quality priorities.

The expected areas of focus are:

Safe	**People are protected from abuse and avoidable harm** Wiltshire Health and Care will develop and enhance its safeguarding delivery by; • Adopting a think family/ think community approach • Increase awareness raising of Domestic Abuse • Procuring and delivering MCA specialist training This will be achieved through; • Increase the roles and responsibilities of Practice Influencers The development of a further Launchpad on SystmOne to improve prompt and effective record information. Wiltshire Health and care will collaborate with WEAHSN to develop and implement an Early Warning Sign (EWS) for people with Learning Disabilities.
Effective	**People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidenced based where possible** Wiltshire Health and Care will work with primary care to expand the delivery of First Contact Physiotherapy.
Caring/ Experience	**Staff involve and treat people with compassion, kindness, dignity and respect** Wiltshire Health and Care will increase the Public and Patient voice within the organisation by the development and delivery of a forum.
Responsive	**Services are organised so they meet people's needs** Wiltshire Health and Care will adapt its delivery of wheelchair services in line with recommendations from the recent review.
Well Led	**Leadership, management and governance of the organisation assure the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture** Wiltshire Health and Care will deliver the safer staffing work programme.

Objective(s) 2019/20:					
	Throughout 19/20, Wiltshire Health and Care will collaborate with West of England Academic Health Science Network to develop and implement an Early Warning Score for people with Learning Disabilities.	Q1	Q2	Q3	Q4 ✓
	By Q2, Wiltshire Health and Care will increase the Public and Patient voice within the organisation by the development and delivery of a forum.	Q1	Q2 ✓	Q3	Q4
	In Q1 we will implement new clinical risk software to improve incident reporting and risk management.	Q1 ✓	Q2	Q3	Q4

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\7B: Equality and Diversity

Wiltshire Health and Care Equality and Diversity Strategy

Introduction

Throughout Wiltshire Health and Care there is a commitment to providing high quality, safe and effective care, ensuring appropriate access and care for all, promoting a culture that is both equal and diverse, valuing individuals' needs and differences. These values are embedded in to policy, service improvements, and recruitment to meet the needs of our community.

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

Our Equality and Diversity vision

Our Equality and Diversity Vision	**Wiltshire Health and care aims to ensure that its services are inclusive, accessible, and appropriate to meet individuals' healthcare needs and differences. Treating everyone with respect and dignity at all times, in an environment where individuals can be themselves.**

Our Equality and Diversity Strategy

We want to make sure that our vision is achievable, and that equality and diversity can be applied in all areas of our organisation.

Aim: To ensure equality and diversity are central to patient and staff experience, care, and support.

Objective: To ensure that equality and diversity is embedded throughout our organisation, supporting the delivery of high quality patient care for our local community.

Statutory and Legislative requirements

Wiltshire Health and Care will adhere to legislative, statutory, contractual and regulatory requirements set by the Wiltshire CCG, the Department for Health and Social Care, and NHS England as follows;

Statutory >> The Equality and Diversity Act 2010 ensures that people with protected characteristics are not put at any disadvantage.

Contractual >> Wiltshire Health and Care will perform in line with the terms of the NHS Standard Contract commissioned by Wiltshire CCG.

Regulatory >> Wiltshire Health and Care is an NHS-Controlled Provider, regulated by the CQC and NHS Improvement (or NHSI). NHSI is responsible for ensuring that all NHS Providers and NHS Controlled Providers provide patients with consistently safe, high quality, and compassionate care within local health systems - and are financially stable. To make that assessment, NHSI looks at whether a provider is delivering services in line with its Single Oversight Framework.

National guidance >> Wiltshire Health and Care will implement guidance published by NHS England in relation to actions to make services inclusive, and not put anyone with a protected characteristic at a disadvantage.

Business >> Wiltshire Health and Care will be a well-led organisation, focused on improving patient care, delivering 'excellence' by being an inclusive organisation, treating all with dignity and respect.

Reportable measures

Equality Delivery System (EDS)

The Equality Delivery System (EDS2) submission is a requirement of the NHS Standard Contract for NHS Trusts and Foundation Trusts. It was developed by NHS England in 2013. (EDS3 is currently being developed). Whilst Wiltshire Health and Care is not contractually required to report under the EDS2 system, it is monitoring how it compares to these criteria on a voluntary basis in order to guide its strategy for Equality and Diversity most effectively.

Workforce Race Equality Standard (WRES)

Wiltshire Health and Care is contractually required to submit WRES data on an annual basis. This submission sets out key information such as board membership, recruitment, and sickness rates, by ethnic group.

Wiltshire Health and Care already analyses the information forming its WRES submission to determine whether there are any areas of concern – i.e. indicating that one or more ethnic minority group(s) may be disproportionately under represented when compared to the local

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demographic, or that one or more ethnic groups might be unfairly disadvantaged in a particular area.

Wiltshire Health and Care then uses this analysis to inform its Equality and Diversity Action Plan – ensuring that those with protected characteristics are not unfairly disadvantaged.

Workforce Disability Equality Standard (WDES)

Wiltshire Health and Care is not yet contractually required to submit WDES data on an annual basis. However, in 19/20 it will put in place the systems to enable it to carry out this analysis. The WDES is a set of ten specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff.

Wiltshire Health and Care will use the information from the WDES to look at areas where the experience of disabled staff is not as good as the experience for non-disabled staff, and articulate actions to address this disparity in its Equality and Diversity Action Plan.

How will Wiltshire Health and Care embed Diversity, Equality, and Inclusion?

Wiltshire Health and Care will focus on raising the profile of diversity, equality and inclusion within the organisation and local community. This will be achieved through the following areas of focus:

Areas of Focus

Well-led >>

Wiltshire Health and Care will focus on leadership and management to ensure that everyone who interacts with our organisation feels comfortable, is valued and treated with respect and dignity.

We will:

- Ensure that **Equality and Diversity is owned from Board level** to front line services. *We will do this be seeking our Board's endorsement to this strategy, and then by providing our Board with regular updates on our progress towards delivering our key objectives.*

- Ensure that **Equality Impact Assessments** are always completed as part of our policy, project initiation, and business case processes.

- Ensure that Wiltshire Health and Care uses its financial resources to **consider the needs of the local community**, ensuring that there is a rigorous process for budget allocation. *We will do this by including an Equality Impact Assessment as part of our cost improvement proposals, and take into account the outcome of those assessments in determining whether to pursue a scheme.*

Patient-centred >>

Wiltshire Health and Care will focus on actions to make the patient journey easier by:

- Providing our information in a more accessible manner. This will include, amongst other things, our patient information leaflets, recruitment marketing materials, our public-facing website, our intranet for staff, and our newsletter. We will survey to determine whether needs are being met, and use other sources of feedback - including Equality and Diversity Champions.
- Providing access to translators.
- Supporting those with mental health issues and/or a learning disability through additional staff training.
- Developing new models of care.
- Supporting rehabilitation - supporting our patients to transition back to living at home after a period of ill health.
- Adapting processes and considering individual needs.

Workforce >>

Wiltshire Health and Care will look at innovative ways to ensure that our workforce meets the needs of our local population by:

- Ensuring there is equality for all Wiltshire Health and Care job applicants and employees.
- Investing in staff development and training opportunities.
- Being an inclusive employer, employing a diverse workforce. Promoting inclusivity, equality and diversity broaden and frequently to support an open and friendly culture.

Estates >>

Wiltshire Health and Care will continue to ensure that the estate that it occupies is accessible and welcoming to all patients and staff members, regardless of any protected characteristic or mental health condition.

It will do this by:

- Reviewing layout and the location of services.
- Reviewing and improving use of signage.

Delivering change

In order to achieve the above, Wiltshire Health and Care will utilise a group within its governance structure (the Equality and Diversity Working Group, which will report into our Workforce Development Policy and Oversight Group), to oversee the delivery of an Equality

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and Diversity Action Plan. This Action Plan will be comprised of a rolling programme of actions, designed to ensure that Wiltshire Health and Care is delivering its contractual, statutory, and regulatory obligations, as well as responding to and reflecting the needs of the people of Wiltshire – including patients, carers and advocates, staff, volunteers and those engaged to provide or supply us with services.

Equality and Diversity: 2019/20 Objectives						
			Q1	Q2	Q3	Q4
	By Q1 we will carry out a survey of how staff members feel about the Equality and Diversity culture at Wiltshire Health and Care.	**All**	✓			
	By Q2, we will produce an Equality and Diversity Action Plan for 19/20 for agreement by the Board.	**All**		✓		
	By Q2, we will identify and build an Equality and Diversity data-set to support the delivery of the Equality and Diversity Strategy and Action Plan.	**All**		✓		
	By Q2, we will develop a communication and engagement plan to support the delivery of the Equality and Diversity Action Plan.	**All**		✓		

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8. Public and Patient Engagement and Involvement

Introduction

In 2018 we successfully delivered a Public and Patient Involvement Plan for 2018-2021 in consultation with our patients, their families, carers, volunteers, staff and the wider community. This plan sets out how Wiltshire Health and Care will involve these important stakeholders in the delivery of our services.

In 2019 we will focus on how our patients, their carers and families and the public can provide feedback on our services over and above the traditional friends and family questions. We will also review how we capture the voice of the child - particularly in an MIU setting, and scope the benefits and methodology of using a patient forum to enhance strategic and operational delivery.

We aim to increase our volunteer workforce by 50% in 2019-2020. This will allow us to tap into a wealth of skills and experiences and enhance our ability to capture and understand the patient voice.

Importantly, we will continue to ensure that our Board hears the voice of the patient at every board meeting and ensure that our staff members recognise the importance and value of patient and public involvement.

With the development of integrated working with health and social care, and between community and primary care, we will utilise shared opportunities to gather feedback. Practices have patient groups that community services can engage, and we hope to use this audience to evaluate developing partnership working and consequently enhance care delivery.

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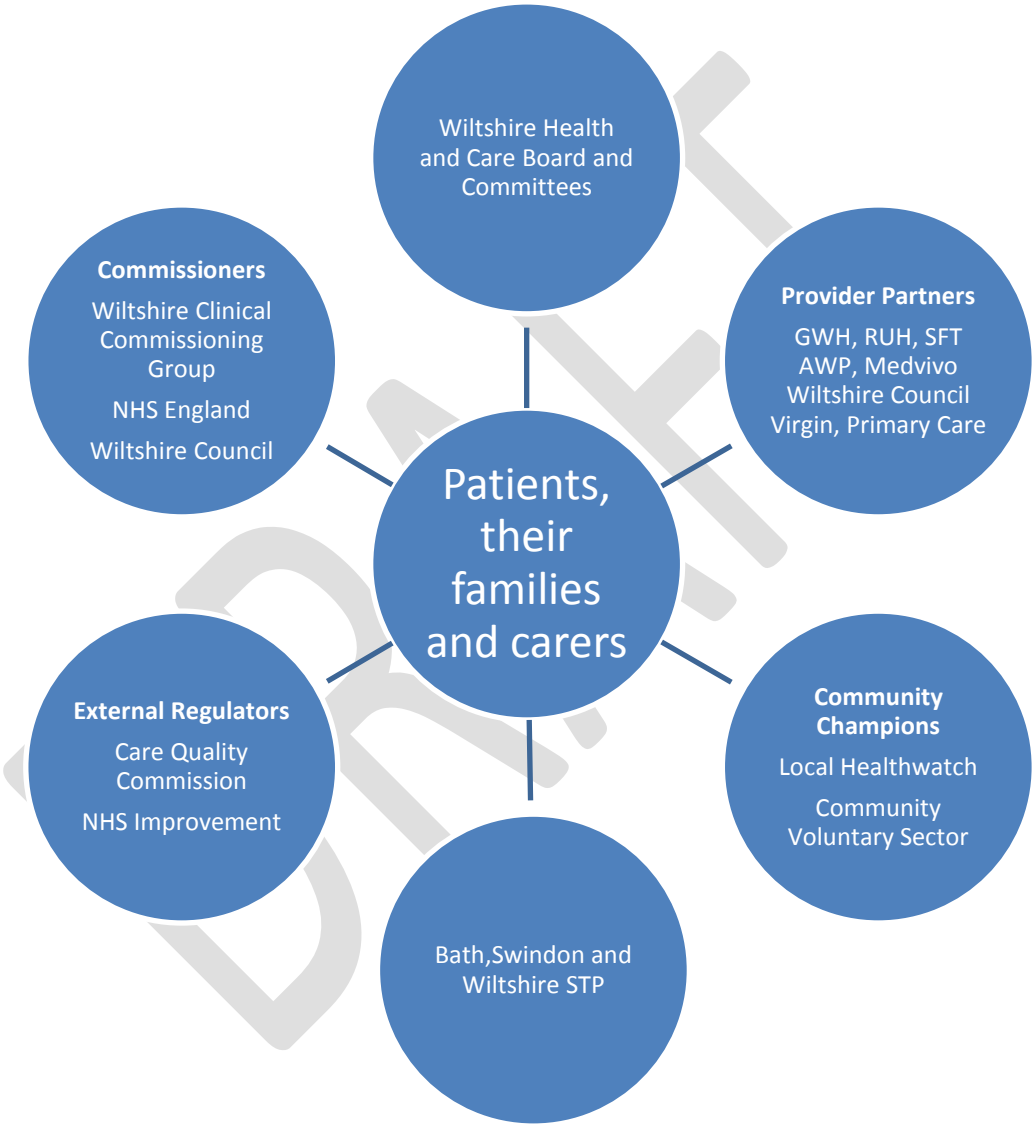
Who is our plan for?

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.

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.

"Quality, Integrity, Partnership, Change"

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.

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

We will build strong relationships - building trust and empowering patients and their families and carers to make 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

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- ✓ 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 the design and delivery of our services.

This means we will:

- ✓ Actively encourage patients and the public (including children) 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

We will ensure Wiltshire Health and Care acts as 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

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- ✓ 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 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

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:

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Wiltshire Health and Care

We would like to say a thank you to everyone who has contributed to our Public and Patient engagement plan for 2019-2021, 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

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Our approach:

Delivering safe and effective care	• We will ensure that additonal resource will be engaged to support learning from patient and public experience. • We will actively encourage patients and the public to feedback their experience of using Wiltshire Health and Care services by holding regular learning events. • We will use our clinical incident reporting system to collate and analyse patient and public feedback. • We will improve the use of our electronic clinical record to ensure valuable information is captured in one place. • We will expand the use of volunteers within our organistaion – making use of the broad skill set out our local population. • We will ensure that patient and public stories are heard by our board at every meeting. • We will look at ways of involving patients and the local public when: recruiting staff, and during our induction and service specific workshops. • We will develop our staff to recognise the importance and value of patient and public engagement.
WHC services and developments Promote the utilisation of patients and public in addition to staff groups during service development	• We will create and maintain a database of people who wish to actively participate in service development discussions. • We will actively seek patient and public involvement in all service developments. • We will look at ways to effectively listen to the voice of children who use our services. • We will look at ways to involve our patients and the public in our Clinical Reference Group. • We will develop our externally facing website to support greater public and patient partcipation - creating an ongoing list of involvement opportunities and creating an opportunity to regularly feedback to patients and public. • We will regularly utilise social media platforms to encourage feedback from patients about service developments.
The wider health and care system	• We will work with our partners to ensure local user groups and utilised to support the development of our community services - reducing duplication • Through the development of Primary Care Networks, we will explore the opportunity to support and participate in more joint learning and development opportunties. • We will act as a lead partner in health and social integration.

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The table below sets out our key delivery objectives for 19/20 based on our Patient and Public Involvement Plan 2018-2021:

Objective(s) 2019/20:				
By the end of Q2 we will establish a patient and public involvement group for Wiltshire Health and Care (either by reaching agreement to extend the scope of an existing group or by developing one of our own).	Q1	✓ Q2	Q3	Q4
Throughout 19/20, we will hold patient and public involvement group listening events (at least one every 6 months).	Q1	✓ Q2	Q3	✓ Q4
By Q3, we will draft a proposal for how we can involve patients and the local public in the following areas: staff recruitment and induction; when carrying out service specific workshops.	Q1	Q2	✓ Q3	Q4
By the end of Q2, we will create and maintain a database of people who wish to actively participate in service development discussions and regularly communicate with them.	Q1	✓ Q2	Q3	Q4
By the end of Q2, we will define our approach for how we will listen to the voice of children who use our services.	Q1	✓ Q2	Q3	Q4
By the end of Q2, we will define our approach for how we involve our patients and the public in our Clinical Reference Group.	Q1	✓ Q2	Q3	Q4

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9. Measuring Success and Delivery Risks

Measuring success

Delivering this plan will improve community services in Wiltshire and the way in which they respond to the needs of the population. The key outcome measures of success are:

Outcome measure	What are we expecting?	How will this be evidenced?
Flow		
DTOCs in community wards	Maintain under 12% throughout the year.	WHC dashboard
Percentage of HomeFirst patients returning to baseline	c.50% of patients need no additional care following a HomeFirst pathway.	WHC HomeFirst dashboard
Reduced length of stay on community wards	Length of stay reducing to national benchmarks of 27 days by Q3.	WHC dashboard
Number of patients with 21+ day acute length of stay awaiting Pathway 1 or Pathway 2 discharge	Reduce number of patients	Data source: acute hospital data – work required to gather baseline
Quality		
Patient feedback	Consistently good patient feedback	WHC dashboard
Patients supported by the community teams to die in their place of choice	90%	WHC dashboard
Number of falls in inpatient settings	In line with benchmark	WHC dashboard
Number of medication errors	In line with benchmark	WHC dashboard
Workforce productivity and efficiency		
Clinical time available to care	More clinical time available to care	Evidence from e-roster system
Temporary workforce use	Decreased bank and agency spend	Finance report
Vacancy rates	Increase in recruitment into substantive posts (vacancy rate of less than 8.5%)	WHC dashboard
Sickness absence	Improved staff absence rates (below 3.5%)	WHC dashboard
Finance		
Effective use of resources	Break even outturn for 19/20 Delivery of savings plan	WHC finance report

Delivery Risks

Risk Description	Mitigation
IT capacity/ capability of infrastructure insufficient to support change **Issues relating to network capacity, ageing hardware and software impact on our ability to deliver services in line with our transformation plans**	• We will install new network lines (HSCN) into all of our community sites (early 2019/20). • We will establish a rolling replacement programme for desktops and laptops. • All laptops and PCs will be upgraded to Windows 10. • A new IT asset management system will be implemented to improve oversight of the IT infrastructure, so that upgrades can be appropriately prioritised. • We will increase resources dedicated to SystmOne re-configuration, to support change. • Bid for any source of additional digital infrastructure funding.
Insufficient change capacity to support implementation in 2019/20	• Expansion of service development resources to support change. • Work with CCG to agree the priorities for additional service developments, with realistic timescales for implementation of brand new services.
Lack of programme/ project management process and tracking of change affects pace of change and delivery of outcomes	• The Delivery Plan is comprehensive record of all the change priorities, allowing monitoring of all milestones against plan in one process. • Where a project is established, it will follow clear project governance guidance and use consistent methodology.
Demand pressures/continued growth in demand diverts attention from implementation of new ways of working	• Creation and maintenance of dedicated resources to plan, organise, and design changes partially mitigates this risk.
New services reliant on recruitment of additional staff delayed due to lack of available workforce	• Any new service development will be the subject of review of likely available workforce before implementation plans are set. • The workforce plan and workforce pipelines described in this Delivery Plan. • Increased focus on different types of roles and growing workforce through use of apprenticeships.
Demand for temporary staffing increases and/or spend on agency staffing does not reduce as	• The SAFER staffing project being established in 2019/20, which includes embedding of e-roster and improved processes for managing agency staffing represents an increased focus on managing this risk.

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planned, leading to increased financial pressures which affect ongoing service delivery and delivery of change	• Regular monitoring of spend, vacancies and sickness levels to manage demand and costs.
Lack of/ slow commissioning decision making affects likelihood of new service developments being delivered	• Wiltshire Health and Care's contribution to the development of new services is to identify needs and make clear proposals. The Delivery Plan clearly sets out where proposals are to be made to commissioners. • It will be for commissioners to consider these proposals and agree on priorities for implementation.
Changes designed to introduce consistency do not deliver consistency due to varied local approaches in local teams	• The use of Standard Operating Procedures and clear processes to achieve consistency. • Sufficient time allocated within projects to assure local delivery.
Changes designed to introduce consistency cut across local priorities/existing ways of working to the detriment of local services	• Strengthened links to Primary Care Network areas to ensure that consistency across wider geographies is pursued where necessary, alongside local design and delivery.
Lack of delivery of cost imoprovement programmes leads to pressure on resources	• Reprioritise investment. • Identify additional sums in year. • Meet gaps with non-recurrent resources.

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Wiltshire Health and Care "Delivery Plan on a Poster" – 1 Year, 2019-2020

WHC themes	NHS Long Term Plan themes	Cross-cutting themes	Delivery Plan Objectives
			Improvements delivered using baseline resources.
			Proposed service developments, subject to commissioner support and funding.

A service delivered in partnership / Higher intensity care / Community-based urgent care / *(Responsive expert community services)*

[1] A new service model for the 21st Century

Implementing a new model of care

	Objectives	Q1	Q2	Q3	Q4
1. Start well, live well, stay well, age well	• Increase the number of staff attending **Making Every Contact Counts training.**		→	→	→
	• Continue to use our systems and contacts to prompt **preventative discussion and lifestyle advice.**		→	→	→
	• Continue to maintain good access to treatment with over **92% of people treated within 18 weeks**.		→	→	→
	• Define an optimal service model and pathway for **First Contact Physiotherapy** with primary care colleagues.			✓	
	• Increase the number of areas where **First Contact Physiotherapy** is delivered.				✓
2. Live well with one or more long term conditions	• Expand the provision of **structured education and digital self-management** support tools.		✓		
	• We will contribute to the development of the '**whole life' pathway** to ensure the needs of patients with **Learning Disabilities** are recognised and addressed within the developing model of health and social care provision				✓
	• Develop a **single unified pathway for diabetes**		✓		
	• Develop a **common model for the provision of specialist advice** and support for people with long term conditions			✓	
	• Reduce **wheelchair waiting times** so the 18 week RTT target is always achieved		→	→	→
	• Reduce waiting times for patients waiting for **wheelchair repair.**		→	→	→
	• We will develop **personalised wheelchair budget systems**				✓
	• We will introduce a stock management system for **wheelchairs**.		✓		
	• Develop a proposal for a Wiltshire-wide model for **community heart failure**, in partnership with the 3 cardiology depts.		✓		
	• Case for change created which defines the benefits of **expanding the WHC Oxygen service** to south Wilts.		✓		
	• Provide commissioners with a costed options appraisal to **expand pulmonary rehabilitation.**				✓
	• Put in place arrangements to support the use of **Diasend** for Wiltshire community patients.		✓		
3. Support for complex comorbidities /frailty	• Work with the CCG to develop a proposal for **pain management** services across Wiltshire	✓			
	• Define the **pathway for the management of frail patients** outside of hospital, and present the funding requirements to commissioners.		✓		
4. Accessible effective support in crisis	• Robust improvement plan in place to deliver improved resilience in our **Minor Injury Units**.	✓			
	• Trialled **physiotherapists in MIUs**, evaluated impact of this by the end of Q4.				✓
	• Work with commissioners to clarify the specification for **Urgent Treatment Centres** in Wiltshire.	→	→	→	→
	PRIORITY • Work as part of the Wiltshire Delivery Group to develop a proposal for an increase and streaming of **rapid response services**.				✓
	• As part of the design of rapid response services, we would look to deliver the full **falls pathway** across Wiltshire.				✓
	• Proposal for the delivery of **IV therapy** in the patient's home for south Wiltshire.	✓			
5. High quality person-centred specialist and acute care	• **Red and Green** - By the end of Q2, we will have embedded red and green methodology fully on all inpatient wards.		✓		
	• **Align the Acute Trust Liaison service** to the Wiltshire Patient Flow Hub.		✓		
6. Good hand over and discharge planning and post support	• We will **reduce the number of bed days** occupied by patients with an acute length of stay of 21 days or more waiting for discharge to Pathway 1 and Pathway 2.	→	→	→	→
	• By Q3, we will **reduce length of stay** in community hospital beds to be in line with national benchmarks for 19/20 to release capacity for winter.				✓
	• Develop the Wiltshire **Patient Flow Hub** further to **increase coordination of Home First+ discharges.**		✓		
	• **Align** the Wiltshire **Patient Flow Hub** with **Wiltshire Council patient flow processes**.		✓		
7. Effective rehabilitation and reablement	• Complete the **roll out of the Home First + pathway with Wiltshire Council** in all localities**.**	✓			
	• **Stroke rehabilitation** reviewed, and proposal to increase rehabilitation at home.		✓		
	• By the start of Q1, we will define the preferred model for **clinical input into ICT beds**.	✓			
	• Propose **new approach for fracture clinics.**		✓		
8. Person centred, dignified, long term care	• By Q3, we will develop a proposal for **increased support to care homes** to prevent escalation.			✓	
9. Support, control, and choice at the End of Life	• Processes formalised to provide **care support** to patients who have a **diagnosis of a terminal illness** but who are not yet entering the final phase of life.			✓	
10. Integrated services to provide person-centred care	PRIORITY • Review and reorganise management of caseloads in community teams and working with GP practices.	→	→	→	→

Healthy independent lives

[2] More NHS action on prevention and inequalities

Best practice: normal practice

[3] Further progress on care quality and outcome

Broadening skills

[4] NHS Staff will get the backing they need

Developing our People

	Objectives	Q1	Q2	Q3	Q4
Developing our People	• We will undertake an **agency diagnostic**, using an NHSI tool, to support on-going development.	✓			
	• By Q2 we will **review and renew appropriate agency staff framework agreements**.				✓
	• By Q2 we will **improve our board reporting** so that it includes additional information (including agency spends).		✓		
	• By Q4 we will **implement E-roster** across all services at team level.				✓
	• By the end of Q4, we will have **increased the number of people recruited to our bank by 25%.**				✓
	• By the end of Q4 we will **increase our voluntary workforce by 10-15%.**				✓
	• Commence recruitment of **physiotherapy rotational posts i**n three areas.	✓			
	• Develop and deliver training from a **new education and training hub** at Savernake Hospital.		✓		
	• Develop and deliver an **Acuity and Dependency tool** across all community wards - aligned to e-rostering.		✓		
	• By Q2, we will develop and **deliver Clinical Leadership pathways**.		✓		
	• From Q1 we will implement a **new value based appraisal process**.	✓			
	• By Q2, we will review the current Advanced Nurse Practitioner/ Advanced Care Practitioner role and competency framework in community in-patient settings, and set out a revised proposal to maximise the potential of the role and the community hospital delivery model.		✓		
	• By Q2, we will recrui**t and embed medical doctors to support clinical leadership and delivery of the clinical governance agenda.**		✓		
	• By Q2, we will review, and **implement the Health and Wellbeing charter**, through **health and wellbeing forums**. We will evaluate its impact through staff survey results.		✓		
	• Implement a performance review system with Health and Wellbeing an integral part of the process.	✓			

						• From Q4, we will **align our SAFER staffing project to our health and wellbeing charter**.					✓
						• Up-skill key staff within the Human Resources and Learning & Development team to support and deliver **organisational development**.				✓	
						• Scope the development and delivery of **non-medical consultant roles in community settings**, and produce a paper for consideration by our commissioners by the end of Q1.		✓			
Leading the way	**[5] Digitally-enabled care will go mainstream across the NHS**			**Supporting our services and patients with good IT**		**Objectives**	**Q 1**	**Q 2**	**Q 3**	**Q 4**	
					Strengthening foundations	• By the end of Q1, we will have completed the migration of all N3 links on to more cost-effective and fit for purpose infrastructure (**HSCN**).	✓				
						• We will have established and begun a rolling replacement programme for our **desktop estate**.					✓
						• By the end of Q4, all Wiltshire Health and Care computers will have **migrated to Windows 10**.					✓
						• An **Asset management system** for Wiltshire Health and Care's digital ICT will be in place by the end of Q3.			✓		
						• We will have an agreed 'to be' **network design and migration plan**, and work will have begun to deliver it.			✓		
					Supporting our teams to work efficiently	• We will have gone live with a dedicated **Wiltshire Health and Care intranet**.	✓				
						• We will be in a position to run a competitive tender for a **new telephone system provider**.		✓			
						• We will have established a project to procure and implement the **new telephone system**.			✓		
						• By the end of Q4, Wiltshire Health and Care will be **"fax free"**.					✓
					Supporting digitally enabled health care	• Ongoing participation and engagement in the **BSW STP interoperability programme**					→
						• We will generate a specification outlining Wiltshire Health and Care's future **business intelligence requirements**			✓		
						• If the commissioners confirm that they are supportive of a move to **SystmOne for our wards** by the end of Q1, we will initiate the project to implement this by the beginning of Q3.			✓		
						• **Support care homes delivering intermediate care to use SystmOne** as clinical system (ensuring our system is shared appropriately)		✓			
						• We will develop a project to provide a **text-based advice and guidance service for patients** (e.g. Diabetes patients) to help support appropriate condition management.			✓		
						• We will **explore increased use of wearable technology and remote monitoring with partners.**					✓
More for your money	**[6] Tax payers investment will be used to maximum effect**			**Supporting our patients and staff with physical infrastructure that better meets need**		**Objectives**	**Q 1**	**Q 2**	**Q 3**	**Q 4**	
					Improve quality and efficiency of existing accommodation	• **Specialist community services (including lymphedema) co-located** on the Chippenham Community Hospital site. The first phase of **backlog maintenance and service consolidation works**.	✓				
						• The first phase **backlog maintenance** will have been completed and space planned to support efficient effective patient care in **Warminster Community Hospital**.	✓				
						• **Scoped options** for the provision of compliant, safe, **ward accommodation** in the **Warminster Hospital** building will be available.		✓			
						• We will facilitate a long-term sustainable **solution for the provision of soft FM services** across Wiltshire community sites.		✓			
					Transformed estate to support new models of care	• New lease negotiation for the community team within **Ludgershall Health Centre**.	✓				
						• New lease negotiation for additional space for the community team in the new Wiltshire Council Community Hub in **Tisbury**.	✓				
						• Sufficient space available to deliver community **physiotherapy activity in the south** of Wiltshire, including Hydrotherapy, and the associated leases negotiated.		✓			
						• Sufficient space available to deliver **community diabetes and dietetic care in the south** of Wiltshire, associated leases negotiated.		✓			
						• We will work with Wiltshire CCG and their consultants to work up the detail for the business cases to deliver the **new integrated care centres in Devizes and Trowbridge.**		→			
					Financial sustainability and productivity	• **2.5% of our resources will be released** from planned expenditure for reinvestment to support services.		→			
					Environmental sustainability	• We will establish a **sustainability group** within our governance structure.		✓			
						• We will produce a **Sustainable Development Action Plan** for 19/20 for agreement by the Board.			✓		
						• We will develop a **sustainable Travel Plan** using The Health Outcomes of Travel Tool, and refresh our related policies.				✓	
						• We will communicate our **travel strategy** and related policies to all of our stakeholders, with particular attention being given to raising awareness of the low carbon travel alternatives available to staff, patients and visitors travelling to site				✓	
						• We will develop a **'Paperless programme'** including a reduction in paper usage, printing, postage costs				✓	
						• We will develop an **engagement plan for our sustainability efforts** (to engage and encourage support for carbon reduction from staff, patients, visitors, suppliers and the local community).		✓			
						• We will have reviewed and drafted **a plan to improve our data collection to support sustainability monitoring** and reporting within Wiltshire Health and Care.		✓			
					Quality focus	• Throughout 19/20, Wiltshire Health and Care will collaborate with West of England Academic Health Science Network to **develop and implement an Early Warning Score for people with Learning Disabilities**.		→			
						• Wiltshire Health and Care will **increase the Public and Patient voice within the organisation by the development and delivery of a forum**.		✓			
						• In Q1 we will implement new clinical risk software to improve incident reporting and risk management.	✓				
					Equality and Diversity (E&D)	• We will carry out a survey of how staff members feel about the E&D culture at Wiltshire Health and Care	✓				
						• We will produce an Equality and Diversity Action Plan for 19/20 for agreement by the Board.		✓			
						• We will identify and build an E&D dataset to support the delivery of our E&D Strategy and Action Plan.		✓			
						• We will develop a communication and engagement plan to support the delivery of the E&D Action Plan.		✓			
					Patient and Public Involvement	• We will establish a patient and public involvement group for Wiltshire Health and Care (either by reaching agreement to extend the scope of an existing group or by developing one of our own).		✓			
						• We will hold patient and public involvement group listening events		✓			✓
						• We will draft a proposal for how we can involve patients and the local public in the following areas: staff recruitment and induction; when carrying out service specific workshops.			✓		
						• We will create and maintain a database of people who wish to actively participate in service development discussions and regularly communicate with them.		✓			
						• Wee will define our approach for how we will listen to the voice of children who use our services.		✓			
						• We will define our approach for how we involve our patients and the public in our Clinical Reference Group.		✓			

We would like to say a big thank you to all our staff and stakeholders who contributed ideas, thoughts, and feedback on the development of this plan.

Wiltshire Health and Care Board	**For information**
Subject:	**Quality, performance and finance quarterly report**
Date of Meeting:	**03 May 2019**
Author:	**Sarah-Jane Peffers, Lisa Hodgson, Annika Carroll**

1. Purpose

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

2. Issues to be highlighted to Board

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

ADVISE	**Quality** • **DATIX incident reporting system** – The DATIX incident reporting system went live on the 1st April 2019. This has been positively received across services. This will enable staff to report incidents more readily and easily. As well as providing accurate and timely incident data to all services. Feedback and risks will go live in May 2019 along with the Mortality module. • **IPC Microbiology support** - S-JP has had a successful meeting with Gloucestershire Hospitals NHS Foundation Trust who have agreed in principle to offer IP&C Microbiology support. We are currently working through the detail of the Service Level Agreement. • **Public and Patient Engagement Plan** - WHC Exec Committee have agreed to offer additional funds to support the successful delivery of the Public and Patient Engagement Plan. This will secure an additional role (Public and Patient Engagement Officer 0.5 WTE) and will report into WHC Communications Lead. • **Inpatient Assessments:** The inpatient assessment KPI for MRSA. MUST and PURAT were missed in March. There were a number of contributory factors for this and an action plan is in place with an expectation that the KPI will be met in May 2019. It is known that assessments were carried out but within a longer time frame and this is being reviewed currently so that full assurance can be provided. • **Inquest (AH)**. The inquest into the death of AH was heard in the Avon Coroner's Court on Thursday, 20 March 2019. Wiltshire Health and Care was an interested party. Witness evidence was provided by one of our Registered Nurses from Longleat Ward, and Sarah-Jane Peffers, Director of Quality, Professions, and Workforce. The Coroner recorded a cause of death of 1(a) sub-dural haematoma. The Coroner determined that it was Accidental Death. In her summing up of the matter, the

Coroner commented that, in relation to the management of head injuries, NICE provides recommendations, and it is clear that AH should have been referred to the RUH far sooner than he was.

The Coroner was suitably satisfied that Wiltshire Health and Care was taking sufficient steps to demonstrate learning from the events relating to this patient's death. Accordingly, the Coroner felt that no formal recommendations needed to be made in relation to our organisation.

How we will ensure that we learn from these events. The Root Cause Analysis relating to this patient's death generated an action plan, and this is being progressed in line with the target time frames. The key change that has been made within our wards as a result of these events has been the creation of an easy-reference flow chart setting out the appropriate actions to take following a patient suffering a head injury, and displaying this in key areas within the ward. We are ensuring that all staff are engaging with this chart, by asking staff to sign a grid to confirm that they have reviewed the guidance.

WHC's Harm Free Care Policy and Oversight Group will act as the monitoring group for ensuring that the remainder of the actions from the Root Cause Analysis in this matter are completed.

Workforce

- **Staff Survey** – The Staff Survey report has been published and WHC data has been bench marked against all NHS providers and community providers (please see attached report). The report has been shared extensively throughout WHC and has been published on WHC website. Actions to take forward will be agreed at WHC's Performance and Planning meeting in May 2019.

- **A new appraisal process** - has been agreed and will be introduced across all services during May 2019. WHC is currently below the expected target in this area. It is currently 63% against a target of 85%.

- **Statutory and Mandatory training compliance –** This is 80.64% against a target of 85%. The appointment of a resuscitation officer will enable WHC to deliver its own Paediatric Immediate Life Support (PILS) and Immediate Life Support (ILS), and improve the level of compliance in these areas during Q2 and continually. WHC have commissioned *In trac* to deliver safeguarding supervision level 3 training to ensure we are in line with the recently published safeguarding intercollegiate document. All clinical staff band 6 and above will require level 3 safeguarding supervision.

- WHC has agreed to further invest in mid-level leaders. 8 people will start a bespoke programme, including participation in the Rosalind Franklin programme, delivered by the NHS Leadership Academy:

- **Trainee Nursing Associates** - WHC has agreed to expand the number of Trainee Nursing Associates across all services. To date 13 are in post and during 19/ 20 this will increase by a further 19/20.

- **Turnover levels** - Current turnover levels 12.37% against a target of 13%.

- **Vacancy factor** - 8.8 % against a target of 8%.

	• **Staff sickness** – Staff sickness is currently higher than the expected level at 5.02% against a target of 3.5%. Short Tem Sickness (STS) is higher than expected and there a significant number of Long Term Sickness (LTS). All LTS cases are being managed effectively with the support of IOH where necessary. • **Workforce planning** - WHC Exec team has agreed its approach to workforce planning and will be adopting the 6 stage approach, as outlined by NHSI. During 19/20 WHC will be adding additional resource to deliver the safer staffing programme (as set out in the WHC Business Plan for 2019-2022). This programme will include: o The roll out of Allocate across all wards and services; o More effective acuity and dependency monitoring; o The development and delivery of a more effective flexible workforce, including improved arrangements with agency usage and implementation; and o Embedding of effective workforce planning. This specific area will be closely aligned to the development of Primary care Networks across Wiltshire.
ALERT	None
ACTION	None

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

ADVISE	**Estates** funding has now been finalised and agreed with WCCG for both 2017/18 and 2018/19. **2019/20 Contract Variation** The 2019/20 contract value has now been agreed at £47.417m (subject to adjustment for Estates Soft FM funding). **2018/19 Draft Accounts** have been submitted declaring a breakeven position for the financial year (subject to external audit). Final accounts are due to be submitted on 4th June. **Intercompany Debtor** A settlement is yet to be received from GWHFT for the intercompany balance due which was outstanding as at transfer of services and financial ledgers in 2018/19. A meeting is scheduled for May between WHC and GWHFT finance to agree time frames for settlement. **Agency usage** increased in March for the 4th consecutive month, with vacancy cover and close support recorded as main reasons for agency use.
ALERT	None
ACTION	None

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

ADVISE	**Patient Flow:** The Easter weekend saw front door pressures across all three Acute partners and within our own MIU's. Considerable effort was made prior to the Bank Holiday weekend to discharge patients, which enabled good flow across all discharges pathways, with bedded capacity been available each day.

	The patient flow hub continues to experience challenges in discharging patients over weekend and bank holiday periods with patient choice been a recurring theme. **Wheelchair Service:** We continue to implement the improvement plan for wheelchair services, whilst also exploring all available options for future service provision. The clinical team currently have sickness and retirements which is impacting on waiting times, a contingency plan has been agreed by the Executive Committee and our improvement trajectory will be presented to the next meeting. **Ailesbury and Chestnut:** Following the transition from project phase to business as usual, regular reviews are continuing to occur. Following such a review and feedback from staff, it has been agreed to further review the staffing model and seek support with the cultural change required. Further updates will be provided once this outcome of this work is known. **MIU's:** The MIU review is now completed and will be considered through the internal governance groups. The current areas of concern relate to: • Maintaining a sustainable staffing model and the consequence of high volumes of temporary staff. • Patient case mix, patient continue to present with a wide variety of conditions which whilst not covered within the specification , however once in the unit, staff are duty bound to assess and sign post to the most appropriate service. This causes considerable stress for the staff, especially as there are no medical staff present. • Lack of privacy and dignity during the triage process. All issues identified within the form part of an action plan, with the exception of X-ray. **New MSK Orthopaedic Interface and changes to MSK pathway** The aim of the interface service was to deliver a fully integrated community based MSK pathway with consistent, clinically led Physiotherapy triage. Patients who are referred for an MSK assessment are now referred using one referral form, sent to Wiltshire Health and Care and are triaged by our team, using criteria designed by our teams from NICE, best practice guidelines and locally agreed with our acute partners in Orthopaedics. Our ultimate aim is to ensure the patient gets the right treatment, in the right environment, first time. This includes a range of interventions from core physiotherapy services to the new NHS I endorsed Escape pain knee classes, Activate your back classes and diagnostics if required. Shared Decision Making (SDM) is key and we endeavour to increase activity levels of our patients and ensure a wide range of non-surgical options have been considered prior to an orthopaedic appointment to prevent unnecessary surgery. Mobilisation of the service and staff was planned in three phases. Phases 1 and 2 are now complete. Lead measures of referrals to secondary care and Trauma & Orthopaedics first outpatient attendances are reducing by around 2% and this represents a volume decrease of 724 for June – Feb 18/19 compared to the same period in 17/18. Wiltshire Health and Care treated 2,024 more patients than originally planned (3,964). Early indicators from Friends and Family show that patients are very pleased with the service and only 19% of those patients, who have received treatment, are referred on to have an Orthopaedic opinion. Phase 3 will commence in May 2019 and will include releasing more appointments in the

	community and roll out of more classes for patients across Wiltshire.
ALERT	None
ACTION	None

3 Recommendation

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

Meeting:	Quality Assurance Committee	**Date:**	22nd January 2019
Author	Rachel Steward (HR Business Partner)		

Title:	**Staff Survey 2018 Results**

1. Introduction

This paper will provide an overview of the results of the 2018 Staff Survey; identifying areas of improvement as well as highlighting areas where focus is required for the coming year, in order to improve staff engagement.

2. Overview of Survey

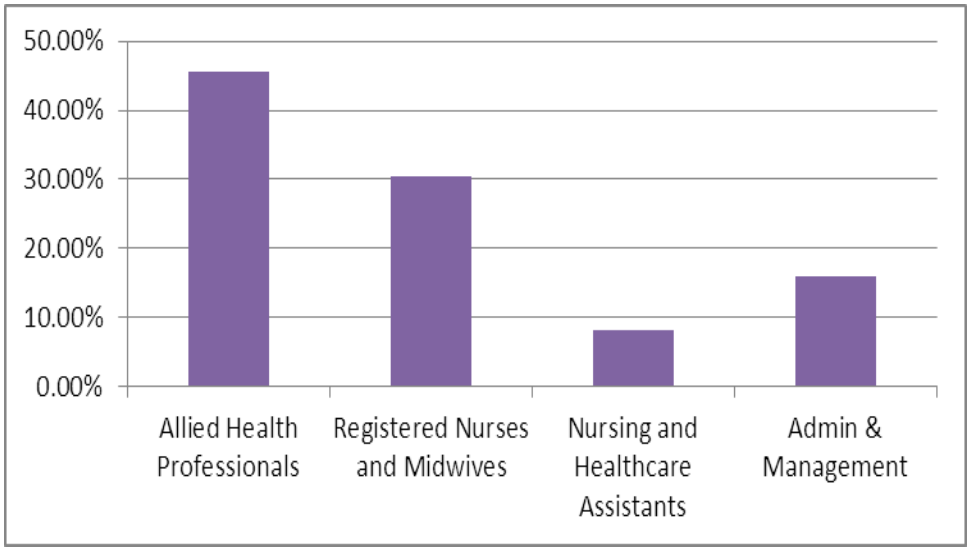
The annual staff survey was live for a period of 8 weeks, between 15th October and 9th December 2018, in line with national guidelines. In previous years, the survey was facilitated by Picker and sent to a sample of our staff to complete. This year, the decision was made to in-house the survey facilitation via an online survey platform and was made available to all staff. The survey was promoted through internal communications. All responses are analysed at an organisational level only.

The questions utilised in the survey are aligned to the nationally determined question set however additional questions were asked regarding values and behaviours.

3. Response Rate and Demographics

The response rate for 2018 was 36.11% of all staff (395 responses). This is compared to a response rate of 43.80% from the previous year; however this was a percentage of a sample of 495 (equating to 217 responses) and therefore the number of responses this year has significantly increased.

Those that completed the survey identified themselves as:



This is an increase in AHP responses from last year (39.30%) and Administration responses (1.90%).

4. Summary of Results:

The average change per question for the 2018 Staff Survey equates to a decrease of 3.02%. This is compared to an average change per question of 1.80% (increase) in 2017.

4.1 Most Improved:

Question Statement	Response Measured	% Increase based on 2017 results
11e Have you felt pressure from your manager to come to work?	'No'	10.21%
11d In the last 3 months, have you ever come to work despite not feeling well enough to perform your duties?	'No'	8.45%
5g My level of pay	'Satisfied / Very Satisfied'	6.20%
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? 13a Patient / Services users, their relatives or other members of the public	'Never'	5.90%
13d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	'Yes I reported it / Yes a colleague reported it'	4.54%
5h The opportunities for flexible working patterns	'Satisfied / Very Satisfied'	4.20%
2b I am enthusiastic about my job	'Often / Always'	4.10%
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? 13b Managers	'Never'	4.10%

4.2 Biggest Decreases:

Question Statement	Response Measured	% Decrease based on 2017 results
11g Have you put yourself under pressure to come to work?	'No'	31.17%
22c Feedback from patients / service users us used to make informed decisions within my directorate / department	'Strongly Agree / Agree'	18.60%
22a Is patient / service user experience feedback collected within your directorate / department? (e.g. friends and family Test, patient surveys etc)	'Yes'	16.55%
22b I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams)	'Strongly Agree / Agree'	14.20%
17c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	'Strongly Agree / Agree'	13.80%
17d We are given feedback about changes made in response to reported errors, near misses and incidents	'Strongly Agree / Agree'	12.20%
7a I am satisfied with the quality of care I give to patients / service users	'Strongly Agree / Agree'	11.70%
7c I am able to deliver the care I aspire to		11.10%

5. Key Themes:

5.1 Staff Engagement

- The responses provided to questions surrounding immediate engagement (questions 2 a-c) have improved year on year.

Question	Scoring Criteria	2016	2017	2018
2a I look forward to going to work	Often / Always	67.00%	69.20%	72.20%
2b I am enthusiastic about my job	Often / Always	81.00%	80.20%	84.30%
2c Time passes quickly when I am working	Often / Always	85.70%	84.10%	85.80%

- All questions relating to staff involvement (questions 4 a-i) have reduced in 2018. This involved questions relating to effective team-working, role responsibilities and having the right resources.

Staff Involvement Questions	Scoring Criteria	% Decrease
4a There are frequent opportunities for me to show initiative in my role	Strongly Agree / Agree	5.10%
4b I am able to make suggestions to improve the work of my team / department	Strongly Agree / Agree	1.00%
4c I am involved in deciding on changes introduced that affect my work area / team / department	Strongly Agree / Agree	4.30%
4d I am able to make improvements happen in my area of work	Strongly Agree / Agree	0.80%

4e I am able to meet all the conflicting demands on my time at work	Strongly Agree / Agree	5.20%
4f I have adequate materials, supplies and equipment to do my work	Strongly Agree / Agree	4.20%
4g There are enough staff at this organisation for me to do my job properly	Strongly Agree / Agree	2.00%
4h The team I work in has a set of shared objectives	Strongly Agree / Agree	7.60%
4i The team I work in often meets to discuss the team's effectiveness	Strongly Agree / Agree	2.20%

- Employee satisfaction has improved in tangible areas such as pay and flexible working but has reduced in areas such as support from colleagues and opportunities to utilise skills (see questions 5 a-h)

5.2 Management

Of the 11 questions asked about immediate line management and senior management (questions 8 and 9) 10 of the responses decreased in 2018 compared to 2017 results; the most significant of these being in relation to visibility and communication from senior management:

To what extent do you agree or disagree with the following statements about senior managers where you work?	**Scoring Criteria**	**% Decrease**
9a I know who the senior managers are here	Agree / Strongly Agree	1.50%
9b Communication between senior management and staff is effective	Agree / Strongly Agree	5.40%
9c Senior managers here try to involve staff in important decision	Agree / Strongly Agree	6.10%
9d Senior managers act on staff feedback	Agree / Strongly Agree	6.80%

5.3 Health, Wellbeing and Safety at Work

- There is a reduction in staff completing both paid or unpaid additional hours at work. This is a continued trend from 2016 – 2018.

- In relation to the 2017/2018 CQUIN regarding Health and Wellbeing there has been a decrease in perception regarding this. This year's CQUIN measures was to achieve 5% increase based on 2016 Staff Survey Results; unfortunately this has not been achieved based on the reported results:

	Scoring Criteria	**2016**	**2017**	**2018**
11a Does your organisation take positive action on health and well-being	Yes Definitely	30.20%	34.90%	28.22%
11b In the last 12 months, have you experience musculoskeletal problems (MSK) as a result of work activities?	No	75.00%	78.00%	76.71%
11c During the last 12 months, have you felt unwell as a result of work related stress?	No	65.00%	65.00%	64.93%

- There has been a positive reduction in the number of staff experiencing physical violence or harassment, bullying and intimidation from management, colleague and patients however in some occasions there has been significant reduction in those reporting these experiences, as seen by a decrease of 8.29% of respondents reporting experiences of violence.

- The data collected in regards to errors, near-misses and incidents suggests that there is an increase in these occurring and that perception is that staff involved are not treated fairly, nor encouraged to report or appropriate actions taken:

To what extent do you agree or disagree with the following?		2016	2017	2018	% Decrease 2017 - 2018
17a My organisation treats staff who are involved in an error, near miss or incident fairly	Agree / Strongly Agree	52.80%	61.80%	52.60%	-9.20%
17b My organisation encourages use to report errors, near misses or incidents	Agree / Strongly Agree	92.20%	93.20%	92.60%	-0.60%
17c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	Agree / Strongly Agree	66.00%	76.50%	62.70%	-13.80%
17d We are given feedback about changes made in response to reported errors, near misses and incidents	Agree / Strongly Agree	64.60%	68.40%	56.20%	-12.20%

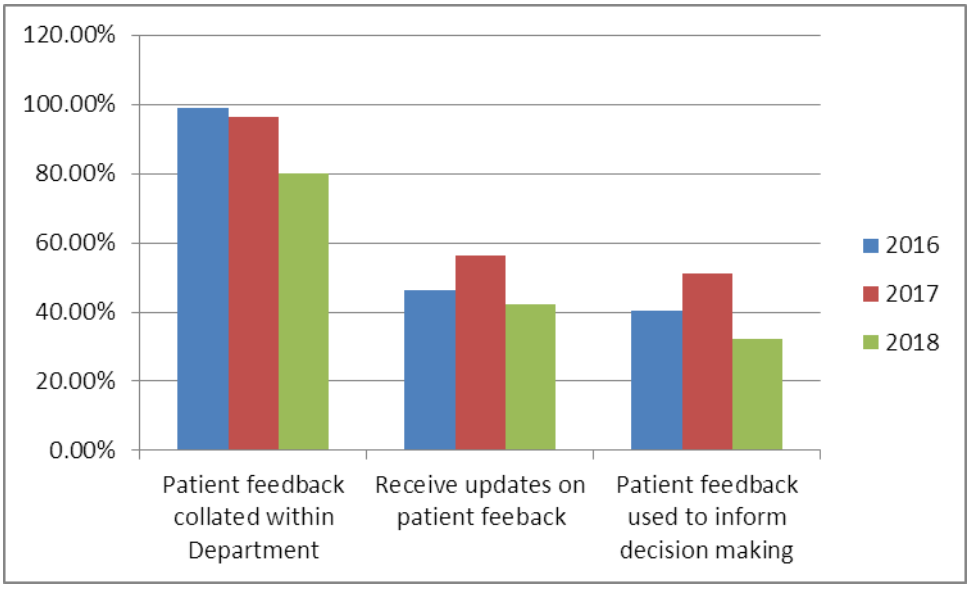
5.4 Personal Development:

- The responses provided in relation to appraisal and training opportunities had decreased in satisfaction from 2017, other than the positive response for values being discussed within the appraisal process.
- The data collated regarding appraisal compliance (80.78% of respondees advised they had received an appraisal in the last 12 months) significantly differs from that of organisational data, which over the last 3 months has averaged as a compliance rate of 56%.
- The perception regarding training and development opportunities has significantly reduced from 2017:

	% Decrease 2017 - 2018
19f Were any training, learning and development needs identified (in your appraisal)	-5.37%
19g My manager supported me to receive this training, learning or development	-5.53%
20 Have you had any training, learning or development in the last 12 months? (Not including mandatory training)	-9.67%

5.5 Patient Care & Safety

- Whilst staff expressed that they would be happier this year with the standard of care given to friends or family (an increase of 2.80% from 2017 and 12.20% since 2016), some concerns were apparent in the perception of whether patient feedback is obtained and used to informed decisions. Responses relating to such, decreased by an average of 16.45% since 2017:



5.6 Employee Intentions

- In 2018, a new question was added to the national staff survey which questioned whether staff were considering leaving the organisation; 48% of staff stated they were not considering leaving the organisation. At this current time, national benchmarking data is not yet available to draw comparisions on this.

5.7 Values and Behaviours

- 91% of staff advised they were aware of Wiltshire Health and Care Values, which were launched in 2017.
- 75% of staff believe that their colleague demonstrate these values and behaviours (often / always) and 74% of managers demonstrate these (often / always).

5.8 Free Text Feedback Review

5.8.1 Themes from the free text comments:

Positive Connotations	Negative Connotations
Supportive Team working	Poor Staffing levels
Values and behaviours of the organisation / staff	Ineffective Communication
Patient Care	Disjointed management / leadership and decision-making
	IT and working environments
	Pay and Recognition

5.8.2 Positive Comments:

'I am very happy with my organisation at the moment and the kind of care we provide'

'Coming to work feels like working together as one big family, even with the occasional grumpy person. I really enjoy my job and working with such different personalities'

'Wiltshire Health and Care is a caring organisation with a vision for excellent care that I agree with. Managers are friendly and approachable and I am glad I work here and proud of our organisation's achievements'

'Speaking for myself, and with regards to the community setting/area in which I work. Merging to Wiltshire Health and Care, from Great western has just fine tuned many niggles that let the NHS down, especially with regards to communication between patients and other professionals, Staff training, as it feels much more focus around community setting instead of ward based'

'WHC has a strong patient focus, for that it should be praised. Everyday staff do their very best to provide high quality services to our patients. I am proud to be part of that organisation'

5.8.3 Constructive comments:

'The organisation needs to pull together as a whole more - when they do they are strong - however some fractions in parts of Wiltshire prevent that from happening and perpetuate a them and us type of feeling with senior management that doesn't, in reality, exist'

'In my experience of the last year only and in my opinion the organisation needs to review is methods of communication across the staffing levels and with the patients and public, as well as ensuring its objective of being open and honest, and all of its values are demonstrated by all its senior management team. Over the past year it is the first time in my NHS career of 30+ years that I have felt "harassed and bullied" by a line manager, and this has contributed to an effect on my mental health and wellbeing for the first time in my life. For this past year the organisation has not felt a "comfortable" open place to work. I hope this will change over the coming year for the benefit of all'

'My colleagues work really hard to meet the needs of our patients - we continue to work with limited resources and staff and collaborate with other services also short - this causes high stress levels'

'Management decisions are made without any discussion with staff and often the communication of these changes are either inaccurate or too late'

'I will be shortly leaving my current role for alternative employment. This is a direct result of a change in management and the impact this has had on the team. I am one of 5 people who have reluctantly decided to leave our current team. No-one from the management team has asked why we are leaving or expressed any concern. This, I feel, reflects the attitude of our current management and goes a long way in explaining why the team are so unhappy'

6. Benchmarking

6.1 Community Providers

The national NHS Staff Survey results for 2018 have now been published and the following comparisons can be drawn from the other 16 community providers which submitted their results, including a local trust, Gloucestershire.

- The average response rate was 52.50%, meaning we are a low outlier with a response rate of 36.11% in 2018
- We scored the same or better than the average on 54 out of the 90 questions benchmarked against other community providers.

The areas that Wiltshire Health and Care performed significantly higher (>+5%) are:

Question & Measure	% Variance from Community Average
11g Have you put yourself under pressure to come to work? (no)	+27.57%
2a I look forward to going to work (often / always)	+13.30%
11e Have you felt pressure from your manager to come to work? (no)	+11.91%
12d The last time your experience physical violence at work, did you or a colleague report it? (yes)	+11.21%
13d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? (yes)	+11.14%
21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (agree / strongly agree)	+10.40%
2b I am enthusiastic about my job (often / always)	+10.10%
11d In the last 3 months, have you ever come to work despite not feeling well enough to perform your duties? (no)	+8.95%
18b I would feel secure raising concerns about unsafe clinical practice (agree / strongly agree)	+6.30%
6b I have a choice in deciding how to do my work (never / rarely)	+5.60%
11c During the last 12 months, have you felt unwell as a result of work related stress? (no)	+5.43%
4a There are frequent opportunities for me to show initiative in my role (agree / strongly agree)	+5.30%
4d I am able to make improvements happen in my area of work (agree / strongly agree)	+5.10%

The areas that Wiltshire Health and Care performed significantly lower (>-5%) are:

Question	% Variance from Community Average
22b I receive regular updates on patient / service user experience feedback in my directorate / department (e.g via line managers or communications teams)	-19.80%

22c Feedback from patients / service users us used to make informed decisions within my directorate / department (agree / strongly agree)	-16.50%
4f I have adequate materials, supplies and equipment to do my work (agree / strongly agree)	-11.10%
19a In the last 12 months, have you had an appraisal, annual review, development review or Knowledge and Skills Framework (KSF) development review? (yes)	-10.22%
4h The team I work in has a set of shared objectives (agree / strongly agree)	-9.50%
16c The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	-7.08%
16b In the last month have you seen any errors, near misses or incidents that could have hurt patients or service users? (no)	-6.70%
19g My manager supported me to receive training, learning or development (yes definitely)	-6.33%

Additional points to note:

- An additional trend to note, in 6 out of 7 questions relating to immediate line managers i.e. my immediate manager values my work, is supportive, encourages me, Wiltshire Health and Care scored lower than the community provider average.

- Wiltshire Health and Care have less part-time employees than the average within Community Providers. In addition, our staff complete significantly less unpaid hours then the average across the providers sampled.

- Our staff reported that they have received more harassment, bullying, abuse and violence from patients than other staff within community providers this year, but less harassment, bullying, abuse and violence from managers or colleagues.

- Out projected turnover for the next 12 months is less than our counterparts with less employees indicating they are looking to leave Wiltshire Health and Care within the next 12 months or once they have found an alternative role.

6.2 National NHS Data

The national NHS Staff Survey results for 2018 have now been published and the following comparisons can be drawn from the other 304 NHS organisations which submitted their results:

- The average response rate was 54.00%, meaning we are a low outlier with a response rate of 36.11% in 2018
- We scored the same or better than the average on 71 out of the 90 questions benchmarked against other NHS organisations.

The areas that Wiltshire Health and Care performed significantly higher (>+5%) are:

Question & Measure	% Variance from NHS Average
14a Does your organisation act fairly with regards to	+37.20%

career progression and promotion, regardless of protected characteristics? (Yes)	
11g Have you put yourself under pressure to come to work? (No)	+26.04%
22a Is patient / service user experience feedback collected within your directorate / department? (e.g friends and family Test, patient surveys etc) (Yes)	+18.33%
13d The last time your experienced harassment, bullying or abuse at work, did you or a colleague report it? (Yes)	+16.32%
11e Have you felt pressure from your manager to come to work? (No)	+15.21%
21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (agree / strongly agree)	+14.60%
2a I look forward to going to work (often / always)	+13.46%
18b I would feel secure raising concerns about unsafe clinical practice (agree / strongly agree)	+11.37%
18c I am confident that my organisation would address my concern (agree / strongly agree)	+10.02%
2b I am enthusiastic about my job (often / always)	+9.95%
11d In the last 3 months, have you ever come to work despite not feeling well enough? (No)	+9.67%
2c Time passes quickly when I am working (often / always)	+9.30%
6b I have choice in deciding how to do my work (never / rarely)	+9.14%
18a If you were concerned about unsafe clinical practice, would you know how to report it? (Yes)	+8.05%
13b In the last 12 months, how many times have you personally experience harassment, bullying or abuse at work from your managers? (Never)	+7.96%
12d The last time your experienced physical violence at work, did you or a colleague report it? (Yes)	+7.71%
6c Relationships at work are strained (never / rarely)	+7.64%
17b My organisation encourages us to report errors, near misses or incidents (agree / strongly agree)	+7.42%
17a My organisation treats staff who are involved in an error, near miss or incident fairly (agree / strongly agree)	+7.30%
4d I am able to make improvements happen in my area of work	+6.62%
4b I am able to make suggestions to improve the work of my team / department	+6.50%
21a Care of patients / service users is my organisation's top priority (agree / strongly agree)	+6.41%
5h I am satisfied with the opportunities for flexible working patterns (satisfied / very satisfied)	+6.18%
13c In the last 12 months, how many times have you personally experience harassment, bullying or abuse at work from other colleagues? (Never)	+5.73%
16a In the last month, have you seen any errors, near misses or incidents that could have hurt staff? (No)	+5.24%

The areas that Wiltshire Health and Care performed significantly lower (>-5%) are:

Question & Measure	% Variance from NHS Average
22c Feedback from patients / service users us used to make informed decisions within my directorate / department (agree / strongly agree)	-18.70%
22b I receive regular updates on patient / service user experience feedback in my directorate / department (e.g via line managers or communications teams) (agree / strongly agree)	-16.79%
4h The team I work in has a set of shared objectives (agree / strongly agree)	-7.84%
4f I have adequate materials, supplies and equipment to do my work (agree / strongly agree)	-7.82%
4e I am able to meet all the conflicting demands on my time at work (agree / strongly agree)	-7.36%
19a In the last 12 months, have you had an appraisal, annual review, development review or Knowledge and Skills Framework (KSF) development review? (Yes)	-5.83%

7. Conclusion & Next Steps

This report highlights the trends within the results of the 2018 Staff Survey and benchmarking against other community providers. It is clear that whilst there has been improvement in some areas, and positive experiences shared, there are some key areas for focus for 2019.

An action plan should be devised to incorporate the work streams where improvement could be made, which largely include:

- Review of **CPD** opportunities for staff; this should include a review of the appraisal process, for which a task group is already in place and a newly formed appraisal process to be launched in April 19, as well as a review of the training packages available to all staff.
- Consideration to what Wiltshire Health and Care's **reward** structure should be (non-pay) with specific focus on **employee recognition** and further embedding of the Values and Behaviours.
- To further streamline Wiltshire Health and Care's **Communication** & Governance structure, both organisation wide and locally within teams, ensuring the right information is shared with the right staff at the right time.
- To ensure a successful launch of the **management training** programme to ensure managers are equipped with the right skills, tools & resources, and support to effectively lead teams.
- Ensure that Wiltshire Health and Care has a **Health and Wellbeing** strategy that is fit for purpose and embedded within all management practices.
- To further develop a culture whereby concerns are raised, incidents fully investigated, **feedback** is provided and learning takes place and informs every decision, especially in regards to incident reporting and patient feedback / experience.
- To work towards an **infrastructure** that benefits Wiltshire Health and Care, it staff and patients.

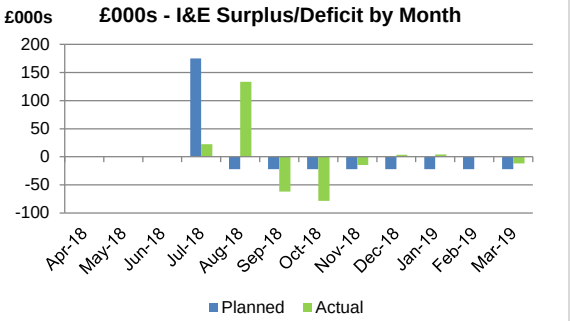
- To ensure **staffing** is optimal; focusing on recruitment and retention processes.

The Exec Team are welcomes to add any additional action points, as deemed appropriate.

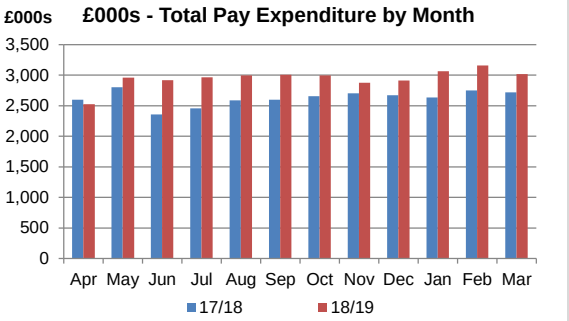
Finance Dashboard - Year ending 31st March 2019

Wiltshire HEALTH AND CARE

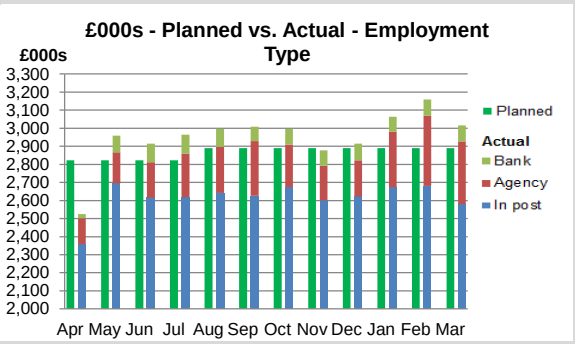
Income & Expenditure



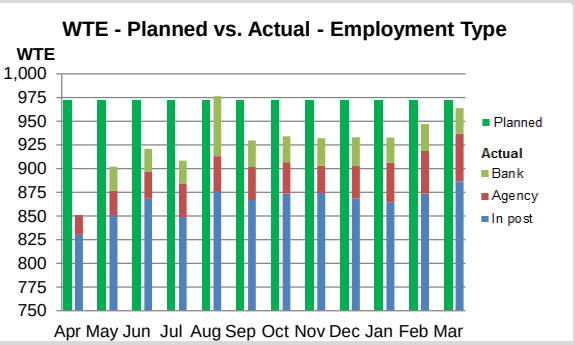
Pay Expenditure - £ - Total



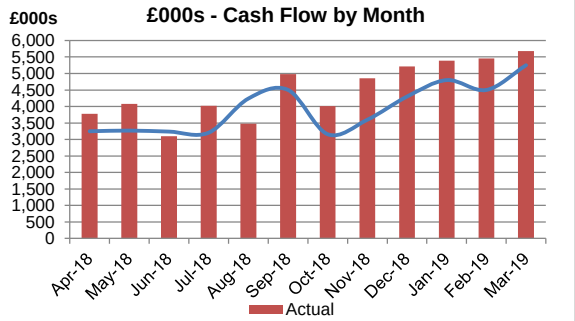
Pay Expenditure - £ - Employment Type



Pay - WTE



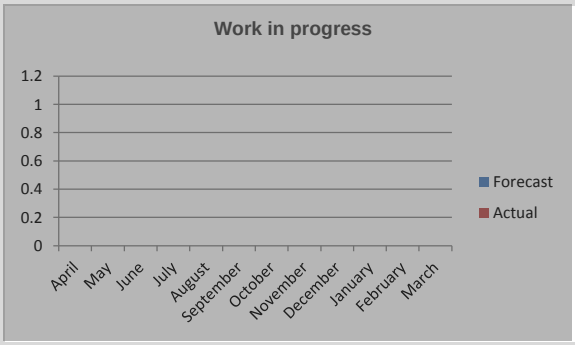
Cash



Best Practice Payment Code (BPPC)

BPPC % of bills paid in target	Current Month	Previous Month	Movement
By number	96%	89%	7%
By value	98%	96%	2%
Average number of days to pay an invoice			
Days	13	25	(12)

Forecast



NHSI Reporting

Work in progress

Metric	Definition	YTD Plan Number	YTD 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			

Cost Improvement Plan (CIP)

	YTD (Cumulative) Plan £000s	YTD (Cumulative) Actual £000s	YTD (Cumulative) Variance £000s	Annual Plan £000s	Annual Forecast £000s
WH&C 2018/19 Savings					
Income	20	387	367	20	
Pay	990	295	(695)	990	
Non-Pay	298	625	327	298	
Total income	1,307	1,307	0	1,307	1,307

Commentary

Overall: The LLP reports a breakeven position against the full year plan to March 2019. Agency usage and spend continues to be a challenge for the LLP. The number of agency shifts used continued to increase in March, which reported the highest number of shifts used for the financial year, exceeding vacancy levels.

Positives: The LLP reports a breakeven position for the third consecutive financial year (subject to external audit) and the cash position remains strong.
The outstanding estates funding issue has been settled with the Commissioners and the contract baseline has been agreed for 2019/20.

Negatives: Number of agency shifts and expenditure, has further increased in the month, and remains above funded vacancy levels, with the need for close support continuing, as well as cover for vacancies. Recruitment is on-going.
The historical intercompany debt remains unsettled by GWHFT.

Efficiency targets were predominantly met with non recurrent under spends and net income above planned levels.

Item 15. Information Governance Update

Report to:	Wiltshire Health and Care Board	**Agenda item:**	10
Date of Meeting:	03 May 2019		

Report Title:	Annual Information Governance and Data Protection Accountability Report: 25th May 2018 – 31st March 2019			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
			x	
Prepared by:	Heidi Doubtfire-Lynn, Data Protection Officer			
Executive Sponsor:	Katherine Hamilton Jennings, Senior Information Risk Owner			
Appendices (list if applicable):	Appendix A: Tab 1: GDPR Readiness Tab 2: DSPT 2018-19 Tab 3: IT Improvement Plan			

Recommendation:
To note the content of the attached report and appendices.

Executive Summary:
In summary the members of the WHC Board are asked to note: • The considerable achievement the WHC IG Policy and Oversight Group (IG POG) has made in attaining the level required of the 2019-20 DSPT. • That the tasks and activities of the Data Protection Officer have been appropriately exercised and, when required, advice sought by the organisation. • WHC have successfully implemented the minimum requirements of the both GDPR and the NIS regulations[1] • WHC's IT service provider has developed an IT security improvement plan to NHS Digital which will be performance managed via regular compliance reports to the IG POG • WHC experienced one information security breach within the financial year

[1] The Security of Network & Information Systems Regulations (NIS Regulations) provide legal measures aimed at boosting the overall level of security (both cyber and physical resilience) of network and information systems for the provision of essential services and digital services.

which required formal notification to the Information Commissioner's Office.

Board Assurance Framework – Strategic Priorities	Select as applicable
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	☒
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	☒
Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	☒
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	☒
People - We will make WH&C a place to work where staff feel valued and are able to develop as individuals, and as teams	☒
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes with the available resources	☒

1 Purpose

1.1 The purpose of this report is for Wiltshire Health and Care's Data Protection Officer (DPO) to provide the Board with an updated assessment of progress made by the organisation between the 25th May 2018 and 31st March 2019 relating to the implementation and compliance with EU General Data Protection Regulations[2] (GDPR), Electronic Communication Regulation 2003[3] and Freedom of Information Act 2000[4], the Network and Information Systems Regulations (NIS) 2018[5], Data Protection Act 2018[6], all of which are overseen by the privacy regulator the Information Commissioner's Office (ICO).

1.2 In 2018, NHS Digital created a new on line annual assessment tool, called the Data Security and Protection Toolkit[7]. (DSPT), designed specifically to be used by public authorities and NHS providers to assess their compliance with regulatory, statutory and sector specific governance standards.

1.3 This report serves to inform and advise Board members of WHC's statutory compliance, whilst recognising areas of good practice, to ensure personal and corporate information is handled legally, securely, efficiently and effectively to deliver the highest standard of care by staff and the organisation. Information Governance plays a vital role as the foundation of all governance, by supporting integrated governance within the organisation.

1.4 Whilst the DSPT is aligned to the new requirements of the GDPR, NIS regulations it also incorporates the NHS codes of Practice: Confidentiality[8], Records Management[9], and Information Security Standards[10]. It is however, imperative that committee members understand that meeting the mandatory requirements of the DSPT will not, on its own, ensure practices are fully GDPR compliant.

1.5 Therefore, it is imperative that the Committee appreciates the significant advantages associated with good personal and commercial data governance, which ensures training provided is appropriate; security controls are effective; data risks are identified, documented, reviewed and managed appropriately, which ensures the quality of the data held by the company is consistent, accurate, can be trusted and relied upon in a clinical environment to make critical decisions, and effective organisational direction and change.

1.6 The purpose of the DSPT is to introduce within the NHS an automated continuous improvement methodology which demonstrates to the Government, regulators and public that WHC has, and is, effectively managing its integrated corporate and clinical governance obligations with regards to people, internal processes and information security compliance by suppliers and contractors to ensure that:

"Every citizen should feel confident that information about their health is securely safeguarded and shared appropriately when that is in their interest. Everyone working in the health and social care system should see information governance as part of their responsibility."

[2] EU General Data Protection Regulations [2016/679: Regulation (EU) 2016/679
[3] European Directive 2002/58/EC
[4] https://www.legislation.gov.uk/ukpga/2000/36/section/3
[5] The Network and Information Systems (Amendment) Regulations 2018
[6] Data Protection Act 2018: 7 Meaning of "public authority" and "public body" (1)-(3)
[7] https://www.dsptoolkit.nhs.uk
[8] https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice
[9] https://digital.nhs.uk:Code of Practice: Records Management2016
[10] https://www.gov.uk/government/publications/information-security-management-nhs-code-of-practice

1.7 WH&C's integrated governance procedures are inspected and regulated by the Care Quality Commission (CQC). It is the role and responsibility of the CQC to ensure that NHS clinical service providers are well-led, and meet the fundamental standards of quality and safety using key line of enquiry W6[i].

"Is appropriate and accurate information being effectively processed, challenged and acted on?"

2 Background

2.1 As the Committee is aware, the implementation of GDPR 2016/679[11] introduces the principle of accountability, which places the onus on data controllers (WHC) to be responsible for, and be able to demonstrate, compliance with the Regulation[12]. The purpose of GDPR is to provide a consistent level of data protection throughout the European Union (EU) and facilitate the free flow of personal data.

2.2 WHC also falls under the auspices of The Network and Information Systems Regulations (NIS) 2018[13], which states that as an operator of essential services[14], they are required to ensure that adequate organisational and technical security measures are in place to protect corporate and personal confidential data from unauthorised access, loss or corruption.

2.4 It is important to note that WHC is legal obliged and subject to a financial penalty regime under both the NIS and GDPR of €20 million or 4% of global turnover whichever is the greater. Organisations subject to the aforementioned legislation are also required to report security breaches incidents and data protection non-compliance to the ICO within 72 hours of becoming aware.

2.5 The Information Commissioners' Office (ICO) have acknowledged that many organisations will need additional time to fully implement all necessary changes in working practices, policies and procedure. Conversely, they expect organisational management boards to have a clear defined plan submitted and approved by the appropriate committees with in the structure. Please refer to **Appendix A**: Tab 1: GDPR Readiness.

2.6 The process and work in preparing for the implementation of GDPR and NIS Regulations has primarily been driven by the WHC Information Governance Policy Oversight Group, with the support of the Salisbury NHS Foundation Trust Information Governance (IG) department and WHC's Senior Information Risk Owner (SIRO), and WHC's Business Manager.

2.7 The work undertaken by the WHC IGPOG and SFT IG Team is testament to WHC's willingness and professional commitment to imbedding and improving IG awareness and compliance throughout the organisation.

3 The Role of a Data Protection Officer

3.4 GDPR requires organisations to appoint a statutory Data Protection Officer (DPO). It is the DPO's role to ensure that the organisation's processes the personal data of

[11] The General Data Protection Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC.
[12] See Article 5(2) of the GDPR:
[13] The Network and Information Systems (Amendment) Regulations 2018
[14] Network and Information Systems ((5) In paragraphs (1) and (3)(a) of regulation 8 (identification of operators of essential services), omit "paragraphs 1 to 9 of")

its staff, customers, providers or any other individuals (also referred to as data subjects) in compliance with the applicable data protection rules.

3.2 Furthermore article 39[15] of the GDPR and UK DPA 2018[16], requires the DPO to carry out the following tasks listed in **table 1** below:

Table 1:	**Article 39 GDPR tasks of a DPO**
1 (a)	to inform and advise the controller or the processor and the employees who carry out processing of their obligations pursuant to this Regulation and to other Union or Member State data protection provisions;
(b)	to monitor compliance with this Regulation, with other Union or Member State data protection provisions and with the policies of the controller or processor in relation to the protection of personal data, including the assignment of responsibilities, awareness-raising and training of staff involved in processing operations, and the related audits;
(c)	to provide advice where requested as regards the data protection impact assessments and monitor its performance pursuant to article 35: Data Protection Impact Assessments
(d)	to co-operate with the UK supervisory authority Information Commissioners Office (ICO) regarding complaints, incidents and compulsory registration.
(e)	act as the contract point for the supervisory authority on issues relating to processing, including the prior consultation referred to in Article 36[17] and to consult, where appropriate, with regards to any other matter.
2	The data protection officer shall in the performance of his or her tasks have due regard to the risk associated with processing operations, taking into account the nature, scope, context and purposes of processing.

4 GDPR and NIS Implementation Plan

4.1 WHC commenced preparations for the implementation of GDPR, DPA 2018 and the NIS Regulations in March 2018. The implementation plan was originally based on the ICO 'GDPR 12 to take now' advice for organisations. The core structure of the plan remains, but further expanded to incorporate each of organisational legislative requirements of GDPR and NIS Regulation listed in **table 2** below:

Table 2: Organisational Legislative Requirements		
• GDPR Principles	• Storage/retention limitations	• Special category data
• Accountability and governance	• Integrity and confidentiality (security)	• Contracts and legal obligations
• Data minimisation	• Purpose limitations	• Data Processors
• Accuracy	• Consent	• Individual rights
• Lawfulness of processing	• Public task	• Vital interests

Please refer to **Appendix A** Tab 1 to access the WHC's GDPR Implementation Plan.

[15] GDPR Article 39: Tasks of the data protection officer
[16] DPA 2018
[17] GDPR Article 36: The controller shall consult the supervisory authority prior to processing where a data protection impact assessment under Article 35 indicates that the processing would result in a high risk in the **absence of measures** taken by the controller to mitigate the risk.

5 Data Security and Protection Toolkit

5.1 Health and social care providers complete the DSPT as an online self-assessment against the National Data Guardian Standards. They are required to complete the self-assessment every financial year. The self-assessment provides the organisations with a level of Standards Not Met, Standards Met or Standards Exceeded. The results of the self-assessment Standards are published.

The questions in DSPT are split between overall assertions for a subject area such as 'Supported systems are kept up-to-date with the latest security patches' and then evidence items which demonstrate that the assertion has been met. The evidence items are split between mandatory and optional. The evidence items required vary proportionately depending on organisation type with a hospital asked to provide more evidence than a care home, and more of the evidence items being mandatory for a hospital and optional for a care home. For each of the standards guidance and support materials are available.

To demonstrate they have met the standard, organisations must confirm that have met and provided evidence for all the mandatory evidence items.

5.2 The layout and design of the DSPT has been developed around the NHS Data Guardian's (NDG) 10 Data Security Standards resulting from the UK Government Caldicott Review[18] listed in T**able 3** below:

Table 3: Data Security and Protection Toolkit: 10 Standards	
1. Personal confidential data	**2.** Staff Responsibilities
3. Training	**4.** Managing Data Access
5. Process Review	**6.** Responding to Incidents
7. Continuity Planning	**8.** Unsupported Systems
9. IT Protection	**10.** Account Supplies

5.3 The above 10 standards are then segregated into 146 assertions, 100 of which are mandatory whilst the remaining 46 are advisory (non-mandatory). All organisations are expected to be compliant with the mandatory requirements by the last working day prior to the 31st March 2019.

6.5 Wiltshire Health and Care's Data Security and Protection Toolkit Compliance 31.03.2019

6.5.1 The DSPT Dashboard **Image 1** below provides a graphical and pictorial view of the each of each of the 10 data Security standards confirming WHC successfully completed all of the 100 mandatory requirements. Please refer to **Image 1** DSPT Dashboard overleaf.

6.5.2 However Board members are asked to note that 33 of the mandatory DSPT requirements relating to IT network security processes, procedures, reporting and management are provided by Great Western Hospitals (GWH). The evidence supplied by GWH has been reviewed by WHC's SIRO, DPO, Business Manager, Contracts Manager and the IG POG. This has resulted in submitting a detailed IT compliance improvement plan which will be jointly performance managed by WHC's Head of ICT and Contracts Managers, and overseen by the IG POG. Please refer to Tab 3 of **Appendix A** to view the GWH IT Improvement plan.

[18] Caldicott 2 Review: https://www.gov.uk/government/publications/the-information-governance-review

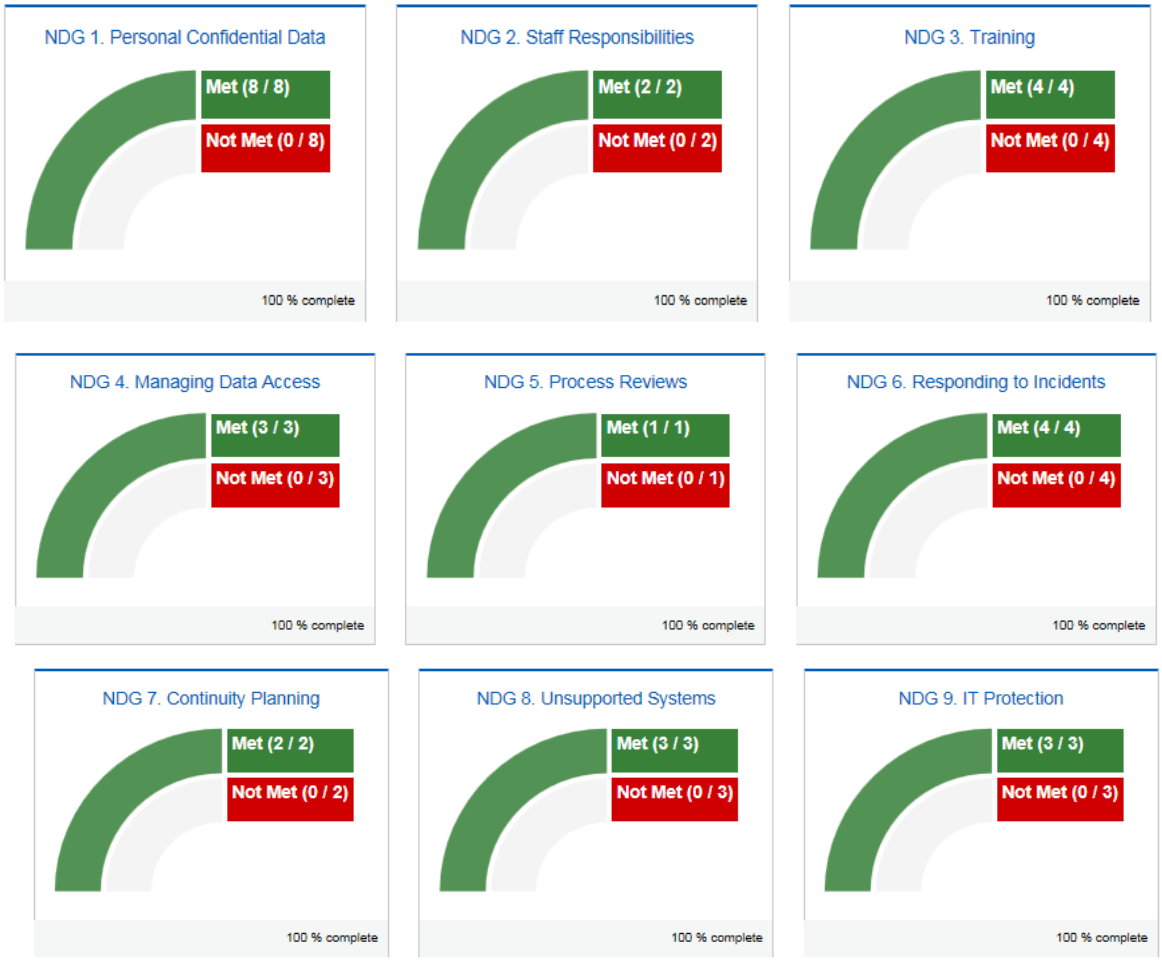
6.5.3 The Board is asked to note that a review of the evidence supplied WHC's IT service provider has resulted in an IT security improvement plan for 2019-20 being created and submitted to NHS Digital for review. Compliance with the improvement plan is monitored by the IG POG via regular performance reports. Areas of particular concern may be escalated to WHC's Executive Committee for consideration.

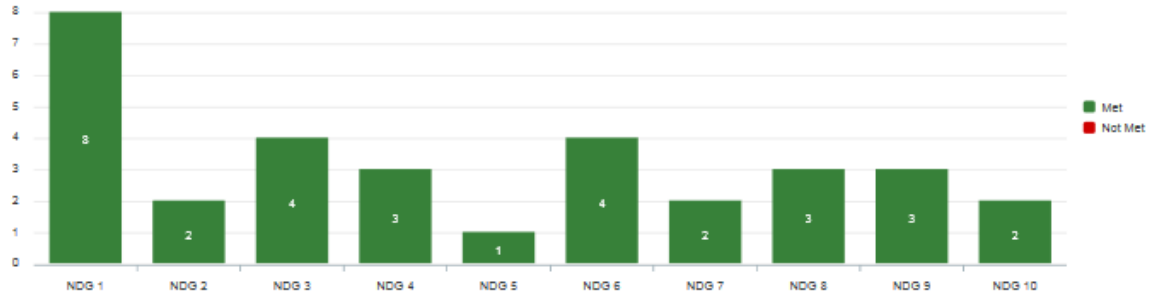
6.5.4 Areas of weakness identified include:

- Legacy systems
- Security patching
- On and off boarding of staff
- Internal IT security training
- Full deployment of Advance Threat Protection (ATP)
- The creation of a home and mobile working procedures
- Updating the removable media controls procedure

6.5.5 Please refer to **Tab 3: GWH IT Improvement plan Appendix A.**

Image 1: DSPT Dashboard: 28.03.2019: submitted by June Foster, Business Manager.





NDG 1 - Personal Confidential Data
NDG 2 - Staff Responsibilities
NDG 3 - Training
NDG 4 - Managing Data Access
NDG 5 - Process Reviews
NDG 6 - Responding to Incidents
NDG 7 - Continuity Planning
NDG 8 - Unsupported Systems
NDG 9 - IT Protection
NDG 10 - Accountable Suppliers

7.0 Tasks of a DPO conducted between April 2019-March 2020

7.1 GDPR, IG and Cyber Security Training

7.1.1 WHC has adopted an amended version of Salisbury NHS Foundation Trust's GDPR and Cyber Security awareness training which comprises of the following modules listed in **Table 4** below:

Table 4: 2018-19 GDPR, IG and Cyber Security Training Content

No	Module
1	Introduction to Data Security Awareness
2	Introduction to the Law
3	Avoiding threats to data security
4	Breaches and incidents

7.2 WHC Employee Mandatory Training Compliance

7.2.1 The current compliance levels relating to the GDPR and Cyber Security Mandatory training, as of the end of February 2019, confirmed that **81%** of employees had successfully completed their training, whilst **11 out of 49 teams are at 100%.**

7.2.2 IG training compliance is overseen and performance managed via the IG POG members who take ownership of the IG Training compliance across the organisation to continually improve compliance.

7.3 WHC Board Compliance

7.3.1 There is a new requirement to report on the level of compliance with GDPR and Cyber Security mandatory training which stand at 90% of the board.

7.3.1.1 **Information Asset Management Training**

7.3.1.2 During February 2019, WHC commenced a programme of work to train the Information Asset Administrators (IAA). This half day course provides a basic overview of what information assets are, and their roles and responsibilities as an IAA. During the course, delegates are guided through how to assess risk, threats, and hazards and how to mitigate them. Delegates also receive a comprehensive asset management handbook, which is further supported by template documents in the form of programmed spreadsheets. They are also made aware of WHC's data breach management procedures and briefed on when, why and how to use a Data Protection Impact Assessment (DPIA) to identify and proactively manage privacy and security risks.

7.3.1.3 100 information assets are listed on WHC's System Asset Register. The course also includes, data flow management, conducting an information audit, where to find help, support, advice and guidance.

7.3.1.4 Four courses have been held between February and April 2019. The remaining IAAs will receive training prior to the 31st March 2020.

7.4 Openness, Transparency and Accountability

7.4.1 WHC's Fair Processing Notice and patient leaflets have been updated on the website to reflect the requirements of GDPR in order to ensure that patients, employees and suppliers are clear about the purpose for which their data is collected, stored, used, shared and destroyed.

7.5 Policies, Procedures and Advice and Guidance

7.5.1 Policies

7.5.1.1 In October 2018, the IG POG took the opportunity to introduce a single IG policy and Framework. This framework sets out the strategic IG agenda for WHC. It relies upon on a risk-based approach to information management, ownership of which is supported by a strong managerial escalation and reporting framework to the Executive Committee.

7.5.1.2 The Information Governance Framework describes WHC's approach to implementing integrated processes, policies and procedures to ensure the security, integrity, availability and confidentiality of personal and corporate information within the information's lifecycle. It also brings together the national framework and standards that bring all statutory, mandatory and best practice requirements concerning information management.

7.5.1.3 Good quality information underpins sound decision making at every level of healthcare and, most importantly, contributes to the improvement of outcomes for the patient. Penalties for failure to comply with laws and regulations on information handling continue to increase. Therefore, WHC is making certain that it has a strategic framework to bring together all of the requirements, standards and best practice that apply to the handling of personal information.

7.6 Procedures

7.6.1 Supporting standard operating procedures (SOPs) have been developed to support the IG Policy and framework to provide employees with step-by-step instructions that act as guidelines for employee work processes. **Table 5** below details of the categories of the SOPs.

Table 5: IG Supporting SOPs by category:

Access to Healthcare Information	Access to Information	Corporate Records
Corporate Records Management	Data Protection, Confidentiality and Security	Freedom of Information
Healthcare Records	Healthcare Records Management	Information Asset Managment & Security
Information Sharing Procedures	Information Sharing to Support the Sustainability & Transformation Programme (STP)	Investigations

7.7 Advice and Guidance

7.7.1 Between April 2018, and March 2019, the IG department has responded to 214 requests for advice and guidance from WHC. These queries have included, but are not limited to:

- GDPR contract compliance
- Release of information to patient's relative
- Inappropriate access to data
- Sharing of information by email with patients
- Access to a patient's record by a prospective care home provider
- Patient consent to share
- Risk management Transition from GWH's Ulysses to WH&C hosted Datix risk management system
- Deceased medical notes storage, retention and destruction

7.8 Guidance Legislative and Regulative Updates

7.8.1 The DPO regularly updates the IG POG on issues raised at the regional national Wessex and Hampshire IG Managers Forum, and the national Strategic Information Governance Network (SIGN).

7.8.2 WHC's DPO continually reviews and collates IG, data security and legislative changes. This is accompanied by the sharing of a weekly roundup of IG, GDPR and security cases, articles and press releases, to promote greater awareness of GDPR and security risks, weaknesses, potential concerns and shared learning. A flavour of which are listed below for noting and interest purposes:

- London ambulance staff to be given real-time access to patient data (Digital Health News, 23/04/2019)
- Millions using 123456 as password, security study finds (BBC News, 21/04/2019)
- Morrisons granted permission to take appeal over staff data breach pay-out to Supreme Court (Computing, 17/04/2019)
- Bounty UK fined £400,000 for sharing personal data unlawfully (ICO Website, 12/04/2019)
- Brexit: Home Office sorry for EU citizen data breach (BBC News, 11/04/2019)
- Thousands of patient files left in Westbury House Nursing Home (BBC News, 10/04/2019)
- ICO fines production company £120,000 for unlawful filming in maternity clinic (ICO Website, 10/04/2019)
- Former NHS manager fined for sending personal data to her email account (ICO Website, 05/04/2019)
- Council data leak leaves couple who adopted abused children living in fear (Examiner Live, 03/04/2019)
- Lost staff cards and illegal x-ray access - the problems with data security at our hospitals (Teesside Live, 02/04/2019)
- NHS data is a hot topic in healthcare – but it can cause problems for GPs (Compelo, 02/04/2019)
- Iran conducted 'major cyber assault' on key UK infrastructure (Sky News, 03/04/2019)
- Mark Zuckerberg asks governments to help control internet content (BBC News, 30/03/2019)
- IBM used Flickr photos for facial-recognition project (BBC News, 13/03/2019)

7.9 Data Protection Impact Assessments

7.9.1 A Data Protection Impact Assessment (DPIA) is a process to help an organisation identify and minimise the data protection risks of a project, especially for processing, that is likely to result in a high risk to individuals. To assess the level of risk, both the likelihood and the severity of any impact on individuals must be considered. High risk could result from either a high probability of some harm, or a lower possibility of serious harm. It is also good practice to do a DPIA for any other major project which requires the processing of personal data, sometimes this is a mandatory data protection requirement.

The DPIA must:

- Describe the nature, scope, context and purposes of the processing;
- Assess necessity, proportionality and compliance measures;
- Identify and assess risks to individuals;
- Identify any additional measures to mitigate those risks.

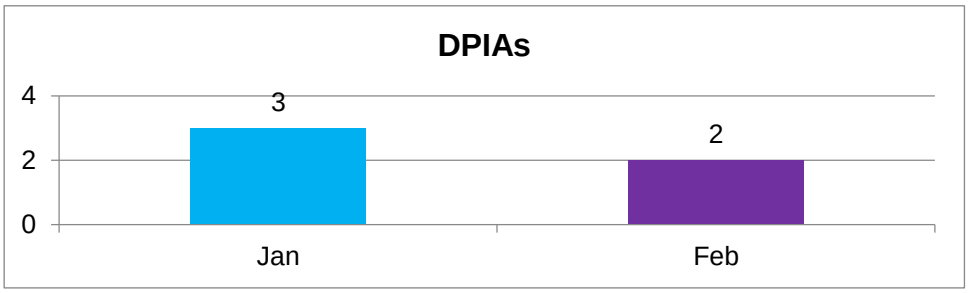
7.9.2 At WHC we work closely with suppliers and colleagues across WHC to ensure that this GDPR obligation is carried out, recorded and regularly reviewed.

7.9.3 **Table 5** and **Chart 1** below provide a summary of the five DPIAs, the purpose for their creation, and the overseeing department, carried out since 25th May 2018 when this became a data protection requirement.

Table 5: Data Protection Impact Assessments (DPIAs) 2018-19

Date	Department	Reason for DPIA
unknown	Physiotherapy	Referral management system
20/01/2019	IT / Diabetes	Collaboration tools
30/01/2019	HSFS / Community teams	Lone worker app
05/02/2019	Head of Diabetes	Oviva
Pending	Corporate	Datix

Chart 1: Data Protection Impact Assessment Chart 2018-19



7.9.4 A full list of ratified DPIAs over the preceding 12 months appears on WHC's website which helps fulfil the ICO guidance to ensure transparency in the sharing of Data Subjects' information: http://wiltshirehealthandcare.nhs.uk/lists-and-registers

7.10 Subject Access Requests (SARs)

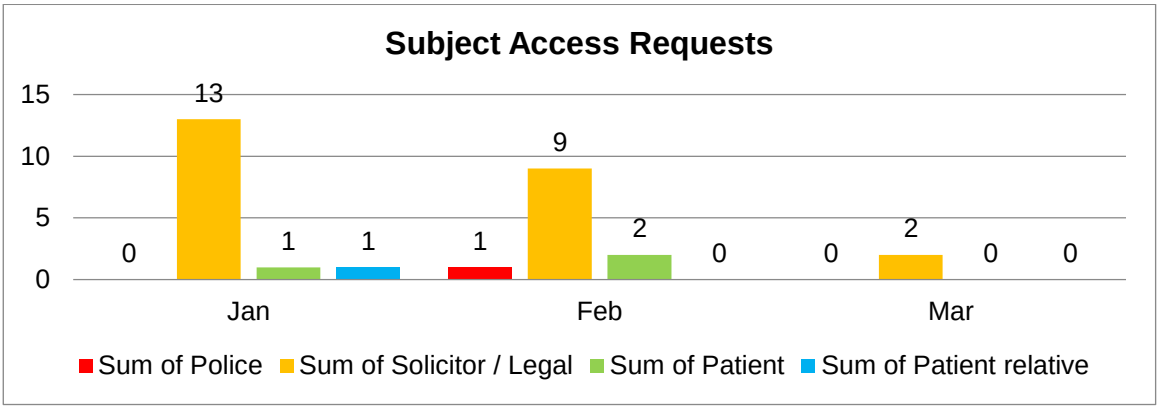
7.10.1 WHC have typically received a high volume of subject access requests (SARs). These largely derive from solicitors, patients and their relatives requesting copies of their personal data. The £10 fee which we could levy under the previous legislation was removed. We have seen a rapid increase in the number of requests we receive, partly due to the fee's removal.

Table 5 and **Chart 2** below display the number of subject access requests received by WH&C between 1st January 2019 and 31st March 2019

Table 5: Subject access request by type 2019

Month	Police	Solicitor / Legal	Patient	Patient relative	Total
January	0	13	1	1	**15**
February	1	9	2	0	**12**
March	0	2	0	0	**2**
Total	1	24	3	1	**29**

Chart 2: Subject access requests type by month



7.10.2 The GDPR also reduced our statutory response time for SARs from 40 calendar days to one calendar month. It has proved challenging to manage both the increased volumes, and the reduced compliance period.

7.10.3 WHC's subject access compliance with the statutory 30 calendar day time frame will continue to be monitored by the IG POG.

7.11 Security breaches

7.11.1 The GDPR introduced a high-profile range of duties in respect of information security breaches, including a statutory reporting regime and a Europe-wide civil penalty structure, with a much publicised maximum fine of €20m.

7.11.2 WHC revised its internal processes and procedures in line with the requirements of GDPR and the NIS regulations. During 2018-19 WHC self-reported one incident to the ICO concerning a member of staff accessing details of another employee, without authorisation; access to the file was outside of the remit of the staff member concerned. This person no longer works for WHC.

7.12. Review of Personal Data Flows

7.12.1 In order for WHC to meet the requirements of GDPR it is necessary not only for the organisation to record all information assets containing personal data, the sensitivity of the categories of data held, and the security surrounding it, but ensure internal and external data flows are mapped and legally permissible and compliant with GDPR, the common law duty of confidentiality, Human Rights Act 1998.

7.12.2 This year, WHC has reviewed all previously recorded data flows in line with regulatory compliance. However, it is recognised that additional work is required to go out to all areas of the organisation to review and update their records.

8.0 2019-20 Work Programme

8.1 In order to fully comply with the requirements of GDPR and the DSPT the following activities require completion:

- Audit of all records held by WHC in paper and electronic format (file structures)
- Audit of assets on WHC register
- Site wide confidentiality and data protection audits

- Training and awareness for managers,: Your roles and responsibilities for IG
- Review of all internal and external data flows
- Review of contract compliance in preparation for the UK leaving the EU
- Implementation of a procedure to systematically record the destruction of records across the organisation
- Implementation of the National data Guardian Opt Out initiative by 31st March 2020

9.0 Forward Planning

9.1 e-Privacy Regulation

During the course of 2019-20 WH&C will continue to monitor the development and intended implementation of the EU's e-privacy regulation. The e–regulation will apply to any organisation that provides any form of online communication service, uses online tracking technologies, or engages in electronic direct marketing. Whilst WHC does not direct market, we need to make sure that our activities are compliant. This regulation will eventually replace the Privacy and Electronic Communications Directive, 2002 and be regulated by the privacy regulator, the ICO.

9.2 Brexit

We will also continue to monitor Brexit developments. The UK will no longer be subject to the GDPR outside the EU, however, the UK government has committed to full alignment with the GDPR. We will commence an analysis of potential risks arising from Brexit in relation to our processing of personal data and we do not foresee any immediate challenges. Where necessary, appropriate contract clause amendments will be drafted and issued to service providers to ensure future, and exiting, flows of data will continue unhindered.

10. Summary

10.1 In summary the members of the Board are asked to note:

- The considerable achievement the IG POG has made in attaining the level required of the 2019-20 DSPT.
- That the tasks and activities of the data protection officer have been appropriately exercised and, when required, advice sought by the organisation.
- WHC have successfully implemented the minimum requirements of the both GDPR and the NIS regulations.
- That WHC's IT service provider has developed a security plan which will be performance managed via regular compliance reports to the IG POG.
- That WHC experienced one information security breach within the financial year which required formal notification to the Information Commissioner's Office.

11. Recommendations

11.1 That the Members note the contents of the report and appendixes.

Heidi Doubtfire-Lynn
Data Protection Officer Wiltshire Health and Care

[i] https://www.cqc.org.uk/guidance-providers/healthcare/management-information-healthcare-services

Wiltshire Health and Care Board	**For discussion**
Subject:	**Wiltshire Health and Care Risk Management Report**
Date of Report:	**16 April 2019**
Author:	**Tom Blowers, Risk and Complaints Manager**
	Katherine Hamilton Jennings, Company Secretary

1. Purpose

This paper sets out:

A. WHC risk summary profile - *for information*

B. 15+ risks on the risk register, and movement of 15+ risks during the reporting period (Q4, 18/19) – *for noting*

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

D. 12+ risks - *for information*

2. Recommendation

The Board is asked to:

a) Note the position with regards to WHC's 15+ risks (presently none), and confirm that it is satisfied that WHC's key risks are being appropriately managed.

1. WHC risk summary profile - *for information*

Risk profile (as at end of Q4 18/19)

Risk profile		End of Q3 18/19	End of Q4 18/19
Total open risks on WHC Risk Register (as at end of Q4 18/19)		56	59
"Accepted" open risk on the WHC Risk Register (as at end of Q4 18/19)		6	9
"Live" open risks on the WHC Risk Register (as at end of Q4 18/19)[1]		50	50

Risk scoring profile for WHC's "live" risks (as at end of Q4 18/19)

Profile of live risks open as at 26 April 2019						Total: 50
Net Risk = Impact x Likelihood						
Impact						
5	Catastrophic	5	10 **1**	15	20	25
4	Major	4	8 **7**	12 **6**	16	20
3	Moderate	3	6 **6**	9 **18**	12 **2**	15
2	Minor	2	4 **1**	6 **6**	8 **3**	10 **1**
1	Negligible	1	2	3	4	5
	Likelihood	Rare	Unlikely	Possible	Likely	Certain
		1	2	3	4	5

Or, as presented in a linear manner:

Risk scoring profile of live risks open as at 26 April 2019														
1	2	3	4	5	6	8	9	10	12	15	16	20	25	Total
0	0	0	1	0	12	10	18	1	8	0	0	0	0	50

New Risks (added in Q4 18/19)

In Q4 18/19, **FIVE** new risks were added to the WHC Risk Register:

Risk scoring profile of new risks added in Q4 18/19														
1	2	3	4	5	6	8	9	10	12	15	16	20	25	Total
0	0	0	0	0	1	0	2	0	1	0	0	0	0	5

Risk theme profile of new risks added in Q4 18/19 (total 5)							
Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance	Total
0	1	0	0	0	3	1	5

[1] I.e. risks with outstanding actions to mitigate.

Closed Risks (closed in Q4 18/19)

In Q4 18/19, **FOUR** risks were closed.

Risks closed	Risk score 15+?
Risk number: 34	No.
Risk number: 50	Yes – see below.
Risk number: 53	No
Risk number: 54	No.

Accepted Risks (as at end of Q4 18/19)

Summary of accepted risks on the register (9 in total)

Risk No	Root cause of risk	Impact	Likeli-hood	Total risk score
8	Under reporting of incidents	3	2	**6**
9	Staff not following Duty of Candour process	3	2	**6**
12	Clinical Audits not being undertaken	2	3	**6**
13	Clinical team are not reviewing nice guidelines	2	3	**6**
14	Patients continue to smoke whilst using oxygen therapy	3	2	**6**
16	Identification of safeguarding concerns in MIU's	2	3	**6**
30	Lack of suitable equipment to support wheelchair engineering	3	2	**6**
35	Housekeeping around locking computers	3	3	**9**
58	Clinical policies are out of date	4	2	**8**

Risk scoring profile for accepted risks as at the end of Q4 18/19														
1	2	3	4	5	6	8	9	10	12	15	16	20	25	Total
0	0	0	0	0	7	1	1	0	0	0	0	0	0	9

Risk theme profile for accepted risks as at end of Q4 18/19								
Number of risks	Operational	Workforce	ICT Infrastructure	Infrastructure	Financial	Quality	Governance	Total
	1	0	0	0	0	6	2	9
Combined risk score[2]	6	0	0	0	0	36	17	59

Top risks by organisational category

Risks on the WHC Risk Register fall into 7 organisational categories.

1. Operational
2. Workforce
3. ICT infrastructure
4. Infrastructure (physical infrastructure)
5. Financial
6. Quality
7. Governance

[2] I.. number of risks multiplied by their risk score.

Aligning risk to these areas enables linking to our delivery goals set out in the organisational business plan.

Our delivery goals						
Implementing a new model of care in line with the NHS Long Term Plan, breaking down the barriers between primary and community care	Developing our People Including our *Safer Staffing Programme*	Supporting our patients and services with good IT	Supporting our patients and staff with physical infrastructure that better meets need	Providing services in an efficient and sustainable way	Ensuring everything we do has a quality focus	Involving and engaging our patients and the public in developing our services
(1) Operational	(2) Workforce	(3) ICT Infrastructure	(4) Infrastructure	(5) Financial	(6) Quality ⟷	
(7) Governance						

Organisational risk summary profile			
Category	Combined risk score	Number of risks associated.	Average risk score per category
1. Operational	119	12	10
2. Workforce	44	5	9
3. ICT Infrastructure	29	4	9
4. Infrastructure	60	8	10
5. Financial	53	5	11
6. Quality	104	13	9
7. Governance	33	3	11

2. 15+ risks on the risk register, and movement of 15+ risks during the reporting period (Q4, 18/19) – *for noting*

Approach to managing 15+ risks

15+ risks on the register must be reviewed monthly (as a minimum), by the Executive Lead, and changes recorded on the WHC Risk Register.

Any new risks scoring 15+, which are identified during the quarter, will be notified to the Board following discussion by the Executive team.

15+ Risks (as at end of Q4, 18/19)

As at the end of Q4 18/19, WHC has **ZERO** 15+ risks on its Risk Register.

Risk profile		End of Q3 18/19	End of Q4 18/19
15+ risks on the WHC Risk Register		4	0

Risk movement of 15 + risks (during Q4, 18/19)

During Q4 18/19, no risks have **escalated** to a risk score of 15+.

During Q4 18/19, no **newly added** risks score 15+.

Since the report for Q3 18/19, **FOUR** 15+ risks have been reduced to a lower score, or closed.

#	Risk		Q3 score	Q4 score	Narrative
33	Day to day running of the organisation compromised by poor network connectivity, impacting productivity and causing delays in the provision of care, in turn, impacting patient experience/ quality of care, and potentially causing patient harm.	↓	15	9	• The area of highest concern (Chippenham Community Hospital), as of April 2019, has a new network line. This has greatly reduced/ eliminated connectivity issues at this site. • The severity of the connectivity issue at other sites was far lower, and plans are in place to install new HSCN lines at these sites in Q1 of 19/20. In the interim, mitigating actions such as "hot spotting" from mobile telephone devices and working in alternative locations are well publicised and being implemented.
50	Financial pressure from shortfall in estates budget	↓	16	**Risk closed**	• WHC has now concluded its discussions with Wiltshire CCG in relation to historic estates funding, and the finances for WHC for 19/20 can be balanced in light of this position. As the element of the unknown is no longer applicable, and WHC will not suffer an unmanageable financial pressure after taking into account estates funding, this no longer presents a risk.

51	Currently GWH provide soft FM services. However, GWH had indicated that it no longer wished to carry out this service and might serve notice. This could result in a gap in catering, cleaning, reception, and medical record services. As a consequence, WHC may be unable to put in place alternative provision to enable continuous provision of these services - resulting in an inability to feed patients, clean clinics, etc.	↓	16	9	• With the passing of time, WHC has had longer to consider the options available to it, were GWH to give notice on soft FM provision. As a result it is considered that if notice were to be given, sufficient alternative provisions could be put in place so that the likelihood of this risk manifesting is now thought to be lower.
64	Risk of serious or high volume patient harm if current behaviours regarding attitude of staff and clinical competency in MIU do not improve.	↓	16	9	• At the start of Q4, WHC recruited an interim Head of Operations for MIU and CTPLD, who carried out a thorough review of behaviours and practices within our MIUs immediately. This review has been shared with WHC's Quality Assurance Committee. A comprehensive action plan to address concerns is currently being implemented. This includes putting in place enhanced rigour around supervision of clinical staff. As a result of these actions, it is considered that the likelihood of this risk manifesting is now lower, and thus this risk rating has been reduced.

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

Update on the interim arrangements for risk management

The interim arrangements for managing risk have been beneficial in supporting to design the Enterprise Risk Management System (ERM System) that will be launched on DATIX. However, the interim arrangements have also hampered less senior staff in accessing the risk register and updating risks. The implementation of the ERM will address this issue.

This has been supported as much as possible by the Risk and Complaints Manager, and through Operational Performance and Planning meetings, and the Risk and Complaints Manager has reprioritised much of his time to support this issue in a planned manner as it was anticipated as part of the planning exercise to adopt these interim arrangements. This has been manageable in the short term, but the move to DATIX in May 2019 is warmly welcomed.

Implementation of the ERM on DATIX

Due to issues during the initial building of the DATIX database, there has been a short delay in implementing the risk management system (initially planned for April 2019, but now July 2019).

The timescale for implementation is as follows:

Date	Action
10 May 2019	• Risk and Complaints Manager and Quality Data Analyst to complete the build of ERM system structure into DATIX.
15 May 2019	• Initial roll out of DATIX ERM pilot in MIU.
14 June 2019	• Key staff members receive further training in Risk Management Framework and DATIX ERM system.
1 July 2019	• Full roll out of ERM system across organisation.

A further presentation of the ERM system capabilities on DATIX was given to WHC by the DATIX development team on 15 April 2019

The risk management system will accommodate the risk management framework. Key capabilities are:

- The ability to host a risk register profile for each team across the organisation.
- The ability to host risk registers profiles split into the 4 hierarchal risk areas:
    - 15+ Exec and Board
    - 12+ Exec co
    - 8+ Managers/HOS
    - 1+ Team leads/equivalents

The ERM System will also be able to link to WHC's Board Assurance Framework, and our organisational delivery goals. This will enable risks to be associated to the objectives relevant to these items, and support senior managers in understanding the level of risk facing the organisation strategically and operationally.

4. 12+ Risks- *for information*

12+ 12+ Risks (as at the end of Q4 18/19)

	Risk No.	Issue/ root cause giving rise to the risk	Theme of the root cause of the risk	Risks	Risk status (Action required/ Accepted/ Closed)	Impact	Likelihood	Risk Score (Current)	Target Impact	Target Likelihood	Target risk score (L x I)
1.	**31**	**Lack of capital funding.**	**Finance**	**Financial -** There is a risk that WHC will not be sustainable long term due to lack of finance to invest in capital items. **Service Quality** - A lack of available funding to purchase capital items (IT infrastructure, beds, expensive equipment), may mean that WHC needs to rely on equipment that does not meet current standards/clinical need - resulting in a poor (and possibly harmful) patient experience. **Legal/ Regulatory -** Reliance on equipment that does not meet current standards/clinical need increases the risk of breach of safety standards and/or avoidable harm - resulting in civil claims being brought against WHC. **Reputational -** The impact of the above may result in negative press/ poor public perception**.** **Health, Safety, Fire, and Security - R**eliance on equipment that does not meet current standard increases the risk of breach of safety standards - resulting in fines/ prosecution.	**Action required**	**4 - Major**	**3 – Possible**	**12**	**2 - Minor**	**4 - Major**	**8**
2.	**37**	**Cyber security preparedness** As one of WHC's partners (GWH) provides our IT network; WHC does not have operational control over the implementation of cyber security measures. To date, WHC has not received assurance that certain measures are in place to ensure the security of WHC's information in line with regulatory requirements.	**Infrastructure**	**Service Quality -** A cyber security breach could lead to loss of functional ICT systems to support the provision of WHC's clinical services, which could cause patients to miss or received delayed treatment. This could also impact on the quality of the treatment received by patients, or cause errors in care. This may mean that poor quality care is delivered. **Legal/ Regulatory -** Cyber security breaches could result in sanctions/ fines from the ICO. **Reputational -** Loss of public confidence.	**Action required**	**4 - Major**	**3 – Possible**	**12**	**1 - Negligible**	**4 - Major**	**4**

3.	**45**	**Community team staffing shortages** Unable to deliver safe and effective care due to a lack of staff. .	**Operations**	**Service Quality -** Gaps in staffing within the community teams could impact patient care in that patients are not seen in a timely manner/ unsafe care is provided. This could result in patient complaints, and potentially litigation. **Legal/ Regulatory -** The above could result in an increase in incidents/ patient complaints, and potentially litigation. This could also result in WHC being unable to fulfil its contractual obligations. **Health, Safety, Fire, and Security -** A lack of staffing will increase the burden on other team members, which could potentially result in increased feelings of stress felt by team members. This in turn, could impact on retention.	**Action required**	**3 - Moderate**	**4 – Likely**	**12**	**2 - Minor**	**3 - Moderate**	**6**
4.	**48**	**Finite financial systems resource from partners** Reliance on finite financial systems resource from our partner (RUH) due to lack of in-house expertise at WHC, has delayed the WHC reporting module. This current situation is putting pressure on RUH's financial systems team, and both RUH and WHC finance teams. NB: WHC is accessing and consuming the Unit4 license on the RUH instance of system - not their own separate installation, which is causing some access issues.	**Finance**	**Financial -** Risk to WHC being able to complete its financial reporting in an efficient and effective way. **Legal/ Regulatory -** Risk of being able to evidence to our regulators that WHC is reporting in a robust manner.	**Action required**	**4 - Major**	**3 - Possible**	**12**	**2 - Minor**	**2 - Minor**	**4**
5.	**67**	**Data sharing by GP practices** Some GP Practices are not facilitating data sharing with WHC. As a result WHC staff cannot identify the past treatment of the patient, or their medication. This means that in an urgent situation, WHC staff cannot find out medical information about a patient, and need to act in an uninformed manner, which could result in sub-standard treatment, harm or death.	**Quality/ Governance**	**Service Quality -** High risk of patient harm.	**Action Required**	**4 - Major**	**3 - Possible**	**12**	**4 - Major**	**2 - Minor**	**8**
6.	**69**	**Medical Model for Ailesbury and Chestnut Unit.** Both units do not have a permanent consultant or permanent daily GP support. Mitigations are in place but the staff are not yet in post.	**Operations**	**Legal/Regulatory -** Noncompliance with CQC requirements **Service Quality -** Consistent delivery of care leading to; delayed transfers of care, delays in patient reviews and delivery of care. This could result in poor patient experience, (complaints, reputational damage, and litigation).	**Action Required**	**4 - Moderate**	**3 - Possible**	**12**	**1 - Negligible**	**1 - Negligible**	**1**

7.	**74**	**Ability to scrutinise internal/ external financial audit** Lack of Audit Committee The Members of the LLP (GWH, SFT, and RUH) have determined that they do not wish for WHC to appoint an additional board member. The implication of this is that WHC LLP does not have any independent people sat on its board with recent and relevant financial experience to provide challenge to financial audit material. In these circumstances, it has not been possible to convene an Audit Committee. The LLP is thus operating without comprehensive and independent board-level check and challenge to the findings of its auditors.	**Governance**	**Legal/ Regulatory –** This situation is not in line with regulatory best practice, and therefore our regulators could use this situation to inform a negative or unsatisfactory rating for our organisation under the Well Led domain. This could lead to higher and more burdensome levels of regulatory scrutiny. **Financial -** There is a risk that because the LLP is missing out on a layer of scrutiny that would otherwise be applied to the accounts of the business, the LLP might be operating in a way that doesn't maximise its financial potential.	**Action required**	**3 - Moderate**	**4 – Likely**	**12**	**3 - Moderate**	**0 - None**	**0**
8.	**75**	**Staffing on Chestnut unit** Chestnut ward is a therapy led unit. It currently has a therapy lead, (physiotherapist). However, currently has limited therapy staff in relation to the model that was formed during the transformation programme.	**Operational**	**Service Quality -** Limited therapy provision could increase patients length of stay, rehabilitation needs. This has the potential to lead to, increased complaints and incidents, reducing staff morale and reducing bed availability.	**Action required**	**3 - Moderate**	**4 - likely**	**12**	**1 - Negligible**	**2 - unlikely**	**2**

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 12

NHSI Oversight Segmentation

VERBAL

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care ("WHC")
Board Meeting

Item 13

Board Meeting Schedule

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Item 14

Any Other Business

VERBAL

Wiltshire Health and Care ("WHC")
Board Meeting

Date of Next Meeting

4th June 2019
10.00-12.30

NHS

Wiltshire
HEALTH AND CARE

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