

## AGENDA for a Meeting of the Board Part I - For Publication

<b>Venue:</b>	Training Room 1 - Chippenham Community Hospital
<b>Date:</b>	Tuesday 27th June 2017
<b>Time:</b>	10:00 – 11:30

<b>WHC Board Members</b>		
Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Chris Weiner	Clinical Director	CW
Annika Carroll	Head of Finance	AC
Sarah-Jane Peffers	Head of Quality	SJP
Cara Charles-Barks	SFT Board Representative	CC-B
Sarah Truelove	RUH Board Representative (from 11:00)	ST
Richard Barritt	Non Executive Member	RB
Celia Grummiitt	Non Executive Member	CG
Adibah Burch	Non Executive Member	AB
Kevin McNamara	GWH Board Representative	
<b>In Attendance</b>		
Karen Edmonds	Governance Advisor	KE
Tracy Marquiss	Senior Administrator	TM
Giles DeBurgh	Head of Resilience (for item 8 only)	GDB
Mrs Gaunt	Patient (for item 5.1 only)	
<b>Apologies</b>		
Hilary Walker	GWH Board Representative	HW

<b>Agenda Item</b>		<b>Lead</b>	<b>Paper</b>	<b>For Decision/ Information/ Approval</b>
<b>1</b>	<b>Welcome, Apologies and Declarations of Interest</b>	CB	Verbal	Noting
<b>2</b>	<b>Part I Minutes, Actions and Matters Arising</b>	CB	Attached	Approval
<b>3</b>	<b>Chair Report</b>	CB	Verbal	Noting
<b>4</b>	<b>MD Report</b>	DB	Verbal	Noting
<b>Scrutiny of Performance</b>				
<b>5</b>	<b>Quality and Safety</b>			
<b>5.1</b>	Patient story	Mrs. Gaunt	Verbal	Reflection
<b>5.2</b>	Quality, Finance and Performance Report	DB/CW/SJP/AC	Attached	Information
<b>6</b>	<b>Risk Registers</b>			
	<ul style="list-style-type: none"> <li>• Wiltshire Health and Care LLP Corporate Risk Register</li> <li>• Delivery Risks</li> </ul>	DB SJP	Attached	Discussion / Information

7	<b>Quality Account</b>	SJP	Attached	Approval
8	<b>EPPR - Overview and Assurance</b>	GDB	Verbal	Noting
9	<b>Health, Safety, Fire &amp; Security 2016/17 Review Health and Safety Statement of Commitment</b>	SJP	Attached	Noting Approval
10	<b>Financial Statements for the period ending 31.03.17</b>	DB	Attached	Noting
11	<b>Governance</b> - Register of Interests - Forward Plan - Mandatory Training	CAB/KE	Attached Attached Verbal	Approval
12	<b>Any Other Business</b>			
	<b>Date of Next Meeting:</b> Tuesday 25th July 2017 at 1000 - 1130 Training Room 1, Chippenham Community Hospital			

**Welcome, Apologies & Declarations of Interest**

**VERBAL ONLY**

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

<b>Venue:</b>	Training Room 1, Community Hospital
<b>Date:</b>	23 <sup>rd</sup> May 2017
<b>Time:</b>	1000-1130 hours

<b>WHC Board Members</b>		
Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Chris Weiner	Clinical Director	CW
Annika Carroll	Head of Finance	AC
Cara Charles-Barks	SFT Board Representative	CC-B
Francesca Thompson	RUH Deputy Board Representative	FT
Kevin McNamara	GWH Deputy Board Representative	KM
Sarah-Jane Peffers	Head of Quality	SJP
Richard Barritt	Non Executive Member	RB
Celia Grummitt	Non Executive Member	CG

<b>In Attendance</b>		
Karen Edmonds	Governance Advisor	KE
Tracy Marquiss	Senior Administrator	TM
Jane Lyndsay	Respiratory Team Lead (for item 3.1 only)	JL
<b>Apologies</b>		
Adibah Burch	Non Executive Member	AB
Hilary Walker	GWH Board Representative	HW
Sarah Truelove	RUH Board Representative	ST

<b>No.</b>	<b>Item</b>	<b>Action</b>
<b>1</b>	<p><b>Welcome, Apologies and Declarations of Interest</b></p> <p>CB welcomed everyone to the meeting and noted apologies received from AB, HW, and ST.</p> <p>There were no declarations of interest noted.</p> <p>The meeting expressed its condolences and thoughts for those victims and their families in Manchester following the terror attack.</p>	
<b>2</b>	<b>Minutes, Actions and Matters Arising</b>	

	<p>The minutes of the previous meeting, held on 25<sup>th</sup> April 2017, were agreed as a true and accurate record.</p> <p>The Board Action Tracker was reviewed and updated at the meeting. It was agreed that the Action Tracker should be clearer in identifying those actions for the Board separate from individual executive actions.</p> <p>As the LLP is now established and entering its first full financial year, the meeting discussed the website publication of non-confidential Board minutes, for openness and transparency, with effect from the April Board meeting.</p> <p>It was agreed that the Board's scrutiny business should be published on the website, including summary dashboard pages, and to avoid the use of acronyms in documentation to be published.</p> <p>CB informed the meeting that CC-B had been formally nominated as the SFT Member Board Representative, in place of LA who will then act as SFT Deputy Member Board Representative.</p> <p><b>In accordance with the terms of the Members Agreement, the Board approved the appointment of CC-B as the SFT Member Board Representative and LA as SFT Deputy Member Board Representative with immediate effect.</b></p> <p><b>As the SFT Deputy Member Board Representative left the last Board meeting early, CC-B (having received prior notification and relevant information) was asked to ratify the following matters:</b></p> <ul style="list-style-type: none"> <li>• <b>The formal approval of the appointment of Dr Adibah Burch as a Non Executive Member of the Board.</b></li> <li>• <b>The approval and adoption of the Policy Statements relating to Whistle Blowing and Equality and Diversity, subject to further development of an additional guardian.</b></li> </ul> <p><b>CC-B, following careful consideration, confirmed that these matters are agreed and ratified.</b></p>	
	<p><b>Scrutiny of LLP Performance</b></p>	
<p><b>3</b></p>	<p><b>Quality and Safety</b></p>	
<p><b>3.1</b></p>	<p><b>Patient Story</b>            JL, Respiratory Team Lead, was in attendance to bring a 'Patient Story' to the Board.</p> <p>JL described the staffing and services provided by the Respiratory Team and presented a patient story which illustrated the type of services being offered.</p> <p>A very astute male patient was suffering from a great deal of anxiety issues. JL looked into this to trouble shoot his requirements and to ensure appropriate medication, oxygen and other therapy services.</p> <p>The patient worked, at his home, with a dietician and a physiotherapist to</p>	

strengthen muscle tone. These home sessions are of paramount importance as staff are able to assess environment and local issues, such as pets and cleanliness, which may affect the patient.

Patients can access a six week PACE programme, which includes psychological support. The patient attended this programme and did not want to leave the programme as he enjoyed it so much and his wellbeing had improved as a result. The patient has now become a champion supporter of the programme.

JL stated that psychological support in relation to long term condition management was a key feature, but there was a limited availability.

The Board agreed that they would be happy to invite AWP to discuss closer working arrangements.

The Board agreed that anxiety issues make it much harder for patients to lead healthy, independent lives when living with a long term condition and it should be a priority through an accountable care system and a preventative approach to focus on how this can be managed

CB thanked JL for attending the meeting and providing this story to the Board.

*JL left the meeting.*

### 3.2 **Quality, Finance and Performance Report**

The meeting considered the Quality, Finance and Performance Report to provide an integrated overview of the main issues arising and to Advise, Alert or identify Actions to the Board relating to key issues, by exception.

Full dashboards were circulated to provide Board Members with the detailed information, if required.

CB welcomed the restructured report and requested feedback on the format. It was identified that this is helpful, in terms of ensuring Board focus and Board assurance, that this has been scrutinised at QAC and the Executive Committee in advance. It was also acknowledged that the new approach is driving quality performance.

The meeting considered the report and the following points were made:

- Following the appointment of a new Pharmacist, SJP is confident that the outstanding PGDs will be signed off.
- The dashboard shows that MSK locally commissioned level of waiting times are not being met. National waiting times are being met, so this is an issue of not meeting a contractual requirement and the potential reputational damage as a result. A new model for MSK services is being discussed with the CCG and this needed to include additional resources to keep pace with demand.
- the workforce indicators show that sickness absence is steadily increasing and this needs to be investigated to identify any themes such as stress related absence.

<p>3.3</p>	<ul style="list-style-type: none"> <li>• There was a question as to why the DToC level had not been included as an alert. DB explained that, in putting the report together, the focus had been on alerts for newly emerging issues, rather than issues which were ongoing but had previously been flagged to the Board.</li> <li>• CC-B asked whether the growth of 64% for community neurology specialists was real. DB explained that the Executive Committee had examined this in detail and the analysis in the dashboard helped to show that this high percentage was related to changes in reporting practice with the implementation of SystemOne.</li> </ul> <p><b>The Board agreed the format of the revised report and expressed its gratitude for the developments in the reporting. The contents of the report were noted.</b></p> <p><b>CQC Inspection and Update</b> SJP provided an update on the CQC Inspection preparation and reiterated that WHC are being inspected as an independent provider between 27th and 29<sup>th</sup> June.</p> <p>SJP briefed the meeting on the following:</p> <ul style="list-style-type: none"> <li>• Alison Giles will be the Lead Inspector. It is anticipated that 21 inspectors will inspect us on the four frameworks.</li> <li>• Local inspections have been undertaken across priority services and teams are prepared and confident.</li> <li>• Support is now in place to assist with communications for one day per week.</li> <li>• CQC wish to interview CB, DB, CW and 2 Non Executive Members.</li> <li>• There have been two Provider Information Requests. Further Requests are not anticipated until the start of the inspection.</li> </ul> <p><b>The meeting noted the update.</b></p>	
<p>4</p>	<p><b>Risk Registers</b></p> <ul style="list-style-type: none"> <li>• <b>Wiltshire Health and Care LLP Corporate Risk Register</b></li> <li>• <b>Delivery Risks</b></li> </ul> <p>DB presented the Risk Registers and highlighted that work is ongoing to develop the detail and scoring in the Delivery Risks which will be assisted by the Quality Dashboard.</p> <p>It was noted that Reputational risks remain largely unchanged. Delays to Board appointments are no longer relevant and this risk will be closed.</p> <p>CC-B enquired about the Board risk appetite and the applicability of the GWH Risk Management Strategy. DB confirmed that the Board risk tolerance is agreed at level 12 and above for operational service risks (subject to ongoing</p>	

	<p>review) and that Board focus is on key risks. SJP explained that the operational risks within the delivery arm were covered by the GWH Risk Management Strategy.</p> <p>It was noted that scoring needs to be more consistent as perception of risk changes within different organisations and it was felt that the development of the partnership will assist this.</p>	
<b>5</b>	<p><b>Governance</b></p> <p><u>Register of Interests</u> KE tabled a draft Register of Interests of Board Members for information and requested details of outstanding interests for recording. It was agreed that the final Register would be tabled at the next Board meeting.</p> <p><u>Retention of Documents</u> KE informed the meeting of the IG requirement to retain all Board documentation for a period of twenty years in accordance with relevant statutory requirements.</p> <p><u>Audit and Assurance Committee Chair</u> CB informed the meeting that, in light of the experience required and potential conflicts of interest, she is looking into appointing an Independent Chair of the Audit and Assurance Committee.</p> <p>CC-B suggested that it might be possible to ask an appropriate qualified Non-Executive Director from one of the member organisations to fulfil this role and agreed to discuss this with CB and DB outside of the meeting.</p>	<b>CC-B/ CB/DB</b>
<b>6</b>	<p><b>Any Other Business</b></p> <p>There being no further business, the meeting then closed.</p>	
	<p><b>Date of Next Meeting:</b></p> <p>Tuesday 27<sup>th</sup> June 2017 at 1000 hours Training Room 1, Chippenham Community Hospital.</p>	

**SIGNED by the CHAIR**

**BOARD  
Part I - Public  
ACTION TRACKER**

<b>MEETING</b>	<b>ACTION</b>	<b>LEAD</b>	<b>DUE</b>	<b>UPDATE</b>	<b>DATE</b>
25.04.17	Issue Official Letter of Appointment to KPMG.	DB	30.04.17	Complete	30.04.17
25.04.17	Primary Care - link with WHC review.	DB	27.06.17	Incl AB, CG, RB and CB	
23.05.17	Liaise re independent Audit and Assurance Committee Chair	CC-B/ CB/DB	27.06.17		

## **Chair Report**

**VERBAL ONLY**

**MD Report**  
**VERBAL ONLY**

**Patient Story**

**VERBAL ONLY**

**Wiltshire Health and Care Board**

**For information**

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

**Date of Meeting: 27 June 2017**

**Author: Victoria Hamilton/ Annika Carroll/ Sarah-Jane Peffers**

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

**ADVISE**

- **Incidents** This month has seen a reduction in the number of incidents (24) with an impact score of 4 and above (33 in March 2017). However, this is higher than expected. The Quality Governance Officer for WHC will have a focused approach to ensure the impact scores reflect the actual level of harm. This will support better completion of the 3 stages of the duty of candour. 2 SIRIs in month; fracture (Cedar ward) and PE (Longleat ward)
- **Duty of Candour.** The 3 stage targets show a decline in month, this will be closely monitored along with incident reporting.
- **Data quality and IT issues related to complaints/ concerns.** The actual number of complaints in month = 3 and number closed in month = 2. The response compliance does reflect the current position and this is due to an IT issue with Icasework (the complaints system), which has not alerted the appropriate staff. This has been logged with IT and a manual 'work around' is in place in the meantime.
- **Sickness rate = 4.54%** (3.5% target). There are currently 17 people on long-term sick, an increase of 1 person in month. On average it is taking 107 days to support an individual back to work, compared to 70 days at this point last year. Exec Co have agreed to scoping improvements to Occupational Health services. Improving picture for Short term sickness, in month 1.08%.
- **Data quality issues on vacancy levels.** Vacancy figures are not included in the dashboard (hence showing 0%) as there is currently data quality issues in ESR, this is expected to resolve in the next 2 months, therefore more reliable data is expected in

	<p>June 2017 report. Alternative data sources from the recruitment approval process are being used to monitor workforce in the meantime.</p> <ul style="list-style-type: none"> <li>• <b>Turnover</b> has decreased slightly in month (17.64%) but still remains above the 13% target. April's data also includes a TUPE process which included transfer of 17 dietetic staff to RUH. 3 hotspot areas in April are Trowbridge MIU, City Community Team and Wiltshire Orthopaedic Network service. The team/ unit managers are being supported by HR to review current processes. Turnover is an identified risk (1786).</li> <li>• <b>Improved mandatory training compliance</b> at 88%, this still remains below the target of 95%. This CCG-set target is, however, impossible to achieve after staff who are on sick leave (c4%) and maternity leave (c3%) are taken into account. Additional mandatory training modules added in May 2017 will show as non-compliant in the figures from next month, negatively impacting compliance rates.</li> <li>• <b>Significant operational pressures</b> are being experience in the teams/ wards due to demand, sickness and vacancies. Daily actions are taken to ensure safe patient care. This includes the movement of staff where necessary. Recovery plans are in place and/or being formalised in the following areas: Salisbury City, Wilton, Ailesbury ward and MIUs</li> <li>• <b>Expansion of quality dashboard.</b> Frailty and dementia are new indicators included in the dashboard from April 2017</li> </ul>
<p><b>ALERT</b> (completed alert template to be completed for each issue)</p>	<p>Increased number of falls in two consecutive months in in-patient ward areas.</p>
<p><b>ACTION</b> (where issue cannot be described succinctly in this box, separate Board paper for decision to be attached)</p>	<p>There are no issues on arising from quality on which the Board need to take action</p>

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

<p><b>ADVISE</b></p>	<ul style="list-style-type: none"> <li>• <b>MSK waiting times</b> continue to be below the locally commissioned target level. The outpatient physiotherapy service continues to perform well within national 18 week targets. (In line with the alert to Board in May, there will be a report back in July on progress made with CCG on new model of care).</li> <li>• <b>Performance on Continuing Health Care and Funded Nursing Care assessments and reviews</b> continues to be below expected levels. There are significant operational challenges relating to the complexity of the process. A review meeting is being set up with the CCG to examine streamlining the process.</li> </ul>
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<b>ALERT</b>	There are no alerts to be raised on performance this month.
<b>ACTION</b>	There are no issues on arising from performance on which the Board need to take action.

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

<b>ADVISE</b>	<ul style="list-style-type: none"> <li>• <b>Costs pressures against budget for MIUs.</b> The 2017/18 plans for the Minor Injury Units have been rebased to reflect night closures and the agreed revised skill mix. However, while recruitment is on-going in line with the agreed skill mix changes, temporary staffing spend, although reduced in May, is continuing to exceed the funding available for vacancies in the units.</li> </ul> <p>A reduction in overall expenditure is projected over the next four months in line with recruitment.</p>
<b>ALERT</b> (completed alert template to be completed for each issue)	There are no alerts to be raised on financial performance this month.
<b>ACTION</b> (where issue cannot be described succinctly in this box, separate Board paper for decision to be attached)	There are no issues on arising from financial performance on which the Board need to take action.

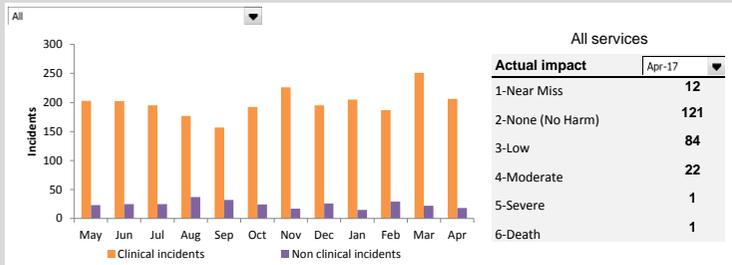
### 3. Recommendation

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

<b>Quality Alert: Falls</b>	
<b>Purpose of alerting the Board</b>	Increased number of falls in two consecutive months.
<b>Description of issue</b>	In March, over all four wards there were 28 falls reported (9.7 per 1000 occupied bed days) 12 of which were reported as injurious In April, over all four wards there were 40 falls reported (14.6 per 1000 bed days ),of which 15 were reported as injurious
<b>How has issue arisen (and for how long)?</b>	As a result of the development of a more effective Quality dashboard and comparison with national benchmarking, we have been able to identify an increasing trend in the numbers of falls on wards over the last two months.
<b>What is root cause of the problem?</b>	Multifactorial, further analysis will provide a richer understanding of the contributory factors of falls in the ward environment.
<b>Does the issue suggest a need for improved systems of control?</b>	Yes, the current position does not provide the level of assurance that all available methods to reduce falls are implemented.
<b>Assurance/ Oversight</b>	
<b>Views/findings from Committee oversight</b>	To date we recognise that the following measures are in place: Screening for falls risk, use of high /low beds, sensor mats and employment of close support for those patients assessed as a high risk. SWARMs are undertaken if a fall occurs. A falls audit in line with NICE guidance will be undertaken in July 2017 to identify areas requiring improvement, this will support our priorities identified in the delivery plan and the Quality Account 2017/18. All falls resulting in moderate or severe harm and death are investigated and presented at the Harm Free Care Panel.
<b>Independent /external assurance</b>	National benchmarking, statutory notifications to CQC and STEIS reporting to CCG
<b>Impacts and implications</b>	
<b>Quality</b>	Falls and falls related injuries are a common and serious problem for older people. People aged 65 and over are recognised to have the highest risk of falling with 30% of people over 65 and 50% of people older than 80 falling once a year. The causes of falls can be complex, but frail older people are particularly vulnerable because of conditions such as delirium, poor eyesight and reduced strength and mobility. Falling causes distress, pain, injury and loss of confidence in people who have fallen. Falls can also impact on the families and carers of those who fall. It is estimated that falls cost the NHS £2.3 billion per year. (NICE 2013)
<b>Equality</b>	Any changes to service delivery considers the provision for all.
<b>Financial</b>	Potential of litigation costs due to organisational neglect. Cost to WHC and the further health economy due to increased length of stay and additional treatment/support that maybe required. Further review of falls prevention strategies may result in requirement for additional resource, if required a fully costed business plan will be presented to Exec Co
<b>Operational delivery</b>	Increased falls negatively impacts operational delivery
<b>Regulatory/</b>	Health and Social Care Act 2008 Regulation 12 Safe care and treatment

<b>legal/ contractual</b>	
<b>Links</b>	
<b>Link to business plan/ 5 year programme of change</b>	Delivery objectives 2017/19 : Implement new approaches to promote self-management and proactive care
<b>Links to known risks</b>	1815
<b>Identification of new risks</b>	None
<b>Plan</b>	
<b>What actions are being taken?</b>	Falls Audit July 2017 Strategy development commencing in Q2
<b>How and when will issue be resolved?</b>	The strategy implementation and actions following the audit will be commenced by Q3
<b>When will Board be updated?</b>	January 2018

Incidents

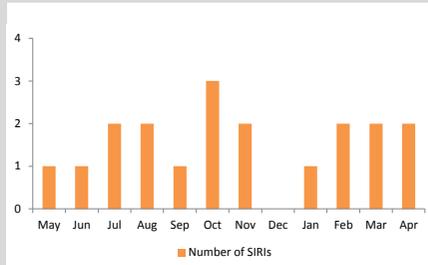


**Actual impact** Apr-17

1-Near Miss	12
2-None (No Harm)	121
3-Low	84
4-Moderate	22
5-Severe	1
6-Death	1

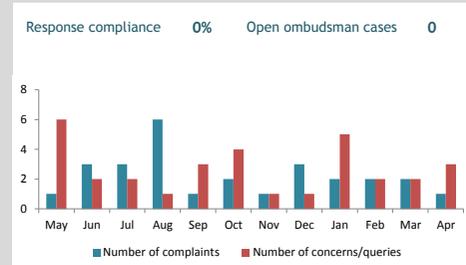
Narrative required

SIRIs excluding pressure ulcers



4 x teams; x2 Cat IV PU's (Westbury/Warminster & Salisbury); x2 Cat III PU's (Trowbridge & Salisbury)

Complaints/Concerns



1x Orthotics, 1x Wilton  
x2 complaints should have been closed in April - delayed due to issues with complaints software. IT aware.

RIDDOR

Financial Year to Date  
RIDDOR report(s)  
0

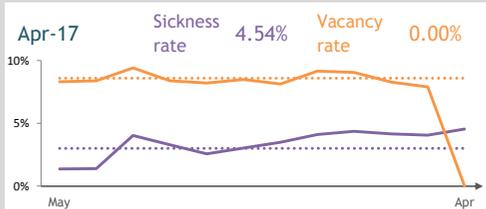
Duty of Candour

	Completed	Overdue
Verbal		
Written		
Report shared		

Audits

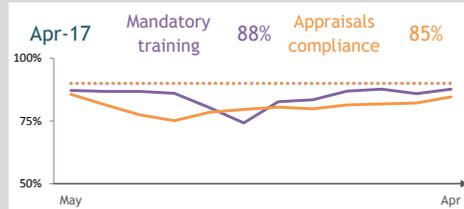
	Completed	Missed
Audit uploads	100%	0

Sickness/Vacancy



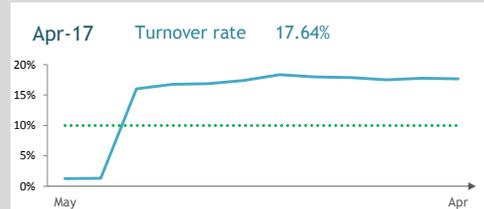
Plans in place to reduce sickness and improve vacancy rate

Training/Appraisals



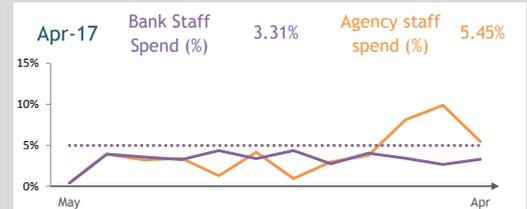
Improving position. There will be additional mandatory training modules added to the training tracker in May 2017.

Turnover



Turnover has decreased slightly in month but still remains above the 13% target. April's data also includes a TUPE out of 17 dietic staff

Bank/Agency spend %

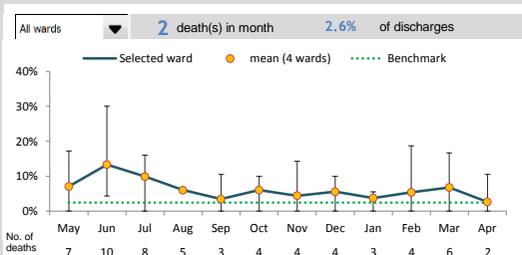


Infection Prevention & Control

	In month	Prev 12 months
MRSA incidence	0	0
C diff incidence	0	0
E coli incidence	0	0
Blood culture contamination %	0%	0%
Bed days lost to norovirus	0	35

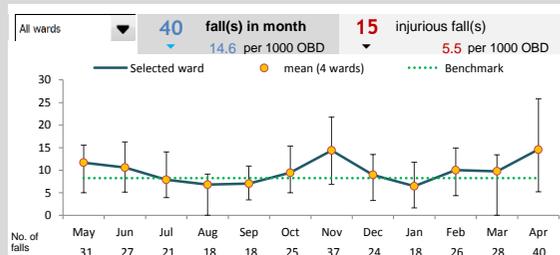
Compliant with all targets. Bed days lost to norovirus were on Ailesbury ward in October 2016

Deaths



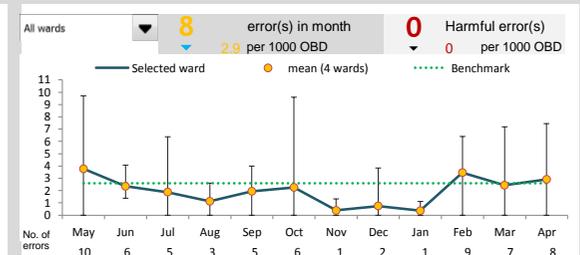
All deaths reviewed at Harm Free Care Focus Group - April and May deaths will be reviewed at the June meeting. Palliative care deaths are excluded from April 17

Falls



One case causing severe harm, to be reviewed at Harm Free Care Focus Group in June 2017

Medication errors



Intern Pharmacist in post (22.5 hrs p.w.) from May 2017

Available Pressure Ulcers



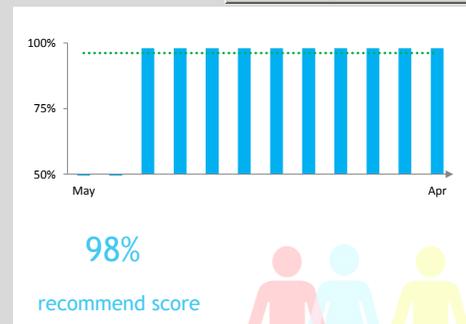
Data quality issue- this data currently does not just show avoidable pressure ulcers and is unverified. Verified data identifies only x1 avoidable pressure ulcer, this was a Cat IV in the Westbury/Warminster community team. Next month we will be reporting verified pressure ulcer data

Safety Thermometer



Narrative required

Friends and Family Test



Positive improvement in responses and continuing inpatients assessments.

Inpatient assessments

	Mar-17	Apr-17
Early Warning Score	100%	100%
VTE assessment	100%	100%
VTE prophylaxis	100%	100%
Hospital Acquired Thrombosis	1	1
Falls assessment	100%	100%
MUST assessment	91%	96%

Report and action plan to be provided if 'all wards' performance below target for 2 consecutive months

## Explanatory notes for our summary measures

<p><b>Incidents</b></p> <p>Number of incidents (causing harm or otherwise) also shown as a rate per 1,000 WTE budgeted staff.</p> <p>We monitor this to establish the overall rate of incidents reported across our organisation.</p> <p>High rates do not necessarily indicate genuine patient safety issues but may be due to high reporting. Triangulation with the safety thermometer score for Harm Free Care (new harms) is recommended.</p>		<p><b>SIRIs excluding pressure ulcers</b></p> <p>New Serious Incidents Requiring Investigation (SIRIs) reported per month. This figure excludes SIRIs relating to all grades of pressure ulcers - as these are reported separately.</p>		<p><b>Complaints</b></p> <p>Number of formal complaints and rate per 1000 WTE budgeted staff, used to monitor the overall level of satisfaction, or otherwise with our organisation's services. Should be viewed in context with Friends and Family Test recommend score.</p> <p>We also monitor number of concerns, comments and queries raised by PALS.</p>		<p><b>RIDDOR</b></p> <p>The number of work related accidents reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)</p> <p><b>Duty of Candour</b></p> <p>We have an ethical duty of openness, and we monitor our compliance with the stages of Duty of Candour when dealing with incidents.</p> <p><b>Audits</b></p> <p>The number of completed audit uploads and missed uploads so far this year.</p>	
<p><b>Sickness/Vacancy</b></p> <p>WTE lost to sickness absence in the month (short and long term), expressed as a % of total WTE staff in post.</p> <p>Vacancy rate - difference between funded establishment and actual establishment, expressed as percentage.</p>		<p><b>Training/Appraisals</b></p> <p>Percentage of staff compliant with mandatory training.</p> <p>Percentage of current staff with appraisals completed.</p>		<p><b>Turnover</b></p> <p>Total number of leavers in month expressed as a percentage of average number of staff in month.</p>		<p><b>Bank/Agency spend %</b></p> <p>Pay spend on temporary bank staff providing clinical services expressed as a percentage of total pay spend.</p> <p>Pay spend on temporary agency staff providing clinical services expressed as a percentage of total pay spend.</p>	
<p><b>Infection Prevention &amp; Control</b></p> <p>Incidences of MRSA, C. difficile and E. coli occurring on our community wards.</p> <p>Blood culture contamination incidences and bed days lost to norovirus are also given.</p>		<p><b>Deaths</b></p> <p>Number of expected or unexpected deaths in inpatient community hospital beds, as a percentage of the total number of discharges.</p> <p>In the absence of HSMRs used for acute trusts, we use this to understand death rates in our wards.</p> <p>Chart shows rolling 12 months worth of data.</p>		<p><b>Falls</b></p> <p>The number of patient falls (all and those causing injury) occurring on our inpatient wards. Presented as a number and also as a rate per 1000 Occupied Bed Days (OBD) to allow comparison across the four wards and with the published community benchmarking figure.</p> <p>Chart shows rolling 12 months worth of data.</p>		<p><b>Medication errors</b></p> <p>The number of medication errors (all and those causing harm) occurring on our inpatient wards. Presented as a number and also as a rate per 1000 Occupied Bed Days (OBD) to allow comparison across the four wards, and with the published community benchmarking figure.</p> <p>Chart shows rolling 12 months of data.</p>	
<p><b>Avoidable Pressure Ulcers</b></p> <p>Wards: Rate of New Grade 2, 3 and 4 Avoidable Pressure Ulcers acquired whilst under our care in a Community Hospital setting per 1,000 occupied bed days.</p> <p>Teams: Rate of New Grade 2, 3 and 4 Avoidable Pressure Ulcers acquired whilst under our care in a Community setting per 1,000 patients (on caseload)</p> <p>Charts show rolling 12 months worth of data</p>		<p><b>Safety Thermometer</b></p> <p>The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that providers can measure and monitor local improvement and harm free care over time.</p> <p>Percentage of harm free care (new harms) is monitored as per the national tool calculations.</p>		<p><b>Friends and Family Test</b></p> <p>Friends and Family test % of responses indicating Extremely Likely or Likely to recommend service. This is a national tool and provides us with a simple metric to track changes in user experience over time. Should be viewed in conjunction with complaints and concerns data.</p>		<p><b>Inpatient assessments</b></p> <p>We have a number of inpatient assessments we aim to carry out on admission.</p> <p>Falls assessment (target of 95% within 4 hours of admission), EWS (95% within 4 hours) VTE (95% within 24 hours, and to receive prophylactic treatment where indicated and appropriate). Performance below target for 2 consecutive months will trigger further reporting.</p> <p>We also monitor the number of Hospital Acquired Thrombosis.</p>	

**Wiltshire Health and Care LLP  
Financial Position M2, May 2017**

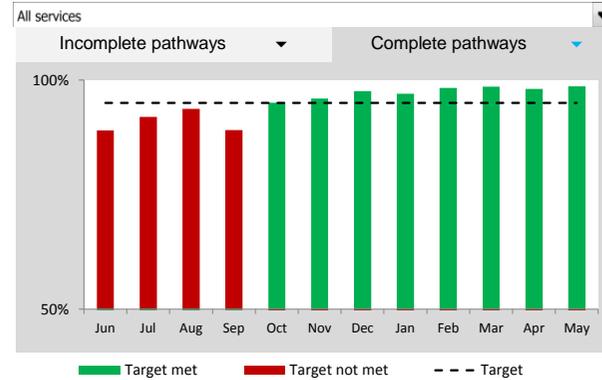
<u>WH&amp;C LLP Profit and Loss Account - May 2017</u>			<u>WH&amp;C LLP Balance Sheet as at May 2017</u>		<u>WH&amp;C LLP Statement of Cashflows</u>	
	M2 (May 2017) £'000	FOT as at M2 £'000		M2 (May 2017) £'000		M2 (May) 2017) £'000
<b>Turnover</b>	<b>7,191</b>	<b>43,385</b>	<b>Current Assets</b>		Profit/(Loss)	94
Staff	(38)	(334)	Debtors	227	Movements in:	
Contracted Services	(7,043)	(42,294)	Cash at Bank	767	Debtors	232
Other Administrative Exps	(16)	(757)	Creditors	(899)	Creditors	(58)
<b>Total Expenses</b>	<b>(7,097)</b>	<b>(43,385)</b>	Net Current Assets	94	Net in/(out)flow	269
			Net Assets	94	Opening Cash Balance	498
Profit/(Loss)	94	0	Profit and Loss Account	94	Closing Cash Balance	719

The LLP reports a year to date surplus of £94k as at M2, May 2017. The favourable position is due to the phasing of expenditure, particularly for future investments with actual spend projected to be higher in coming months.

The forecast outturn for the financial year is a breakeven position as at M2.

The turnover reflects contracted values with commissioners for 2017/18 and the contracted services value reflects the planned values for 2017/18.

RTT

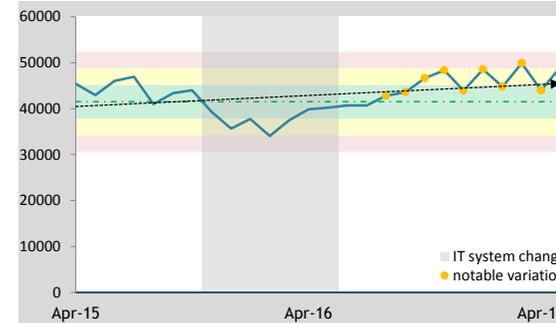


Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	93%	61
Continence - Adult	96%	10
LD	82%	12
Outpatient Physio	99%	17
Podiatry	100%	3
Wheelchair service	98%	3
WON	94%	38

**Sustained improvement** 2 areas of concern exist - Child continence services and LD service - both relate to issues previously flagged to commissioners.

Activity



Referrals	↑ 15%
Contacts	↑ 6%
Bed Based Intermediate Care	↑ 98%
Diabetes	↑ 61%
Pulmonary rehabilitation	↑ 22%
Dietetics	↓ -17%
MIU	↓ -14%
Fracture Clinic	↓ -8%

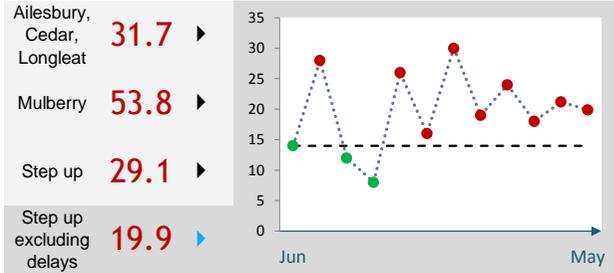
LD and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system migration. Trend logic has been adjusted from previous years' reports. See explanatory notes for notable variation guidance.

Inpatient assessments

MRSA	✓	97%
VTE	✓	100%
VTE prophylaxis	✓	100%
MUST	✓	96%
PURAT	✓	97%
Falls	✓	100%
Dementia	✓	97%

Overall performance remains strong.

Mean Inpatient Length of Stay

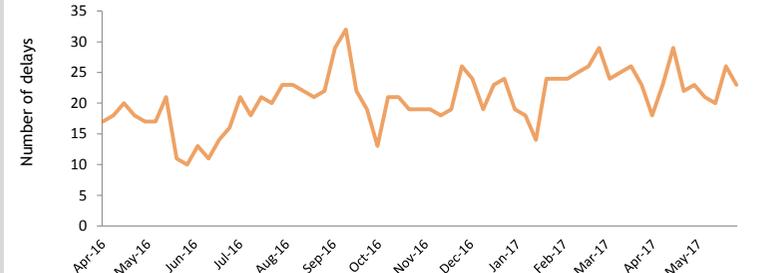


LoS heavily influenced by delayed days which routinely account for more than 20% of our ward capacity

Discharge timings

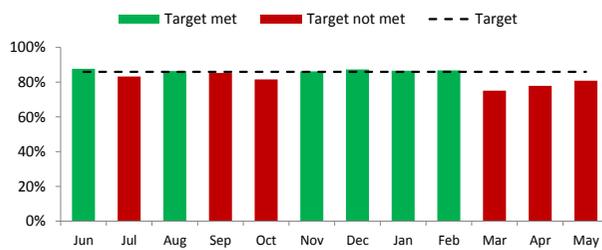


Delayed Transfers of Care



Our part in addressing system issues is linked to the development of the Home First pathway

Community teams 90 day reablement



In month **81%** FYTD **79%**  
Patients still at home 90 days after referral to team

Data quality concerns

Significant data quality issues resulting in inclusion of patients with no reablement intention. Cohort will be adjusted to match home first pathway but it will take several months for this adjustment to show in data.

End of life support

In month **94%** FYTD **97%**  
This month **16** of **17** patients were supported by the community teams to die in their place of choice

Continued excellent support for end of life patients

Funding reviews\*

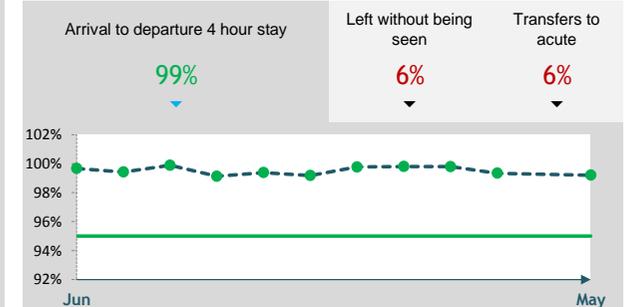
	In month	FYTD
CHC 3 month	Completed 0 Due 0	N/A
CHC Annual	Completed 8 Due 11	73%
FNC	Completed 84 Due 107	79%

20 reviews in the South were delayed due to staff sickness

MIU waiting times



MIU performance



Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around patients left without being seen and transfers to acute. Significant operational pressures are not reflected in the data.

## Explanatory notes for our summary measures

### RTT

RTT is the Referral to Treatment waiting times period for patients accessing our services.

Complete pathways are waiting periods that have ended in the month. Our target is to see at least 95% of patients within 18 weeks of their referral.

Incomplete pathways are waiting periods that are still ongoing at the end of the month. Our target is to have at least 92% of patients waiting under 18 weeks.

### Activity

We routinely monitor two activity measures.

1. The number of patient contacts for each service
2. The number of referrals into each service.

Patient contacts are contacts involving direct contact with the patient - either face to face or by telephone. Our services will often record other activity relating to the patient's care that does not involve direct patient contact. These contacts are excluded from these measures.

The percentage growth shown is calculated from the slope of the trend line. The three services with the highest growth rate, and three with the lowest growth rate are shown as notable movers.

Control logic is used on the chart to indicate when variation is significant.

Coloured horizontal bands on the chart represent multiples of standard deviation (sd) from the mean. The green band represents the mean  $\pm 1$  sd, amber represents the mean  $\pm 2$  sd, and red represents the mean  $\pm 3$  sd.

Points of interest are shown on the chart when they meet at least one of the following criteria:

7 or more consecutive points above the mean, 1 point beyond 3 sd from the mean, 2 of 3 consecutive points greater than 2 sd above or below the mean, 4 of 5 consecutive points greater than 1 sd above or below the mean.

### Inpatient assessments

We aim to complete a number of assessments for our inpatients within a certain time from admission.

Our targets are as follows:

**MRSA:** 95% of inpatients to be assessed within 24 hours

**VTE:** 95% of inpatients to be assessed for Venous Thromboembolism risk within 24 hours of admission, and to receive prophylactic treatment where appropriate.

**MUST:** Malnutrition Universal Screening Tool to be completed within 24 hours of admission.

**PURAT:** 95% of inpatients to be risk assessed for Pressure Ulcers within 2 hours of admission.

**Falls:** 95% of inpatients to be assessed for falls risk within 4 hours of admission. We report all the above as a % of inpatient admissions in the month.

**Dementia:** 90% of inpatients to be receive dementia screening within 72 hours of admission. We report this as a % of inpatients discharged in the month.

### Mean inpatient length of stay

The average length of stay (in days) for those patients being discharged in the month.

We have 4 community wards. Our three rehabilitation wards Ailesbury (Savernake hospital), Cedar (Chippenham) and Longleat (Warminster) have an average length of stay target of 20 days. Our specialist stroke ward, Mulberry (Chippenham hospital), has an average length of stay target of 30 days.

Ailesbury and Longleat ward also admit 'step-up' patients - these are patients referred from their GP, A&E or ambulance service rather than on discharge from another hospital. We have a target average length of stay of 14 days for these patients. We also report the average length of stay for these patients adjusted to exclude and days for which the patients was a delayed discharge.

### Discharge Timings

Here we report the percentage of patients discharged from our inpatient wards before midday against a target of 50%, and the percentage of weekend discharges against a target of 15%.

We only include 'onward' discharges in this data - we exclude deaths and those being transferred back to acute hospitals.

The data shown is for the most recent reporting month only.

### Delayed Transfers of Care

A delayed transfer of care occurs when an inpatient is ready to leave hospital but is still occupying an inpatient bed. We report the reason for the delay as categorised by NHS England.

In line with national requirements, we report two measures:

1. The number of delays at midnight on the last Thursday of each month (target is to have delayed patients occupying less than 20% of total ward capacity)
2. The number of bed days lost in the month to these delayed patients.

### Community reablement

This measure looks at the residence of a patient 90 days after referral in to our community teams for short term support following a discharge from hospital. It helps quantify the effectiveness of the Community teams in supporting patients to stay in their homes.

We currently have a target of 86% for this measure.

### End of Life support

We report the percentage of end of life patients supported in the community that have died in their place of choice.

### Funding reviews

Each month we are asked to complete a number of Continuing Health Care (CHC) and Funded Nursing Care (FNC) assessments on behalf of Wiltshire CCG. Here we report how many are completed within 28 days of the due date. We report this measure one month in arrears.

### MIU waiting times

The median (middle) wait in minutes from arrival at the Minor Injury Unit to the time of being seen.

The 95th centile shows the maximum time that 95% of attendees had to wait. Both measures for the current reporting month only.

### MIU performance

We have two Minor Injury Units - one in Chippenham and one in Trowbridge.

We measure the time between each patient's arrival at the Minor Injury Unit and the time they depart. We report the percentage of patients that have an arrival to departure time of under 4 hours against a target of 95%.

We report the number of patients leaving the unit without being seen as a percentage of all attendances. We have a target of no more than 1.9% for this.

We report the number of patients transferring to an acute hospital as a percentage of all attendances. We have a target of no more than 5% for this.

## Wiltshire Health and Care LLP: Board Assurance Framework

Strategic Risk No.	Date created	Description of Strategic Risk	Inherent risk score		
			S	L	Risk Score 5x5 matrix
1	15/05/2017	<b>Capacity for change:</b> Change capacity and capability insufficient to match the breadth and scope of change programmes	3	3	9
2	15/05/2017	<b>Workforce:</b> The availability, skills mix, competition, transferability and training of workforce does not match current and future service needs	4	4	16
3	15/05/2017	<b>Regulation:</b> Failure of governance results in lack of compliance with regulatory standards and/or legal requirements.	3	3	9
4	15/05/2017	<b>Reputation:</b> A single major failure or series or smaller failures adversely affect the Wiltshire Health and Care brand.	3	3	9
5	15/05/2017	<b>Investment:</b> Insufficient financial headroom in contracts to create capital expenditure means opportunities to invest are limited, and opportunities to invest to save cannot be realised	3	4	12
6	15/05/2017	<b>System vision:</b> Lack of commissioning clarity on future direction, for example plans for the creation of accountable care systems, has an adverse impact on the future direction and development of the LLP	3	3	9
7	15/05/2017	<b>Partnership strategy:</b> Lack of alignment between views of partnership members adversely affects the setting and delivery of long term strategy	2	2	4

8	15/05/2017	<b>Integration:</b> Commissioning and/ or tendering decisions do not align with long term direction of LLP to integrate services.	2	3	6
9	15/05/2017	<b>System performance:</b> Broader system issues and performance affect effectiveness of Wiltshire Health and Care services, for example Delayed Transfers of Care.	3	4	12
10	15/05/2017	<b>Patient and public engagement:</b> Current and/or new services do not meet needs due to insufficient patient and public engagement.	3	3	9

Controls in place	Residual risk score		
	S	L	Risk Score 5x5 matrix
<ul style="list-style-type: none"> <li>• Outline project plans set out in Business Plan</li> <li>• Project architecture including PIDs and checkpoints</li> <li>• Monthly monitoring of change programme at Executive Committee</li> <li>• Quarterly change report to Board</li> </ul>	3	2	6
<ul style="list-style-type: none"> <li>• Workforce strategy</li> <li>• Attendance at recruitment fairs/ universities</li> <li>• Participation in STP wide workforce stream</li> </ul>	3	4	12
<ul style="list-style-type: none"> <li>• Agreed governance structure</li> <li>• Scrutiny by Board and sub committees</li> </ul>	3	2	6
<ul style="list-style-type: none"> <li>• Scrutiny of performance and quality to reduce likelihood of failure</li> <li>• Communication of positive changes being pursued by Wiltshire Health and Care</li> <li>• Communication support to respond to unforeseen external interest.</li> </ul>	3	2	6
<ul style="list-style-type: none"> <li>• Financial plan and savings programme in Business Plan</li> <li>• Contractual negotiations on growth funding on annual basis</li> <li>• Participation in STP infrastructure stream</li> </ul>	3	3	9
<ul style="list-style-type: none"> <li>• Participation in and contribution to STP</li> <li>• Involvement in development of Wiltshire Accountable Care systems</li> </ul>	2	3	6
<ul style="list-style-type: none"> <li>• Annual Members Meeting</li> <li>• Member Board representative role on Board</li> </ul>	2	1	2

<ul style="list-style-type: none"> <li>• Ongoing Participation in and contribution to STP</li> <li>• Membership of Part 2 of Wiltshire Joint Commissioning Board</li> </ul>	2	2	4
<ul style="list-style-type: none"> <li>• Representation on 3 A&amp;E Delivery Boards</li> <li>• Development of changes, such as HomeFirst, designed to have impact on broader system issues</li> </ul>	3	3	9
<ul style="list-style-type: none"> <li>• Sources of patient feedback</li> <li>• Development of Patient and Public Engagement Plan</li> </ul>	2	3	6

Further action required	Target risk score			Oversight
	S	L	Risk Score 5x5 matrix	
	2	1	2	Board and Exec Committee
As part of workforce strategy, workforce plans to be put in place for each service area	2	2	4	Board and Exec Committee
Establishment of audit and assurance committee Permanent appointment of Board secretary role	3	1	3	Audit and Assurance Committee
Additional communications resource for LLP, to promote positive changes and successes	3	1	3	Board Audit and Assurance Committee
	2	1	2	Board and Exec Committee
	2	2	4	Board
	2	1	2	Board

	2	2	4	Board and Exec Committee
	2	2	4	Board
Development of full patient and public engagement plan, in line with Business Plan	2	1	2	Board

Wiltshire Health and Care LLP: Corporate Risk Register

1-4	Insignificant
5-9	Low
10-15	Medium Risk
16-24	High
25	Extreme

Severity

1 - Negligible
2 - Minor
3 - Moderate
4 - Major
5 - Catastrophic

Likelihood

1 - Rare
2 - Unlikely
3 - Possible
4 - Likely
5 - Almost certain

Risk/ Issue No.	Status Open / Closed	Current risk score			Target risk score			Description of Risk	Date raised	Raised by	Mitigations	Updates	Owner	Link to strategic risk
		S	L	Risk Score 5x5 matrix	S	L	Risk Score 5x5 matrix							
1	Open	3	2	6	2	1	2	Risk of additional VAT costs falling to Wiltshire Health and Care due to new contract.	24/11/2015	CS	<ul style="list-style-type: none"> <li>Financial VAT risk covered by assurance received 24/6/16 from CCG that VAT costs incurred as a result of the structuring of LLP and contract will be met by CCG.</li> <li>VAT decision/clarity being sought from HMRC</li> </ul>	<ul style="list-style-type: none"> <li>Update 12/9/16: Liasion submitted request to HMRC in August, awaiting outcome.</li> <li>Update 19/1/17: HMRC response negative on COS VAT recovery. Appeal being lodged through GWH. CCG informed. Risk scoring kept the same as, although risks due to other unforeseen are reducing as year progresses, VAT risk is being realised, and reliant on mitigation from CCG.</li> <li>Update 21/3/17: HMRC appeal lodged. Risk will materialise for 2016-17, covered by CCG, while appeal is processed.</li> <li>Update 20/4/17: Wording of risk adjusted to reflect VAT position is remaining issue due to new contract - other financial risks covered in additional risks added to register.</li> </ul>	AC and DB	Investment
10	Open	3	2	6	2	2	4	There is risk that in the separation of children's and adult services from what was previously one provider to three with different start dates that established safeguarding policy and procedures will not be in place and understood across all providers	27/01/2016	Strategy Group	<ul style="list-style-type: none"> <li>Review of safeguarding arrangements</li> <li>Interim arrangements put in place whilst permanent resources sourced</li> </ul>	<ul style="list-style-type: none"> <li>Update 12/9/16: Gap identified - pursuing options to fill gap in advice.</li> <li>Updated 19/1/17: Partial funding of childrens safeguarding resource agreed as part of MIU savings reinvestment with CCG</li> <li>Update 15/5/17: Appointment to new post made.</li> <li>Update 15/6/17: Risk score reduced as interim arrangements are robust. Recommend closure of risk when permanent appointment starts 3 July.</li> </ul>	Sarah Jane Peffers	Regulation
15	Open	3	4	12	2	3	6	Recruitment challenges affect pace of change.	19/05/2016	DB	<ul style="list-style-type: none"> <li>Recruitment plans include proactive recruitment events.</li> <li>Develop further opportunities for rotations etc to increase attractiveness of working in community services.</li> </ul>	<ul style="list-style-type: none"> <li>Update 11/11/16 : Risk reduced to 6 as initial response to recruitment of RSWs shows reduced risk.</li> <li>Update 19/1/17: Good level of recruitment to RSWs posts, but delay to ESD due to recruitment. Risk level unchanged.</li> <li>Update 15/6//17: Likelihood score raised as continuing delay in relation to ESD in South and RSWs not yet fully recruited.</li> </ul>	DB	Capacity for Change

Risk/ Issue No.	Status Open / Closed	Current risk score			Target risk score			Description of Risk	Date raised	Raised by	Mitigations	Updates	Owner	Link to strategic risk
		S	L	Risk Score 5x5 matrix	S	L	Risk Score 5x5 matrix							
16	Open	3	3	9	2	2	4	Limited change management/project management capacity limits pace or realisation of benefits.	19/05/2016	DB	<ul style="list-style-type: none"> <li>• Increase project resources in core team</li> <li>• New project management process introduced</li> <li>• Appointment of Chief Operating Officer</li> </ul>	<ul style="list-style-type: none"> <li>• Update 12/9/16: Risk score raised on 12/9 as change capacity is being stretched.</li> <li>• Update 21/3/17: Draft business plan includes proposed additional change resource.</li> <li>• Update 15/6/17: Appointment of Chief Operating Officer to increase operational leadership capacity.</li> </ul>	DB	Delivery of Change
18	Open	2	3	6	2	2	4	External partners /commissioners question Integration/ pace of change	19/05/2016	DB	<ul style="list-style-type: none"> <li>• Communications on changes</li> <li>• Use of new branding</li> </ul>	<ul style="list-style-type: none"> <li>• Update 19/1/17: Reworded risk to reflect current reputation risk on integration. Lack of dedicated communications resource becoming a barrier</li> <li>• Update 21/3/17: Draft business plan includes proposed additional comms resource.</li> <li>• Update 20/4/17: Preparing for publication of ratified business plan to increase communication of plans and priorities.</li> <li>• Update 21/6/17: Delivery plan published on website.</li> </ul>	DB	Reputation
20	Open	2	3	6	2	2	4	There is a risk that the transfer of the community estate from GWH to NHSPS, could destabilise the existing arrangements for EFM support for WHC delivered services, jeopardising service delivery and compliance with regulations.	28/04/2016	VH	<ul style="list-style-type: none"> <li>• Work with the CCG to flag EFM issues.</li> <li>• GWH to continue to provide soft FM</li> <li>• Lead detailed checks with NHSPS and GWH to check whether any functions have been overlooked in TUPE process</li> </ul>	<ul style="list-style-type: none"> <li>• Updated 19/1/17: Specific detailed risks described in Board paper 24/1/17</li> <li>• Update 21/3/17: Timeline for transfer slipped allowing more time to prepare. CCG not supporting transfer until EFM issues have been resolved. Risk score reduced to reflect this. Risk reworded to focus on EFM risk only.</li> <li>• Update 20/4/17: Likley timeline for transfer for transfer for most properties now 1 July. Interim arrangement agreed between CCG and GWH to continue provision of EFM services which mitigates immediate risk.</li> <li>• Update 15/6/17: Risk score unchanged in relation to regulation compliance but linked operational service risk has increased due to lack of robust process for transfer</li> </ul>	VH	Regulation
21	Open	2	3	6	2	1	2	Knock on consequence of transfer of community estate is disruption/lack of capacity to administer medical records, leading to information governance risk	19/01/2017	VH	<ul style="list-style-type: none"> <li>• Project established to redesign medical records approach</li> <li>• Negotiation with NHSPS to retain access to receptionist resource</li> <li>• Extraction of financial value and resource related to medical records from wider estates costs to support</li> </ul>	<ul style="list-style-type: none"> <li>• Updated 19/1/17: Risk described in Board paper 24/1/17</li> <li>• Update 21/3/17: Timeline for transfer slipped allowing more time to prepare. Risk score reduced to reflect this.</li> <li>• Update 20/4/17: Update as for Risk 20.</li> <li>• Update 15/6/17: Risk score raised as potential for disruption but impact not as high as for Risk 20.</li> </ul>	VH	Regulation

Risk/ Issue No.	Status Open / Closed	Current risk score			Target risk score			Description of Risk	Date raised	Raised by	Mitigations	Updates	Owner	Link to strategic risk
		S	L	Risk Score 5x5 matrix	S	L	Risk Score 5x5 matrix							
21	Open	3	4	12	2	1	2	There is a risk that the transfer of the community estate from GWH to NHSPS, could increase costs for the LLP, due to rents from NHSPS being higher/ multiple additional costs being uncovered.	21/03/2017	DB	<ul style="list-style-type: none"> <li>Estates strategy will plan for shrinking use of estate wherever possible to reduce exposure.</li> <li>Financial risk covered by CCG recognising risk during bid and undertook to seek additional funds if transfer increased costs to local health economy.</li> </ul>	<ul style="list-style-type: none"> <li>Update 21/3/17: Risk added to focus only on financial impact</li> <li>Update 15/5/17: Specific aspect of risk related to phasing of transfer: CCG being reminded of commitment to cover all costs.</li> <li>Update 15/6/17: Increased risk score to 12 from 4, in recognition of attempts by CCG not to honour commitment they have made</li> </ul>	DB	Investment
22	Open	2	2	4	2	1	2	Risk that high agency expenditure on Ailesbury Ward and Trowbridge MIU gives rise to an overspend against the budget. This puts the financial position and saving plans at risk.	20/04/2017	DB	<ul style="list-style-type: none"> <li>Agency reduction plans being developed and implemented to support reduction in high use areas in line with the recruitment strategy.</li> <li>Monitoring of costs at Board</li> </ul>	<ul style="list-style-type: none"> <li>Update 20/4/17: Risk added to recognise risks specific to 2017/18 financial plan, and that any impact will fall on LLP.</li> </ul>	DB	Investment
23	Open	2	2	4	2	1	2	Risk of unforeseen cost pressures falling to LLP due to inaccuracy in coding of costs between financial ledgers used by delivery arm.	20/04/2017	DB	<ul style="list-style-type: none"> <li>Quarterly I&amp;E and Balance Sheet reconciliations between the two ledgers to be carried out and regular analysis of service lines to ensure costs are accurately captured</li> <li>Financial reporting provides monthly position in both LLP and delivery arm</li> </ul>	<ul style="list-style-type: none"> <li>Update 20/4/17: Risk added to recognise risks specific to 2017/18 financial plan, and that any impact will fall on LLP.</li> </ul>	DB	Investment

## Wiltshire Health and Care: Service delivery risks (score of 12+)

### Summary this month

Low Risk	1-3	2
Moderate Risks	4-7	10
High Risks	8-15	28
Extreme Risks	>16	2
<b>Total</b>		<b>42</b>
<b>Risks Opened in Month</b>		<b>11</b>
<b>Risks Closed in Month</b>		<b>6</b>
<b>12 and above risks</b>		<b>8</b>

Risk Register Report																	
Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	Existing Controls	Target Likelihood Consequence	Score	Actions required to mitigate risk	Due Date	Progress against actions	Current Likelihood Consequence	score	Risk Owner/Manager Next Review Date	
1786	Trend Analysis	Wiltshire Health And Care	Operations Management	28/02/2017	ISSUE: Recruitment and Retention challenges in teams/ wards; MIUs, Salisbury City Community team and Longleat and Ailesbury ward RISK: Insufficient staff to deliver safe, effective service CONSEQUENCE: Delivery of care is affected, appointments cancelled or re-scheduled, targets not met. Care delivery becomes task orientated and not person centred Staff morale is reduced	Well-Led	Staffing Levels	HR metrics tabulated monthly Bi-Monthly review at WHC workforce and development sub-group Assurance report reviewed by Quality Assurance Committee 1/4 scrutiny by WHC board Assurance report Recruitment plan for Ailesbury and Longleat Wards Delivery within services is reviewed on a daily basis	3	1	3	30/06/2017		4	5	20	Hanna Manse II 15/06/2017
											Improve processes and procedures in recruitment to vacant posts to ensure vacancies are kept to a minimum Trainee Nurse Associate Pilot	12/09/17					

Sickness increases  
Turnover increases

Use of agency staff

2017

## Risk Register Report

Risk Ref	Source of Risk	Department	Directorate	Date Raised	Risk description including the effect of the risk	Risk Type	Risk Group	Existing Controls	Target Score	Likelihood	Consequence	Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Current score	Likelihood	Consequence	Risk Owner/Manager	Next Review Date
1842	Risk Assessment	Wiltshire Health & Care All Se	Wiltshire Health And Care	01/04/2017	RISK: Home First is not able to discharge people from hospital in a timely way. CONSEQUENCE: Peoples discharge from hospital is delayed	Pathways Of Care	Effectiveness	Regular meetings with all partners; recruitment to continue until all RSQ posts are filled	3	2	6	To recruit to all available RSW posts	01/06/2017	Successful recruitment to a number of posts - minimal number outstanding, ongoing recruitment.	1. Action Required	3	4	12	Maddy Ferrari	02/07/2017
												Establish implementation group and partners meeting	30/09/2017							

## Risk Register Report

Risk Ref	Source of Risk	Department	Directorate	Date Raised	Risk description including the effect of the risk	Risk Type	Risk Group	Existing Controls	Target Score Likelihood Consequence	Actions required to mitigate risk	Due Date	Progress against actions	Current Action Outcome Likelihood Consequence score	Next Review Date	Risk Owner/Manager
1846	Other - Please Explain In The LD staff raising concerns that clients in crisis do not have a suitable commissioned placement in which to be admitted to manage their needs whilst they are in crisis	CTPLD South And East - WHC	Wiltshire Health And Care	01/02/2017	ISSUE: Unsuitable commissioned placements for CTPLD clients in crisis RISK: Patients health needs not being met CONSEQUENCE: Poor health and wellbeing outcomes for patients	Environment (Safe)	Safety	CTPLD are prioritising and focusing it's capacity on clients in crisis to manage the risk to individual clients	3 3 9	WHC to continue to flag to WCCG via service development and performance meetings plus via current audit being undertaken by Norah Fry unit Bristol Uni the gaps in provision leading to this risk	30/09/2017		4 4 16	01/07/2017	Susan Evans

## Risk Register Report

Risk Ref	Source of Risk	Department	Directorate	Date Raised	Risk description including the effect of the risk	Risk Type	Risk Group	Existing Controls	Target Score Likelihood Consequence	Actions required to mitigate risk	Due Date	Progress against actions	Current score Likelihood Consequence	Action Outcome	Risk Owner/Manager	Next Review Date
1847	Trend Analysis	Wiltshire Health & Care All Se	Wiltshire Health And Care	03/04/2017	RISK: Reduced capacity in small services due to vacancy and or long term leave combined with difficulty in recruitment of specialist staff CONSEQUENCE: reduced responsiveness of the services and long waits, as well as additional pressures on remaining staff	Access And Flow	Responsive	Workforce plans completed for each service to reduce the likelihood of vacancy and assess support from other services	2 3 6	Implement workforce plans	30/06/2017		3 4 12		Susan Evans	01/07/2017

## Risk Register Report

Risk Ref	Source of Risk	Department	Directorate	Date Raised	Risk description including the effect of the risk	Risk Type	Risk Group	Existing Controls	Target Score Likelihood Consequence	Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Current score Likelihood Consequence	Risk Owner/Manager Next Review Date
										Present paper to QAC and Exec Co	20/06/2017	Output from review required before paper can be submitted	1. Action Required		
1878	Incident	Wiltshire Health & Care	Wiltshire Health And Care	19/05/2017	RISK - Ward staffing levels are set at minimum levels with frequent falling below that figure. Community Teams appear to be low in nursing numbers compared to required levels (Kings Fund doc) and there is variation in numbers across the teams that are not in line with weighted population numbers. CONSEQUENCE-Nursing	NA	Caring		3 2 6	Develop and agree staffing levels of wards at routine level with cover for one to one care, including funding stream  To agree	28/07/2017  31/			3 4 12	Maddy Ferrari 18/06/2017

re  
All Se

workforce are feeling stressed and worry about delivering the level of care we aspire to.

workforce profile of community teams in line with weighted population numbers and within funding available.

07/2017

**Wiltshire Health and Care Board****For decision****Subject: Quality Account 2016/17****Date of Meeting: 27 June 2017****Author: Victoria Roper****1. Purpose**

1.1 The purpose of this document is to introduce the Quality Account for 2016/17 and seek Board sign off for publication of the Account.

**2. Background**

2.1 Every NHS organisation is required to publish an annual Quality Account. This is the first Quality Account that we have had to submit as a stand-alone partnership, and this Account covers the data for the period between 01 July 2016 – 31 March 2017 only. It has been through review at Executive Committee and is circulated for review and approval by the Board. Every organisation is required to publish their Account for 2016/17 before 30 June 2017.

2.2 The content of the Account has been developed through contributions by the relevant operational leads and provides an accurate reflection of our progress against key areas mandated by the Department of Health.

**3. Discussion**

3.1 Both statements from Wiltshire CCG and Wiltshire Overview and Scrutiny Committee are in draft pending sign off by the relevant individuals at each organisation.

**4. Recommendation**

The Board is invited to approve the Quality Account 2016/17 for publication.

# Quality Account 2016/2017

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## Section One

### Introduction

A Quality Account is a report about the quality of services by an NHS provider. It is an important way for Wiltshire Health and Care to provide an overview of the quality of the services provided, recognising the areas of good and outstanding practice and identifying areas where improvements are needed. The Quality Account also provides a forward look at the quality priorities for the coming year (17/18) and how they will be achieved and measured.

The quality of our services is measured by looking at patient safety, clinical effectiveness and patient experiences in all areas of delivery.

### About Wiltshire Health and Care

Wiltshire Health and Care is a partnership formed by the three foundation trusts that serve Wiltshire; Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust. The partnership has been responsible for the delivery of adult community health services in Wiltshire since 1 July 2016.

The overall purpose of Wiltshire Health and Care is to achieve seamless care and to remove the barriers to achieving it. Providing safe and effective care and a positive patient experience, alongside continuing to transform adult community health services is an essential part of fulfilling our overall purpose.

## Statement from the Chair of the Board



I am pleased to introduce Wiltshire Health and Care's first Quality Account. This reflects our dedication to continuous improvement and our ambition to deliver care of high quality in new and innovative ways to improve performance and accessibility for our patients. Quality guides our work and is central to the governance arrangements we have put in place to oversee the services being delivered.

This Quality Account not only reflects on our performance this year, but also outlines our clear priorities for next year, and I remain confident and ambitious for what we will achieve. I would like to take the opportunity to thank our workforce for their evident and continued determination to deliver quality care.

I would also like to thank the patients, carers, and others who have fed back to us this year about the care they receive. This feedback is essential to our continuous improvement, and this year we will be doing more to encourage your input and advice through our Public and Patient Engagement Plan.

The Board continues to ensure the appropriate structures are in place to support innovation to deliver excellent care, and I look forward to the further development of quality care that Wiltshire Health and Care will deliver this year.

**Carol Bode, Chair of the Board  
Wiltshire Health and Care**

## Statement from the Managing Director



This Quality Account has been a welcome opportunity to reflect on our progress since Wiltshire Health and Care was formed as partnership and took on responsibility for adult community services in Wiltshire in July 2016. The achievements and the feedback we have received are testament to a caring, responsive, effective and patient focussed workforce. The Account also sets out clear priorities for the coming year.

We have been putting in a great deal of effort to improve our systems and processes this year to support quality care. This has included embedding a new electronic clinical records system, improving the analysis and presentation of information about the quality in a new Quality Dashboard, and increasing the availability of key clinical information in real time, through increased mobile working. All of these developments put in place the foundations on which to build during 2017/18 to further improve the quality of services.

Our priorities for next year include embedding the culture and ethos of Wiltshire Health and Care through our core Values and Behaviours. Our Delivery Plan also includes the development of strategies and plans to continue to make improvements in the longer term.

I am proud of the achievements made this year, only possible through the hard work of our people and increasing collaboration with our partners. It is with gratitude for that dedication, ambition and teamwork of colleagues that I present the Quality Account for 2016/17.

**Douglas Blair, Managing Director**  
**Wiltshire Health and Care**

## Section Two: Quality Priorities for 2017-2018

### Developing the Quality Priorities

Our quality priorities for next year take into account a number of key factors;

- The quality improvements that have been achieved since the start of Wiltshire Health and Care and further developments required
- What our patients and the public are telling us
- The continual triangulation and review of quality and performance data
- Alignment with Wiltshire Health and Care's delivery plan
- Best practice, clinical evidence and national guidance

#### **Priority One: Apply Wiltshire Health and Care Values and Behaviours to all that we do**

During our first nine months of operation, we have reviewed the values and behaviours that should apply to everyone who is part of delivering services for Wiltshire Health and Care. The work has involved a cross-section of front line staff and volunteers from Healthwatch Wiltshire to provide external challenge and scrutiny.

The agreed values are:

- Quality Care for All
- Building and Strengthening Partnerships
- Adapting in a Changing Community
- Demonstrating Integrity

Behind each value is a list of behaviours which we expect staff to adopt. During the coming year we will continue to work with all staff groups and volunteers from Healthwatch Wiltshire to identify ways the values and behaviours can be embedded, and to develop processes to measure how staff, patients, families and carers can recognise the values and behaviours of Wiltshire Health and Care.

#### **Priority Two: Implement the Home First Pathway**

We will work as a partnership to connect acute and community pathways by simplifying discharge pathways at each of the three acute sites which support the delivery of care in Wiltshire, maximising the opportunities for simple and effective discharge.

Wiltshire Health and Care will adopt the Home First model of care. This model is based on best practice evidence available nationally, and will ensure on-going rehabilitation needs are assessed in the patients' home rather than in an acute hospital bed.

Our success in implementing Home First should be felt system-wide, and we will work with partners to measure this. Locally, we will measure the following elements through a dedicated performance dashboard:

- Waiting times from referral to transfer of care delivery from Wiltshire Health and Care to Help to Live at Home, and transfer of case management from us to Adult Social Care
- Number of patients starting care and the number of hours' care they receive
- Patients' length of stay and the original referral source

We will work closely with Wiltshire Council in particular to ensure that all aspects of service delivery support the Home First principles.

### **Priority Three: Develop and implement a public and patient engagement plan**

It is essential that the public and patient voice is at the heart of all decisions that we make and at all levels of the organisation. The appointment of a Non-Executive member to the board for patient and public voice reinforces our commitment.

During 2017/2018 Wiltshire Health and Care will develop a comprehensive public and patient engagement plan which includes;

- Public and patient involvement in all stages of development
- Broadening sources of feedback beyond the existing sources
- Evaluation of the changes we have made using patient and carer feedback

### **Priority Four: Designing the workforce for the future**

Our people are our most important and valuable asset. Developing and supporting staff to feel engaged, valued and empowered will have a positive impact on the quality of care delivered and this improves patient experience and positive patient outcomes. Ensuring that we have a sustainable workforce is the essential building block to delivering quality care that is safe and effective. Establishing a flexible and collaborative approach to workforce is one of the main priorities of the Sustainability and Transformation Plan (STP). The unique partnership which lies behind Wiltshire Health and Care means that we can make early progress on increasing flexibility and collaboration across a workforce that spans multiple settings of care. We will:

- Use our partnership to make progress on a flexible and collaborative workforce, as part of the STP plan
- Develop and embed a workforce strategy that supports a healthy and happy workforce delivering quality care. The focus of the strategy will be to retain, recruit, reward and respect all staff groups
- Improve workforce planning to provide a longer term view of workforce challenges
- Grow the supply of flexible workforce, including the use of flexible retirement options, in order to increase our flexibility at times that teams are stretched
- Review the skill mix and safer staffing models that apply to our community inpatient wards to ensure that they continue to reflect the model of care delivery in community hospital settings
- Upgrade our e-roster system to improve the way in which day to day staffing rotas are planned and organised.

### **Priority Five: Delivering Harm Free Care – Reducing Falls**

Wiltshire Health and Care recognises that we are currently an outlier when compared to other community providers (NHS Benchmarking). The majority of falls do not result in harm to an individual, but we do recognise that a fall can have other impacts particularly on a person's self-confidence and independence.

Our performance in relation to preventing all types of falls could be improved when considered against national benchmarking. The graph below shows the number of falls across all four community wards compared to the benchmark (fig 1).

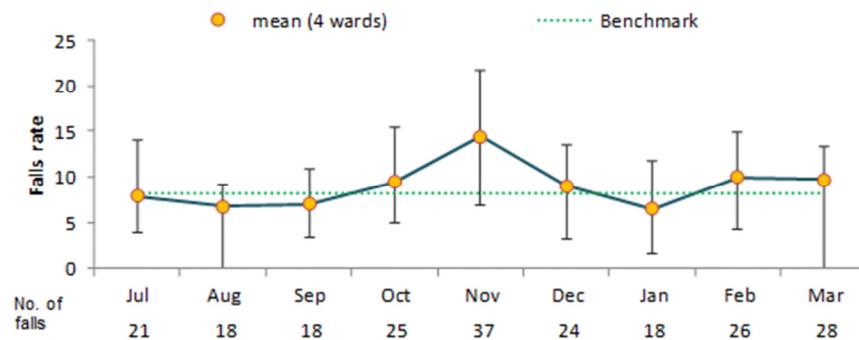


Fig. 1 Graph showing number of falls recorded across all wards compared to benchmarking data.

Therefore Wiltshire Health and Care will;

- Participate in falls clinical audit programmes
- Design and implement a strategy to incorporate effective prevention and management of risk of falls
- Become part of the Sign up to Safety community to ensure we learn from others and recognise and embed best practice
- Promote a positive learning culture to ensure we learn from every fall
- Adopt Plan Do Study Act (PDSA) methodology to implement new initiatives
- Value our staff by actively seeking their involvement in all stages of the development and delivery of the strategy.

## Formal statement of assurance from the Board

### Review of Services

During 2016/17 Wiltshire Health and Care provided adult community services in Wiltshire against 19 NHS service lines from 1<sup>st</sup> July 2016.

Wiltshire Health and Care has reviewed all the data available to them on the quality of care in all 19 of these services.

The income generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by Wiltshire Health and Care for the period July – March 2016/17.

### Participation in Clinical Audit

During 2016/17, 3 national clinical audits and 0 national confidential enquiries covered NHS services that Wiltshire Health and Care provides.

During that period, Wiltshire Health and Care participated in 100% national clinical audits and 0 national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Wiltshire Health and Care was eligible to participate in during 2016/17 are listed in the table below.

The national clinical audits and national confidential enquiries that Wiltshire Health and Care participated in, and for which data collection was completed during 2016/17, are listed below (fig 2) alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of the audit or enquiry.

Audit Title	Participated	Percentage Returned	Cases	Action Plan / Comments
National COPD Audit (2016-17)	Yes	100%		Awaiting National audit report
Sentinel Stroke National Audit Programme	Yes	Rolling audit – data submitted on an on-going basis		National reports are published quarterly and results are added to the WHC SSNAP Dashboard for discussion and actions on an on-going basis.
National Audit of Dementia in Community Hospitals 2015	Yes	100%		Awaiting National audit report
National Learning Disabilities Mortality Review Programme 2016/17	N/A	N/A		
National Falls & Fragility Audit Programme 2016/17	N/A	N/A		

Fig. 2 Table showing national audits and progress against each

The reports of 6 local clinical audits were reviewed by Wiltshire Health and Care in 2016/17 and we intend to take the following actions to improve the quality of healthcare provided:

#### **Accurately Recording Electrotherapy Intervention in Health Records 2016**

- Team leaders/Mentors to use 1:1 supervision sessions to review recording of electrotherapy intervention in clinical notes with staff. Those staff identified should consider competencies during supervision this should be saved in the equipment log and their personal file
- Team leaders to make sure all electrotherapy competencies are up to date

#### **NICE CG092 VTE Audit**

- Ensure all wards are using the leaflet and staff are aware that it is available and given to the patient on admission so they can support the patients self-care. On following up with areas non-compliant in use of the Patient Information leaflet all confirmed that this is part of the core pack given to all patients on arrival
- Ward Manager to share results with teams; educate teams on need for adherence to guidelines; document the feedback and delegate monitoring to key members of the team.

#### **Cows Milk Protein Allergy (CMPA) Audit 2016**

- To improve documentation of allergy classification. To include a crib sheet in Dietetic notes when seeing CMPA patients to encourage documentation of allergy classification.
- To improve documentation and recommendation of maternal and infant vitamins. To include a crib sheet in Dietetic notes when seeing CMPA patients to encourage documentation and recommendation of maternal and infant vitamins/minerals.
- Promote awareness of local CMPA pathway, in particular the use of Extensively Hydrolysed Formula before trialling an Amino Acid Formula unless the baby has multiple food allergies, severe allergy or faltering growth. Allergy education day for GPs to promote awareness of local CMPA pathway.
- To improve effectiveness of Dietetic time by amending CMPA pathway to allow for parent group education sessions covering milk free weaning and reintroduction advice. CMPA pathway to include triage of patients referred at around 6 months of

age that can be invited to group sessions for milk free weaning and milk reintroduction advice rather than attending 2 individual clinic appointments.

### **Non-medical Prescribing Practice & Competence Audit**

- All Non-medical Prescribers (NMPs) to be reminded of the need to have yearly appraisal. Managers of NMPs should be reminded of the requirement to discuss NMP at appraisals, as per NMP policy
- Any NMPs not prescribing should consider the need for prescription pads. Letter to NMPs not prescribing identifying the need to discuss with their line manager and return FP10
- All NMPs need to record the details of all permission to administer decisions. Follow up from NMP update to remind staff of their responsibilities. Letter to those who did not attend
- Annual audits to be completed, by all NMP (V300 and V100). Reminder to NMPs of their responsibility to complete these
- Audit tool to be amended to reflect Wiltshire Health and Care responsibilities

### **Community Inpatient Units Antibiotic Prescribing Re-Audit**

- Prescribers to continue specifying indications and initial duration, and to ensure that all antibiotics reviewed at 48 to 72 hours. This also applies to antibiotics started by another prescriber.
- Prescribers to ensure that they have access to the guidelines, either via the intranet page, or by consulting the laminated copies present on all wards
- Nursing staff to continue prompting prescribers to prescribe and review, as specified

### **Rheumatology Hydrotherapy Audit 2016**

- All patients should be offered a one-to-one appointment with a physiotherapist on completion of the hydrotherapy course to facilitate transition to maintaining activity levels independently. With immediate effect.
- Consider whether integration with psychology services is required

## **Participation in Research**

The number of patients receiving NHS services provided or subcontracted by Wiltshire Health and Care in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was zero.

Wiltshire Health and Care is committed to ensuring research and development is an integral part of delivering quality care to the people of Wiltshire. Since the inception of Wiltshire Health and Care in July 2016 we have secured the support of Bath University Research and Development unit to provide research governance and assurance processes. We have also become a member of the West of England Academic Health Science Network (WEAHSN) and have secured development funding to launch Human Factors training and the introduction of SBAR as a communication tool to be used throughout Wiltshire Health and Care.

During the following year we will work in collaboration with Bath University to raise the profile of research throughout Wiltshire Health and Care and encourage clinicians to be active participants in research.

## **Commissioning for Quality and Innovation (CQUIN)**

A proportion of Wiltshire Health and Care's income in 2016-2017 was conditional on achieving quality improvement and innovation goals agreed between Wiltshire Health and Care and any person

or body they entered into a contract, agreement of arrangement with for the provision of NHS services, through the CQUIN payment framework. Further details of the agreed goals for 2016/17 and for the following 12 month period are available electronically at <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/>.

Three areas were agreed with Wiltshire Clinical Commissioning Group, which were:

#### **Care Coordination (CTPLD)**

##### **Increased identification of a care coordinator for people with a learning disability accessing healthcare, and who have more than one long-term condition**

The confidentiality inquiry into deaths of People with a Learning Disability (2013) determined, that people with complex health care needs, or had more than one condition, found it difficult to access and navigate health care services. There is currently no defined system of case management for most people entering acute healthcare environments.

The Community Team for People with Learning Disabilities' key priority for long-term condition patients was those with Epilepsy and/ or Autism.

#### **Motivational Interviewing**

##### **Increased training of staff in core skills of motivational interviewing to improve care planning**

The rationale was to develop the skills of appropriate staff in the techniques of motivational interviewing/ health coaching, so that effective patient orientated goal setting can be developed which supports patients to self-manage their long-term condition and actively participate in the decision-making related to their care.

#### **Frailty Identification and Care Planning**

##### **Promote a system of timely identification and proactive management of frailty in the community**

Frailty is a frequent condition with an exponential increase with age. From about 10% in the population aged over 60 to 25% or more in those aged 80 and older. It is known that between 20-30% of hospitals admissions in this group of patients could be prevented by proactive case finding, frailty assessment, care planning and use of services outside of hospital (Mytton 2012).

#### **Statement from CQC**

Wiltshire Health and Care is required to register with the CQC and its current registration certificate issued on 1<sup>st</sup> July 2016 confirms that Wiltshire Health and Care is registered to provide the following Regulated Activities:

1. Diagnostic and screening procedures
2. Treatment of disease, disorder or injury

The only conditions of registration are that these regulated activities may only be provided from the registered locations.

The CQC has not taken enforcement actions against Wiltshire Health and Care during the period July 2016 to April 2017. Wiltshire Health and Care has not participated in any special reviews or investigations by the CQC during the reporting period.

There is a planned inspection of Wiltshire Health and Care in June 2017.

## Data Quality

Performance metrics around data quality are only available to us for the last quarter of 2016/17, after we signed up to the enhanced community indicator from December. This indicator allows better benchmarking with other community providers, so shows a more relevant comparison on performance. We submit data for NHS number, postcode, GP practice code, and clinical coding for inpatients. See table below for our performance against these indicators (fig 3).

Indicator	Benchmark	Average Performance (Jan – Mar 2017)
D1 NHS Number	99%	99.99%
D3 Postcode	99%	99.96%
D4 GP Practice Code	99%	99.9%
D5 Clinical Coding (inpatients)	99%	99.6%

Fig. 3 Table to show average performance against data quality indicators for Q4 2016/17

## Information Governance Toolkit

Each year the Partnership completes a comprehensive self-assessment of its information governance arrangements by means of the NHS Digital Information Governance Toolkit. These assessments and the information governance measures themselves are regularly validated through independent internal audit. The main Toolkit headings are:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance – Health Records and Information Quality
- Secondary Use Assurance
- Corporate Information Assurance – Records Management and Freedom of Information.

The Wiltshire Health and Care LLP Information Governance Assessment Report overall score for 2016/2017 was 74% and was graded 'Satisfactory' ('green'), with a satisfactory rating in every heading of the Information Governance Toolkit.

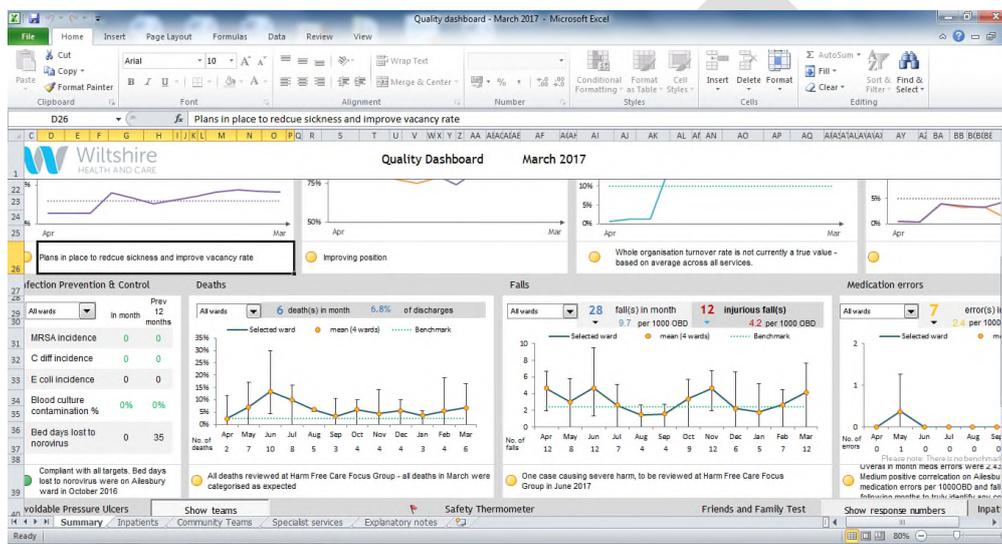
## Clinical Coding Error Rates

Wiltshire Health and Care was not subject to the Payment by Results clinical coding audit during 2016-17.

## Section Three: Quality Achievements

### Quality Dashboard

One significant achievement has been the development of our Quality Dashboard. This provides a concise and reliable overview of performance against all our quality targets and benchmarking data, consolidating on Wiltshire Health and Care's commitment to delivering safe, high quality care by increasing the accessibility and visibility of our performance with staff, so they can see at a glance where we are doing well and where we may need to focus attention to improve performance. During 2017/2018 we will ensure effective utilisation of the tool to support continued improvement in care delivery.



### Harm Free Care

#### Avoidable Pressure Ulcers

The total number of community acquired pressure ulcers from July 2016 to March 2017 throughout Wiltshire Health and Care was 235, of which 113 were avoidable and 122 were unavoidable. The graph below shows the number per month (fig 4).

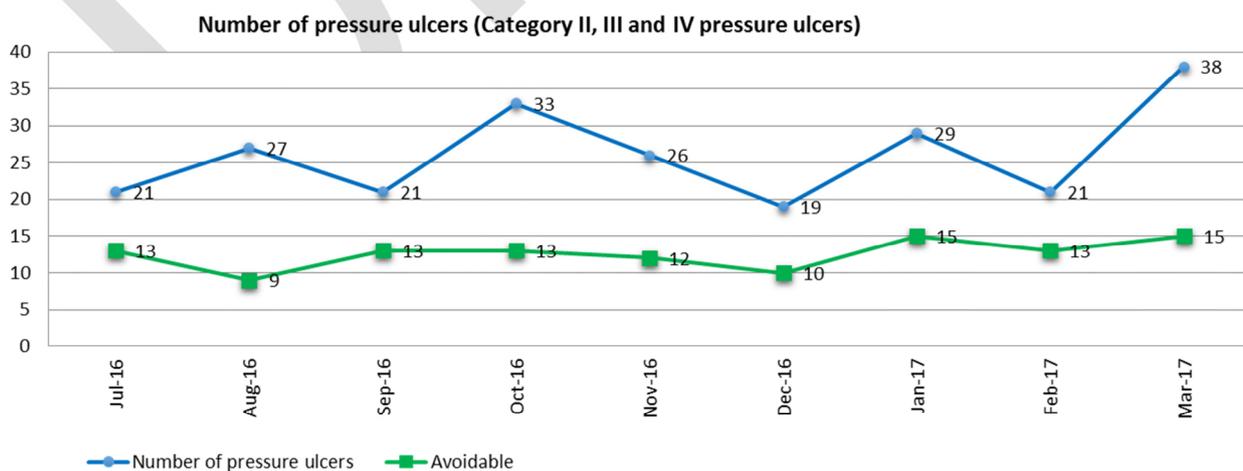


Fig. 4 Graph showing number of pressure ulcers by month.

## Pressure Ulcer Incidence

The overall incidence of patients cared for by Wiltshire Health and Care who developed a pressure ulcer from July 2016 to March 2017 is 0.8% (see Fig 5). This incidence is lower than the national average of 4-10 % although national data for the community setting is not available (The Cost of Pressure Ulcers in the UK, Oxford Journals, NICE 2012).

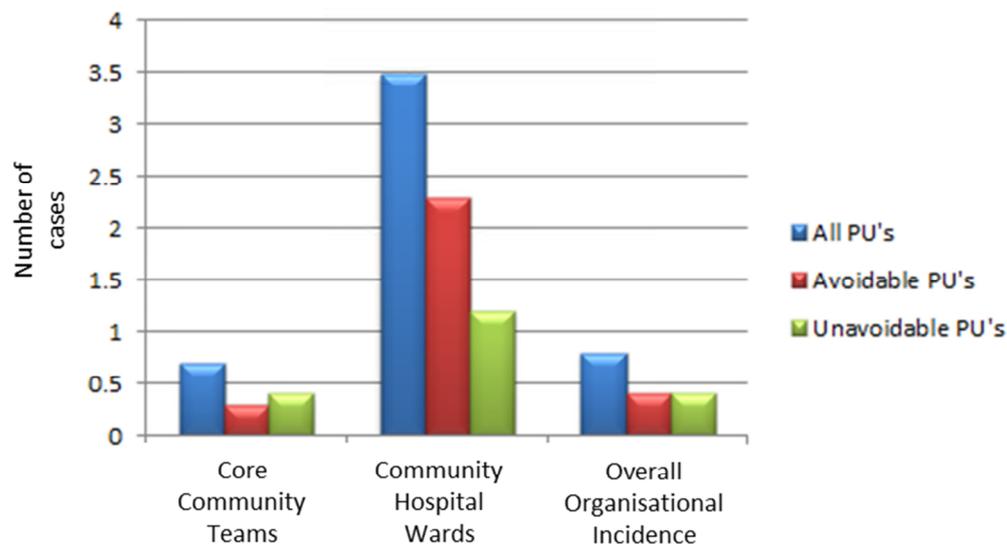


Fig. 5 Graph showing percentage of recorded pressure ulcers (PU's) by location and type.

## What improvements have we achieved?

The reporting of pressure ulcers has significantly improved since the conversion to SystmOne (clinical record) as the tissue viability team are no longer reliant on a paper system, and the tissue viability administrator can actively seek the data from SystmOne. This data is then triangulated with the IR1 clinical reporting system and the Safety Thermometer data, resulting in an improvement in the reporting mechanisms and data quality.

## Drivers for improvement

- Review of the themes highlighted in the Root Cause Analysis (RCA) investigations for every category III and IV pressure ulcer, are discussed at our Harm Free Care Panel each month.
- Review of the wound documentation on SystmOne. This has been highlighted in the themes from the RCA investigations and further work is being undertaken to improve the display in the mobile working version of SystmOne.
- The Tissue Viability Lead is working with each community team this year for reassurance of clinical practice in tissue viability.

## Further improvements identified and priorities for 2016/17

Working with teams is a priority for the Consultant Nurse for assurance that the Tissue Viability clinical practice is of a high standard. This includes undertaking process mapping exercises, as well as joint visits to support and coach staff in all aspects of tissue viability.

Education and training continues throughout the year. All new staff to the organisation are expected to attend the 'Introduction to Community' programme, which includes an update on best practice in tissue viability.

Every community team highlighted as a hot spot, defined as the development of three or more pressure ulcer in a single month, irrespective of category, will have a review with the TVCN and discussed at the Harm Free Care panel.



### Catheter Associated Urinary Tract Infections (CaUTI)

Catheter associated UTIs have been linked with increased morbidity, mortality, healthcare costs, and length of stay, as well as causing potential discomfort to patients. The risk of a CAUTI can be reduced by ensuring that catheters are used only when needed and removed as soon as possible; that catheters are placed using proper aseptic technique; and that the closed sterile drainage system is maintained.

We have developed tools to roll out across the community to help staff to consider when a catheter is necessary or should be removed, including our HOUDINI initiative:

If none of these conditions apply the catheter should be considered for removal

**H**aematuria- visible?

**O**bstruction- urinary?

**U**rology surgery?

**D**amaged skin - open sacral or perineal wound in an incontinent patient?

**I**nput / Output fluid monitoring?

**N**ot for resus / Comfort care / Doctor's advice?

**I**mmobility due to physical constraints - unstable fracture/not yet mobile?

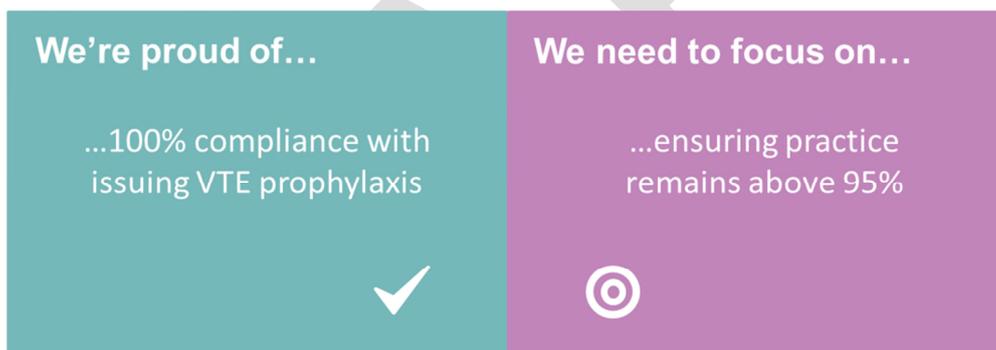
We continue to work towards the 95% target for harm free care.



### Venous Thromboembolism (VTE)

We aim for a target of 95% of inpatients to have been screened for VTE risk. In 2016/17, we are compliant with an average of 99.4% of patients receiving the appropriate screening since July. We are also 100% compliant with the target for issuing prophylaxis to patients when they need it, across the year.

In the last year since July (2016/17), we reported 3 incidences of Deep Vein Thrombosis or VTE acquired in hospital. As at 28/04/2017, none of these incidents were deemed to have been avoidable.



### Harm from Falls

Wiltshire Health and Care are committed to reducing harm from falls. We recognise that patients undergoing rehabilitation are at higher risk of falls than those who have limited mobility. The community inpatient setting has a high percentage of patients being discharged back to the original place of residence and this reflects the optimisation of their independence within the community setting.

The community inpatients also have a significant number of patients with a cognitive impairment. These patients still achieve an increase in their level of independence but they also form a high number of patients who fall. In order to support these patients we endeavor to supply additional staff in order to provide close support, as well as other tools such as 'high low' beds and sensor mats.

The target for assessment of falls risk is for 95% of patients to be assessed within four hours of admission. Overall we are 99% compliant with the target across 2016/17.

In 2016/17, a total of 215 falls are recorded as having been sustained in one of our Community Inpatient Wards. The types of harm sustained by each of these falls (including any reported near misses) are detailed in the graph below (see fig. 6). This clearly shows an overwhelming majority

(96%) of falls resulted in no harm or low harm. A total of 6 falls resulted in 'moderate' harm, and 3 in 'severe' harm, comprising a total of 4% of recorded falls.

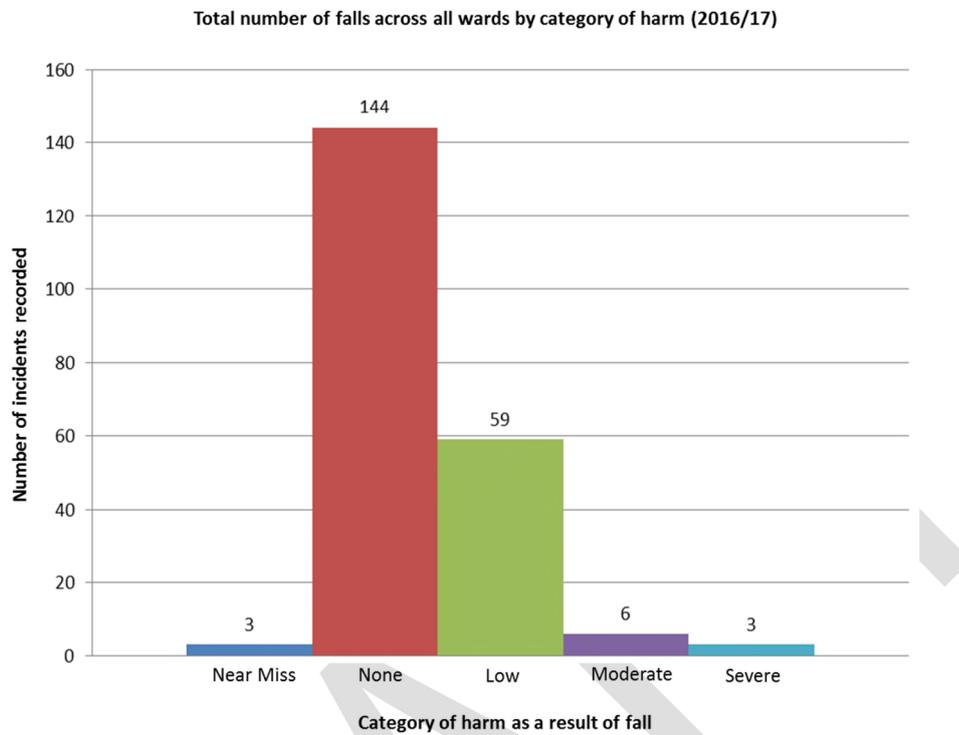


Fig. 6 Graph showing total recorded fall incidents by category across all Community Inpatient Wards.

We're proud of...	We need to focus on...
...over 95% of patients screened for falls risk within 4 hours of admission ✓	...development and implementation of a falls strategy 🎯

### Infection Prevention and Control

Achieving best practice in infection prevention and control (IP&C), as a vital part of patient safety, takes a high priority in Wiltshire Health and Care. There is dedicated IP&C advice and support for Wiltshire community services.

In 2016-17 there have been no cases of the infections listed in the table below (Fig 7).

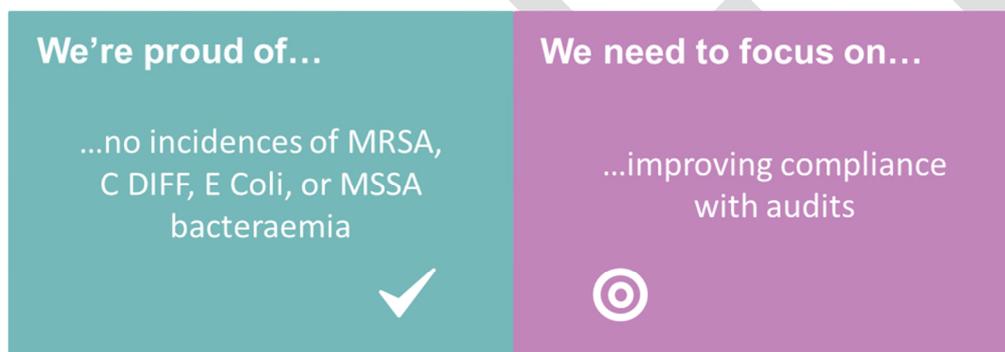
Type of infection	2016-17 outcome
MRSA bacteraemia	0
<i>Clostridium Difficile</i> infection	0
<i>E.coli</i> bacteraemia	0
MSSA bacteraemia	0

Fig. 7 Table to show incidents of MRSA, C.Diff, E.coli and MSSA

Ailesbury ward at Savernake Hospital was closed in October 2016 due to an outbreak of norovirus. In December 2016 two bays were closed on Ailesbury due to patients with diarrhoea and vomiting; laboratory testing for norovirus was negative. The IP&C team and microbiologists provided advice and support at the time of the outbreaks and, in addition, an interactive session was facilitated on the ward which included lessons learned from the outbreaks.

Proactive IP&C initiatives to support Wiltshire Health and Care include:

- Telephone, email and face-face advice available from an experienced IP&C team
- A community-based IP&C Link worker meeting held quarterly
- Supportive visits to clinical areas to promote best IP&C practice
- Virtual access to the GWH *Clostridium difficile* ward round and the monitoring of patients
- Interactive learning opportunities in identifying and managing outbreaks delivered to ward-based teams
- IP&C advice in investigations, root cause analyses, policy development and risk assessments
- IP&C advice in relation to the built environment and when purchasing equipment



## End of Life Care

End of Life care is about caring for people as they near the end of their lives. This period can extend over months, weeks, or days. We encourage staff to consider the 'surprise' question: 'would you be surprised if your patient died in the next 12 months?'; If the answer is no, then staff should be considering conversations around end of life care, which include the use of an Advance Care Plan (ACP) and a Treatment Escalation Plan (TEP). This is supported through our electronic recording mechanisms on SystemOne to ensure this information is readily accessible and can be shared with partners. It is important that we work to meet both the needs of our patients and those who care for them.

We hold quarterly End of Life Provider Partnership meetings which include representatives from community teams, community inpatient teams and local Hospice organisations including Prospect, Dorothy House and Salisbury. These meetings offer a forum to discuss delivery of end of life care against the CQC Key Lines of Enquiry (KLOEs); Safe, Effective, Responsive, Well Led, and Caring. This helps us to standardise practice across agencies and within our teams, which in turn improves safety, effectiveness, and improved responsiveness. It helps us to standardise our literature, improving patient experience and sharing learning from risks or incidents. The group is informed by and informs the End of Life Programme Board at Wiltshire CCG, and the South West End of Life Facilitators Group.

All new ward or community team based clinicians undergo training on how to have conversations about instigating and managing end of life care, using the Circle of Life board game as a tool to encourage team discussion and learning.

An End of Life Care audit is undertaken annually to measure the quality of care given to patients in the community at the end of their lives.

The number of patients recorded as being on the End of Life Register has increased over this year (see Fig.8) due to amendments to our recording process (through adopting SystemOne) which has resulted in increased use of the system templates, rather than reflecting an increase in the number of patients we care for at end of life. Further changes and improvements in reporting are expected as staff become more familiar with the system.

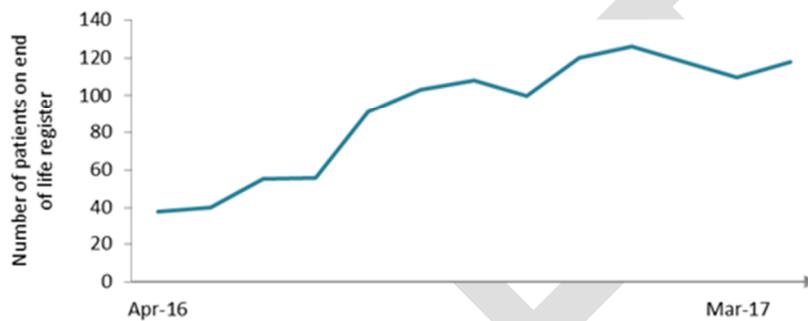


Fig. 8 Graph to show number of patients recorded on the end of life register.

<p><b>We're proud of...</b></p> <p>...provider partnership to standardise care across agencies</p> <p style="text-align: right;">✓</p>	<p><b>We need to focus on...</b></p> <p>...maintaining the good work done to improve recording of patients on the register</p> <p style="text-align: center;">🎯</p>
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### Dementia care

As our patients live longer, the incidence of caring for those with Dementia has increased, and it is important that patients with cognitive impairments of any type are supported to achieve the best health outcomes they can whilst they are inpatients with us. We are developing a number of initiatives to achieve this.

#### Dementia training:

Every new member of clinical staff to Wiltshire Health and Care takes part in an 'Introduction to Community' induction programme, included within which is a face to face session on dementia, as well as training on the Mental Capacity Act and Deprivation of Liberty Standards. In addition to this, all inpatient staff are required to undertake the Dementia Awareness training module. At the end of year 2016/17 our compliance level for this reached almost 100%, with only two absent staff members non-compliant.

### **Dementia friendly environment:**

It is important to us that our wards are suitable for patients with all levels of cognitive impairment. We recognise that the layout of many of the wards is not conducive to caring for patients with dementia and in order to support those patients whose cognitive impairment is such that they become a risk to themselves we authorise close support to provide the additional monitoring required.

We have also piloted various dementia-friendly initiatives on Longleat Ward:

- An activity programme to promote rehab goals and improve socialisation. The activities include exercise groups, films and crafts, as well as a group lunch. It was noted that on days when there are more patients in the day room the food waste is reduced, indicating that patients' nutrition and hydration intake improves in this setting. This is being supported by the recruitment of an Activity Coordinator.
- A Digital Reminiscence Therapy Unit, purchased by the Friends of Warminster Hospital (FOWH). It is a device that stores information for use with patients with Dementia. For example it stores songs which can be played for patients to sing along to; pictures of bygone times across the country; games such as bingo which can be played with a group of patients. A file can be set up on the unit for individual patients too, storing photos and information about their family, as well as voice recordings so that patients can be reassured that their family know where they are and that they are safe.
- Art and music – A dementia-friendly mural has been installed, using appropriate colouring and visual cues. A local artist, trained in Art in Therapy, is also visiting the ward on a voluntary basis to run art sessions with the patients. She attends the ward at the time of the activities sessions, as well as taking sessions to the bedside. We also have music groups: the Ward Manager has visited the local comprehensive school and spoken with the sixth form students, resulting in a huge increase in voluntary engagement by the school and this includes music.
- Voluntary groups and work experience – we have engagement from various groups who support patients and carers. The longest standing is the Sound Foundation whose volunteers visit Longleat to sit with patients to talk or read to them. We also have Cornerstone visiting the ward twice monthly and they provide information to patients and carers for benefits and support. The Carers Association is a valuable link for us who also signpost patients and carers. The Ward Manager's has developed good links with the local Sixth Form, resulting in a large increase in the number of student volunteers and work experience students on the Ward. They are involved with supporting the activities and sitting and talking with patients. The recruitment of these valued members of the public is supported by the Voluntary Co-ordinator and the recruitment team who undertake all the relevant checks.
- Post discharge – we recognise that patients are often discharged to quite lonely existences. In order to minimise the impact of loneliness and to continue to promote the benefits of the activities and socialisation above the ward is linking with voluntary organisations within the community. This is quite a new initiative and will be developed as part of the role of the activity assistant.

These developments on Longleat have been well received and as a result are being pursued for development across all of our community wards.

<p><b>We're proud of...</b></p> <p>...the development of face to face training for every new member of staff</p> <p style="text-align: right;">✓</p>	<p><b>We need to focus on...</b></p> <p>...embedding the achievements on Longleat across all community inpatient wards</p> <p style="text-align: center;">🎯</p>
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## Incident Reporting

The table below (Fig 9) shows the total number of incidents by month July 2016 - March 2017.

Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Total
227	218	194	223	246	222	221	218	275	2044

Fig. 9 Table to show number of incidents reported by month, July 2016 – March 2017.

Of the 2044 incidents, 59.9% (1224) were patient safety incidents:

- 1.5% (19) of patient safety incidents resulted in severe harm:
  - Fall – Found on floor (4 incidents)
  - Pressure Ulcer IV (14 incidents)
  - Pressure Ulcer III (1 incident)
- 0 resulted in death

## Spotlight on Improvement Projects

In the first year of our contract we have focussed on driving some really exciting projects, improving and developing our service offer for Wiltshire patients. They included the introduction of Mobile Working technology to our Community Teams, supporting accessibility of training in health coaching techniques for our clinicians, as well as service developments of Home First, Higher Intensity Care, and Early Supported Discharge for Stroke patients. Each has a real potential impact on patient care, and a summary of our goals and progress to date for each is covered below.

### Mobile Working

This project aimed to roll out training and mobile devices to clinical staff in the community teams, and this was achieved on time, before Christmas 2016. The project has now formally closed. How far we have achieved the intended benefits is assessed below:

- **To improve the efficiency of the workforce to allow capacity to be reallocated to deliver other community care**

Through the implementation of this project resources have been realigned to enable service developments in other areas. Anecdotal feedback suggests that this reduction in administration is not being felt everywhere. This might be a reflection of adjusting to the new systems, but also increased demand in referrals and contacts in the same period.

- **To facilitate access to up to date patient records in the community therefore reducing clinical risk**

Staff have their devices on them at community visits and have also been issued with SIM cards to enable better availability of internet connectivity across Wiltshire. Where staff have a mobile signal whilst out and about they are able to update their records and access the most recent version of a patients' notes.

In a staff feedback questionnaire, 75% of respondents reported feeling comfortable using mobile working.

- **To allow rapid updating of clinical records when care is delivered therefore reducing clinical risk**

Staff are able to enter their notes and assessment results to the patient record in real time. This contemporaneous record keeping may improve data quality, and that information is then regularly uploaded to the live version of SystmOne and visible across community teams and primary care. Most clinicians reported doing this at least daily.

- **To improve the quality of care**

All patient contacts are now scheduled from electronically, rather than relying on a paper based system. This means that visits can easily be reassigned if needed and this central computerised recording means it is a more resilient system, accessible anywhere with patients less likely to be missed.

Urgent referrals are reviewed electronically and, where information sharing is agreed with patients, our nurses automatically have access to any and all relevant information regarding that patient's health care needs, and are able to deliver relevant and personalised care more quickly.

In a patient questionnaire, 91% of respondents felt reassured that their clinician had access to the most up to date information when using their laptops. Just over half had been invited to review and participate in what was recorded in their notes, 97% felt empowered to make their own decisions about their care, and 82% did not find the laptop obstructive or distracting to the consultation.

## Home First

The Home First pathway aims to simplify discharge from hospital and direct support for the complex and intense post hospital period:

- Using a 'discharge to assess' approach – with full assessment happening when a patient is back in their own home rather than when in hospital
- Responsive care and rehabilitation while needs are rapidly changing
- Where required, arranging a managed transfer of care to Help to Live at Home providers on or before 10 days post discharge
- A managed transfer of case management when patients' needs are assessed as being long term

The project was started in November 2016 after agreement from commissioners to invest in additional rehabilitation support workers to support the model.

#### **Project Benefits:**

- Simpler pathways and processes release therapy time currently taken up in organising and amending care, delivering more face to face therapeutic intervention
- Implementation of a discharge to assess model – full assessment in own home, rather than inpatient setting, meaning it takes into account full context
- Reduction in number of patients delayed whilst in inpatient care
- Reduction in demand on care packages through a therapy led proactive assessment and rehabilitation approach in period immediately following discharge
- Better system flow achieved when all parts of pathway are operating to agreed standards

#### **Progress in 2016/17:**

- The majority of the 30.6 WTE Rehabilitation Support Workers and the 3 WTE Occupational Therapists had been appointed by 31 March 2017.
- Agreement of performance reporting dashboard
- Development of Standard Operating Procedures and Referral Pathways out of acute hospitals and into local care agencies, reflecting requirements of local service providers
- Amendments to SystemOne to enable recording of Home First activity in the patient record

#### **Higher Intensity Care**

Our community teams often care for people with higher intensity needs at home. This project aims to put in place the support infrastructure in terms of recording, testing and formalising arrangements.

We have put in place the recording mechanisms to ensure we are able to report useful information about care activity where we are working to avoid patient admissions, and have introduced ambulatory care provision in two of our community wards.

Our teams are better equipped to manage higher acuity patients at home, with a multidisciplinary team working alongside them to ensure the safest, highest quality care we can offer is provided.

#### **Project aims:**

- Increase the capacity and capability of blended teams of community geriatricians, other medical resource specialists and general nursing to offer a higher intensity of care
- Put in place the necessary systems and processes to support defined periods of higher intensity care, whether delivered in patients' own homes or in community beds
- Support the delivery of higher intensity care through development of services delivered from community hospitals.

**Project benefits:**

- Reduced admission to secondary care, from more structured and visible management of higher intensity in community settings.
- New process, backed by IT change, to allow collective review and management of identified cohort of higher intensity patients, increasing consistency.
- The use of SystmOne by all clinicians will mean readily available and up to date information.

**Progress in 2016/17:**

- Built the IT infrastructure to support recording for patients at home
- Defined model of patient care and standard eligibility criteria
- Agreed model for multidisciplinary team discussions
- 7 day working for clinical leads agreed following staff consultation
- Procurement of 12 additional portable ECG machines
- Agreed Ambulatory Care standard procedure for Cedar and Longleat wards
- Introduced new MDTs in the south of the county, making and developing stronger links with Community Geriatrician, Dr Hugo Powell.
- New pathway at home commenced March 2017

**Early Supported Discharge for Stroke**

The aims of this project are aligned to our long-term strategy to support those who have suffered a stroke which will include:

- To provide rehabilitation to ESD eligible patients, at a level and intensity appropriate to individual patients and in line with what would have been received on an inpatient stroke rehabilitation unit.
- improved individual outcomes – reduced likelihood of on-going dependency on others for everyday activities
- aim to reduce demand on stroke rehabilitation units

**Project Benefits:**

- Increased rehabilitation and recovery in own home
- Decreased demand on inpatient rehabilitation beds
- Improved individual outcomes – reduced likelihood of on-going dependency on others for everyday activities
- Two dedicated teams focusing on stroke rehabilitation at home
- Real time information via the use of SystmOne.

**Progress in 2016/17:**

- Established patient pathway and supporting documentation
- Working with Salisbury Foundation Trust to strengthen links with specialist stroke ward
- Recruitment of additional resources –
  - Appointed additional stroke specialist staff in North and South Hubs
  - Began recruitment process for Physiotherapist in South Hub
  - Began recruitment process for Rehabilitation Support Worker in North Hub
- Built SystmOne mechanism for recording activity appropriately

## Health Coaching

A bespoke online training module has been designed to enable all staff (including non-clinical) to learn the basic concept and process of the health coaching technique of motivational interviewing.

This approach allows staff to take the learning on at a time that suits them, fitting in with their clinical commitments, as well as the other significant training plans we are pursuing this year.

The aim is to enable clinicians to instigate and tailor conversations with their patients to develop confidence and encourage them with support to tackle their own health goals, using tools and techniques covered in the training module. The flow chart below is an example of one of these tools, used as a prompt for staff to navigate conversations constructively (Fig. 10). As at 29<sup>th</sup> March 2017, 239 of approximately 415 Community Team clinicians had undertaken some form of health coaching training (approximately 58%). It has also been added to our Introduction to Community sessions, so all new staff are inducted to Wiltshire Health and Care with this training.

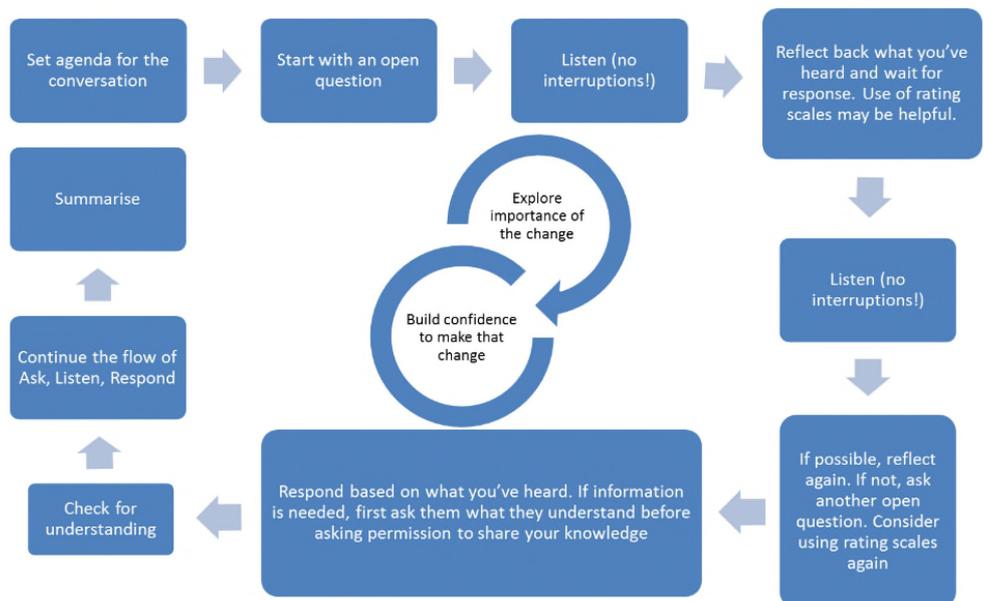


Fig. 10 Flow chart demonstrating how to navigate a conversation using the motivational interviewing technique.

Early feedback from those who have taken the module is positive, with 89% of respondents reporting feeling more confident in using motivational interviewing to support patients to focus on self-management and goal setting, and 100% reporting finding the online module an effective and accessible method of learning. Due to the small sample these results should not be generalised but do at least provide a positive snapshot of results.

## Learning and Development

### Human Factors Training

Wiltshire Health and Care have been working in collaboration with the West of England Academic Health Science Network (WEAHSN) to deliver Human Factors training to community staff. Communication and team working is recognised to have significant impact on the quality and safety of services for patients. Human Factors are the non-technical knowledge and skills to support safer ways of working. These include teamwork, communication and leadership. The training delivered

helped staff to understand and recognise the importance of communication and in particular how SBAR can be used as an information tool (Fig. 11).

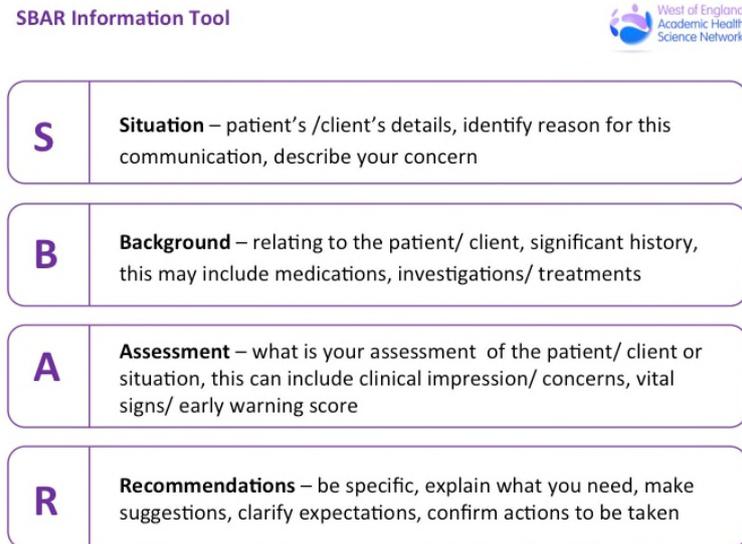


Fig. 11 SBAR information tool

To date, 420 members of staff across all bands and service areas have attended the training. The training has been very well received; 96% of staff reported feeling more confident in meeting the communication needs of others and 95% are feeling confident in using SBAR to support their communication.

### Practice Influencers Forum (safeguarding adults and MCA)

The Practice Influencers Forum was set up with key members of each team, chosen to receive enhanced Safeguarding, MCA and DoLS training over three days. This group consolidated learning, enabled case studies to be discussed via presentation and updated teams with developments in the law and its application. The group was also invited to contribute to national consultation on amendments to DoLS principles.

The Forum is held bi-monthly and recent topics from visiting presenters have included;

- D.I. Adrian Bray from the Safeguarding Investigation Team about investigations resulting from serious safeguard alerts
- Graham Deeley from the Human Exploitation and Emerging Threat Team about human trafficking and modern slavery in Wiltshire
- Hayley Mortimer from the Domestic Violence unit.

Information and skill sharing with other teams has been found to be better disseminated through these Practice Influencers than through e-mail and the intranet, and the group have been working to develop networks between teams that are geographically disparate with good success.

## Service user experience

### Friends and Family Test

The Friends and Family Test (FFT) is commissioned nationally by NHS England. All providers of NHS-funded services are required to offer the FFT to all eligible patients discharged from their care. On average 97% of patients recommended our services to their friends and family if they were requiring treatment.

### Patients told us...



### Learning from Complaints

We aim to resolve any worries or fears patients may have about our services at the first point of contact; this is reflected in our low level of reported concerns and complaints received. We strive to use feedback from concerns and complaints to ensure we learn and make changes to practice or further improvements to the services we provide as a direct result of feedback received.

The graph below (Fig 12) shows the number of concerns and complaints received since July. It demonstrates that all complaints received in this period were risk-rated as Low to Medium (L-M) risk; there were no High to Extreme (H-E) rated complaints.



Fig. 12 Graph to show numbers of complaints and concerns received per month

Our Patient Advice Liaison Service (PALS) offer support, advice and guidance to patients and family members, providing them with key information, signposting to all our services we offer, to ensure patients have an overall positive experience.

## Staff Experience

### Staff Survey

Wiltshire Health and Cares Staff Survey remains incorporated with The Great Western Hospitals NHS Foundation Trust for 2016/2017. The staff surveyed were staff who are employed by The Great Western Hospitals NHS Foundation Trust to work on behalf of Wiltshire Health and Care.

As one of the 316 participating NHS organisations, in October 2016 The Great Western Hospitals NHS Foundation Trust randomly selected 1250 employees to complete the 2016/17 NHS Staff Survey, of which 236 staff were selected for Wiltshire Health and Care. 107 of those employees selected returned a completed questionnaire giving Wiltshire Health and Care a 45.9% response rate; an improvement from last year (45.3% in 2015) and above the national average for combined acute and community trusts in England.

The latest NHS Staff Survey results demonstrate a positive improvement in terms of staff experience and engagement despite the numerous challenges currently facing the NHS and its workforce. Nationally, staff engagement has improved continuously over the last five years and this year has also seen an improvement in the overall willingness of staff to recommend the NHS as a place to work or be cared for.

Despite the extreme pressures that the NHS is under, nearly three quarters of staff remain enthusiastic about their job, the majority of frontline staff (81%) report that they are able to do their job to a standard they are personally pleased with and 93% of staff state that their job makes a difference for patients.

Generally staff reported feeling that managers are invested in their health and wellbeing with a significant proportion of staff stating that their immediate manager takes an interest in their health and wellbeing (69%) and the majority of staff feeling that their organisation takes positive action on the health and wellbeing of staff (88%). In addition to this the percentage of staff witnessing

potentially harmful incidents is at its lowest in five years and the percentage of staff able to report those concerns is at its highest in six years.

As is to be expected in such pressured working environments, the survey does highlight some areas of staff concern, with only 37% of staff feeling that there are enough staff in the organisation to do their job properly and 4% of staff reporting that they have experienced discrimination at work.

### Statement from Wiltshire CCG

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed the Wiltshire Health and Care (WHC) 2016-17 Quality Account, the first Quality Account since the commencement of the organisations' contract to provide Adult Community Services in Wiltshire. In doing so, the CCG reviewed the Account in light of key intelligence indicators and the assurances sought and given in the monthly Clinical Quality Review Meetings attended by WHC and Commissioners. The CCG welcomes the quality priorities identified by WHC for 2017-18, in particular designing the workforce for the future, implementing the Home First Pathway and delivering Harm Free Care with a focus on reducing falls in community wards. This is the first Quality Account completed by WHC, as such it would have been helpful if WHC had provided an overview of the services they deliver and the locations these services are provided from, as well as how they work in partnership and are constituted of the three acute Trusts commissioned by Wiltshire CCG.

It is the view of the CCG that the Quality Account reflects WHC's on-going commitment to quality improvement. It also outlines the achievements made in-year which includes the development of the 'Quality Dashboard.' This enables WHC to benchmark their own quality performance with other similar community providers. The CCG anticipates that the utilisation of this tool will enable WHC to clearly identify areas where improvement is required. The CCG encourages WHC to specifically investigate the rate of 'avoidable' pressure ulcers and welcomes the actions identified, such as Tissue Viability Consultant Nurse review of every 'hotspot' area. The CCG is committed to working with WHC to improve the robustness and outcomes of Root Cause Analysis (RCA) investigations, not just for pressure ulcers, but for all serious incidents.

The CCG welcomes the description within the Account of each of the five key workstreams, which include; Mobile Working, Home First, High Intensity Care, Early Supported Discharge for Stroke, and Health Coaching. During 2017-18, the CCG will work to receive assurance on the quality impact of these projects, in terms of patient safety, experience and effectiveness and look forward to seeing the anticipated progress in each of these projects during 2017/18.

Although the Quality Account includes some detail about service user experience through the Friends and Family Test and complaints, it is not clear what WHC will do as an outcome of this feedback and what lessons have been learnt. It is important that this valuable feedback and resulting actions are shared with members of the public. The Quality Account also includes an overview of staff feedback as an outcome of the NHS Staff Survey. It is positive to see that the majority of staff report that they are able to do their job to a standard they are personally pleased with and that the majority of staff report that their job makes a difference to patients. However the survey identifies specific feedback which the CCG would value further focus by the provider. These areas include a number of staff who reported not feeling that there is enough staff in the organisation to do their job properly and 4% of staff who reported that they have experience of bullying and harassment. The CCG seek assurance from WHC to understand how WHC plan to address these areas during 2017/18.

The CCG welcomes a continued focus on Harm Free Care, with a particular emphasis on reducing falls. During 2016-17 WHC experienced an increase in patient falls and are currently an outlier when compared to other community providers nationally. The CCG looks supports the implementation of a

new falls strategy in 2017/18 and the commitment from WHC to learn from other providers through 'Sign Up To Safety.'

WHC have experienced a number of staff vacancies across teams in 2016/17 and the CCG welcomes sight of the new workforce strategy in July this year, as well as the continued focus on workforce through the identified priorities for 2017/18. The CCG recognises the workforce challenges faced by WHC which are reflective of national healthcare staffing and will work to support WHC to establish a method of monitoring and managing community caseloads to ensure that effective and appropriate patient outcomes are achieved in a timely way through best use of resource.

It is positive to see that delivering against the Home First Pathway has been identified as a quality priority for 2017/18. Successful delivery of this project is fundamental to maximising the opportunities for simple and effective discharge and aligns to local system-wide areas of focus.

Building on the accomplishments of 2016/17, the CCG is committed to ensuring collaborative working with Wiltshire Health and Care to achieve continuous improvement for patients in both their experience of care and outcomes, through effective working with acute partners and primary care.

### Statement from Healthwatch (Wiltshire)

Healthwatch Wiltshire welcomes the opportunity to comment on Wiltshire Health and Care's quality account for 2016/17. Healthwatch Wiltshire exists to promote the voice of patients and the wider public with respect to health and social care services.

We acknowledge the positive work being carried out around end of life care. In particular, it is pleasing to see that staff are receiving training around having early conversations about end of life care with patients and relatives. We would like to thank Wiltshire Health and Care for their input and advice on the end of life information pages that we created in partnership with Wiltshire Council for the Your Care Your Support Wiltshire Health and Care information website.

Over the past three years, Healthwatch Wiltshire has spoken to a number of people who are living with dementia, their relatives and unpaid carers. As a result of this work we know that those with dementia often feel confused and scared when in an unfamiliar environment such as a hospital. We are therefore pleased to see that Wiltshire Health and Care are developing several initiatives to ensure their patients with dementia are supported to achieve the best health outcomes whilst in their care. People living with dementia have told us that they are not always signposted to other agencies when discharged from hospital. Therefore, we are keen to see the impact of the Activity Assistants and the planned closer working with the voluntary sector.

The introduction of health coaching training for staff to enable them to instil confidence in patients to tackle their own health goals is a positive move. We will be interested to see how this impacts on patients in the coming year.

Healthwatch Wiltshire is pleased to see that the use of mobile devices has enabled community staff to better involve patients in their care and that 97% of patients felt empowered to make their own decisions about their care. Similarly, results from the Friends and Family Test (FFT) showed that 97% of patients said that they would recommend the services of Wiltshire Health and Care to their Friends and family. It would be good to know how many patients had completed the patient questionnaire and FFT so that the results could be put into some context.

It is concerning to hear that only 37% of staff feel that there are enough staff in the organisation to do their job properly. However, we see that 'designing the workforce for the future' is a priority for the coming year and hope that this impacts positively on staffs' experience in the coming year.

Healthwatch Wiltshire is happy to see that views from patients were considered when setting organisational priorities for the coming year. We are also pleased that the organisation values the input of our own volunteers and we welcome the opportunity to continue working with Wiltshire Health and Care over the coming year to ensure that the patient voice is heard. We note that the organisation plans to develop a public and patient engagement plan this year and Healthwatch Wiltshire would be happy to advise on this piece of work.

We are pleased to see that simplifying discharge processes through implementation of the Home First Pathway, is a priority for the coming year. Healthwatch Wiltshire continues to look at discharge pathways as part of its own work so will be interested to see the impact of this initiative.

Healthwatch Wiltshire looks forward to working with Wiltshire Health and Care over the coming year to ensure that the experiences of patients, their families and unpaid carers are heard and taken seriously.

### Statement from the Overview and Scrutiny Committee

The Chairman invited Douglas Blair, Managing Director of Wiltshire Health & Care, to give a presentation on the delivery of the Adult Community Health Care Service following its commencement in July 2016. The slides of the presentation were included in an Agenda Supplement.

Issues highlighted in the course of the presentation and discussion included: the staff and governance structure of the new organisation; the length of the contract awarded; the typical work load for community services; how community services have increased activity bearing in mind the pressures on the health system overall; the five main areas of change and the work required to enact those improvements including recruitment; the link to the Better Care Plan and Fund including the ambition of improving patient pathways to help tackle delays in discharge from acute to community services; how training has been given to staff to improve how they support patients in taking control of their health and care; the new ICT equipment and software that has been used to allow staff to update records in the field and thus save on time spent on travel and administration; that all ICT is encrypted to maintain security; the plans and challenges for next year including some possible redesigns of services; the role of the organisation in the wider programme of Health transformation.

The Chairman thanked the officer for the presentation and the overview.

### Resolved

- 1. To note the update on the Wiltshire Health and Care service following its commencement in July 2016, and**
- 2. To recommend that the successor Committee under the next council receives a further update in September 2017.**

## **EPPR - Overview & Assurance**

**VERBAL ONLY**

**WHC - Board****FOR NOTING AND APPROVAL**

**Subject:** Health, Safety, Fire and Security Review 2016-17  
**Date of Meeting:** 27 June 2017  
**Author:** Jo Woodward - Health, Safety, Fire and Security Lead

**1 Purpose**

1.1 To review Health, Safety, Fire and Security performance in WHC ('WHC').

**2 Background**

2.1 WHC has responsibility for the monitoring of organisational compliance with health, safety and fire legislation.

2.2 This paper is a summary of performance in health, safety, fire and security between July 2016 and March 2017.

**3 Review Update**

3.1 There were no health and safety convictions, enforcement or improvement notices issued by the Health and Safety Executive or Fire Enforcement Authority during the year.

3.2 One RIDDOR incident has been reported, during the period, where a member of staff was exposed to blood borne virus through a needle-stick injury.

3.3 The Health and Safety Management System for WHC is under development although the Safety Risk Profile and organisational level risk assessments are complete.

3.4 The WHC Management of Health and Safety Protocol describes arrangements for the management and monitoring of safety.

3.5 GWH Health and Safety Policies are up-to-date or awaiting approval through the GWH Policies Governance Group.

3.6 A comprehensive programme of auditing health and safety has been carried out during the year confirming that Departments have the safety documents required in place (Managing Safety) and that standards of safety in work areas are generally good (Safe Workplace Inspections). Every Department Manager received reports and recommendations to address areas of non-compliance following each stage of the audit.

3.7 The highest category of incidents reported have been violence and aggression (verbal abuse, threatening behaviour or physical assault) with 101 incidents reported. There were 32 incidents of verbal abuse reported and 31 incidents of physical assault reported. There have been no formal sanctions taken by the Local Security Management Specialist on WHC behalf in the reporting period.

The incident data provided at present includes both intentional violence and aggression and violence and aggression with a clinical, health or organic cause. Into 2017-18 the reporting categories will be

improved to enable us to analyse separately those two sets of data and target our improvement plans appropriately. The data from this year suggests that a significant proportion of all violence and aggression incidents (and in particular physical assaults) have a clinical, health or organic cause. The development of the WHC Safe Management of Challenging Behaviour Protocol alongside the Dementia Strategy will provide opportunities to reduce these incidents over time.

3.8 There were 13 manual handling incidents reported in the reporting period. The WHC Health and Wellbeing Strategy and WHC Handling Improvement Strategy describe the actions and plans in place to reduce the impacts of musculoskeletal disorders

3.9 There were 9 fire incidents in the last year including a small fire at Warminster Hospital and six unwanted fire alarms.

3.10 Since 2012 the fire risk assessments held for GWH community inpatient and outpatient properties have been evaluated and it has been concluded that the risk assessments need to be more comprehensive and in-depth so that they reflect the true risk of the subject building. The aim is to ensure that the standard of the passive and reactive fire safety elements in the buildings is sufficient to provide the level of fire protection required under the guidance 'Health Technical Memorandum (HTM05 -02) Fire code'. In the period 2016 – 2017 the work has been completed.

3.10 Each property has a fire risk assessment and each fire risk assessment has been reviewed or the review is underway.

3.11 The risk assessments show there are significant failings in the passive and reactive fire protection in the respective properties. In particular, there is evidence that there are gaps and damage to the compartmentation in properties which increases the risk of spread of fire and smoke. This has been added to the WHC risk register (1903). There is evidence of effective preventative measures in place to prevent a fire occurring, however if a fire occurred, WHC could not ascertain the effectiveness of the fire spreading.

3.12 Throughout the period the reactive fire safety assets continue to be subject to a Planned Preventative Maintenance Regime.

Compliance rating		
Maintenance Provider	Overall Rating	Comments
GWH Estates	Satisfactory	Improvement in providing assurance documents needed
Grosvenor	Satisfactory	Assurance provided in regular reports
SFT Estates	Satisfactory	Improvement in providing assurance documents needed

3.10 The Health and Safety Group monitor performance for health, safety, fire and security bi-monthly, escalating significant risks to the Quality Assurance Committee and Estates hazards and risks will be reported through the Health and Safety Group.

3.11 The Health, Safety and Wellbeing Forum meet three times a year and acts as an employee forum for Health, Safety and Wellbeing matters.

3.12 Significant health and safety hazards and risks are managed through the WHC Risk Register.

3.13 A Health, Safety, Fire and Security Services Plan for 2017-18 is in development to set improvement objectives for the next operational year.

#### **4 Board Statement of Commitment**

4.1 Attached, at Appendix A, is a Board Statement of Commitment to identifying and managing health and safety risks to meeting statutory requirements and achieve best practice for WHC for approval and adoption.

#### **5 Recommendation**

5.1 The Board is invited to:

- (a) note the content of this report, the actions to be taken forward and the planned mitigation to ensure fire prevention and evacuation procedures are as safe as possible;
- (b) note the risk (1903) relating to the passive and reactive fire protection in the respective properties and the planned approach to NHSPS to prioritise safety of buildings;
- (c) approve and adopt the Board Statement of Commitment and authorise the MD to sign on behalf of the Board.

## **WHC Board**

### **Health and Safety**

#### **Statement of Commitment**

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

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

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

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

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

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

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

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

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

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

**Managing Director**

**Date**

## Impacts and Links

Impacts	
<b>Quality Impact</b>	Ensuring safe workplace and safe working practice to support the delivery of high quality patient care and delivery of high quality services. A robust health and safety management system should reduce the risks of harm to staff, patients and visitors.
<b>Equality Impact</b>	Effective health and safety arrangements support the provision of safe care to all patients and allow for reasonable adjustments for staff with existing health conditions.
<b>Financial implications</b>	<p>Compliance with legislative requirements should minimise the likelihood of prosecution and civil litigation against WHC.</p> <p>Investment in safety should reduce the risks of harm to staff, minimising work-related incidents and contribute to the reduction in staff absence.</p> <p>Fire Safety risks identified through Site Fire Risk Assessment should be addressed by the premises owner to ensure compliance with legislation and healthcare premises guidance outlined in the Healthcare Technical Memorandum.</p>
<b>Impact on operational delivery of services</b>	Effective health and safety arrangements support staff to deliver services efficiently
<b>Regulatory/legal implications</b>	Ensuring compliance with Health and Safety at Work Act etc 1974, Management of Health and Safety at Work Regulations 1999, Manual Handling Operations Regulations 2002 and Regulatory Reform (Fire Safety) Order 2005
Links	
<b>Link to business plan/ 5 year programme of change</b>	<a href="#">Click here to enter text</a>
<b>Links to known risks</b>	Health and Safety Risks are documented on the WHC Risk Register
<b>Identification of new risks</b>	Fire Safety risks now added to the WHC Risk Register (1903) on advice of Fire Safety Advisor

Wiltshire Health and Care LLP

Annual Report and Accounts 2016 to 2017

Presented to Parliament pursuant to Schedule 7, paragraph  
25 (4) (a) of the National Health Service Act 2006

Ordered by the House of Commons to be printed 5 July 2017



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**Officers and Professional Advisers**

**Designated Members**

Great Western Hospitals NHS Foundation Trust

Royal United Hospitals NHS Foundation Trust

Salisbury NHS Foundation Trust

**Registered Office**

Chippenham Community Hospital,  
Rowden Hill,  
Chippenham,  
SN15 2AJ

**Independent Auditor**

KPMG LLP  
66 Queen Square  
Bristol  
BS1 4BE

**Bank**

Lloyds Bank plc  
Chippenham Branch  
PO Box 1000  
BS1 1LT

The members are pleased to present their report and the audited financial statements for the year to 31 March 2017.

**Principal Activity**

Wiltshire Health & Care LLP is a public benefit entity whose principal activity is the provision of adult community health services across Wiltshire.

**Results**

The results for the year are set out on page 6.

## Members' report

### Designated Members

The designated members who served during the year and to the date of this report are set out on page 1.

### Charitable Donations

The staff made a number of donations during the year, although the LLP itself did not directly contribute.

### Policy regarding Members' Drawings and Capital

All contributions of Capital made by a Member shall be recorded by the LLP. No interest shall be payable on any Capital Contribution unless the Members agree otherwise. There have been no contributions made to date.

Should any Member provide any services to the LLP, the Member shall not make any profit on any elements of those services with all risks managed in line with the relevant regulatory framework. Arrangements subject to periodical review by the Board.

In the event that the LLP makes any Profits a reserve shall be formed and will only be divided and converted into a debt to the Members if and when the Board (acting on behalf of the Members) has agreed to distribute those Profits among the Members as per section 8 of the Members Agreement.

### Disclosure of information to auditor

The members who held office at the date of approval of this members' report confirm that, so far as they are each aware, there is no relevant audit information of which the LLP's auditor is unaware; and each member has taken all the steps that they ought to have taken as a member to make themselves aware of any relevant audit information and to establish that the LLP's auditor is aware of that information.

### Auditor

During the year the members appointed KPMG LLP as auditor of the Limited Liability Partnership.

Approved by the Members  
and signed on behalf of the Members



Douglas Blair

Managing Director

**Statement of members' responsibilities in respect of the Members' report and the financial statements**

The members are responsible for preparing the financial statements in accordance with applicable law and regulations and have elected to prepare a Members' Report.

The members are responsible for the maintenance and integrity of the corporate and financial information included on the LLP's website.

The Limited Liability Partnerships (Accounts & Audit) (Application of Companies Act 2006) Regulations 2008 require the members to prepare the financial statements for each financial year. Under that law the members have elected to prepare the financial statements in accordance with United Kingdom Accounting Standards and applicable law (United Kingdom Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*.

Under Regulation 8 of the Limited Liability Partnerships (Accounts and Audit) (Application of Companies Act 2006) Regulations 2008 the members must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the LLP and of the profit or loss of the LLP for that period. In preparing these financial statements, the members are required to:

- select suitable accounting policies and then apply them consistently;
- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the LLP will continue in business.

Under Regulation 6 of the Limited Liability Partnerships (Accounts and Audit) (Application of Companies Act 2006) Regulations 2008, the members are responsible for keeping adequate accounting records that are sufficient to show and explain the LLP's transactions and disclose with reasonable accuracy at any time the financial position of the LLP and enable them to ensure that its financial statements comply with those regulations. They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the LLP and to prevent and detect fraud and other irregularities.

## **Independent Auditor's report to the members of Wiltshire Health & Care LLP**

We have audited the LLP financial statements ("the financial statements") of Wiltshire Health & Care LLP ('the LLP') for the year ended 31 March 2017 set out on pages 6 to 16. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*.

This report is made solely to the members of the LLP, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, as required by Regulation 39 of the Limited Liability Partnerships (Accounts and Audit) (Application of Companies Act 2006) Regulations 2008. Our audit work has been undertaken so that we might state to the LLP's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the LLP and the LLP's members as a body, for our audit work, for this report, or for the opinions we have formed.

### **Respective responsibilities of members and auditors**

As explained more fully in the Members' Responsibilities Statement set out on page 3, the members are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

### **Scope of the audit of the financial statements**

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at [www.frc.org.uk/auditscopeukprivate](http://www.frc.org.uk/auditscopeukprivate).

**Independent Auditor's report to the members of Wiltshire Health & Care LLP (continued)**

**Opinion on financial statements**

In our opinion the financial statements:

- give a true and fair view of the state of affairs of the LLP as at 31 March 2017 and of its profit for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, as applied to limited liability partnerships by the Limited Liability Partnerships (Accounts and Audit) (Application of Companies Act 2006) Regulations 2008.

**Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters where the Companies Act 2006 as applied to limited liability partnerships requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.



Rees Batley  
**Senior Statutory Auditor**  
**for and on behalf of KPMG LLP, Statutory Auditor**  
Chartered Accountants  
66 Queen Square,  
Bristol,  
BS1 4BE,  
United Kingdom  
5 June 2017

**Statement of comprehensive income**  
**For the year ended 31 March 2017**

	Note	31 March 2017 £000	31 March 2016 £000
<b>Turnover</b>	1	31,288	0
'Operating Expenses		(31,048)	0
Other expenditure		(242)	0
<b>Total operating expenses</b>	2	<u>(31,290)</u>	<u>0</u>
<b>Operating loss</b>		(2)	0
Net interest receivable	5	2	0
<b>Profit for the financial year available for discretionary division among members</b>		<u>0</u>	<u>0</u>
Other comprehensive income		0	0
<b>Total comprehensive income</b>		<u>0</u>	<u>0</u>

All results relate to continuing activities.

**Statement of financial position  
As at 31 March 2017**

	Note	31 March 2017 £000	31 March 2016 £000
<b>Current assets</b>			
Debtors	9	459	0
Cash at bank and in hand	10	498	0
Creditors: amounts falling due within one year	11	(957)	0
<b>Net current assets</b>		<b>0</b>	<b>0</b>
<b>Total assets less current liabilities</b>		<b>0</b>	<b>0</b>
<b>NET ASSETS ATTRIBUTABLE TO MEMBERS</b>		<b>0</b>	<b>0</b>
<b>REPRESENTED BY:</b>			
<b>Equity</b>			
Members' other interests – other reserves classified as equity	12	0	0
<b>TOTAL MEMBERS' INTERESTS</b>		<b>0</b>	<b>0</b>

The financial statements of Wiltshire Health & Care LLP, registered number OC399656, were approved by the Members on 23 May 2017

Signed on behalf of the Members



**Douglas Blair**  
Managing Director

Date: 5 June 2017

**Notes to the Financial Statements (continued)**  
**Year ended 31 March 2017**

	31 March 2017 £000	31 March 2016 £000
<b>Net cash inflow from operating activities</b>	<b>0</b>	<b>0</b>
Profit for the financial year after members profit shares charged as an expense	0	0
Adjustments for:		
Increase in creditors	957	0
(Increase) in debtors	(459)	0
<b>Net cash flows from operating activities before transactions with members</b>	<b>498</b>	<b>0</b>
<b>Net cash from investing activities</b>	<b>0</b>	<b>0</b>
<b>Net cash from financing activities</b>	<b>0</b>	<b>0</b>
<b>Net increase in cash and cash equivalents</b>	<b>498</b>	<b>0</b>
Cash and cash equivalents at 1 April	0	0
<b>Cash and cash equivalents at 31 March</b>	<b>498</b>	<b>0</b>

**Notes to the Financial Statements (continued)**  
**Year ended 31 March 2017**

**1. Accounting policies**

The principal accounting policies used in the preparation of the financial statements, which have been consistently applied in the current and preceding financial years, are as follows:

**1.1 Basis of preparation**

These financial statements were prepared in accordance with Financial Reporting Standard 102 *The Financial Reporting Standard* applicable in the UK and Republic of Ireland ("*FRS 102*") and The Statement of Recommended Practice, 'Accounting by Limited Liabilities Partnerships' with the consideration that the LLP is a public benefit entity. The presentation currency of these financial statements is sterling. All amounts in the financial statements have been rounded to the nearest £1,000.

Due to the LLP not having recorded any losses or profits, the statement of changes in equity has not been included in the financial statements given that it would not provide any additional information.

The accounting policies set out below have, unless otherwise stated, been applied consistently to all periods presented in these financial statements.

Judgements made by the members, in the application of these accounting policies that have significant effect on the financial statements and estimates with a significant risk of material adjustment in the next year are discussed in note 1.7.

**1.2 Going concern**

The LLP is funded by the cash flow that it generates from trading activities and robust working capital management.

Trading projections have been prepared for the next twelve months that take account of reasonable possible changes in trading performance and demonstrate that the LLP expects to be able to operate within its available financial facilities for the foreseeable future. Accordingly the members believe it is appropriate to prepare the financial statements on the going concern basis.

In the event that the LLP expenditure cannot be covered by current, or any agreed adjustments, to Commissioning income the Board shall notify the Members who shall make a decision on the next steps in line with the Members Agreement.

**1.3 Turnover**

Turnover represents amounts chargeable to customers for services provided during the year excluding Value Added Tax.

**Notes to the Financial Statements (continued)**  
**Year ended 31 March 2017**

**1. Accounting policies (continued)**

**1.4 Employee benefits**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable public bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the public body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FRM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

**1.5 Cash and cash equivalents**

Cash and cash equivalents comprise all cash balances.

**1.6 Financial instruments and financial liabilities**

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the LLP's normal sale or usage requirements, are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made. These assets and liabilities are categorised as fair value through income and expenditure and loans and debtors.

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

The LLP's loans and receivables comprise: cash; debtors; and creditors.

**Notes to the Financial Statements (continued)**  
**Year ended 31 March 2017**

**1. Accounting policies (continued)**

**1.7 Critical Accounting estimates and judgements**

Provisions, including legal claims and restructuring, are considered and reviewed periodically to ensure that it accurately reflects the current position in providing for potential future costs from past events at each balance sheet date. There are no provisions at 31 March 2017 (31 March 2016: £0).

Fixed assets would be accounted for as per FRS 102, with the useful lives of property, plant and equipment being reviewed at least annually to assess the impact of usage; anticipated wear and tear; and technical or commercial obsolescence. The assets would be depreciated on a straight-line basis over the determined useful life.

**Notes to the Financial Statements (continued)**  
**Year ended 31 March 2017**

**2. Total operating expenditure**

	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Staff costs (note 4)	148	0
Chair & Non-Executive Costs	14	0
Commissioned Service Costs	31,048	0
Other operating charges	80	0
	<b>31,290</b>	<b>0</b>

**3. Operating profit**

	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
<b>Operating profit is after charging :</b>		
Auditors' remuneration		
Audit of these financial statements	9	0

**Notes to the Financial Statements (continued)**  
**Year ended 31 March 2017**

**4. Staff costs and employee information**

	31 March 2017 £000	31 March 2016 £000
Employee costs during the year amounted to:		
Wages and salaries	144	0
Social security costs	2	0
Pension costs (note 13)	2	0
	148	0
	148	0

The staff costs consist entirely of amounts relating to key management personnel, the highest paid of which was the Managing Director £118,000 (2015-16: £0)

Average Headcount Numbers	31 March 2017 No	31 March 2016 No
Support staff	2	0
	2	0
	2	0

**5. Net interest receivable**

	31 March 2017 £000	31 March 2016 £000
Bank interest receivable	2	0
<b>Net interest receivable</b>	<b>2</b>	<b>0</b>
	<b>2</b>	<b>0</b>

**6. Members' share of profits**

The average number of members during the year was 3 (2015-16: 0).

No profits were distributed to members for the year to 31 March 2017.

**7. Members' remuneration charged as an expense**

Members did not receive any remuneration in respect to Wiltshire Health and Care LLP.

**8. Profit of the Limited Liability Partnership**

The profit for the year available for discretionary division among members reflected in the individual profit and loss account of the LLP for the year ended 31 March 2017 was £0 (2015/16: £0).

**Notes to the Financial Statements (continued)**  
**Year ended 31 March 2017**

**9. Debtors**

	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Trade debtors	174	0
Accrued Income	284	0
Prepayments	1	0
	<u>459</u>	<u>0</u>

All amounts are due within one year.

**10. Cash and cash equivalents**

	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Cash at bank and in hand	498	0
	<u>498</u>	<u>0</u>

**11. Creditors: amounts falling due within one year**

	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Other taxes and social security	9	0
Accruals and deferred income	948	0
	<u>957</u>	<u>0</u>

**12. Total members' interests**

On the creation of the LLP and during the 12 months to 31 March 2017 no Member made any financial investment into the LLP. Members have not received any revenue or capital remuneration.

**Notes to the Financial Statements (continued)**  
**Year ended 31 March 2017**

**13. Employee benefits**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows.

**a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017 is based on valuation data as 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

**b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

**Notes to the Financial Statements (continued)**  
**Year ended 31 March 2017**

**14. Related parties**

Expenditure with Great Western Hospitals NHS Foundation Trust was £30,901k in respect to community healthcare services provided on behalf of the LLP.

Expenditure with Salisbury NHS Foundation Trust was £124k in respect to lymphoedema and geriatric services provided on behalf of the LLP

Expenditure with Royal United Hospitals Bath NHS Foundation Trust was £23k for financial services.

Income of £31,082k was received from Wiltshire CCG, £101k from BANES CCG, £92k from South Gloucestershire CCG, and £13k from BANES Council to commission community healthcare services.

Payments were anticipated to NHS Business Services in relation to NHS Pensions of just over £3k, with tax and NI creditors totalling £5k.

There are no transactions with management.

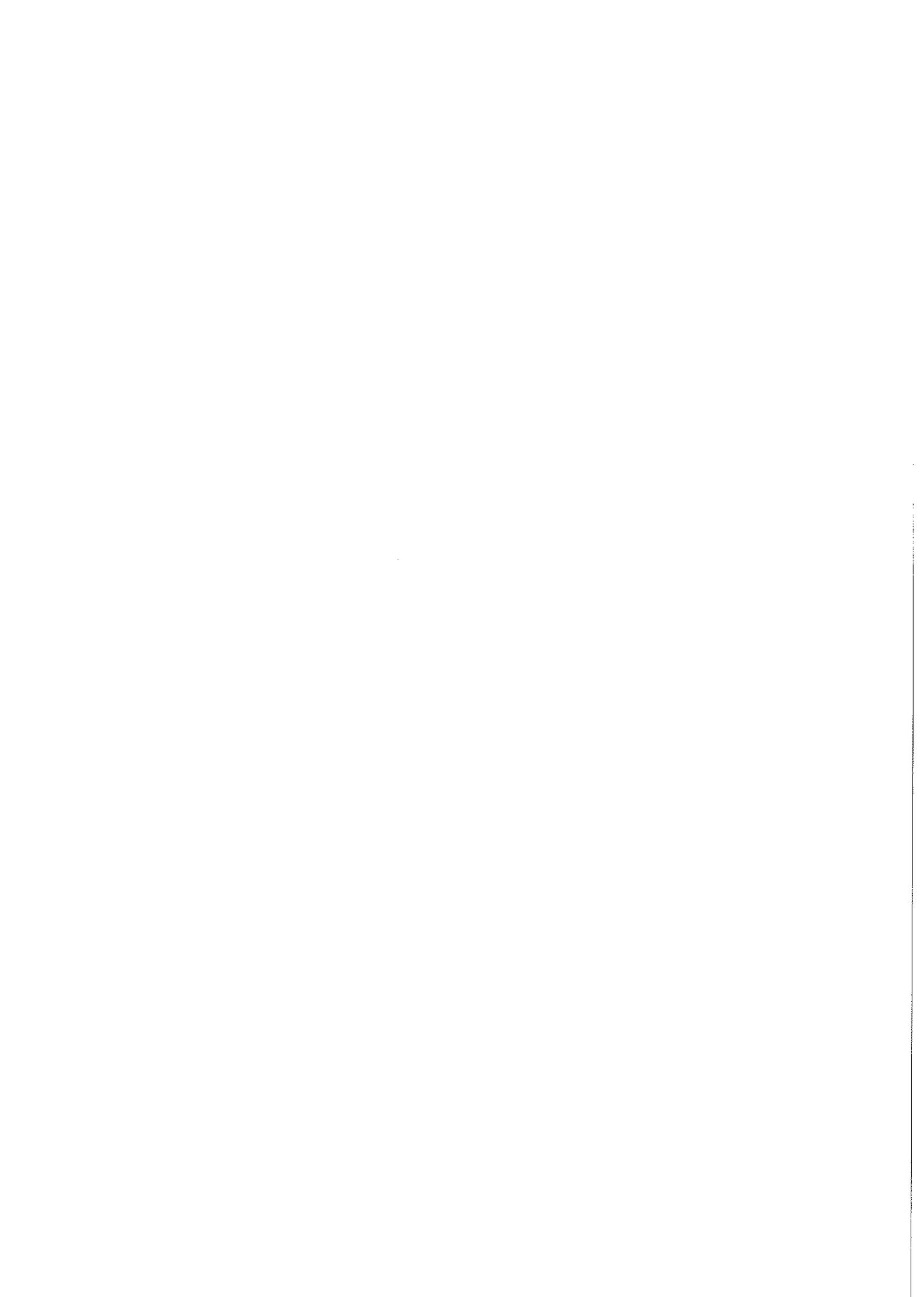
**15. Financial instruments**

**Carrying amount of financial instruments**

The carrying amounts of the financial assets and liabilities include:

	<b>31 March 2017 £000</b>	<b>31 March 2016 £000</b>
Assets measured at fair value through profit or loss	174	0
Liabilities measured at fair value through profit or loss	(8)	0
	<b>166</b>	<b>0</b>

The LLP has no derivative financial instruments.



### Board Members – 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. In addition, at the commencement of each Board meeting, Members of the Board are required to declare any interests.

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 and also to make amendments to their register of interests as appropriate.

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.

#### CAROL BODE - Independent Chair

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Chair	Radian Group Limited	July 2013
Independent Chair	Hampshire Safeguarding Adults Board	January 2016
Trustee	Basingstoke Voluntary Action	September 2016
Associate Trainer	NHS Providers	February 2012
Justice of the Peace	Magistrates Court	April 2006

#### DOUGLAS BLAIR - Managing Director (Executive)

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
None Identified	-	-

#### CHRIS WEINER - Clinical Director (Executive)

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Non-Executive Director	Shrewsbury and Telford Hospital	December 2016

#### SARAH JANE PEFFERS - Executive Board Member (Head of Quality)

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
None Identified	-	-

#### ANNIKA CARROLL - Executive Board Member (Head of Finance)

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
None Identified	-	-

**RICHARD BARRITT - Non-Executive Board Member**

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Chief Executive Officer	Solent Mind	Lapsed

**Dr CELIA GRUMMITT - Non-Executive Board Member**

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
GP Partner	Salisbury Plain Health Partnership. <i>The Practice is a member of Wiltshire CCG and is in receipt of the services of the LLP</i>	2003
Military and Veterans Champion	Wiltshire	2007
Co-Chair	SW Armed Forces Forum - Wiltshire CCG	2007
Managing Director	Rainbow 2 Limited - <i>R&amp;D family company</i>	2007

**Dr ADIBA BURCH - Non-Executive Board Member**

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
GP Associate	Bradford on Avon and Melksham Health Partnership	April 2015

**SARAH TRUELOVE - Non-Executive Member Board Representative - RUH**

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Deputy Chief Executive and Director of Finance	Royal United Hospitals NHS FT	June 2013
Governor	Corsham School	April 2013
Married to Director of Finance	AWP	September 2016

**FRANCESCA THOMPSON - Deputy Non-Executive Member Board Representative - RUH**

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Chief Operating Officer	Royal United Hospitals FT	September 2006
Trustee	Dorothy House	July 2017

**HILARY WALKER - Non-Executive Member Board Representative - GWH**

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Chief Nurse	Great Western Hospitals NHS FT	November 2012

**KEVIN McNAMARA - Deputy Non-Executive Member Board Representative - GWH**

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

**CARA CHARLES-BARKS - Non-Executive Member Board Representative - SFT**

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Chief Executive	Salisbury FT	September 2016

**LAURENCE ARNOLD - Non-Executive Member Board Representative - SFT**

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Director of Corporate Development	Salisbury NHS FT	
Treasurer	Dun Valley Singers	
Member	Salisbury Tennis Club	

**DRAFT // WHC Board Planner - 2017/18**

	June	July	August	September	October	November	December	January	February	March	April	May
<b>Standing Items</b>												
Minutes of Previous Meeting	X	X	X	X	X	X	X	X	X	X	X	X
Action Tracker	X	X	X	X	X	X	X	X	X	X	X	X
Board Planner	X	X	X	X	X	X	X	X	X	X	X	X
Matters Arising	X	X	X	X	X	X	X	X	X	X	X	X
Chair's Update	X	X	X	X	X	X	X	X	X	X	X	X
Managing Director's Report	X	X	X	X	X	X	X	X	X	X	X	X
<b>Scrutiny</b>		<b>X</b>			<b>X</b>			<b>X</b>			<b>X</b>	
<b>Quality and Risk</b>												
Quality Account	X											
Risk Registers	X	X	X	X	X	X	X	X	X	X	X	X
EPPR Assurance	X						X					
<b>Performance</b>												
Quality	X	X	X	X	X	X	X	X	X	X	X	X
Finance	X	X	X	X	X	X	X	X	X	X	X	X
HR	X	X	X	X	X	X	X	X	X	X	X	X
<b>Delivery of Change</b>			<b>X</b>			<b>X</b>			<b>X</b>			<b>X</b>
<b>Strategy</b>	<b>X</b>			<b>X</b>			<b>X</b>			<b>X</b>		
Draft Annual Plan					X						X	
Final Annual Plan									X	X		
Organisational Development Plan												

<b>Board Seminars</b>												
Annual Members Meeting					X							
<b>Governance</b>												
Audited Accounts												X
Register of Interests	X											
Mandatory Training	X						X					
FPPR										X		
Audit and Assurance Committee Report				X						X		
Committee Terms of Reference										X		
Board Code of Conduct and Evaluation										X		
Board Role and Behaviours										X		
Board Evaluation			X									
<b>Policies</b>												
Equality and Diversity												
Whistleblowing												

**Any Other Business**

**VERBAL ONLY**