

AGENDA for a Meeting of the Board Part I

Venue:	Training Room 1 - Chippenham Community Hospital
Date:	Tuesday 25th July 2017
Time:	10:00 – 11:30

WHC Board Members		
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
Hilary Walker	GWH Board Representative	HW
Richard Barritt	Non Executive Member	RB
Celia Grummitt	Non Executive Member	CG
Adibah Burch	Non Executive Member	AB

In Attendance		
Tracy Marquiss	Senior Administrator	TM

Apologies		

Agenda Item		Lead	Paper	For Decision/ Information/ Approval
1	Welcome, Apologies and Declarations of Interest	CB	Verbal	Information
2	Part I Minutes, Actions and Matters Arising	CB	Attached	Approval
3	Chair Report	CB	Verbal	Information
4	MD Report	DB	Verbal	Information
5	Quality and Safety			
5.1	Patient story		Attached	Reflection
5.2	Quality, Finance and Performance Report	DB/CW/SJP/AC	Attached	Information
6	Risks <ul style="list-style-type: none"> • Board Assurance Framework • Wiltshire Health and Care LLP Corporate Risk Register • Delivery Risks 	DB DB SJP	Attached	Discussion / Information
7	Any Other Business			
	Date of Next Meeting: <ul style="list-style-type: none"> • Agree approach to August and September meetings 	CB	Verbal	Decision

Welcome, Apologies and Declarations of Interest

VERBAL ONLY

MINUTES Of a Wiltshire Health and Care Board Meeting Part I

Venue:	Training Room 1, Community Hospital
Date:	27 th June 2017
Time:	1000 hours

WHC Board Members		
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
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
Adibah Burch	Non-Executive Member	AB
Sarah Truelove	RUH Board Representative (from 11.30 hours)	ST
In Attendance		
Karen Edmonds	Governance Advisor	KE
Tracy Marquiss	Senior Administrator	TM
Giles DeBurgh	Head of Resilience (for item 8 only)	GDB
Apologies		
Hilary Walker	GWH Board Representative	HW

No.	Item	Action
1	Welcome, Apologies and Declarations of Interest	
	<p>CB welcomed everyone to the meeting and, especially, welcomed the individuals attending to tell their 'patient story'.</p> <p>Apologies were received from HW.</p> <p>There were no declarations of interest noted.</p>	
2	Part I Minutes, Actions and Matters Arising	
	<p>The minutes of the previous meeting, held on 23rd May 2017, were agreed as a true and accurate record and were duly signed by the Chair.</p> <p>The meeting considered the actions arising and noted the updates.</p>	
3	Chair Report	

	<p>CB provided an update on the links with Primary Care and out of hospital provision. She agreed to circulate her notes when these are written and to share ideas in the 'strategy' session of the September Board meeting, as well as with Member partners.</p>	<p>CB</p>
<p>4</p>	<p>MD Report</p> <p>DB noted that the CQC inspection was starting that day, for a total of three days of announced inspection, with a further 10 working days of unannounced inspection following that.</p> <p>DB reported that there was continuing progress with the Home First project. The majority of additional support worker roles were now filled. An implementation group which consisted of representatives from Wiltshire Council, domiciliary care agencies, the CCG and operational staff from the acute sites was now meeting each month, and was sharing in an improvement focused approach to testing and adjusting processes as part of the implementation.</p>	
<p>5</p> <p>5.1</p>	<p>Quality and Safety</p> <p>Patient Story</p> <p>Mrs G described her experience of services. She explained that she lives with long term respiratory issues, which includes periods when her condition worsens and she requires treatment. She explained that she feels that doctors are much too eager to admit her to hospital when her condition worsens. She has in past spent weeks in hospital to receive treatment, when she is otherwise physically able. In these circumstances, she has lost the ability to continue to keep her muscle strength up through exercises that she routinely does at home. In recent months, although she still requires initial admission to an acute hospital, Mrs G is now able to receive follow up treatment as a day patient to Cedar Ward in Chippenham Hospital. Mr and Mrs G said that this had been a major improvement, as it allowed Mrs G to stay at home and continue her normal routines.</p> <p>Following discussion, it was summarised that Mrs G's experience was a good example of improvements that have been made, but also of remaining issues that could be improved in continuity of care and easier access to specialist treatment. There were some immediate improvements that could be made for Mrs G individually in terms of having a key contact to speak to when her condition is causing difficulties. There were longer term changes that should be examined in relation to the pathway, with the aim of avoiding the need for admission to an inpatient bed completely.</p> <p>CB thanked Mr and Mrs G for sharing their experience and agreed that they would be kept in touch with how their feedback was being used to help to improve services.</p> <p>Quality, finance and performance Report</p> <p>The Board considered the quality, finance and performance report and associated dashboards.</p> <p>Following review and consideration of the issues highlighted to the Board, the</p>	

<p>5.2</p>	<p>Board discussed and noted the following items:</p> <ul style="list-style-type: none"> • Incidents have seen a reduction with an impact score of 4 and above; • Duty of Candour three stage targets show a decline in month and this is being closely monitored along with Incidents. • Sickness rate is above target; there are seventeen people on long term sick leave although six people have returned to work this month. The main reasons for long term sick leave are stress, mental health and MSK. • There have been challenges around occupational health provision resilience. The Board discussed the advantages of looking for broader approaches to this provision across the STP area, or at least across Wiltshire. • Vacancy levels were shown on the dashboard at 0%, as there was no robust data this month. The highest turnovers are in Band 2 and 5 and it was discussed that more support around these pathway developments is required. Short term plans are in place to encourage people to work overtime; redirecting staff to support hotspots and increasing recruitment efforts. The potential benefits of trying to create cross pathway roles and develop a cohort of staff that can work flexibly was discussed. • Mandatory training compliance is improving but the 95% target is difficult to achieve due to sickness, maternity and vacancies. There are significant operational pressures due to high sickness and vacancy rates. <p>The paper alerted the Board to the increased number of falls in two consecutive months in in-patient ward areas although it was unclear the extent to which multiple falls from single individuals contributed to these figures. Mitigation actions are in hand and care is being taken to ensure that those prone to falls are not placed in areas of inpatient units that are less suited to close supervision. An audit is being carried out to inform a refreshed strategy to reduce falls. The results of the audit will be available by September.</p> <p>The Board agreed that:</p> <ul style="list-style-type: none"> • Efforts should be made to develop some cross pathway roles, potentially around Salisbury, to test the impact that different types of roles might have on recruitment. • The Board should receive a report in September on the progress made on falls prevention. 	<p>SJP/ CCB</p> <p>SJP</p>
<p>6</p>	<p>Risk Registers</p> <p>Board Assurance Framework</p> <p>The meeting noted and welcomed the improved and clearer report format now presented.</p> <p>The meeting considered the top three strategic risks and a discussion ensued around the Workforce risk score which was felt to be understated pending further controls to reduce the risk. It was agreed that this risk score should be increased to 20.</p>	<p>DB</p>

	<p>Corporate Risk Register</p> <p>The meeting considered and noted the increase in financial risk relating to the estates transfer and agreed to close the risk relating to safeguarding children following recruitment next month.</p> <p>DB explained that the corporate risk register now included a link back to the BAF and agreed to also link the BAF back to the strategic risks.</p> <p>CB requested a summary sheet identifying increased/reduced risks and closed risks for ease of reference at each Board meeting.</p>	<p>DB</p> <p>DB</p>
<p>7</p>	<p>Quality Account</p> <p>SJP introduced the draft Quality Account for 2016/17 noting that this is the first Quality Account being prepared for Wiltshire Health and Care.</p> <p>It was noted that the Account covers the period between 1st July 2016 and 31st March 2017 and had been scrutinised by Healthwatch Wiltshire, Wiltshire CCG and the Wiltshire Overview and Scrutiny Committee.</p> <p>In discussion, ST raised an issue about pressure ulcer data, and the need to ensure that there was consistency between the information in the Quality Account and the data included in the Quality Dashboard.</p> <p>The meeting agreed that the document had been well written and expressed its thanks to SJP and Vicky Roper for coordinating its production.</p> <p>The meeting agreed the draft Quality Account and authorised the publication thereof.</p>	
<p>8</p>	<p>EPRR – Overview and Assurance</p> <p>The meeting welcomed Giles De Burgh, Head of Resilience, to provide an Overview and Assurance in relation to Emergency Planning Resilience and Response for Wiltshire Health and Care (EPRR).</p> <p>GDB described the statutory requirements and duties, and how these are being complied with, the UK statutory framework and the categorisation of incidents and responders.</p> <p>GDB provided a number of example incidents and the processes in place; he also detailed the iRespond system, designed for modular planning and responses, as well as the documentation and checklists in place for quick and simple actions with clear, targeted and trainable feedback tailored to each service. He explained that the core objective of the iRespond system is to maintain patient safety. It was also noted that debrief papers from incidents will be submitted to the Executive Committee together with details of lessons learnt.</p> <p>It was noted that there is an annual assurance process on which the Board receives a report and an improvement plan based on the return sent to NHS England. GDB explained that the annual assessment in the previous year had been rated as mainly green because Wiltshire Health and Care inherited the processes that had already been</p>	

	relevant authorities. A copy of the Financial Statements were tabled and duly noted.	
11	<p>Governance</p> <p><u>Register of interests</u></p> <p>KE tabled the up to date Board Members' Register of Interests which was duly noted and recorded, subject to correcting the commencement date for CC-B joining SFT and amending the spelling of AB's name.</p> <p><u>Forward Plan</u></p> <p>A draft Forward Plan for Board Meetings was circulated and comments were invited outside of the meeting.</p> <p><u>Mandatory Training</u></p> <p>KE circulated a table of Mandatory Training for Board Members and requested outstanding information be provided as soon as possible to enable full population of the table.</p> <p>The areas for Mandatory Training were agreed as follows and it was noted that training mechanisms needs to be identified for implementation.</p> <ul style="list-style-type: none"> • Data Security Awareness (Information Governance) • Equality and Diversity • Health, Safety and Welfare • Infection Control • Safeguarding Adults • Safeguarding Children. 	DB
12	<p>Any Other Business</p> <p>There being no further Business, the meeting then closed.</p>	
	<p>Date of Next Meeting:</p> <p>Tuesday 25th July 2017 at 1130 hours Training Room 1, Chippenham Community Hospital.</p>	

BOARD ACTION TRACKER Part I

MEETING	ACTION	LEAD	DUE	UPDATE	DATE
23.05.17	Liaise re independent Audit and Assurance Committee Chair	CC-B/ CB/DB	25.07.17	In progress.	
23.05.17	Report back on physio waiting times	DB	25.07.17	Discussions with CCG on-going, no decision made on future pathway. Waiting time position unchanged. Report back when commissioning decision/s reached.	
27.06.17	Links with Primary Care and out of hospital: share notes and update September Board.	CB	25.09.17		
27.06.17	Falls: Audit and Strategy; report to QAC in August and inform Board in September.	SJP`	25.09.17		
27.06.17	<ul style="list-style-type: none"> • Risk Register - BAF - increase Workforce rating to 20. • Link BAF to strategic risks. • Summarise increased/reduced risks and closed risks. 	DB	25.07.17	Complete	25.07.17
27.06.17	H&S, Fire and Security: Assess incidents of violence and aggression on patient to patient or patient to staff and change categories in information.	SJP	25.09.17		
27.06.17	Estates fire safety: ensure that NHSPS prioritise safety and assurance; continue fire prevention and evacuation facilities improvement; make further inspections and take Fire Brigade advice.	SJP/DB	25.07.17	Ongoing.	
27.06.17	Vacancy Levels: look at creating cross pathway roles and develop cohort of staff to work flexibly.	DB	25.09.17		
27.06.17	Health and Safety - Board Statement of Commitment - Sign and distribute.	DB	25.07.17	Complete	18.07.17
27.06.17	Update Mandatory Training table and identify and implement training mechanisms.	DB	22.08.17		

Chair Report

VERBAL ONLY

MD Report
VERBAL ONLY

PATIENT STORY FOR THE BOARD

Female, aged 78	Past Medical History	Date of admission to HIC
Social History/ Support	Scoliosis Cellulitis Peripheral vascular disease Long standing leg ulcers	26/6/17
Lives alone with warden assistance once a week for personal care. Wiltshire farm foods for all food. Changes clothes and throws them away every couple of months when her sister visits (she does no laundry). Sleeps in wooden armed armchair in living room	Presenting Complaint / Reason for Admission/Δ Chest infection, frailty, weight loss, bordering on sepsis	Date of Discharge from HIC 3/7/17
Team Interventions		
<p>Patient declined to be admitted to hospital. Team advised the GP that we could help support this lady at home under higher intensity care.</p> <p>Home First RSW had capacity to visit twice daily and telephone a third contact. This would support her with her meals, fluid, and antibiotics.</p> <p>Community nurses visited daily to assess her clinical condition and ensure she was not becoming dehydrated or septic and continued with their planned interventions for her legs.</p> <p>Patient agreed that she would be admitted to hospital if her condition deteriorated further.</p>		
What Went Well?		
<p>After 48 hours of antibiotics her observations were returned to within normal limits she was no longer presenting with any signs of sepsis. Through this period of intensive intervention the team were able to build her confidence in us and she agreed to having a configura chair (riser recliner chair with pressure relieving seating) to sleep on. She also agreed to referral to adult social care who have assessed and are going to continue with the twice daily visits. They have support going in to help with her finances and are buying her a new washing machine. She has started to drink the nutritional supplements prescribed by the GP and also to eat her meals. Her weight has increased over the last week by 1.5 kgs.</p> <p>She was discharged from HIC after 7 days. Chest infection resolved. Ongoing care from team continuing until ASC can take over. Team also continuing care of leg ulcers.</p> <p>As a result of our HIC intervention, not only was hospital admission avoided, but this lady will now have carers in place supporting her independence to remain safely at home, she has the equipment she needs in place, her weight is improving and she will have her finances back under her own control enabling her to shop, wash her clothes and changes her clothes regularly.</p>		
Challenges?		
Building relationship and the ladies acceptance of our team, our help with personal care and the equipment we were offering.		

Actions/ Learning Points

Had our RSW not had capacity to cover the twice daily visits we would have approached urgent care at home to provide the support. However the value of having our RSW attending meant really clear feedback was immediately available from each visit as to her general condition and progress. Had neither our team nor urgent care had the capacity it would not have been safe to support her at home.

Wiltshire Health and Care Quality Assurance Committee

For information

Subject: Quality, performance and finance monthly report

Date of Meeting: 25 July 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**:

<p>ADVISE</p>	<ul style="list-style-type: none"> • Incidents: Number of incidents reported remains low, from September the Quality team will take a targeted approach to increase staff knowledge and awareness of the reporting. To note; There is a larger than expected number of IR1's that have not been closed, this is expected to reduce in the coming month as WHC quality Governance Officer takes on more responsibility. Head of Quality to investigate alternative clinical reporting tools. • Duty of Candour. The 3 stage targets show an improvement in the first two stages both recording a 100% • Number of complaints/ concerns- there has been an unprecedented number of complaints (11) received, the main themes being a perceived lack of care and discharge failures. The complaints were not specific to a particular team or ward. Themes of complaints are closely monitored. Operational teams are currently feeling additional pressure due to staffing levels, increasing referrals and increase use of agency staff • RIDDOR- 1X reportable relating to a patient handling incident. RCA expected to be presented at H&S group in September, however immediate actions relating to training and safe systems of work have been commenced. • Sickness rate improving position Long-Term sickness = 3.14% and short term sickness= 0.89% • Safety Thermometer/ MUST/ PURAT/ Falls/ Dementia/ VTE- lack of consistent application of assessment standards has resulted in a number of targets not being met, this is particularly evident on Ailesbury ward, recovery plan in place • Data quality issues on vacancy levels. Vacancy figures are
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	<p>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 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"> • Turnover The table this month includes Voluntary turnover; 13.7%, this is 0.7% over the expected target. Overall target is expected to rise over the coming months due to TUPE of administrative staff to RUH. • Significant operational pressures are being experienced 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 Trowbridge MIU • Future changes to dashboard- Going forward medicines errors for community teams and services to be included and incidents by 3rd parties to be identified. • Avoidable pressure ulcers- The current data does highlight teams being above the NHS community benchmark. To meet with TV Nurse Consultant to scrutinise the data further and to triangulate the information with other national and international data sources.
ALERT (completed alert template to be completed for each issue)	There are no alerts to be raised on quality this month.
ACTION (where issue cannot be described succinctly in this box, separate Board paper for decision to be attached)	There are no issues arising from quality on which the Board need to take action

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

ADVISE	<ul style="list-style-type: none"> • MSK waiting times 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, a report back to Board on progress made with CCG on new model of care was due in July. Discussions are continuing, with no final decisions made by the CCG. • DTOC level remain high, with the pattern of DTOC reasons consistent (awaiting package of care and residential care). Home First capacity has been prioritised to support lower level need discharges from acute sites in the initial stages, which a change from the original plan (which was to focus on community beds first). This means that this capacity has not had intended impact on delays within community beds. This will now be part of ongoing implementation.
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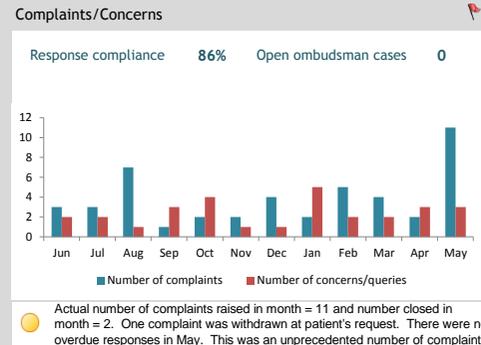
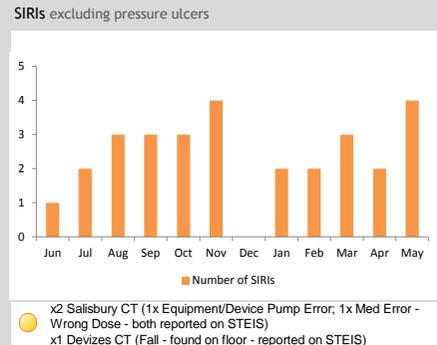
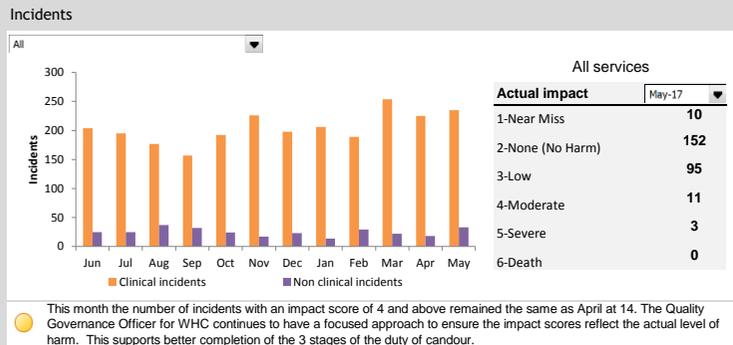
ALERT	There are no alerts to be raised on performance this month.
ACTION	There are no issues on arising from performance on which the Board need to take action.

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

ADVISE	<ul style="list-style-type: none"> • Agency expenditure M3 (June 2017). The reported in-month agency spend is non-recurrently unusually low due to year end provisions for agency expenditure exceeding actual values. The year to date values reflect the true level of spend for the first three months of the financial year.
ALERT (completed alert template to be completed for each issue)	There are no alerts to be raised on financial performance this month.
ACTION (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.



RIDDOR

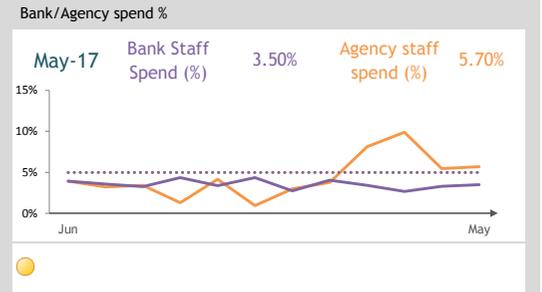
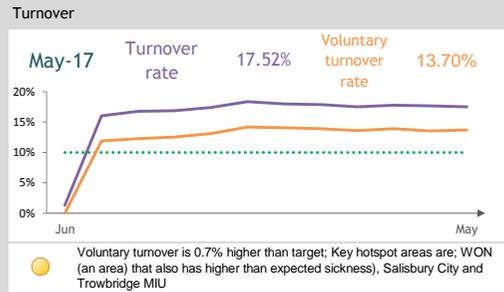
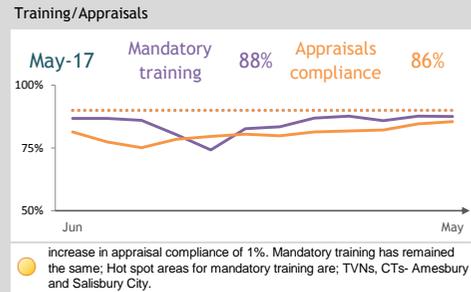
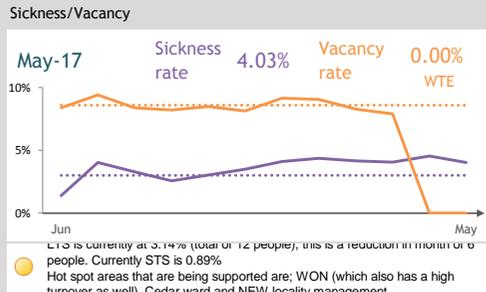
Financial Year to Date
1
RIDDOR report(s)

Duty of Candour 5 in month

	Completed	Overdue
Verbal	100%	0%
Written	100%	0%
Report shared	60%	40%

Audits

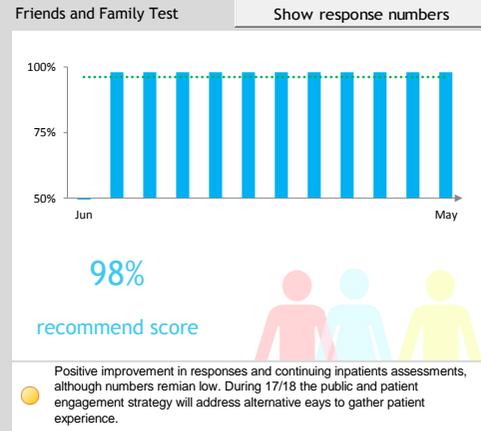
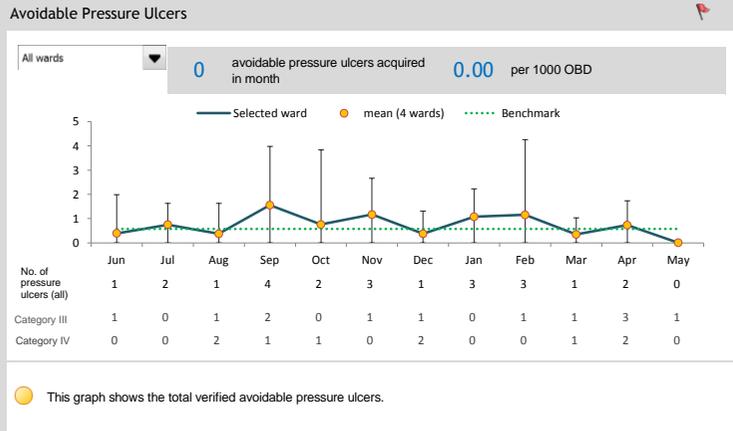
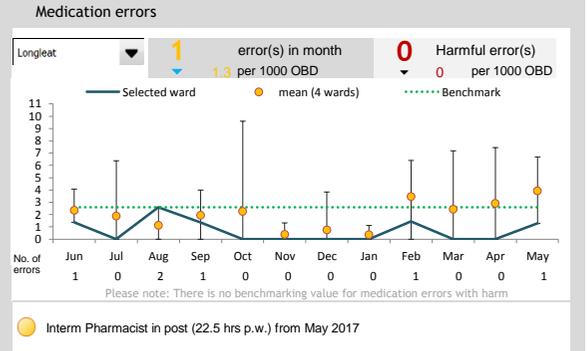
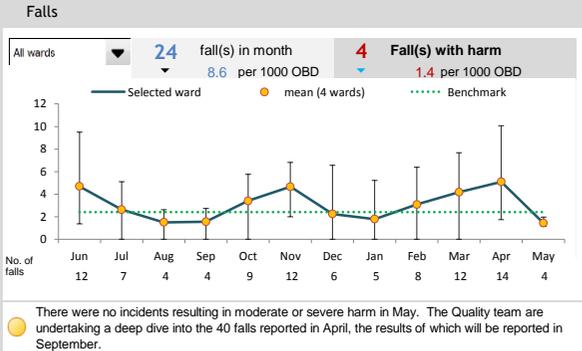
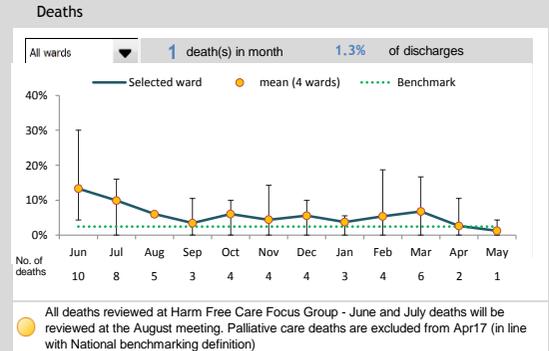
	Completed	Missed
Audit uploads	100%	0



Infection Prevention & Control

	In month	Prev 12 months
MRSA incidence	0	0
C diff incidence	0	0
E coli incidence	0	0
Bed days lost to norovirus	0	17

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



Inpatient assessments

	Apr-17	May-17
Early Warning Score	100%	100%
VTE assessment	100%	100%
VTE prophylaxis	100%	100%
Hospital Acquired Thrombosis	1	0
Falls assessment	100%	100%
MUST assessment	96%	97%

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

Explanatory notes for our summary measures

<p>Incidents</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>SIRIs excluding pressure ulcers</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>Complaints</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>RIDDOR</p> <p>The number of work related accidents reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)</p> <p>Duty of Candour</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>Audits</p> <p>The number of completed audit uploads and missed uploads so far this year.</p>	
<p>Sickness/Vacancy</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>Training/Appraisals</p> <p>Percentage of staff compliant with mandatory training.</p> <p>Percentage of current staff with appraisals completed.</p>		<p>Turnover</p> <p>Total number of leavers in month expressed as a percentage of average number of staff in month.</p>		<p>Bank/Agency spend %</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>Infection Prevention & Control</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>Deaths</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>Falls</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>Medication errors</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>Avoidable Pressure Ulcers</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>Safety Thermometer</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>Friends and Family Test</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>Inpatient assessments</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 M3, June 2017**

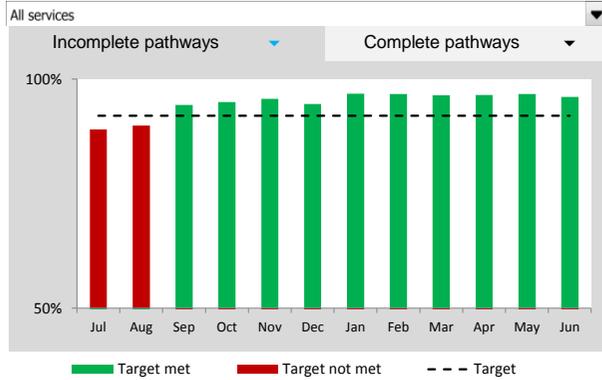
<u>WH&C LLP Profit and Loss Account - June 2017</u>			<u>WH&C LLP Balance Sheet as at June 2017</u>		<u>WH&C LLP Statement of Cashflows</u>	
	M3 (June 2017) £'000	FOT as at M3 £'000		M3 (June 2017) £'000		M3 (June 2017) £'000
Turnover	10,806	43,385	Current Assets		Profit/(Loss)	155
Staff	(57)	(334)	Debtors	279	Movements in:	
Contracted Services	(10,570)	(42,294)	Cash at Bank	809	Debtors	180
Other Administrative Exps	(23)	(757)	Creditors	(932)	Creditors	(25)
Total Expenses	(10,651)	(43,385)	Net Current Assets	155	Net in/(out)flow	311
			Net Assets	155	Opening Cash Balance	988
Profit/(Loss)	155	0	Profit and Loss Account	155	Closing Cash Balance	1,299

The LLP reports a year to date surplus of £155k as at M3, June 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 M3.

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

RTT

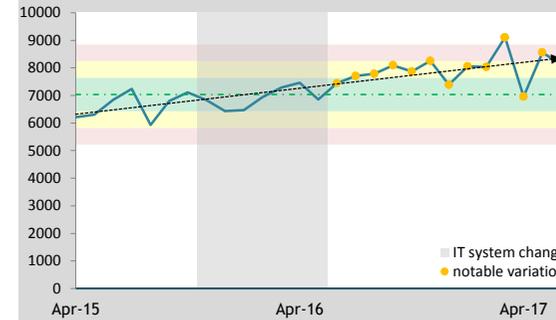


Incomplete pathways month end position

Service	% under 18 weeks	Breaches
Community Teams	92%	69
Continence - Adult	97%	7
LD	82%	9
Outpatient Physio	99%	26
Podiatry	100%	2
Wheelchair service	100%	0
WON	92%	52

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

Activity



Referrals ↑ 15% | **Contacts** ↑ 7%

Notable movers

Neurology Specialists	↑ 56%
Community Teams	↑ 30%
Bed Based Intermediate Care	↑ 27%
Fracture Clinic	↓ -12%
Inpatient Therapy	↓ -4%
Diabetes	↓ -2%

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.

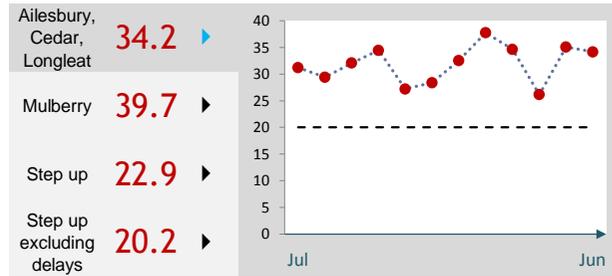
Inpatient assessments

All wards

MRSA	✓	99%
VTE	✓	97%
VTE prophylaxis	✓	100%
MUST	✗	93%
PURAT	✓	96%
Falls	✗	94%
Dementia	✓	98%

2 patients urgently transferred to GWH with their notes - contributing to lower performance this month

Mean Inpatient Length of Stay



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

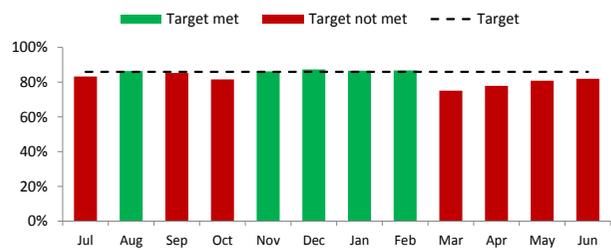
Discharge timings



Delayed Transfers of Care



Community teams 90 day reablement



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



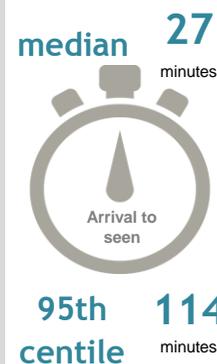
Continued excellent support for end of life patients

Funding reviews*

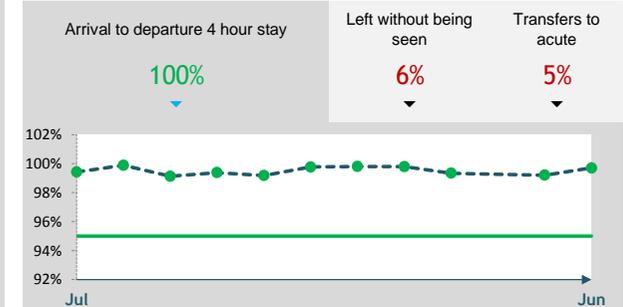
Category	In month	FYTD
CHC 3 month	Completed 0, Due 0	N/A
CHC Annual	Completed 15, Due 18	83%
FNC	Completed 266, Due 400	67%

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 ± 1 sd, amber represents the mean ± 2 sd, and red represents the mean ± 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.

Strategic Risk No.	Date created	Description of Strategic Risk	Inherent risk score		Controls in place	Residual risk score		Further action required	Target risk score		Oversight	Current linked risks		
			S	L		S	L		S	L				
1	15/05/2017	Capacity for change: Change capacity and capability insufficient to match the breadth and scope of change programmes	3	3	9	<ul style="list-style-type: none"> Outline project plans set out in Business Plan Project architecture including PIDs and checkpoints Monthly monitoring of change programme at Executive Committee Quarterly change report to Board 	3	2	6	2	1	2	Board and Exec Committee	LLP CORP 15,16
2	15/05/2017	Workforce: The availability, skills mix, competition, transferability and training of workforce does not match current and future service needs	4	5	20	<ul style="list-style-type: none"> Workforce strategy Attendance at recruitment fairs/ universities Participation in STP wide workforce stream 	4	4	16	2	2	4	Board and Exec Committee	SERVICE 1786, 1567, 1847, 1878
3	15/05/2017	Regulation: Failure of governance results in lack of compliance with regulatory standards and/or legal requirements.	3	3	9	<ul style="list-style-type: none"> Agreed governance structure Scrutiny by Board and sub committees 	3	2	6	3	1	3	Audit and Assurance Committee	LLP CORP 10,20
4	15/05/2017	Reputation: A single major failure or series of smaller failures adversely affect the Wiltshire Health and Care brand.	3	3	9	<ul style="list-style-type: none"> Scrutiny of performance and quality to reduce likelihood of failure Communication of positive changes being pursued by Wiltshire Health and Care Communication support to respond to unforeseen external interest. 	3	2	6	3	1	3	Board Audit and Assurance Committee	LLP CORP 18
5	15/05/2017	Investment: 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	<ul style="list-style-type: none"> Financial plan and savings programme in Business Plan Contractual negotiations on growth funding on annual basis Participation in STP infrastructure stream 	3	3	9	2	1	2	Board and Exec Committee	LLP CORP 1,21,22,23 SERVICE 1885
6	15/05/2017	System vision: 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	<ul style="list-style-type: none"> Participation in and contribution to STP Involvement in development of Wiltshire Accountable Care systems 	2	3	6	2	2	4	Board	
7	15/05/2017	Partnership strategy: Lack of alignment between views of partnership members adversely affects the setting and delivery of long term strategy	2	2	4	<ul style="list-style-type: none"> Annual Members Meeting Member Board representative role on Board Ongoing Participation in and contribution to STP 	2	1	2	2	1	2	Board	
8	15/05/2017	Integration: Commissioning and/ or tendering decisions do not align with long term direction of LLP to integrate services.	2	3	6	<ul style="list-style-type: none"> Membership of Part 2 of Wiltshire Joint Commissioning Board 	2	2	4	2	2	4	Board and Exec Committee	
9	15/05/2017	System performance: Broader system issues and performance affect effectiveness of Wiltshire Health and Care services, for example Delayed Transfers of Care.	3	4	12	<ul style="list-style-type: none"> Representation on 3 A&E Delivery Boards Development of changes, such as HomeFirst, designed to have impact on broader system issues 	3	3	9	2	2	4	Board	SERVICE 1568, 1846, 1915
10	15/05/2017	Patient and public engagement: Current and/or new services do not meet needs due to insufficient patient and public engagement.	3	3	9	<ul style="list-style-type: none"> Sources of patient feedback Development of Patient and Public Engagement Plan 	2	3	6	2	1	2	Board	

Wiltshire Health and Care LLP: Corporate Risk Register



Risks Opened in Month	1
Risks Closed in Month	1
Risk scores increased	0
Risk scores reduced	0

<u>Severity</u>	<u>Likelihood</u>
1 - Negligible	1 - Rare
2 - Minor	2 - Unlikely
3 - Moderate	3 - Possible
4 - Major	4 - Likely
5 - Catastrophic	5 - Almost certain

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

Risk/ Issue No.	Status Open / Closed	Current risk score			Direction	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"> 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. VAT decision/clarity being sought from HMRC 	<ul style="list-style-type: none"> Update 12/9/16: Liaison submitted request to HMRC in August, awaiting outcome. 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. Update 21/3/17: HMRC appeal lodged. Risk will materialise for 2016-17, covered by CCG, while appeal is processed. 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. 	AC and DB	Investment
15	Open	3	4	12	=	2	3	6	Recruitment challenges affect pace of change.	19/05/2016	DB	<ul style="list-style-type: none"> Recruitment plans include proactive recruitment events. Develop further opportunities for rotations etc to increase attractiveness of working in community services. 	<ul style="list-style-type: none"> Update 11/11/16 : Risk reduced to 6 as initial response to recruitment of RSWs shows reduced risk. Update 19/1/17: Good level of recruitment to RSWs posts, but delay to ESD due to recruitment. Risk level unchanged. Update 15/6/17: Likelihood score raised as continuing delay in relation to ESD in South and RSWs not yet fully recruited. 	DB	Capacity for Change
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"> Increase project resources in core team New project management process introduced Appointment of Chief Operating Officer 	<ul style="list-style-type: none"> Update 12/9/16: Risk score raised on 12/9 as change capacity is being stretched. Update 21/3/17: Draft business plan includes proposed additional change resource. Update 15/6/17: Appointment of Chief Operating Officer to increase operational leadership capacity. 	DB	Capacity for Change

Risk/ Issue No.	Status Open / Closed	Current risk score			Direction	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							
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"> • Communications on changes • Use of new branding 	<ul style="list-style-type: none"> • Update 19/1/17: Reworded risk to reflect current reputation risk on integration. Lack of dedicated communications resource becoming a barrier • Update 21/3/17: Draft business plan includes proposed additional comms resource. • Update 20/4/17: Preparing for publication of ratified business plan to increase communication of plans and priorities. • Update 21/6/17: Delivery plan published on website. 	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"> • Work with the CCG to flag EFM issues. • GWH to continue to provide soft FM • Lead detailed checks with NHSPS and GWH to check whether any functions have been overlooked in TUPE process 	<ul style="list-style-type: none"> • Updated 19/1/17: Specific detailed risks described in Board paper 24/1/17 • 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. • 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. • 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 • Update 18/7/17: No major operational issues reported in first fortnight. Risk being kept under review. 	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"> • Project established to redesign medical records approach • Negotiation with NHSPS to retain access to receptionist resource • Extraction of financial value and resource related to medical records from wider estates costs to support 	<ul style="list-style-type: none"> • Updated 19/1/17: Risk described in Board paper 24/1/17 • Update 21/3/17: Timeline for transfer slipped allowing more time to prepare. Risk score reduced to reflect this. • Update 20/4/17: Update as for Risk 20. • Update 15/6/17: Risk score raised as potential for disruption but impact not as high as for Risk 20. 	VH	Regulation
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"> • Estates strategy will plan for shrinking use of estate wherever possible to reduce exposure. • Financial risk covered by CCG recognising risk during bid and undertook to seek additional funds if transfer increased costs to local 	<ul style="list-style-type: none"> • Update 21/3/17: Risk added to focus only on financial impact • Update 15/5/17: Specific aspect of risk related to phasing of transfer: CCG being reminded of commitment to cover all costs. • Update 15/6/17: Increased risk score to 12 from 4, in recognition of attempts by CCG not to honour commitment they have made • Update 18/7/17: Risk level unchanged - meetings 	DB	Investment

Risk/ Issue No.	Status Open / Closed	Current risk score			Direction	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							
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"> Agency reduction plans being developed and implemented to support reduction in high use areas in line with the recruitment strategy. Monitoring of costs at 	<ul style="list-style-type: none"> Update 20/4/17: Risk added to recognise risks specific to 2017/18 financial plan, and that any impact will fall on LLP. Update 18/7/17: Score kept unchanged - reduction in agency costs overall in June, but risk of overspend remains. 	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"> Quarterly I&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 Financial reporting provides monthly position in both LLP and delivery arm 	<ul style="list-style-type: none"> Update 20/4/17: Risk added to recognise risks specific to 2017/18 financial plan, and that any impact will fall on LLP. 	DB	Investment
24	Open	3	1	3	New	1	1	1	Transfer of estates means LLP is tenant - consequential increase in risk of public liability claims exceeded insured risk. Risks heightened during 'Tenants at Will' period, when no lease in place to specify tenants' responsibilities.	18/07/2017	DB	<ul style="list-style-type: none"> Insurance updated to reflect status as tenants in multiple buildings Public liability limit raised to recognise increased risk 		DB	Regulation

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



Summary this month

Low Risk	1-3	3
Moderate Risks	4-7	10
High Risks	8-15	30
Extreme Risks	>16	4
Total		47

Risks Opened in Month	9
Risks Closed in Month	7
12 and above risks	8

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	Action Outcome	Current Likelihood Consequence score	Next Review Date	Risk Owner/Manager
1567	Incident	Wiltshire Health And Care	MIU Trowbridge - WHC	01/06/2016	RISK: Inconsistent service provision on both MIU's due to low staffing levels CONSEQUENCE: There is greater pressure on staff leading to increased sickness levels and some increased staff turnover. Potential of having to close service	Well-Led	Staffing Levels	Action plan addressing recruitment, retention, banding, CCG and stakeholder communication, and future direction. New skill mix and staff shift pattern Closure of MIU when staffing levels inadequate to maintain safe, effective service	3 2 6	Paper to exec co tomorrow to consider, closure of 1 unit to consolidate staffing, (couple of options re closure time), or further working arrangements agreed with OOH providers. Delivery of action plan by service manager in conjunction with HR dept	21/07/2017 30/03/2018			3 5 15	24/07/2017	Susan Evans

1568	Risk Assessment	Wiltshire Health And Care	Locality Management	28/04/2016	RISK: Transfer of the community estate from GWH to NHSPS without the associated leases and contracts in place. CONSEQUENCE: Could destabilise the existing arrangements for EFM support for WHC delivered services.	Effectiveness Patient Outcomes	Regular ongoing meetings - WHC/GWH workstream EFM included in corporate service description EFM costs agreed for 2016/17 Meetings between WHC and NHSPS are being planned	4	2	8	WHC having regular meetings with GWH Estates team and NHSPS. WHC to meet with GWH estates team to ensure that there are adequate FM services in place after 1 July. Continue to work with GWH estates and NHS PS to progress getting leases agreed and signed that contain the right levels of FM services	21/08/2017 30/08/2017 02/08/2017	Ongoing meetings throughout mobilisation period. CS/VH to have handover meeting. Next meeting of Estates Working Group at beginning of August	1. Action Required	4	4	16	06/08/2017	Victoria Hamilton	
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 Sickness increases Turnover increases	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 Use of agency staff	3	1	3	Improve processes and procedures in recruitment to vacant posts to ensure vacancies are kept to a minimum Trainee Nurse Associate Pilot	14/07/2017 12/09/2017	Target date extended due to timing of meeting. Review with recruitment corporate lead (GWH) to understand and develop processed and procedures.	1. Action Required	4	5	20	03/07/2017	Hanna Mansell	
1846	Other - Please Explain In The	Wiltshire Health And Care	CTPLD South And East - WHC	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	Safety Environment (Safe)	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	02/08/2017	Susan Evans

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 02/08/2017
1878	Incident	Wiltshire Health & Care All Se Wiltshire Health And Care	19/05/2017	ISSUE:wards experience recruitment challenges and difficulty, plus have problems with accessing bank and agency staff. 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 workforce are feeling stressed and worry about delivering the level of care we aspire to.	NA Patient Experience Caring		3 2 6 arrange monthly conferece calls between WHC leads and Julie Brown (FWT)	01/08/2017	3 4 12	Maddy Ferrari 02/08/2017
						Develop and agree staffing levels of wards at routine level with cover for one to one care, including funding stream To agree workforce profile of community teams in line with weighted population numbers and within funding available.	28/07/2017	31/07/2017		
1885	Complaint Complaint from staff	Malmesbury/WB/PurCricklade Co Wiltshire Health And Care	02/06/2017	ISSUE:Network access and wi-fi is variable and is not compatible with timely and robust use of systmone RISK - Staff not able to maintain a clinical record or to schedule reliably CONSEQUENCE-Incomplete clinical record and missed visits	Patent Safety Safety	IMT aware and are taking actions	3 1 3 Negotiate options for resolution with MT	30/06/2017	4 3 12	Maddy Ferrari 18/08/2017

29/09/2017

29/09/2017

27/10/2017

To work with the Council Care First IT team to develop an area on Care First where all risks pertaining to the patient can be held in 1 place for easy access to all relevant practitioners related to the patient.
 Work with the Council Care First systems team to develop a classification and flag for patients that may pose a risk to staff due to behaviours that challenge
 To work with Wiltshire Council Care First team to develop training sessions on the Care First System around the functionality of identifying and flagging risks both about and from the patient, so that staff can effectively use the systems functionality after the additional work has been undertaken.

3 2 6

Risks relating to patients eg falls risk are identified on the Care First System but all risks identified are not currently in 1 place for easy access

Safe Information/records

Safety

ISSUE:- On the Care First patient record system (Council system) there is not an easy method of flagging risk either relating to the patient or about the patient.
 RISK:Staff may be subject to aggressive behaviour (staff safety) , or identified risks are not easily identifiable to the wider MDT impacting on patient safety and treatment effectiveness.
 CONSEQUENCE:- Staff may attend a patient who is known to have challenging behaviour towards staff, or staff would not be aware of risks to the patient i.e. falls risk without reading through the bulk of the patient record.

29/06/2017

CTPLD South And East - WHC

Wiltshire Health And Care

Other - Please Explain In The Identified / flagged during CQC inspection

1915

Any Other Business

VERBAL ONLY