

## Wiltshire Health and Care Board Meeting Agenda

<b>Venue:</b>	Rowan East Meeting Room, Chippenham Community Hospital
<b>Date:</b>	Tuesday 23 <sup>rd</sup> January 2018
<b>Time:</b>	10:00 – 13:00

WHC Board Members		
Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Annika Carroll	Head of Finance	AC
Sarah-Jane Peffers	Head of Quality	SJP
Cara Charles-Barks	SFT Board Representative	CCB
Francesca Thompson	RUH Board Representative	FT
Nerissa Vaughan	GWH Board Representative	NV
Celia Grummitt	Non Executive Member	CG
Adibah Burch	Non Executive Member	AB
Richard Barritt	Non Executive Member	RB
Lisa Hodgson	Chief Operating Officer	LH

In attendance		
Katy Hamilton Jennings	Board Secretary	KHJ
Lianna Bradshaw	Executive Assistant (minutes)	LB
Hanna Mansell	HR Business Partner - WHC	HM
Victoria Downing-Burn	Acting Director of People – RUH	VDB
Paul Hargreaves	Director of OD - SFT	PH
Emily James	Workforce Transformation Programme Manager – BSW STP	EJ
Oonagh Fitzgerald	Director of HR – GWH	OF

Agenda Item		Lead	Paper	Info / Action
1	<b>Welcome, introductions, apologies</b>	CB	Verbal	Information
2	<b>Workforce Seminar</b> <ul style="list-style-type: none"> <li>Overview of STP working on workforce</li> <li>Wiltshire Health and Care workforce challenges</li> <li>Contribution from Board members on workforce plans and challenges from organisational/sector perspectives</li> <li>Identification of workforce priorities for Wiltshire Health and Care Strategic Plan 2018/19</li> </ul>	ALL	Attached	Discussion
<b>Seminar ends – Board members to stay for brief Board meeting</b>				
3	<b>Minutes of previous meeting and matters arising</b> <ul style="list-style-type: none"> <li>Final agreement of MSK paper</li> <li>Minutes from members meeting</li> <li>Nomination of Francesca Thompson</li> </ul>	CB	Attached	Approval
4	<b>Update on Winter</b>	LH	Verbal	Information
5	<b>Items to raise by exception</b> <ul style="list-style-type: none"> <li>Quality, Finance and Performance</li> </ul>	ALL	Attached	Information
6	<b>Arrangement for Board papers</b>	DB	Verbal	Information
7	<b>Any Other Business</b>  Date of next meeting: Tuesday 27 <sup>th</sup> February 14:00 – 17:00			

## **Welcome, Introductions and Apologies**

**VERBAL ONLY**

# A summary of the adult social care sector and workforce in Wiltshire

August 2017



This summary provides an overview of the adult social care sector and workforce within the Wiltshire area. Skills for Care, as the leading source of adult social care workforce intelligence, have created this summary because good quality information about the workforce is vital to improving the planning, insight and quality of social care services at a local level, which will improve outcomes for people who use these services - both now and in the future.

The information within this summary has been produced by Skills for Care using the National Minimum Data Set for Social Care (NMDS-SC). We use the data collected by the NMDS-SC to create workforce models that, in turn, allow for estimates of the whole adult social care workforce and its characteristics to be produced.

## Size and structure of the workforce in this area



In 2016 the adult social care sector in England had an estimated **20,300** organisations, **40,400** care providing locations and **1.58 million** jobs. In Wiltshire there were an estimated 13,700 jobs in adult social care split between local authorities (5%), independent sector providers (88%) and jobs for direct payment recipients (7%). As at March 2017 Wiltshire contained 292 CQC regulated services; of these, 204 were residential and 88 were non-residential services.



The adult social care workforce is growing. In England it has increased by 19% since 2009, and in the South West, by 4% since 2012. If the workforce grows proportionally to the projected number of people aged 65 and over then the number of adult social care jobs in South West will increase by 35% (230,000 jobs) by 2030. Skills for Care can produce workforce forecasts at a local level, for more information please see: [www.skillsforcare.org.uk/workforceforecasts](http://www.skillsforcare.org.uk/workforceforecasts)

As at 2016/17 the adult social care sector was estimated to contribute £41.6 billion per annum to the English economy and £4.5 billion in the South West region. Almost half of this is estimated to be the wage bill of the sector. Skills for Care can produce economic contribution estimates at a local level, for more information please see: [www.skillsforcare.org.uk/economiccontribution](http://www.skillsforcare.org.uk/economiccontribution)

## Recruitment and retention



Skills for Care estimates that the turnover rate in Wiltshire was 35%, this was higher than the region average of 32% and higher than England at 28%. Not all turnover results in workers leaving the sector, of new starters in this area over half (56%) were recruited from within the adult social care sector, therefore although employers need to recruit to

these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Wiltshire had on average 8.3 years of experience in the sector and 69% of the workforce had been working in the sector for at least three years.

Skills for Care estimates that in Wiltshire, 6.8% of roles in adult social care were vacant, this gives an average of approximately 950 vacancies at any one time. This vacancy rate was similar to the region average, at 6.9% and similar to England at 6.6%.

Using both workforce intelligence evidence and our links with employers and stakeholders across England, we know that recruitment and retention is one of the largest issues faced by employers. We have many resources and tools available to employers to help with recruitment and retention issues. For more information please visit: [www.skillsforcare.org.uk/recruitment-retention](http://www.skillsforcare.org.uk/recruitment-retention)

## Staffing overview

The estimated number of adult social care jobs in the Wiltshire area in 2016 was 13,700 including 1,100 managerial roles, 700 regulated professionals, 10,000 direct care (including 7,400 care workers), and 2,000 other-non-care providing roles.

The average number of sickness days taken in the last year in Wiltshire was 4.6 (5.0 in the South West and 5.2 across England). With an estimated workforce of 13,700 this would mean employers in Wiltshire lost approximately 63,600 days to sickness in 2016/17.

## Chart 1. Proportion of workers on zero hours contracts by area



Less than a fifth (15%) of the workforce in Wiltshire were on zero-hours contracts.

Approximately half (42%) of the workforce worked on a full-time basis, 33% were part-time and the remaining 25% had no fixed hours.

### Demographics



The majority (86%) of the workforce in Wiltshire were female and the average age was 43 years old. Those aged 24 and under made up 12% of the workforce and those aged over 55 represented 24%. Given this age profile approximately 3,350 people will be reaching retirement age in the next 10 years.

Nationality varied by region, in England 83% of the workforce were British, while in the South West this was 86%. An estimated 85% of the workforce in Wiltshire had a British nationality, 8% were from within the EU and 8% from outside the EU, therefore there was a similar reliance on both EU and non-EU workers.

### Pay

Table 1 shows the full-time equivalent annual or hourly pay rate of selected job roles in Wiltshire (area), the South West (region) and England. On 1 April 2016 the Government introduced a new mandatory National Living Wage (NLW). For the purpose of this report, the NLW of £7.20 has been quoted to match the timescale in which the data was collected. In April 2017, after the data in this report was analysed, the National Living wage increased to £7.50.

Skills for Care can produce national living wage tools and analysis at a local level, for more information please see: [www.skillsforcare.org.uk/NLW](http://www.skillsforcare.org.uk/NLW)

**Table 1. Average pay rate of selected job roles by area**

	England	Region	Area
Full-time equivalent annual pay			
Social worker	£33,300	£32,000	£30,400
Registered nurse	£27,900	£28,300	£28,800
Hourly pay			
National Living Wage	£7.20	£7.20	£7.20
Senior care worker	£8.66	£8.75	£8.80
Care worker	£7.85	£7.85	£7.97
Support & outreach	£9.11	£8.74	£8.74

Please note that pay varies by sector, with local authority pay generally being higher than independent sector pay.

### Qualifications, training and skills



Skills for Care believe that everyone working in adult social care should be able to take part in learning and development so they can carry out their role effectively, this will help to develop the right skills and knowledge so they can provide high quality care and support.

Skills for Care estimates show that 46% of the workforce in Wiltshire hold a *relevant* adult social care qualification (50% in the South West and 50% in England).

Of those workers without a relevant adult social care qualification recorded, 30% had five or more years of experience in their current role, 72% had completed an induction and 30% had engaged with the Care Certificate.

### Further information and relevant resources

2016/17 workforce estimates were based on independent sector information derived from the NMDS-SC as at March 2017 and local authority information as at September 2016. For more detail about the methodology used to create these estimates please see:

[www.skillsforcare.org.uk/workforceestimates](http://www.skillsforcare.org.uk/workforceestimates)

Skills for Care provides outstanding workforce intelligence relied upon by the sector to make decisions about adult social care planning and service delivery. To read more workforce intelligence publications, including The State of the Adult Social Care Sector and Workforce in South West and short briefings covering topics such as pay trends, social workers, registered nurses in the adult social care sector and the nationality of the workforce please see: [www.skillsforcare.org.uk/W/publications](http://www.skillsforcare.org.uk/W/publications)

For a bespoke analysis of workforce information at a local level or to answer any specific questions you have about the adult social care workforce please contact: [analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk) Example topics include; a more detailed workforce report about adult social care within this area, provision of care for people with learning disabilities or other types of people who use social care services, and much more.



To be kept up to date with workforce intelligence news please join our mailing list by registering with Skills for Care and selecting "workforce intelligence publications". You can

also follow us on twitter @SfC\_NMDS\_SC

**For more information please email [analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk)**



## The data picture of ASC in the BSW footprint



Charlotte Swarbrick, Skills for Care  
22<sup>nd</sup> November 2017



### Summary of key workforce information

The data below is based on **150,000 jobs** in the local authority and independent sectors as at 2016/17. Jobs for people using direct payments to employ their own care and support staff, and those working in the NHS are not included.

Male **18%**  
Female **82%**



Nationality of our workers  
**86%** British  
**9%** EU  
**6%** non-EU



■ **45,000 (32%)** left their role in the past 12 months  
■ Vacancy rate **6.9%**, 9,500 at any one time



**17%**  
of the workforce are on zero-hours contract jobs

Since the introduction of the mandatory National Living Wage on April 1 2016, care workers' pay in the independent sector has increased at a higher rate than previous years.

£7.07

£7.13

£7.22

£7.41

£7.52

£7.81

Oct 11 - Sep 12   Oct 12 - Sep 13   Oct 13 - Sep 14   Oct 14 - Sep 15   Oct 15 - Mar 16   Apr 16 - Mar 17

For more information refer to the full report which can be downloaded at [www.skillsforcare.org.uk/regionalreports](http://www.skillsforcare.org.uk/regionalreports).

## Overview of BSW data content



As commissioned by Health Education England, Skills for Care provide eight Excel files, by STP region:

Each file includes the following geographical information;

- England total
- STP region
- STP areas
- CCGs within STP areas



## What can the data tell us?



- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Workforce estimates and NMDS-SC coverage</li> <li>• Workforce estimates by job group and job role</li> <li>• CQC regulated establishments</li> <li>• Starters rate by job role group and STP geographical areas</li> <li>• Source of recruitment</li> <li>• Experience in sector &amp; role</li> <li>• Employees left in the past 12 months</li> </ul> | <ul style="list-style-type: none"> <li>• Vacancy &amp; Sickness rate</li> <li>• Employment status incl. FT/PT status</li> <li>• Zero hours contracts</li> <li>• Nursing Specialisms</li> <li>• Gender/age groups/ethnicity/nationality/year of entry to the UK/country of birth</li> <li>• FT equivalent annual pay</li> <li>• Highest qualification level held</li> <li>• Care Certificate take-up</li> </ul> |
|---|--|



## Data currency and coverage



### Data currency

1. Workforce estimates created on an annual basis (March 2017 for independent sector, September 2016 for LAs)

### Coverage

2. For local authorities (8.5% of jobs) the NMDS-SC is the mandatory annual return and NMDS-SC has had full coverage for the past 6 years.
3. For CQC regulated independent sector employers (80% of jobs) NMDS-SC has around 55% coverage.
4. For non-CQC regulated employers (11.5% of jobs) NMDS-SC currently has around 30% coverage

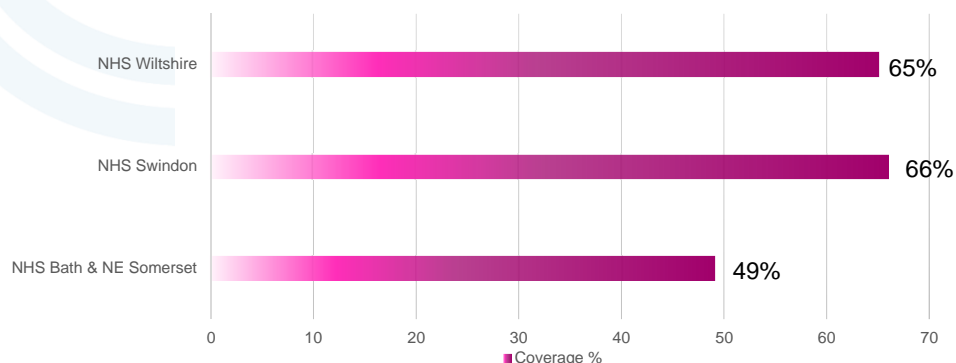


## BSW data coverage



**BSW overall coverage: 62% (61% independent sector, 100% LA)**

Breakdown by CCG:





## Methodology



The methodology for weighting NMDS-SC data is to ensure it is representative of the whole sector.

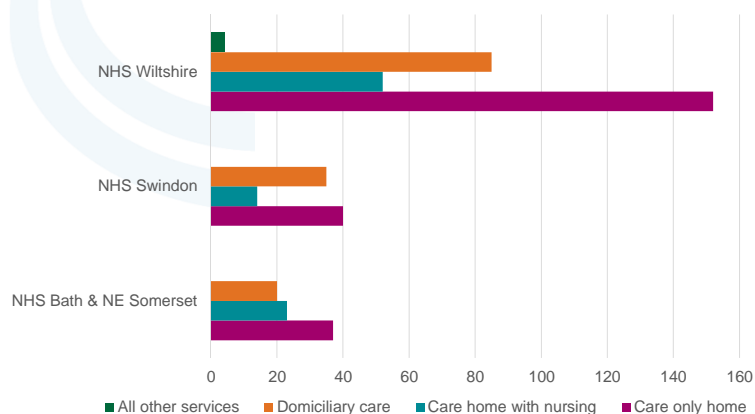
- NMDS-SC currently has 100% coverage of local authority data and 55% coverage of CQC regulated locations (62% in the Bath, Swindon & Wiltshire STP area). A sample of this size can be confidently used to create adult social care workforce estimates at both a national and local level.
- Skills for Care use data collected by the NMDS-SC to create workforce models that, in turn, allow for estimates of the whole adult social care workforce, and workforce characteristics to be produced.
- A simplified explanation of how the information is produced is that Skills for Care use NMDS-SC data to make estimates of workforce characteristics for each geographical area, service type, employer type and job role combination that we report by. These estimates are then "weighted" according to NMDS-SC's coverage/completeness of the sector in each of the above areas.
  - For example, an area with 50% coverage would use more weighted data in the final analysis than an area with 90% coverage. Using this methodology allows for the analysis to be representative of all adult social care workers even if the NMDS-SC has uneven levels of data coverage.



## CQC regulated establishments



Number of CQC regulated locations in BSW



Totals:

BSW overall: **462** (229 care only, 89 care with nursing, 140 dom care, 4 other)

Bath & NE Somerset: **80** (37, 23, 20, 0)

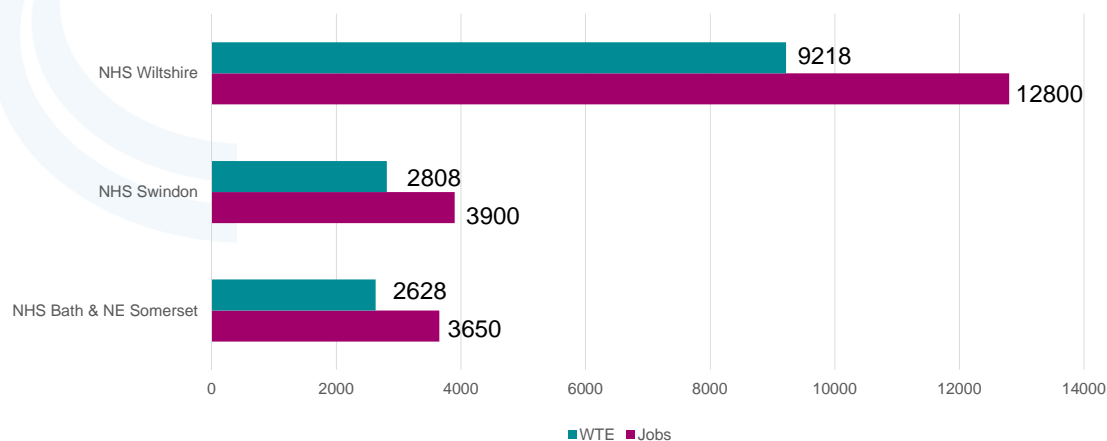
Swindon: **89** (40, 14, 35, 0)

Wiltshire: **293** (152, 52, 85, 4)

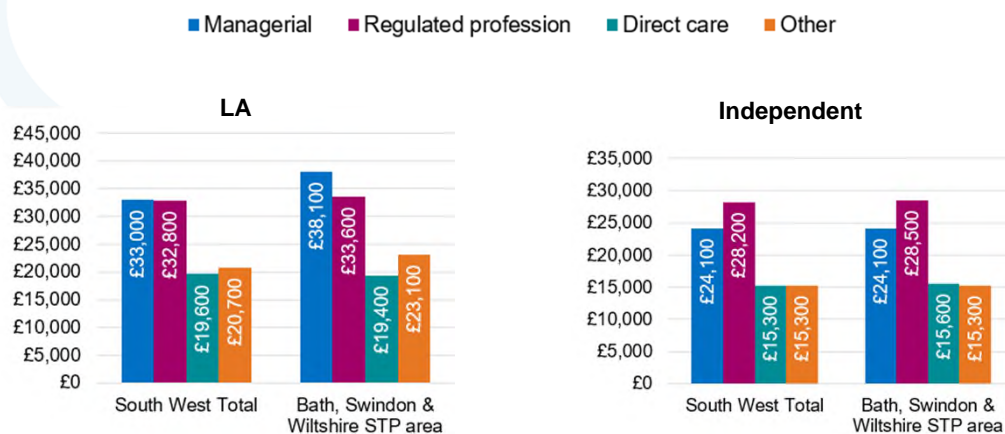




## Estimated Jobs & WTE in BSW



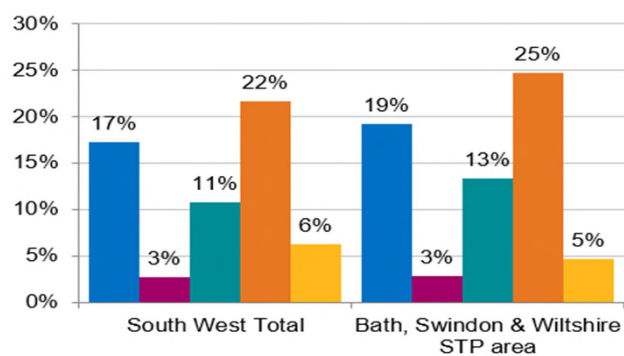
## Pay rates in BSW – by LA & Ind.



## Zero hours contracts in BSW



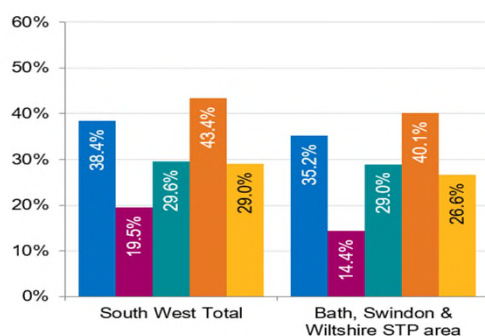
■ All job roles ■ Managerial ■ Regulated profession ■ Direct Care ■ Other



## Starters & Leavers in BSW by role



### Starters



### Leavers



■ All job roles ■ Managerial ■ Regulated profession ■ Direct Care ■ Other

## Vacancy rates in BSW



■ All job roles ■ Managerial ■ Regulated profession ■ Direct Care ■ Other



## Summary of key findings in the Bath, Swindon & Wiltshire STP area



- There are an estimated 20,500 jobs in the Bath, Swindon & Wiltshire STP area, 95% within the independent sector and 5% within local authorities
- 8% of roles were managerial, 5% regulated professionals, 71% direct care (59% of the workforce was care workers), and 15% other roles, including ancillary roles.
- The starters rate in the past 12 months was 35.2%. Of new starters 62% were previously employed within the sector.
- The turnover rate of staff in the past 12 months was 31.2%, this was lower (at 20.5%) within local authority employers and slightly higher (at 31.6%) within independent sector employers.
- There were an estimated 19,000 vacancies (7.4%) within the Bath, Swindon & Wiltshire STP area, most of which (97%) were within the independent sector



## Summary of key findings in the Bath, Swindon & Wiltshire STP area



- One in five jobs in this area (19%) were on a zero-hours contract. This varied by service type, with 5% of roles within care homes without nursing, 8% within care homes with nursing and 45% within domiciliary care providers being on zero-hours contracts. The average for domiciliary care within the South West is 37%.
- The average age of a worker in this area was 43 years old, and 23% were aged 55 and above so may retire within the next ten years. 34% of registered nurses were aged 55 and above
- 82% of the workforce in BSW were British, 10% had an EU nationality and 8% a non-EU nationality. Registered nurses had a more diverse background, with 24% with an EU nationality and 21% with a non-EU nationality.



## Confidence



- Low sampling error
- Minimised bias through use of weighted data
- All data in the NMDS-SC has been updated or confirmed to be up to date within the last two years (90% of employers updated their data in the past 12 months).
- Data validated at source and quality checked



## Analytical service



We can produce a range of in-depth reports depending on your specific requirements

Our data services can be used when you need:

- evidence to help you make an important decision or develop a strategy
- information/analysis and a report that's more in-depth and tailored to your needs
- trend information or help looking ahead with forecasts
- information for a bid
- benchmarking social care organisations/the workforce
- contributions to health and social care workforce integration projects.

All available at the geographical level most relevant to your needs.

For more information about this service please email [analysis@skillsforcare.org.uk](mailto:analysis@skillsforcare.org.uk)



## Useful links



All workforce intelligence publications can be found at:

[www.skillsforcare.org.uk/WIpublications](http://www.skillsforcare.org.uk/WIpublications)



The size and structure of the adult social care sector and workforce in England



The state of the adult social care sector and workforce in England



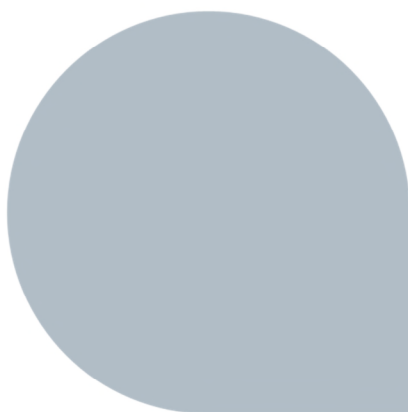
NMDS-SC briefings and trend briefings





# Thank you

E: [charlotte.swarbrick@skillsforcare.org.uk](mailto:charlotte.swarbrick@skillsforcare.org.uk)  
M: 07825 933 674



# Workforce Strategy

2017 - 2020



## Introduction

Health care is ever evolving and developing; from the population which we serve, the systems which we work within, and the partners that we work alongside. Wiltshire Health and Care requires a workforce which is flexible, adaptable and responsive to ensure that high quality, patient centred care is delivered

People are getting older, living longer, with more complex health conditions. People are looking at staying within their own environments, avoiding acute admissions and for their health care provision to meet these expectations.

Challenges which are known both regionally and nationally of; increase in population and the labour market becoming an 'employees market' are being realised in Wiltshire. Wiltshire's current population of C.482, 310 is increasing by 8.4% each year and the employment rate is 79.7%, which sits above the UK average of 73.3% (<http://www.swlep.co.uk/resources/document636067581705182000.pdf> 23/03/17). This is coupled with a national shortage in many of our specialities, for example; District Nursing and Physiotherapy which means fewer staff to fill vital roles to deliver the excellent care our patients deserve. However, Wiltshire Health and Care continues to strive to be the best in what we do, with the right staff, with the right skills, with the right attitudes.

This document sets out the Workforce Strategy for Wiltshire Health and Care (operating division) for 2017 – 2020. The workforce strategy supports our people to achieve truly integrated working both internally and externally with our partners in both health and social care.

Our workforce strategy will only be successful if we continue to get the basics right. We need to ensure we have a robust workforce planning process, effective and robust recruitment and retention strategies and putting in place the right support for our workforce to learn, develop and grow.

Workforce plans will be informed by demand for services and will evolve to take account of the skills and competencies we will develop across our teams. We will ensure that we have multi-skilled staff able to deliver effective patient-centred care working in ways that are most efficient and which are integrated with other local health and social care providers.

In summary, our workforce strategy, coupled with a focus on getting the basics right, means that there is a clear vision for the role of the community workforce in making change happen over the next five years.

## Our Vision

Through this workforce strategy Wiltshire Health and Care will work to **retain** and **reward** staff and **recruit** those with the right aptitude and **right skills**, Wiltshire Health and Care will be at the forefront of developing and expanding services to support the community health needs of the population it serves, and will be seen as the employer of choice for delivering adult community health care to the people of Wiltshire.

Wiltshire Health and Care, is part of the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan (STP). This Workforce Strategy recognises the direction of travel of the STP, and links Wiltshire Health and Care's priorities with the STP 5 year programme of change.

Wiltshire Health and Care Five Year Programme of Change Themes	STP 5 Year Priorities
<p><b>A service delivered in partnership*</b>. Teams with a 'can do' approach and the networks to draw in support from other agencies and specialist advice when required. Real time communication and access to patient records to reduce duplication and the need to tell their story again. Working together as part of a multi-disciplinary local team which include primary care, social care, mental health community services and the voluntary sector.</p>	<p><b>1. Create locality-based integrated teams supporting primary care</b></p>
<p><b>Higher intensity care</b>. Offering comprehensive higher intensity community care, whether in a patient's own home or in a community inpatient bed. This will mean more people supported to stay in their own home at times of escalating need, reducing the need for a secondary care admission.</p>	
<p><b>Best practice: normal practice</b>. We want Wiltshire to have the best possible care in the community. In many areas, we will lead the way and be an example of best practice. In others, we will learn from elsewhere and implement changes over the 5 year period to ensure that all aspects of services are consistently the best they can be</p>	
<p><b>Healthy, independent lives</b>. Promoting health and prevention is part of the day job for community services, making use of every opportunity to inform and coach patients, carers and their families. Our services don't exist to do things for people that they can do for themselves, but will offer support and give them the confidence to take control. This needs to include tapping into technology to promote self-management e.g. secure video conferencing, remote monitoring at home, apps and web based support</p>	<p><b>2. Shift the focus of care from treatment to prevention and proactive care</b></p>
<p><b>Community based urgent care. Making stronger links between</b> urgent primary care, the current provision of minor injury units and adding strong links to Emergency Departments to develop an innovative response for the people of Wiltshire. A comprehensive urgent care offer in the community</p>	
<p><b>Leading the way</b>. Transforming the use of technology to support patient care and collaboration of professionals in a way that supports rather than replaces a human voice and hand. Adopting evidence based technology and systems available to all industries, then innovating beyond that. From paper based and travel dependent solutions to connected and enabled</p>	<p><b>3. We will develop an efficient infrastructure to support new care models</b></p>
<p><b>Broadening skills</b>. Extending the skills of everyone who cares for patients. Broadening horizons by enabling cross working across multiple settings of care and increasing availability of specialist knowledge, advice and enhancing trust</p>	<p><b>4. Establish a flexible and collaborative approach to workforce</b></p>
<p><b>More for your money</b>. Community services will only play their full part in responding to increased demand on health and care services if they are fit for the future. We will reduce waste and duplication and proactive shifting of resources to allow investment in the community</p>	<p><b>5. Enable better collaboration between acute providers</b></p>

## **Our Values**

Our values are at the heart of everything that we do in Wiltshire Health and Care. All staff, existing and newly recruited will sign up to the Wiltshire Health and Care charter of values.

### **Building and Strengthening Partnerships**

- Effective Communication
  - Leadership
- Involvement and Team-working

### **Quality Care for All**

- Compassion
- Patient Centred
- Culture of Learning

### **Adapting in a Changing Community**

- Service Development
  - Wellbeing
- Proactive Approach

### **Demonstrating Integrity in All We Do**

- Open and Honest
- Professionalism
  - Respect

## Our Priorities

**Wiltshire Health and Care's Business Plan 2017 – 2020**, recognises that we need an attractive, adaptable and sustainable workforce and has set out the key priorities to support achieving this.

Broadening Skills	Establish a flexible and collaborative approach to workforce	Design the workforce for the future	<ul style="list-style-type: none"> <li>• Work collaboratively with STP partners on whole system.</li> <li>• Develop and embed a workforce strategy</li> <li>• Improve workforce planning to provide a longer term view</li> <li>• Grow the supply of flexible workforce</li> <li>• Review safer staffing models in community hospital settings</li> <li>• Upgrade our e-roster system</li> </ul>
		Implement values and behaviours	<ul style="list-style-type: none"> <li>• Implement values and behaviours</li> <li>• Support the health and wellbeing of staff as measured in CQUIN</li> </ul>
		Develop career pathways	<ul style="list-style-type: none"> <li>• Utilise the Apprenticeship Levy system</li> <li>• Participate in the Trainee Nursing Associate programme</li> <li>• Continue support for existing development opportunities</li> <li>• Provide opportunities for staff across our partnership to work and train across a range of services and settings</li> <li>• Encourage newly qualified staff to seek community careers</li> <li>• Ensure leaders are equipped with development 'tool kit'.</li> </ul>

## Our Challenges

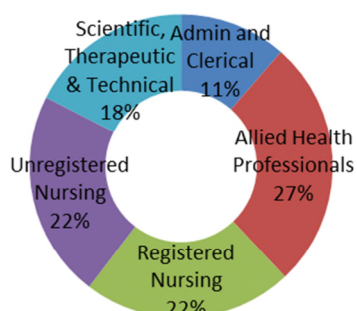
An aging population, aging workforce, lifestyle factors, changing patient expectations, increasing service demands and advances in medicine and technology are all key recruitment and retention challenges that our services face daily.. This is why we need to ensure that we look after our talented workforce, design our services to meet demands, and succession plan effectively for the future.

The Sustainability and Transformation Plan, recognises that over the next few years it is imperative that organisations work collaboratively in a system wide approach, to face the increasing demands of the populations health care needs, and the wider challenges that face the health care system. Wiltshire Health and Care are working at the forefront of the STP, to ensure that its workforce are skilled, and ready to work alongside the STP footprints partners across BANES, Swindon and Wiltshire.

## Our Workforce

There are over 1000 members of staff working to deliver Wiltshire Health and Care's Adults Community Health contract. Turnover in areas of known shortage is high and is often the result of, a lack of career progression or retirement (data collected from exit interviews 15/16).

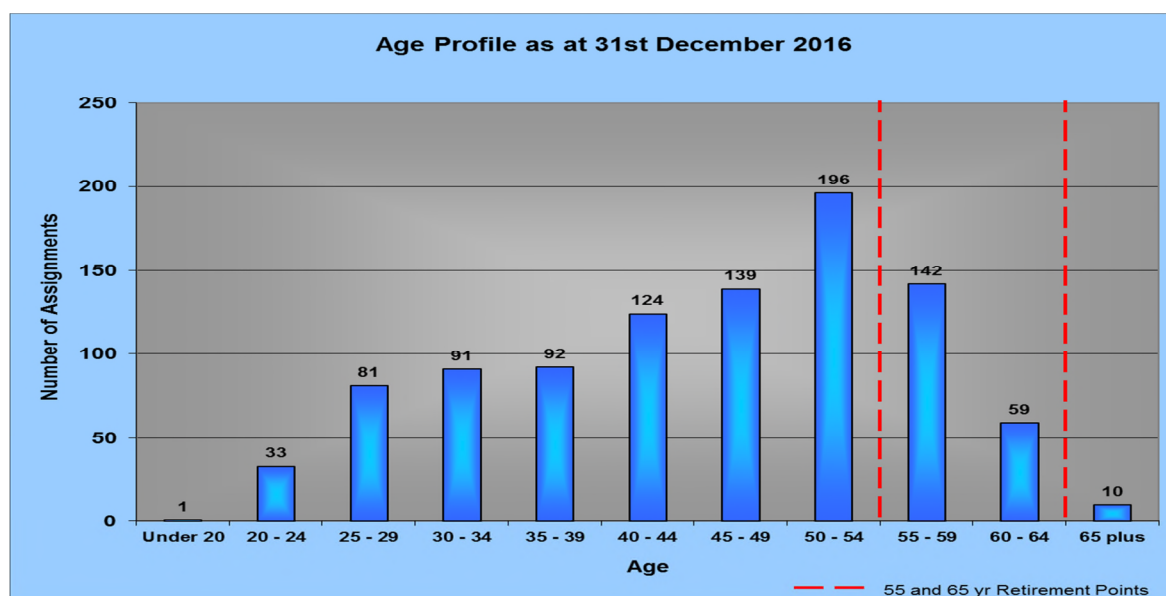
### Vacancy %



Staff Group	Vacancy %
Admin and Clerical	6.38%
Allied Health Professionals	14.83%
Registered Nursing	12.51%
Unregistered Nursing	12.36%
Scientific, Therapeutic & Technical	9.78%
Total	12.25%

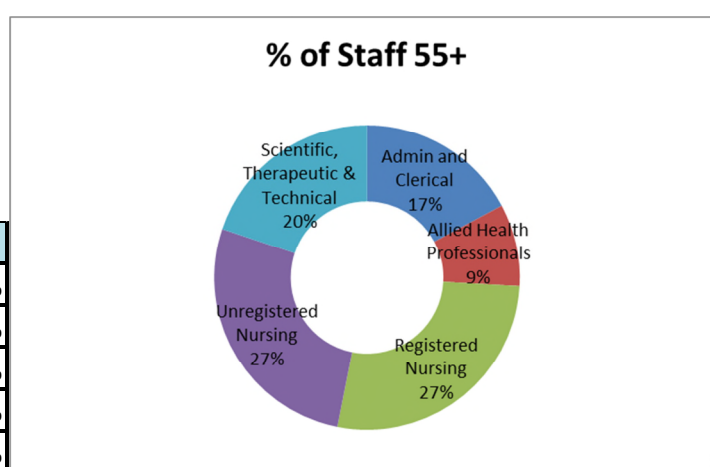
Wiltshire Health and Care has an aging workforce, out of 66 leavers between March 2016 and February 2017, 25 (38%) of these leavers were people retiring from the organisation.

(data taken from ESR staff in post 31/12/16)



Age profiling data available from ESR shows, 21.8% of Wiltshire Health and Care staff are within the age profile where they are applicable for retirement, with a further cohort of 20.25% reaching this age group in the next 1 – 4 years. Registered and unregistered nursing are the staff group areas which contain the highest risk in relation to the number of staff who are eligible to retire. This represents a significant challenge for Wiltshire Health and Care's workforce and evidences further the requirement for this strategy to strengthen workforce planning, succession planning and development pathways for new and existing staff.

Staff Group	% of Staff 55+
Admin and Clerical	29%
Allied Health Professionals	15%
Registered Nursing	46%
Unregistered Nursing	45%
Scientific, Therapeutic & Technical	33%



## **Our Commitment**

This 5 year plan is ambitious; however, this is Wiltshire Health and Care's commitment to give its workforce the tools, skills, training and opportunities to be the best that they can be. Each commitment outlines how success will be recognised.

### **1. We will have a performance culture:**

Wiltshire Health and Care are committed to staff at all levels, to develop not just the service but them as individuals. This will be supported by clear expectations of staff through service design and effective workforce planning. This will be achieved by:

- Managers being empowered and having the training and 'tool kits' to manage the performance of their teams effectively, displaying management and leadership in line with Wiltshire Health and Care core values.
- A robust process for recognising high achievers in line with the Recruitment and Retention strategy, and for addressing under-performance.
- The delivery of a robust supervision and appraisal process and all staff understanding their accountability, responsibilities and their objectives and having the capability and aptitude to deliver them.
- Development of a culture where staff take ownership and feel proud of their own contribution to the performance of Wiltshire Health and Care.

### **2. We will have a sustainable workforce:**

All services will:

- Develop workforce plans with regular review, which will include an evaluation of staffing skill-mix. Effective workforce plans will enable service design and decision making
- Place apprenticeships as the bedrock of development pathways for all staff groups.
- Recognise the value that a flexible workforce can bring and reduce the reliance on agency staffing. This will be incorporated into workforce modelling. Actively work within its Recruitment and Retention Strategy.
- Incorporate development pathways for all key roles, registered and unregistered, in line with the Recruitment and Retention Strategy.
- Create a culture of consultation with staff in relation to workforce and service design.
- Ensure volunteers and work experience will be embedded as part of the workforce.

### **3. We will have a healthy workforce by:**

- Implementing the Health and Wellbeing strategy, through the Health and Well-being forums and ensure access to a pro-active occupational health services which are equitable and accessible to all staff.
- Applying policies and procedures to manage absence.
- Developing a process for fast-track referrals for MSK, Physiotherapy, and Counselling.
- Effectively delivering a rostering system and processes to ensure a healthy work life balance

### **4. We will recognise talent and have a robust succession plan:**

Wiltshire Health and Care will;

Partnerships, Quality, Community, Integrity

- Develop an effective talent management system and career development framework, which will Build a culture of high engagement and deliver effective succession planning
- Develop 'tool kits' to enable, our workforce to drive continuous improvement and service change
- Recognise the value of the yearly appraisal to recognise aspiring staff and to support continual learning for all
- Value and support regular clinical supervision

**5. We will live our values:**

- Embed our Values and Behaviours into all systems and processes of Wiltshire Health and Care.

**6. We will value our staff for their contribution:**

- Staff will feel proud and valued as part of Wiltshire Health and Care.
- Our staff will want to recommend Wiltshire Health and Care as a place to work.
- Ensure that we have robust and relevant workforce plans that support implementation of new pathways to learning.
- Using the expertise within our workforce to educate and develop staff, both internally and externally.
- Staff will be actively encourage to contribute to business development

**Measures of Success**

Wiltshire Health and Care Operation teams and Specialist Operation teams will be expected to develop an action plan to support the delivery of the agreed commitments within the strategy. The application of the plans will be monitored by the Head of Operations and Specialist Operations and reported bi-yearly to the Executive Committee of Wiltshire Health and Care through the Workforce and Development Group

Expected outcomes will be:

- A continued improvement in the annual staff survey
- Increase number of staff recommending Wiltshire Health and Care
- Yearly workforce plans established for each service line
- Continued development in career pathways
- Reduction in vacancies
- Improved staff retention
- Achievement of appraisal targets
- Embedding clinical supervision across all clinical areas
- Active engagement of staff in business development opportunities
- Maximum use of the apprenticeship levy
- Improved usage of flexible retirement options
- Increase in numbers of volunteers working throughout all services
- Increase in number of people undertaking work experience
- Increase in number of people joining the flexible workforce team
- Reduction in agency spend
- Recognition of joint working with other partners



**Our commitment to you:**

The signatures below are a mark of commitment from Wiltshire Health and Care, to its Workforce to support the delivery of this strategy.

**Carol Bode, Chair.**

Signature..... Date.....

**Douglas Blair, Managing Director.**

Signature..... Date.....

**Christopher Weiner, Clinical Director.**

Signature..... Date.....

**Sarah-Jane Peffers, Head of Quality.**

Signature..... Date.....

**Victoria Hamilton, Head of Development and Performance.**

Signature..... Date.....

**Maddy Ferrari, Head of Operations.**

Signature..... Date.....

**Susan Evans, Head of Operations – Specialist Services.**

Signature..... Date.....

**Annika Carroll, Head of Finance.**

Signature..... Date.....

**Hanna Mansell, HR Business Partner.**

Signature..... Date.....

***Linked documents:***

*Quality Schedule*

*Business Plan*

*Recruitment and Retention Strategy (in development)*

*Health and Wellbeing Strategy (in development)*

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

<b>Venue:</b>	Training Room 1, Chippenham Community Hospital
<b>Date:</b>	Tuesday 28 <sup>th</sup> November 2017
<b>Time:</b>	10:00 – 11:30

WHC Board Members		
Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Annika Carroll	Head of Finance	AC
Sarah-Jane Peffers	Head of Quality	SJP
Cara Charles-Barks	SFT Board Representative	CC-B
Sarah Truelove	RUH Board Representative	ST
Carol Nicholl	Deputy GWH Board Representative	CN
Richard Barritt	Non-Executive Member	RB
Celia Grummitt	Non-Executive Member	CG
Adibah Burch	Non-Executive Member	AB

In attendance		
Lisa Hodgson	Chief Operating Officer	LH
Lianna Bradshaw	Executive Assistant (Minutes)	LB
Katherine Hamilton Jennings	Observer	KHJ

Apologies		
Nerissa Vaughan	GWH Board Representative	NV

Item	Title/Notes	Actions
1	<p><b>Welcome, Apologies and Declarations of Interest</b></p> <p>Carol Bode welcomed everyone to the meeting and introduced Lianna Bradshaw as the new Executive Assistant and Katherine Hamilton Jennings who will start in post as Board Secretary on 14 December. Apologies were noted from Nerissa Vaughan.</p> <p>Declarations of interest – RB noted he is working with Southern Health NHS Foundation Trust on patient engagement.</p>	

2	<p><b>Part I Minutes, Actions and Matters Arising</b></p> <p>The minutes of the previous meeting held on 26<sup>th</sup> September 2017, were agreed as a true and accurate record.</p> <p>The meeting considered the actions arising and noted the updates. Following discussion of the action point concerning staff health and wellbeing plans, the Board agreed that:</p> <ul style="list-style-type: none"> <li>• The Local Workforce Action Board (LWAB) Health &amp; Wellbeing strategy should be awaited so that a Wiltshire Health and Care action plan can be produced which fits within the overall strategy.</li> <li>• representation of primary care should be examined, to ensure that health and wellbeing strategy being developed is as comprehensive in scope as possible. SJP to raise this issue within the LWAB on behalf of the partnership.</li> </ul>	<p><b>SJP</b></p> <p><b>SJP</b></p>
3	<p><b>Chair's Report</b></p> <p>CB noted that she was interested in broadening the links between the health sector and the social housing sector. She is attending this year's housing Forum on 30<sup>th</sup> November, which will focus on the links between different types of housing, quality of life and wellbeing.</p> <p>CB also highlighted the publication of a National Housing Federation Report on the contribution that the housing sector can make to improving flow in the health sector. A link to the report would be circulated.</p> <p>There was also an opportunity to learn more about some social prescription software in place in Northern Ireland if any Board members were interested in learning from this example.</p>	<p><b>LB</b></p>
4	<p><b>MD Report</b></p> <p>DB informed the Board that the NHS England Bath, Gloucestershire, Swindon and Wiltshire Quality Surveillance Group had reviewed Wiltshire Health and Care. They had noted vacancy levels but noted that there were no overall quality concerns and the organisation was making good progress. Wiltshire Health and Care would therefore be the subject of routine surveillance.</p> <p>DB informed the Board that NHS Improvement had recently published guidance regarding the expectations for managing patient flow in community services over winter. It was anticipated that assurance will</p>	

	<p>be sought by NHS Improvement of the position of Wiltshire Health and Care in relation to six key requirements set out, which were:</p> <ol style="list-style-type: none"> <li>1. Facilitate system-wide data-sharing – DB reported that, subject to confirming with NHSI possible additional requirements for daily reporting, Wiltshire Health and Care is compliant with this.</li> <li>2. Actively engage in the operational management of discharge across all local organisations. Wiltshire Health and Care is meeting this expectation.</li> <li>3. Develop a 'discharge hub' referral and co-ordination service as part of an integrated discharge team. A separately commissioned Access to Care service exists in Wiltshire, although Wiltshire Health and Care would like to improve the arrangements.</li> <li>4. Effectively implement a patient choice policy. A choice policy is in place.</li> <li>5. Ensure the services they deliver are well understood. This is in place, with further work to improve use of Directory of Services.</li> <li>6. Collect and share data for Red2Green days (a methodology to support reducing delays in inpatient settings). DB reported that this was a current gap, with this methodology being rolled out from December 2017 onwards.</li> </ol> <p>The Board noted the update. DB agreed to share any formal return on the NHSI expectations for information.</p>	DB
<b>Scrutiny</b>		
<b>5</b>	<p><b>Quality, Finance and Performance Report</b></p> <p>The Board considered the quality, finance and performance report.</p> <p><b><u>Quality</u></b></p> <p>SJP highlighted the following issues from the report:</p> <ul style="list-style-type: none"> <li>• due to operational capacity a number of NICE guidelines (19) have not been reviewed within expected timescales and some lower priority clinical audits remain incomplete (14). The process itself needed to be revised and SJP and LH are seeking examples from other providers on the process to inform this.</li> <li>• Duty of Candour targets have not been met across the first two stages. There were particular hotspots – such as the Wilton community team – that required more focus. Recovery plans were being put in place.</li> <li>• sickness absence had reduced in the month from 4.01% to 3.09% which is below target of 3.50%. Long term sickness</li> </ul>	

	<p>remained an area of priority.</p> <ul style="list-style-type: none"> <li>the turnover rate had decreased in month by 0.54% but remains above target of 13%. Turnover audit and action plans are in place for hotspot departments. There is a positive improvement with the efficiency of the recruitment.</li> </ul> <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> <li>it was not clear whether the risks around lack of timely review of NICE guidelines were being adequately identified and reflected in the risk register. Whilst recognising there was a process and capacity issue, it needed to be clear what, if any, clinical risk was being created by the lack of timely review.</li> <li>ST noted that a benchmark comparator had been added on pressure ulcers, but this raised the question about why the pressure ulcer rate remained consistently above benchmark. LH advised that a monthly performance and planning session with teams is being established which would include a greater focus on areas that were above benchmarks.</li> <li>there was a need to continue to examine how the partnership could support more comprehensive career pathways to decrease turnover due to reasons of seeking further training and development. It was noted that there were a range of initiatives in place, such as nurse associate training and use of the apprenticeships.</li> </ul> <p><b><u>Performance</u></b></p> <p>LH highlighted the following issues:</p> <ul style="list-style-type: none"> <li>there were continuing issues relating to the availability and commissioning of psychology resources, which impact on Referral to Treatment targets for learning disability services. Wiltshire Health and Care has been awaiting the outcomes of a review led by the CCG. Further escalation with the CCG is being pursued.</li> <li>the reablement target has changed its source data to only include patients cared for my Home First resource. This was address concerns about data quality and accuracy. The fact that performance against this target continues to be under target is not of undue concern at this stage as the data collection improves.</li> </ul> <p>In discussion, the following points were made:</p>	
--	---	--

	<ul style="list-style-type: none"> <li>• it was noted that the reference to lack of care availability at weekends was a recognition that the start of care packages from domiciliary care providers and admissions to care homes rarely occurred over weekends, and this had a knock on impact on the rate of discharges at weekends from the inpatient wards.</li> <li>• there was a need for the Board to understand the learning disability service in more detail. It would be useful to have a themed board session, to potentially involve users of the service also.</li> </ul> <p><b><u>Finance</u></b></p> <p>AC highlighted the following issues:</p> <ul style="list-style-type: none"> <li>• an increase in additional VAT liability has been recognised which relates to the partial exemption calculation for GWHFT. As the income related to WHC is now recognised as exempt, it reduced the amount of VAT recovery available for GWHFT.</li> <li>• Agency usage continued to be higher than planned. Reductions in spend had not occurred as predicted for October. A further tightening up of process had occurred and more detailed monitoring was being implemented. CN noted that agency usage by Wiltshire Health and Care is included in the agency usage figure against which GWHFT is performance monitored.</li> </ul> <p>In discussion, RB raised the issue of the level of detail available in the finance report. AC said that this was recognised as an issue. Service line reporting was not in place across all services. The depth of reporting would improve with the implementation for April 2018 of a new financial ledger.</p> <p>The Board noted the quality, finance and performance report and agreed that:</p> <ul style="list-style-type: none"> <li>• risks relating to lack of timely review of NICE guidelines should be examined in more detail by the Quality and Assurance Committee.</li> <li>• in order to avoid career pathway planning being dis-incentivised, a sub set of turnover information should be created to identify the proportion of turnover related to career moves within the Wiltshire Health and Care partnership.</li> <li>• a themed board session should be set up to focus on the learning disability service. This could include involvement of service users.</li> </ul>	<p>SJP/LH</p> <p>SJP</p> <p>LH</p>
--	---	------------------------------------

	<ul style="list-style-type: none"> <li>improvements to financial reporting should be made in line with the changes to new financial systems from April 2018. After initial improvements have been implemented for April 2018, a plan should be presented for further cost analysis and service line reporting.</li> </ul>	<b>AC</b>
<b>6</b>	<p><b>Falls Review</b></p> <p>The Board reviewed the Falls Review and noted the following recommendations on pages 5 and 6 (Executive Summary), which were:</p> <ol style="list-style-type: none"> <li>Streamline documentation and process</li> <li>Seek support from Wiltshire CCG and clarification and timescales on the likelihood of moving to S1</li> <li>Examine and agree what changes/ improvements are managed within the operational teams and what additional resource is required</li> <li>To match the skills and resourcing to the needs of the patients. To include;             <ol style="list-style-type: none"> <li>Training needs analysis</li> <li>Skill mix review</li> <li>Review of prevention strategies</li> <li>Multi-disciplinary review and assessment</li> <li>Increasing the knowledge and confidence of MCA/ DOLS</li> <li>Assess close monitoring support requirements and processes</li> <li>Review of equipment to support falls prevention and active rehabilitation</li> </ol> </li> </ol> <p>In discussion the following points were made:</p> <ul style="list-style-type: none"> <li>the report was of a high quality and included useful detailed analysis</li> <li>patients, families and carers had not been involved in the audit and preparation of the report, but would be involved in implementation of change.</li> </ul> <p>The Board:</p> <ul style="list-style-type: none"> <li>noted the report</li> <li>agreed that implementation of its recommendations should proceed, and the impact of this work will be tracked through the performance and quality dashboard.</li> </ul>	<b>SJP</b>



7	<p><b>CQC Action Report</b></p> <p>SJP introduced the paper, which provided the Board with a copy of the return made to the CQC on 31 October, in the required format. The Board noted that the requirements surrounding the Fit and Proper Persons regulations had been met and that the report set out the further actions being taken to comply with the other CQC recommendations.</p> <p>It was agreed that any issues with complying with the CQC requirements would be reported by exception.</p>	
8	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• <b>Board Assurance Framework</b></li> <li>• <b>Wiltshire Health and Care LLP Corporate Risk Register</b></li> <li>• <b>Delivery Risks</b></li> </ul> <p>The Board reviewed the risk registers. DB noted that there had been no changes made to the Board Assurance Framework this month. The LLP corporate register had been reviewed. If no update was added, this meant that the position had not changed. SJP confirmed that the delivery risks had been reviewed by the Quality Assurance Committee.</p> <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> <li>• lack of comprehensive patient and public engagement should be more prominently noted in the risk register, given that it was raised as an issue in the CQC report.</li> <li>• there remained issues about the calibration of scoring between the different registers and whether some target scores were too low, meaning some risks were not being accepted that should be.</li> <li>• given the points made earlier in the meeting about detail in financial reporting, this should be recognised as a strategic risk.</li> </ul> <p>The Board agreed that:</p> <ul style="list-style-type: none"> <li>• a strategic risk on financial information should be added to the Board Assurance Framework</li> <li>• the incoming Board Secretary should review the format of risk registers and, with the intention to move to new clinical risk software in 2018-19 providing an opportunity to re-structure the approach</li> </ul>	<p>DB</p> <p>DB</p>

	<ul style="list-style-type: none"> <li>the Audit and Assurance Committee should review proposals for redesign of the risk management process.</li> </ul>	<b>DB</b>
<b>Governance</b>		
<b>9</b>	<b>Children's' Safeguarding Declaration</b>  <p>The Board reviewed the proposed declaration of statutory compliance and authorised the Managing Director to sign on behalf of the Board.</p> <p>The Board noted that the content of the declaration will be updated in April 2018 to reflect changes in delivery structure.</p>	<b>DB</b>
<b>10</b>	<b>Board Sub Committees</b>  <p>CB proposed the establishment of the Audit and Assurance Committee from February 2018 and the Remuneration Committee as soon as practicable. The Terms of Reference for both Committees had been previously agreed but there had been delays in establishing the Committees.</p> <p>CB proposed that ST should act as the Chair of the Audit and Assurance Committee from February 2018. AB agreed to serve on Audit and Assurance Committee. CN confirmed that she would propose NV as a member of this Committee.</p> <p>CB proposed that RB became chair of the Remuneration Committee. CG and CC-B agreed to join this Committee.</p> <p>The Board agreed these arrangements.</p>	
<b>11</b>	<b>Nomination of Chief Operating Officer as Board Member</b>  <p>The Board approved that the creation of the new role of Chief Operating Officer should be recognised by adding this role to membership of the Board. It was noted that this was likely to require an alteration to the Members Agreement to be made. This would be followed up by the incoming Board Secretary.</p>	<b>DB</b>
<b>12</b>	<b>Any Other Business</b>  <p>No further business.</p>	
<b>Date of Next Meeting:</b> <b>Tuesday 19 December, 14:00 – 17:00, Melksham Community Hospital</b>		

**Update on Winter**

**VERBAL ONLY**

## Wiltshire Health and Care Board

## For information

**Subject:** Quality, performance and finance monthly report  
**Date of Meeting:** 23 January 2018  
**Author:** Sarah-Jane Peffers, Lisa Hodgson, Annika Carroll

### 1. Purpose

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

### 2. Issues to be highlighted to Board

2.1 The quality and performance dashboards are attached for the Board's information. From analysis of this information and triangulation with other sources of information and intelligence, the following issues are highlighted to the Board in relation to the quality of services:

<b>ADVISE</b>	<ul style="list-style-type: none"> <li>Closure of Incidents within the expected timeframe has continued to remain above an acceptable level. This has been recognised by the COO and Heads of Ops and a continued focus will be undertaken until the numbers are decreased to a reasonable level.</li> <li>Incidents requiring investigation (local) have increased in month. This is due to a change in process following a workshop held in September 2017. The number of STEIS incidents, those causing moderate to severe harm remains low (1 in month).</li> <li>Response to complaints has remained below the expected level for the 2<sup>nd</sup> month (October and November); this is due to a revision and implementation of a new process. This is expected to return to normal in the next 2 months. This is being led by the COO.</li> <li>Revised target of 90% agreed for mandatory training and appraisal compliance. This will bring WHC in line with other local healthcare providers.</li> </ul>
<b>ALERT</b>	No alerts to be reported to the board
<b>ACTION</b>	There are no issues on which Board action is required.

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

<b>ADVISE</b>	<ul style="list-style-type: none"> <li>Hot spot areas in month are Ailesbury ward and Wilton Community team. A meeting is planned between the quality</li> </ul>
---------------	--

	team and the operational delivery team to ensure all actions and mitigations reflect the current challenges. A Project Initiation Document has been agreed for Ailesbury to support short term recovery and to start to implement a longer-term skill mix to support the delivery of safe and effective care. This will be led by operations and supported by the quality team.
<b>ALERT</b>	No alerts to be reported to the board
<b>ACTION</b>	There are no issues on which Board action is required.

2.3 There are no issues to be highlighted to the Board in relation to the financial performance:

### 3. Recommendation

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

**Wiltshire Health and Care LLP**  
**Financial Position M9, December 2017**

<b>WH&amp;C LLP Profit and Loss Account - December 2017</b>			<b>WH&amp;C LLP Balance Sheet as at December 2017</b>		<b>WH&amp;C LLP Statement of Cashflows</b>	
	M9 (December 2017) £'000	FOT as at M9 £'000		M9 (December 2017) £'000		M9 (December 2017) £'000
<b>Turnover</b>	<b>32,505</b>	<b>43,385</b>	<b>Current Assets</b>		Profit/(Loss)	59
Staff	(172)	(230)	Debtors	503	Movements in:	
Contracted Services	(32,190)	(43,040)	Cash at Bank	1,442	Debtors	(44)
Other Administrative Exps	(83)	(115)	Creditors	(1,886)	Creditors	929
<b>Total Expenses</b>	<b>(32,446)</b>	<b>(43,385)</b>	Net Current Assets	59	Net in/(out)flow	944
			Net Assets	59	Opening Cash Balance	498
Profit/(Loss)	59	0	Profit and Loss Account	59	Closing Cash Balance	1,442

The LLP reports a year to date surplus of £59k as at M9, December 2017.

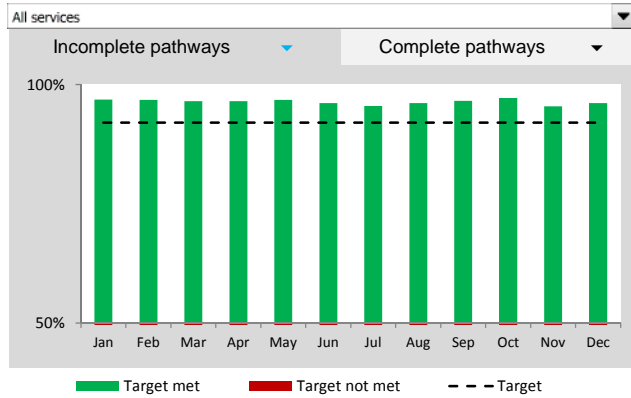
The favourable position is due to a vacancy at Clinical Director level and lower than planned clinical services recharges.

The forecast outturn for the financial year remains a breakeven position as at M9.

The turnover reflects contracted values with commissioners for 2017/18 adjusted for CQUIN risk and a provision for funding to cover the confirmed additional VAT liability, for which the final value is yet to be determined by VAT advisors.

The contracted services value reflects the planned values for 2017/18 with an additional provision for the additional VAT liability.

## RTT

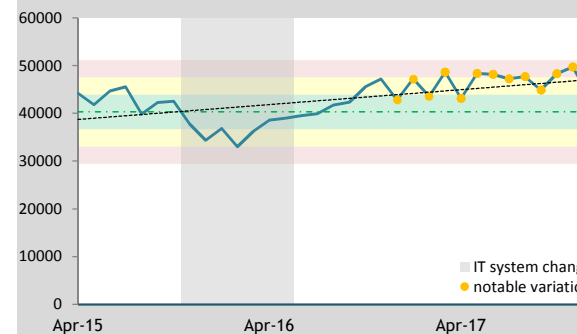


LD service remains an area of concern - previously flagged to commissioners. There are 2 LD breaches over 52 weeks - these are Psychology referrals and are receiving care by other members of the team so are not being treated as breaches by the CCG.

## Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	97%	21
Continence - Adult	95%	5
LD	85%	0
Outpatient Physio	95%	112
Podiatry	99%	3
Wheelchair service	82%	13
WON	97%	11

## Activity



Referrals	↑ 14%	Contacts	↑ 8%
Bed Based Intermediate Care	↑ 85%		
Diabetes	↑ 56%		
Speech and Language Therapy	↑ 27%		
MIU	↓ -11%		
Dietetics	↓ -11%		
Fracture Clinic	↓ -8%		

LD and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system migration. Old Wheelchair service system recorded each work request as a separate referral. See explanatory notes for notable variation guidance. No longer reporting Inpatient therapy contacts as agreed with commissioners.

## Inpatient assessments

All wards

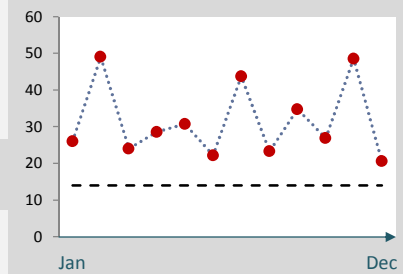
MRSA	✓	95%
VTE	✓	99%
VTE prophylaxis	✓	100%
MUST	✓	98%
PURAT	✓	97%
Falls	✓	98%
Dementia	✓	100%

Overall targets met



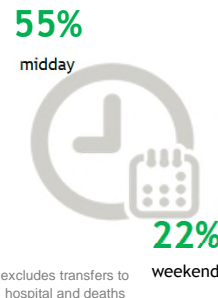
## Mean Inpatient Length of Stay

Ailesbury, Cedar, Longleat	25.6
Mulberry	52.3
Step up	20.6
Step up excluding delays	16.6



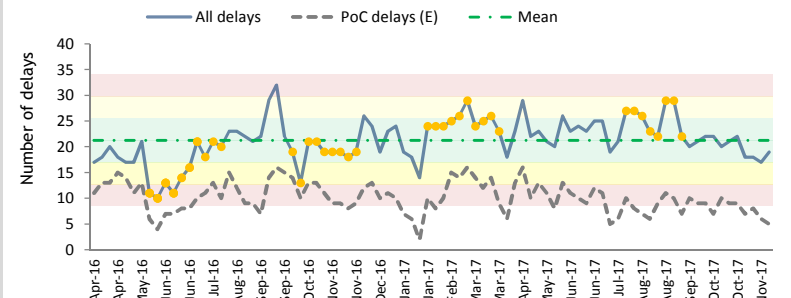
LoS heavily influenced by delayed days which routinely account for more than 20% of our ward capacity. For more detail around our LoS see the inpatient data sheet.

## Discharge timings



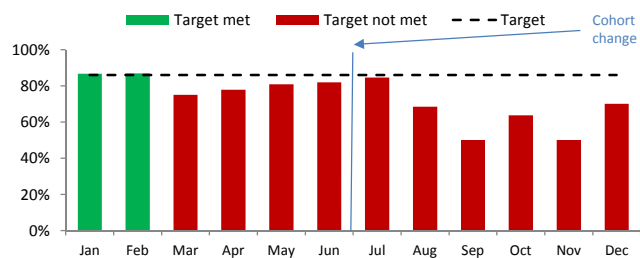
Improvement in December

## Delayed Transfers of Care



Following DToC counting workshop we may see increase in POC (E) delays that would previously have counted as Housing delays. See explanatory notes Activity for notable variation guide.

## Community teams 90 day reablement



In month 70% FYTD 77%

Patients still at home 90 days after referral to team

Data quality concerns

It is an ongoing challenge to identify the correct cohort for this data - now looking at Home First patients. Very low numbers since cohort change - slow to increase

## End of life support

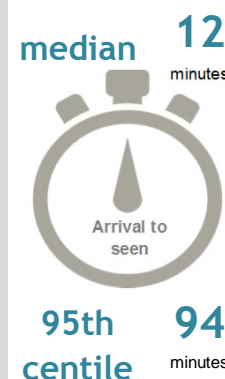
In month	91%	FYTD	93%
This month	10 of 11		
patients were supported by the community teams to die in their place of choice			

Strong performance year to date

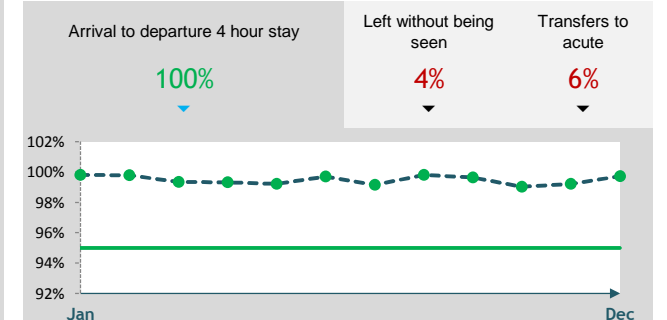
## Funding reviews\*

In month	FYTD
CHC 3 month	
Completed	3
Due	4
	75%
CHC Annual	
Completed	37
Due	44
	84%
FNC	
Completed	588
Due	949
	62%
CHC reporting not yet available	

## MIU waiting times



## MIU performance

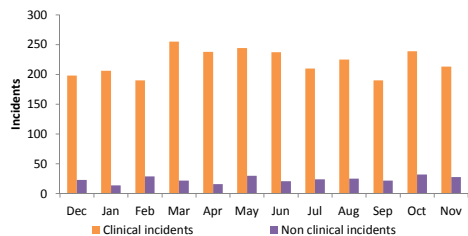


Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around patients left without being seen and transfers to acute. Significant operational pressures are not reflected in the data.



## Incidents

All



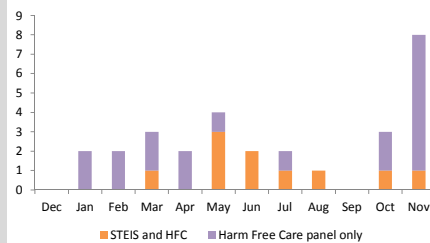
Overdue incidents 91

All services

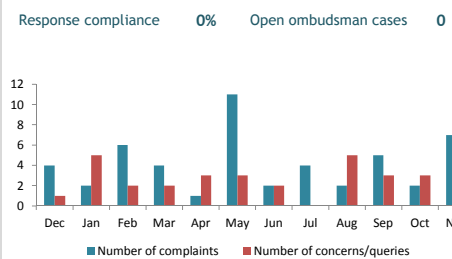
Actual impact Nov-17

1-Near Miss	6
2-None (No Harm)	142
3-Low	83
4-Moderate	14
5-Severe	0
6-Death	0

## Incidents Requiring Further Investigation



## Complaints/Concerns



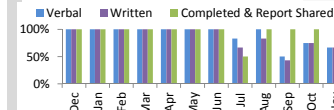
## RIDDOR

Financial Year to Date

2

RIDDOR report(s)

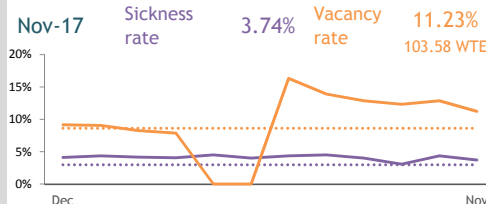
Duty of Candour compliance



National Mandatory Audits - 1 completed in month

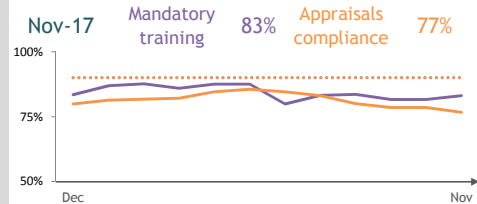
	Completed	Missed
Audit uploads	100%	0

## Sickness/Vacancy



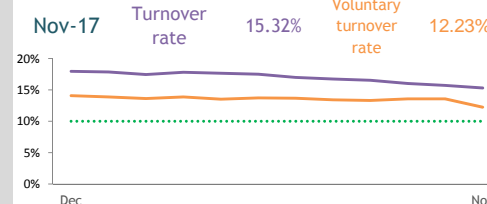
Sickness is 1% above same time last year. This is due to management of long term sickness.

## Training/Appraisals

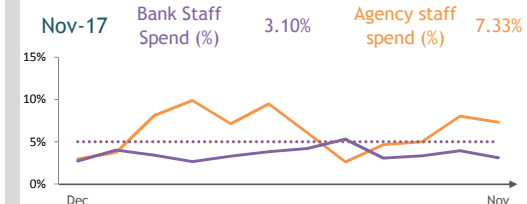


The figures for both appraisals and training are below our expectation, however plans are in place and WHC are working toward a 90% target in both areas

## Turnover



## Bank/Agency spend %



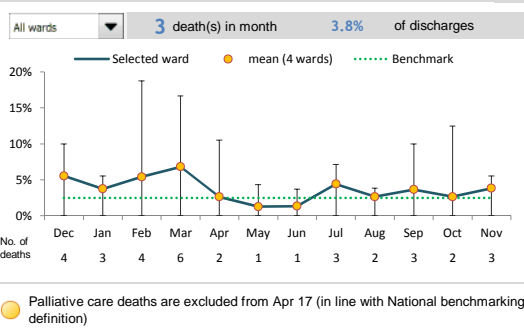
## Infection Prevention & Control

All wards Prev 12 months

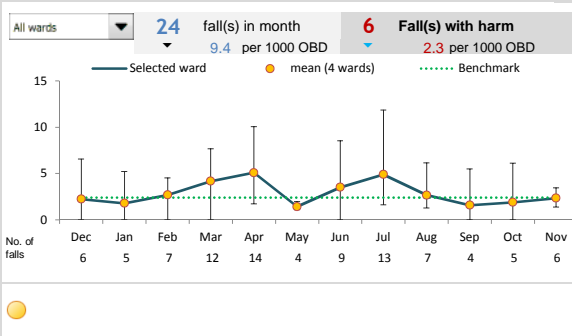
MRSA incidence	0	0
C diff incidence	0	1
E coli incidence	0	0
Bed days lost to norovirus	0	0

The patient was recorded as C.difficile colonisation in Aug 17 whilst in RUH, however they were asymptomatic and did not require isolation or treatment

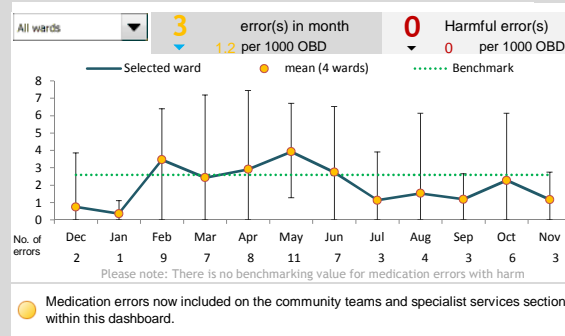
## Deaths



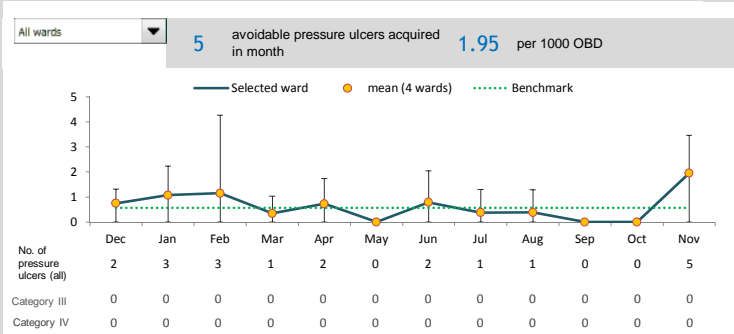
## Falls



## Medication errors

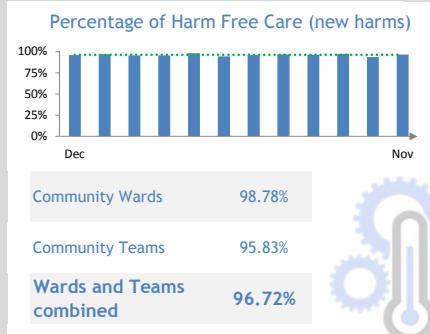


## Avoidable Pressure Ulcers



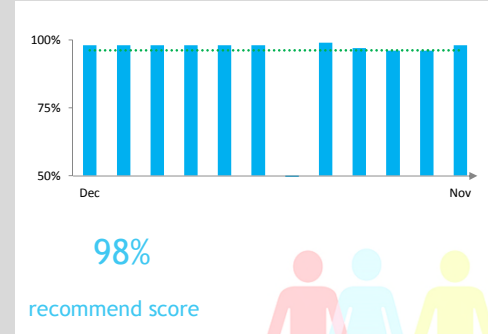
This graph shows the total verified Category III and IV avoidable pressure ulcers.

## Safety Thermometer



Improvement in return for November see community teams and inpatients tabs. The quality team continue to work with teams to improve compliance.

## Friends and Family Test



There has been an increase in both the number of responses and the recommended score in November. The quality team are scoping new ways of collating feedback to improve the response rate, i.e. mobile working. There has been no resolution to the reporting error in June;

## Inpatient assessments

All wards Oct-17 Nov-17

Early Warning Score	98%	99%
VTE assessment	100%	100%
VTE prophylaxis	100%	100%
Hospital Acquired Thrombosis	0	0
Falls assessment	99%	97%
MUST assessment	96%	99%

## **Arrangement for Board Papers**

**VERBAL ONLY**