

Wiltshire Health and Care Board Meeting Agenda – Part I

Venue:	Rowan East Meeting Room, Chippenham Community Hospital
Date:	Tuesday 27 th February 2018
Time:	14:00 – 17:00

WHC Board Members		
Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Lisa Hodgson	Chief Operating Officer	LH
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
Kevin McNamara	Deputy GWH Board Representative	NV
Celia Grummitt	Non Executive Member	CG
Adibah Burch	Non Executive Member	AB
Richard Barritt	Non Executive Member	RB

In attendance		
Katy Hamilton Jennings	Head of Legal Services & Corporate Governance II Board Secretary	KHJ
Lianna Bradshaw	Executive Assistant (minutes)	LB
Susan Evans	Head of Operations – Specialist Services	SE
Sharon Kupai	Head of Learning Disabilities	SK
Sandra Stephen	Head of Learning Disabilities	SS
Rhonda Ward	CTPLD Operational Lead – Wiltshire Council	RW
Apologies		
Nerissa Vaughan	GWH Board Representative	NV

Agenda Item		Lead	Paper	Info / Action
1	Welcome, introductions, apologies	CB	Verbal	Information
2	Learning Disabilities Seminar <ul style="list-style-type: none"> User Engagement Session – 2 service users of the Learning Disability service will be joining the Board for discussions about their experience of services. Briefing on the Community Team for Learning Disabilities role and function. Discussion of strategic issues and future development. 	ALL	Verbal	Discussion
	Seminar ends – Board members to stay for brief Board meeting			
3	Minutes of previous meetings and matters arising	CB	Attached	Approval
4	Items to raise by exception <ul style="list-style-type: none"> Quality, Finance and Performance 	ALL	Attached	Information
5	Feedback from Workforce Seminar: Next steps	DB	Attached	Information
6	Change to NHSI Regulation	DB	Verbal	Information
7	Any Other Business <ul style="list-style-type: none"> No smoking pledge 			
	Date of next meeting: 10th April 2018, 14:00 – 17:00			

Welcome, Introductions and Apologies

VERBAL ONLY

Learning Disabilities Seminar

VERBAL ONLY

MINUTES Of a Wiltshire Health and Care Board Meeting Part I

Venue:	Training Room 1, Chippenham Community Hospital
Date:	Tuesday 28 th November 2017
Time:	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>Welcome, Apologies and Declarations of Interest</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>Part I Minutes, Actions and Matters Arising</p> <p>The minutes of the previous meeting held on 26th 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"> • The Local Workforce Action Board (LWAB) Health & Wellbeing strategy should be awaited so that a Wiltshire Health and Care action plan can be produced which fits within the overall strategy. • 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. 	<p>SJP</p> <p>SJP</p>
3	<p>Chair's Report</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 30th 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>LB</p>
4	<p>MD Report</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"> 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. 2. Actively engage in the operational management of discharge across all local organisations. Wiltshire Health and Care is meeting this expectation. 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. 4. Effectively implement a patient choice policy. A choice policy is in place. 5. Ensure the services they deliver are well understood. This is in place, with further work to improve use of Directory of Services. 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. <p>The Board noted the update. DB agreed to share any formal return on the NHSI expectations for information.</p>	DB
Scrutiny		
5	<p>Quality, Finance and Performance Report</p> <p>The Board considered the quality, finance and performance report.</p> <p><u>Quality</u></p> <p>SJP highlighted the following issues from the report:</p> <ul style="list-style-type: none"> • 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. • 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. • sickness absence had reduced in the month from 4.01% to 3.09% which is below target of 3.50%. Long term sickness 	

	<p>remained an area of priority.</p> <ul style="list-style-type: none"> 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. <p>In discussion, the following points were made:</p> <ul style="list-style-type: none"> 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. 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. 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. <p><u>Performance</u></p> <p>LH highlighted the following issues:</p> <ul style="list-style-type: none"> 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. 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. <p>In discussion, the following points were made:</p>	
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	<ul style="list-style-type: none"> • 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. • 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. <p><u>Finance</u></p> <p>AC highlighted the following issues:</p> <ul style="list-style-type: none"> • 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. • 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. <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"> • risks relating to lack of timely review of NICE guidelines should be examined in more detail by the Quality and Assurance Committee. • 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. • a themed board session should be set up to focus on the learning disability service. This could include involvement of service users. 	<p>SJP/LH</p> <p>SJP</p> <p>LH</p>
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	<ul style="list-style-type: none"> improvements to financial reporting should be made in line with the changes to new financial systems from April 2018. After initial improvements have been implemented for April 2018, a plan should be presented for further cost analysis and service line reporting. 	AC
6	<p>Falls Review</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"> Streamline documentation and process Seek support from Wiltshire CCG and clarification and timescales on the likelihood of moving to S1 Examine and agree what changes/ improvements are managed within the operational teams and what additional resource is required To match the skills and resourcing to the needs of the patients. To include; <ol style="list-style-type: none"> Training needs analysis Skill mix review Review of prevention strategies Multi-disciplinary review and assessment Increasing the knowledge and confidence of MCA/ DOLS Assess close monitoring support requirements and processes Review of equipment to support falls prevention and active rehabilitation <p>In discussion the following points were made:</p> <ul style="list-style-type: none"> the report was of a high quality and included useful detailed analysis patients, families and carers had not been involved in the audit and preparation of the report, but would be involved in implementation of change. <p>The Board:</p> <ul style="list-style-type: none"> noted the report agreed that implementation of its recommendations should proceed, and the impact of this work will be tracked through the performance and quality dashboard. 	SJP

7	<p>CQC Action Report</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>Risks</p> <ul style="list-style-type: none"> • Board Assurance Framework • Wiltshire Health and Care LLP Corporate Risk Register • Delivery Risks <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"> • 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. • 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. • given the points made earlier in the meeting about detail in financial reporting, this should be recognised as a strategic risk. <p>The Board agreed that:</p> <ul style="list-style-type: none"> • a strategic risk on financial information should be added to the Board Assurance Framework • 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 	<p>DB</p> <p>DB</p>

	<ul style="list-style-type: none"> the Audit and Assurance Committee should review proposals for redesign of the risk management process. 	DB
Governance		
9	Children's' Safeguarding Declaration <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>	DB
10	Board Sub Committees <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>	
11	Nomination of Chief Operating Officer as Board Member <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>	DB
12	Any Other Business <p>No further business.</p>	
Date of Next Meeting: Tuesday 19 December, 14:00 – 17:00, Melksham Community Hospital		

Wiltshire Health and Care Board Meeting Minutes

Venue:	Training Room 1, Chippenham Community Hospital
Date:	Tuesday 23 rd January 2018
Time:	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
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	Head of Legal Services & Corporate Governance II Board Secretary	KHJ
Lianna Bradshaw	Executive Assistant (Minutes)	LB

Apologies

Nerissa Vaughan	GWH Board Representative	NV
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Item	Title/Notes	Actions
1	<p>Welcome, Apologies and Declarations of Interest. Minutes of previous meeting and matters arising</p> <ul style="list-style-type: none"> • Final Agreement of MSK paper • Minutes from Members meeting • Nomination of Francesca Thompson <p>Carol Bode welcomed everyone to the meeting and introduced Francesca Thompson as the new RUH Board Rep. Apologies from Nerissa Vaughan.</p> <p>Declarations of interest – RB noted he is still working with Southern Health NHS Foundation Trust on patient engagement. FT noted she is a Trustee of Dorothy House.</p> <p>The minutes of the previous meeting held on 28th November 2017, were reviewed, but as the meeting was not quorate will be agreed at the next Board meeting.</p> <p>The minutes of the members meeting held on 15th December 2017, were reviewed, but as the meeting was not quorate will be agreed at the next Board meeting.</p> <p>It was noted that the MSK paper had been agreed through correspondence by all members prior to the meeting.</p>	

Working in partnership

Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust

2	<p>Update on Winter</p> <p>LH provided an update on Winter with the following key points:</p> <ul style="list-style-type: none"> • A Wiltshire Integrated Control Centre had been set up with participation from the CCG and Medvivo. This provided more oversight over bed allocation and management of patient flow. This was experimental in nature and was helping to identify required improvements to information flow and processes. • There is an improvement plan in place for Ailesbury which will eventually come into our transformation plan. • The capacity of Home First had risen as planned. • Proposal that we recruit some change expertise to work in South and GWH localities to imbed Home First and help us sort out our processes. • Flow was noted to be good leading up to Christmas – the rate of flow had recently reduced. Longleat ward had closed to new admissions due to Flu but has since been reopened. • DTOCs from the community wards had reduced over the early winter period. <p>CB suggested that the patient story/engagement at the April Board meeting could focus on an example from the winter control centre in order to see what the impact is on individual patients.</p>	LH
3	<p>Items to raise by exception</p> <ul style="list-style-type: none"> • Quality, Finance and Performance <p>There were no items raised by exception.</p>	
4	<p>Agreement for Board papers</p> <p>DB informed members that we have now signed up to Glasscubes – An online cloud based platform where all future Board papers will be saved. This will be accessible for all members on computers, iPad's and phones. LB will be sending user instructions in the next week.</p>	LB
5	<p>Any Other Business</p> <p>CB mentioned that there has been an issue with future Board dates due to the change of dates for other Board meetings. LB and KHJ will be looking into this further and will send round invitations for new dates once arranged.</p> <p>RB stated that he is still happy to chair the Remuneration Committee. This Committee needed to meet before the end of the financial year. LB/KHJ to organise.</p> <p>DB noted that Wiltshire would be part of a CQC System Review which will take place between 12-16 March. Further details of the review methodology will be distributed to members. As this was a review rather than an inspection, it cannot alter provider ratings, but can flag up any concerns as part of CQC</p>	<p>LB/KHJ</p> <p>LB/KHJ</p> <p>DB</p>

	regulatory powers.	
Next meeting: Tuesday 27th February 2018, 14:00 – 17:00, Chippenham Community Hospital		

DRAFT

Wiltshire Health and Care Board

For information

Subject: Quality, performance and finance monthly report
Date of Meeting: 22 February 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:

ADVISE	<ul style="list-style-type: none"> • Recognised increased in medicine errors in month, particularly on Ailesbury ward. A deep dive review has been undertaken by the Medicines Governance pharmacist and a quality improvement project has now commenced to improve the use of Patient Own Drugs cupboards. • Increase in deaths on Longleat ward. Review undertaken of all deaths and all deaths were expected; there has been an increased in 'step up' admissions to the ward for patients who wanted to die in hospital as their preferred choice. • Completion of falls assessments within the expected timeframe has been below target for 2 consecutive months, on Longleat ward only. However, performance data for January 2018 highlights the target has been achieved in month. • Warminster and Westbury have a higher number of incidents in month than other teams. Discussed with Team Leader and no themes identified. • WHC has been involved in 2 Safeguarding Adult Reviews since December 2017. The expected publication of both reports is expected at the end of March 2018. Preliminary actions for WHC are; <ul style="list-style-type: none"> ○ Review and revision of support and governance arrangements for WHC clinicians working within multi-agency integrated settings or settings that are not fully aligned with WHC core services i.e. care coordination model. ○ Understanding and application of the Mental Capacity Act ○ Revision of policies; Risk management policy, Safe Transfer of Care policy.
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ALERT	No alerts to be reported to the board
ACTION	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:

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

ADVISE	<ul style="list-style-type: none"> Due to on-going finance transformation projects including set up of the new financial ledger, financial reports will not be produced for Month 1 (April 2018).
ALERT	No alerts to be reported to the board
ACTION	There are no issues on which Board action is required.

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

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

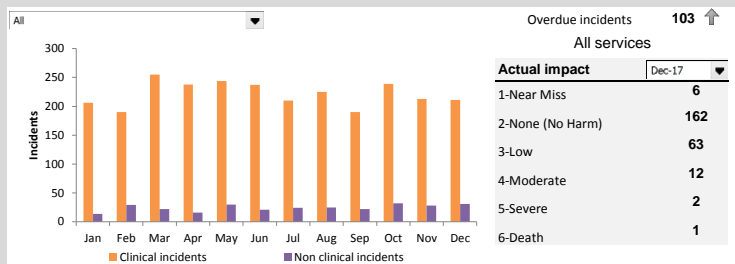
The favourable position is due to a vacancy at Clinical Director level and lower than planned clinical services recharges.

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

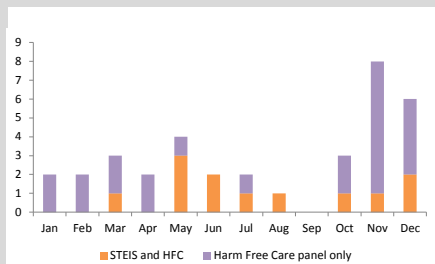
The turnover reflects contracted values with commissioners for 2017/18 adjusted for CQUIN risk and a provision for funding to cover the confirmed additional VAT liability, for which the final value is yet to be determined by VAT advisors.

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

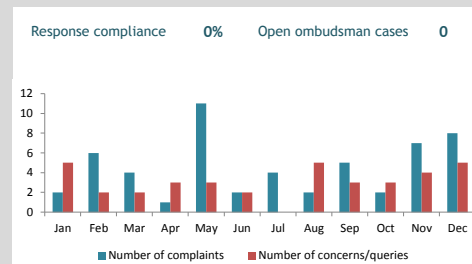
Incidents



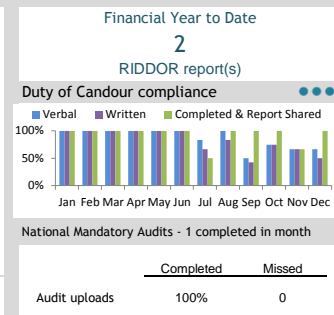
Incidents Requiring Further Investigation



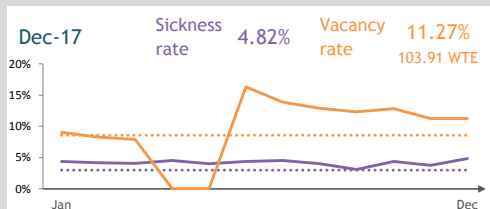
Complaints/Concerns



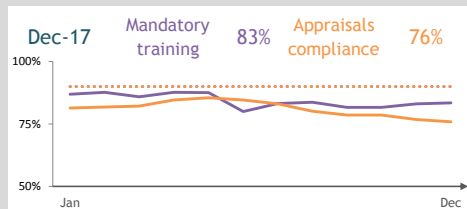
RIDDOR



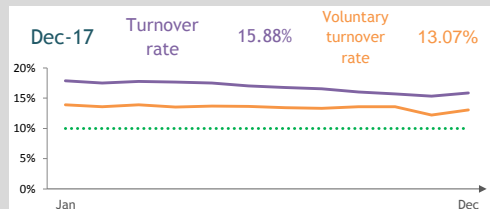
Sickness/Vacancy



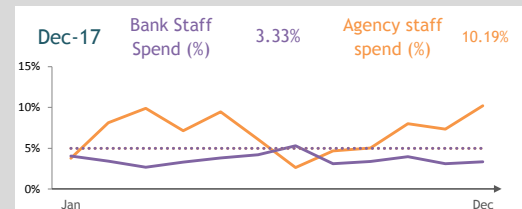
Training/Appraisals



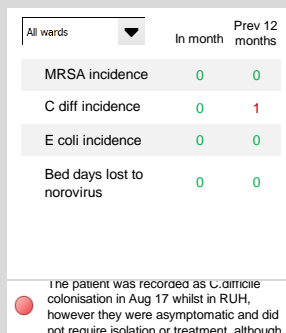
Turnover



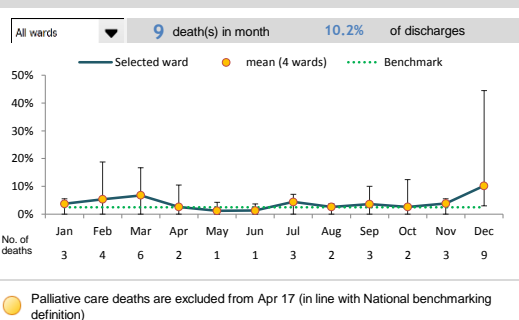
Bank/Agency spend %



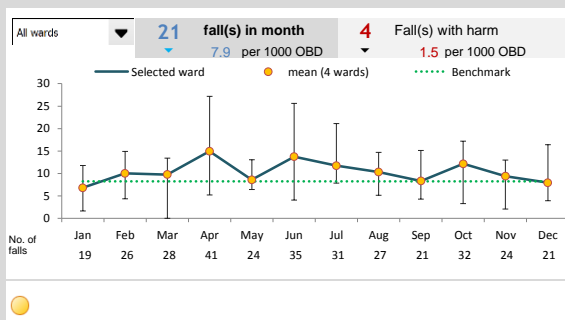
Infection Prevention & Control



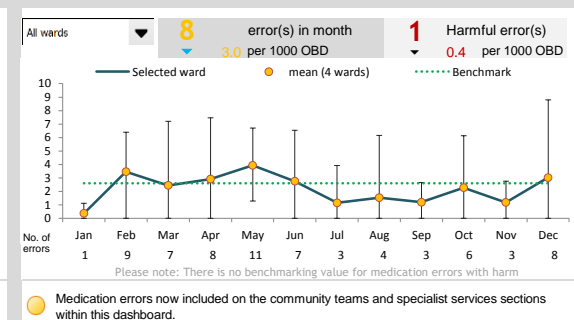
Deaths



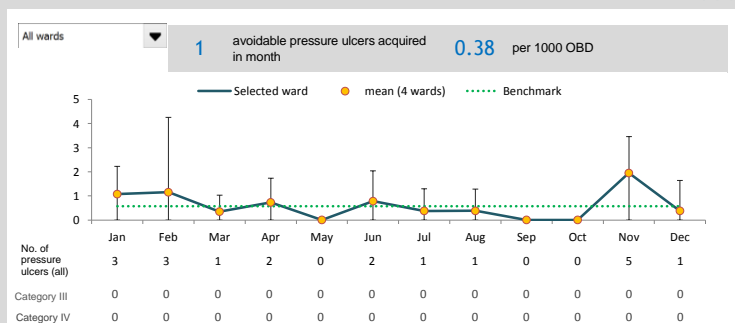
Falls



Medication errors

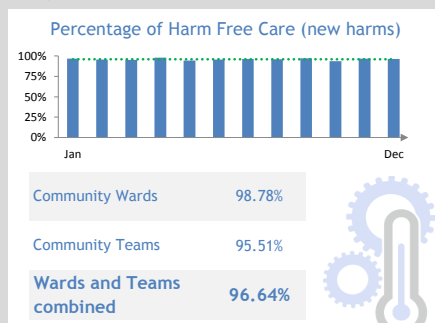


Avoidable Pressure Ulcers



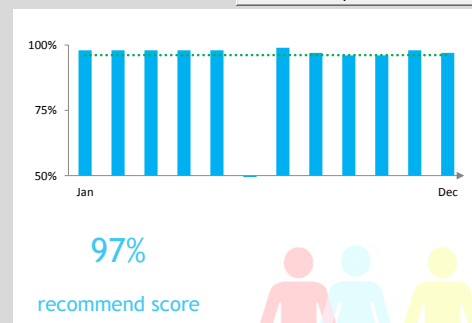
This graph shows the total verified Category III and IV avoidable pressure ulcers.

Safety Thermometer



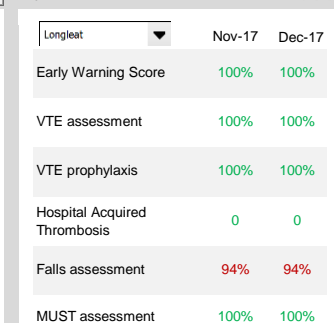
Improvement in return for November see community teams and inpatients tabs. The quality team continue to work with teams to improve compliance.

Friends and Family Test

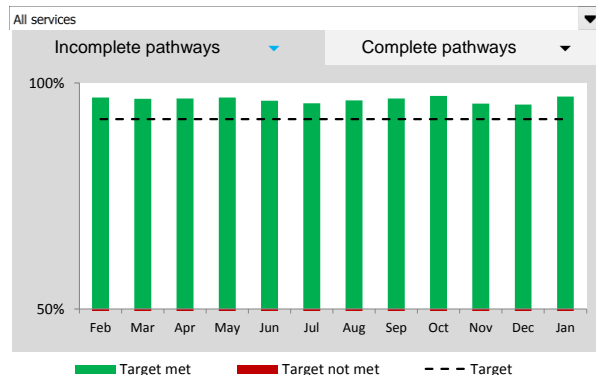


There has been a decrease in both the number of responses and the recommended score in December. The quality team are scoping new ways of collating feedback to improve the response rate, i.e. mobile working. There has been no resolution to the reporting error in June;

Inpatient assessments



RTT

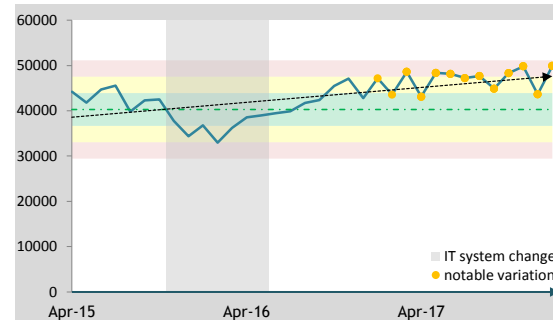


Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	90%	100
Continence - Adult	100%	1
LD	82%	10
Outpatient Physio	98%	57
Podiatry	100%	2
Wheelchair service	89%	18
WON	97%	14

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.

Activity



Referrals ↑ 14% Contacts ↑ 9%

Bed Based Intermediate Care	↑ 88%
Diabetes	↑ 58%
Speech and Language Therapy	↑ 26%
MIU	↓ -11%
Dietetics	↓ -10%
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.

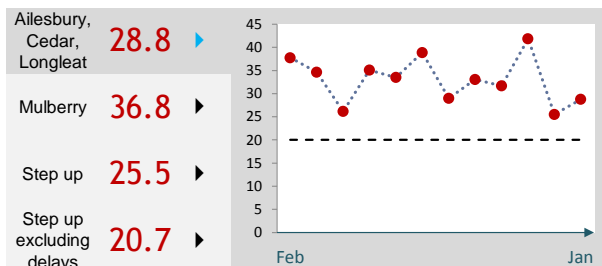
Inpatient assessments

All wards

MRSA	✓	97%
VTE	✓	100%
VTE prophylaxis	✓	100%
MUST	✓	95%
PURAT	✓	100%
Falls	✓	99%
Dementia	✓	93%

Overall targets met

Mean Inpatient Length of Stay

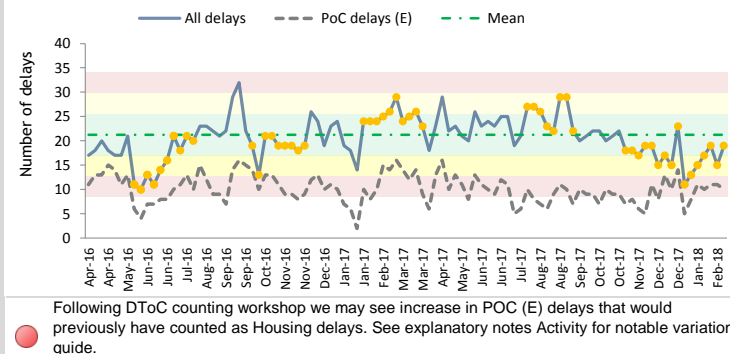


LoS heavily influenced by delayed days which routinely account for more than 20% of our ward capacity. For more detail around our LoS see the inpatient data sheet.

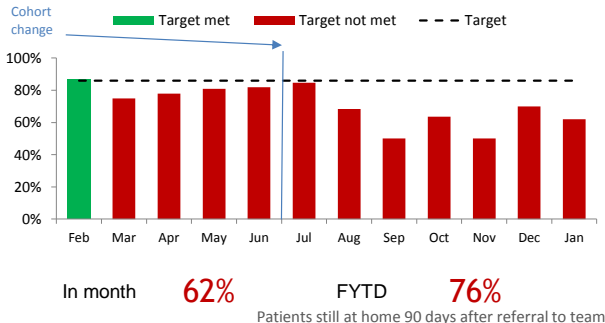
Discharge timings



Delayed Transfers of Care



Community teams 90 day reablement



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 94% FYTD 93%

This month 16 of 17

patients were supported by the community teams to die in their place of choice

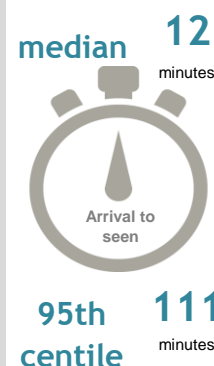
Strong performance year to date

Funding reviews*

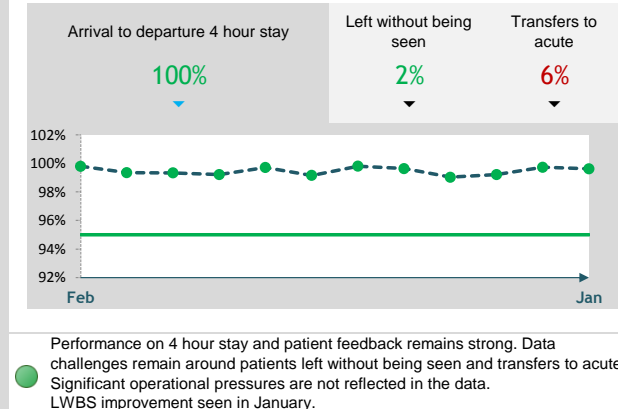
In month	FYTD
CHC 3 month	
Completed 3	75%
Due 4	
CHC Annual	
Completed 39	80%
Due 49	
FNC	
Completed 690	60%
Due 1151	

No list received from CCG re CHC/FNC reviews due

MIU waiting times



MIU performance



**Wiltshire Health and Care LLP
Financial Position M10, January 2018**

<u>WH&C LLP Profit and Loss Account - January 2018</u>			<u>WH&C LLP Balance Sheet as at January 2018</u>		<u>WH&C LLP Statement of Cashflows</u>	
	M10 (January 2018) £'000	FOT as at M10 £'000		M10 (January 2018) £'000		M10 (January 2018) £'000
Turnover	36,040	43,385	Current Assets		Profit/(Loss)	29
Staff	(208)	(308)	Debtors	403		
Contracted Services	(35,697)	(42,837)	Cash at Bank	1,273	Movements in:	
Other Administrative Exps	(106)	(240)			Debtors	56
Total Expenses	(36,011)	(43,385)	Creditors	(1,647)	Creditors	690
			Net Current Assets	29	Net in/(out)flow	775
			Net Assets	29	Opening Cash Balance	498
Profit/(Loss)	29	0	Profit and Loss Account	29	Closing Cash Balance	1,273

The LLP reports a year to date surplus of £29k as at M10, January 2018.

The reported surplus reflects lower than planned clinical services recharges. The favourable cashflow is due to unpaid estates lease charges, for which final values are yet to be agreed. An estimated provision for these charges is included in the liabilities.

The forecast outturn for the financial year remains a breakeven position as at M10.

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.

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

Wiltshire Health and Care Board Seminar Workforce - January 2018

Attendees		
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
Celia Grummitt	Non Executive Member	CG
Adibah Burch	Non Executive Member	AB
Richard Barritt	Non Executive Member	RB
Lisa Hodgson	Chief Operating Officer	LH
Katy Hamilton Jennings	Board Secretary & Head of Legal Services	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

Objectives

1. Better and wider understanding of STP level workforce initiatives
2. Sharing of issues/priorities/plans from individual organisations/sector perspective
3. Would it be helpful to add WHC Partnership objectives for Wiltshire? By region or locality?
4. If so what for 2018-19?

18-19 Priority suggestions for consideration

	Products/ Offers		
	Priorities	Footprint	What will happen next
1	1. Develop registered staff pathways with universities - NQ - Staff graduates	Provider partnership	Identified as an early piece of work to be progressed by provider partnership.
2	2. Development offer for unregistered staff	WHC LLP	Focus on opportunities of new reablement pathway to develop clearer development pathway (to be taken on by the person coming into the new WHC LLP L&D role).
3	3. Offers for over 50s	All - sharing	All organisations to share ideas/examples for this.
4	4. Medical pathway – constructing a better medical offer between primary care, secondary care, and community in-patient.	At locality level (in line with secondary care footprint)	Try one of two roles. E.g. a role with time split between primary care, secondary care and community in-patient wards.

	Analysis/understanding		
	Priorities	Footprint	What will happen next
5	Analyse turnover amongst the organisations within WHC LLP in a way that excludes turnover between partnership organisations.	STP	Reliant on STP LWAB data. Tap into analytical resource from STP monies.
6	Analyse workforce gaps	STP	Reliant on STP LWAB data. Tap into analytical resource from STP monies. Look for opportunities for harmonisation and sharing
	Links to STP work		
7	Occupational Health Service	STP	Align as part of STP work
8	EAP and putting staff first strategy	Develop across a broad geography - STP	Develop across a broad geography – seek to include in STP plans.
9	Increase importance of health and wellbeing/ staff resilience as part of Wiltshire ‘brand’	Provider partnership	Identified as an early piece of work to be progressed by provider partnership.
10	QI methodology	STP	A consistent QI methodology to be used across STP
11	Leadership development	STP	Report back to Wiltshire Health and Care Board on joint leadership development work with RUH on Home First
12	Bank staff arrangements (tick boxes per secondary care site, etc.)	At locality level (in line with secondary care footprint)	No to pursuing across broad area, but take forward at locality level to enable easier cross-working/ common recruitment for bank staff (LLP and the FTs)

Change to NHSI Regulation

VERBAL ONLY

Any Other Business

VERBAL ONLY