AGENDA
for a Meeting of the Board
Part I

Venue:	Training Room 1, Chippenham Community Hospital
Date:	Friday 22nd June 2018
Time:	10:00 to 13:00

WHC Board Members		
Richard Barritt	Chair	RB
Douglas Blair	Managing Director	DB
Annika Carroll	Head of Finance	AC
Sarah-Jane Peffers	Head of Quality	SJP
Francesca Thompson	RUH Board Representative	FT
Nerissa Vaughan	GWH Board Representative	NV
Celia Grummitt	Non Executive Member	CG
Adibah Burch	Non Executive Member	AB

In Attendance		
Katy Hamilton Jennings	Head of Legal & Corporate Governance and Board Secretary	KHJ
Lianna Bradshaw	Executive Assistant (Minutes)	LB
Apologies		
Carol Bode	Chair	CB
Lisa Hodgson	Chief Operating Officer	LH
Cara Charles-Barks	SFT Board Representative	CCB

	Agenda Item	Lead	Paper	For Decision/ Discussion/ Information
1	**Welcome, Apologies and New Declarations of Interest**	RB	Verbal	Information
2	**Part I Minutes, Actions and Matters Arising**	RB	Attached	Approval
3	**Patient Story**	SJP	Attached	Information
4	**Quality Accounts**	SJP	Attached	Approval
5	**Business Plan**	DB	Attached	Approval
6	**WHC Governance Arrangements**	KHJ	Attached	Approval
7	**NHSI Corporate Governance Statement**	KHJ	Attached	Approval
8	**Finance, Quality and Performance Report by Exception**	SJP/AC	Attached	Information
9	**Any Other Business**			
	Date of Next Meeting: 27 July 2018			

Welcome, Apologies and New Declarations of Interest

VERBAL ONLY

MINUTES
Of a Wiltshire Health and Care
Board Meeting Part I

Venue:	Training Room 1, Chippenham Community Hospital
Date:	Friday 25th May 2018
Time:	10:00 to 13:00

WHC Board Members		
Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Lisa Hodgson	Chief Operating Officer (dialled in)	LH
Annika Carroll	Head of Finance	AC
Sarah-Jane Peffers	Head of Quality	SJP
Cara Charles-Barks	SFT Board Representative (dialled in)	CC-B
Francesca Thompson	RUH Board Representative	FT
Carole Nicholl	Deputy GWH Board Representative (dialled in)	CN
Richard Barritt	Non-Executive Member	RB
Celia Grummitt	Non-Executive Member	CG
Adibah Burch	Non-Executive Member	AB

In attendance		
Katy Hamilton Jennings	Head of Legal Services & Corporate Governance and Board Secretary	KHJ
Lianna Bradshaw	Executive Assistant (minutes)	LB
Rees Batley	KPMG LLP (for item 4 only – dialled in)	

Apologies		
Nerissa Vaughan	GWH Board Representative	NV

Item	Title/Notes	Actions
1	**Welcome, Apologies and Declarations of interest** Carol Bode welcomed everyone to the meeting and noted apologies from Nerissa Vaughan. Nerissa had informed Board members that she would be represented by Carole Nicholl. No new declarations of interest were declared.	

2	**Part I Minutes, Actions and Matters Arising** The minutes of the previous meeting held on 10th April 2018 were agreed as a true and accurate record of the meeting. **Action Tracker Item 1:** The Board noted that an audit committee has not yet been established, and therefore the Board would review and approve the external audit report and financial statements for 17/18. This action remains outstanding. **Action Tracker Item 3:** DB noted that this is now completed and can be closed. LB to update Action Tracker.	**LB**
3	**Patient Experience: consideration of draft report from Healthwatch on HomeFirst patient experience** The Board noted the draft report from Healthwatch on HomeFirst patient experience and made the following comments: RB noted that patients felt they were not given much information about other organisations that were available and suggested that, if this indicated a broader issue around signposting, improving the situation on this point should form part of our patient and public engagement strategy. LH confirmed that further embedding of the Home First pathway was being planned with SFT with a timescale in place and additional resources being sought. Engagement around further embedding surrounding GWH was continuing. FT noted that RUH have agreed to do a presentation at the A&E Delivery Board in June and noted that it's important that reference is made to the draft report. FT questioned whether the sample was RUH facing and LH confirmed that it was across the whole of Wiltshire. DB noted that one of the issues within the Home First pathway was delays in transferring into longer term domiciliary care. Changes were being made and DB noted that a proposal between Wiltshire Council and WHC to establish a Joint Programme Committee to oversee Home First and Reablement as a single pathway had been agreed, and action was in hand. The Board noted the report from Healthwatch, in particular the broadly positive feedback from patients and carers on the new service.	

4	**Final Accounts for 2017-18: presentation from KPMG** The Board reviewed the draft external audit report and financial statements for 2017/18. Rees Batley from KPMG presented the report and noted that testing had been completed with the same approach adopted as last year. This reporting is required to be submitted to the National Audit Office. There were some minor adjustments still to be made before the final accounts were finalised, but there was nothing which was expected to alter the audit opinion. One of the minor adjustments required relates to the wording surrounding going concern, which needs to be adjusted to recognise that the Board had not yet scrutinised a full Business Plan. DB noted that wording will be adjusted and this will be circulated for information to Board members once wording has been confirmed. The Board delegated authorisation for DB to sign the declaration and financial statements subject to there not being anything material.	**DB** **DB**
5	**Safeguarding Adult Reviews** SJP briefed the Board on 2 safeguarding reviews that WHC had been involved in. The circumstances affecting Adult A occurred in January 2016, and although services were led by GWH at that time, Wiltshire Health and Care had been involved in the review to ensure learning was achieved. . The circumstances affecting Adult B occurred in Autumn of 2016. Both reports had been published earlier that week. SJP noted that the paper included a table showing our interpretation of the overall actions and how they impact on WHC, and the actions which are being taken. SJP confirmed that there has been no media interest to date. The main learning points could be summarised as the need to clarify multi-disciplinary team decision making around discharge from intermediate care beds and clarifying the role and expectations of care coordinators, where they are bridging gaps in statutory services. The Board noted the content of the Safeguarding Adult Reviews and action plans.	
6	**Exception Reporting on Performance/Quality/Finance** The Board reviewed the paper relating to Quality, Performance and Finance and noted the concerns about potential delays in accessing a fully functioning financial ledger. These issues were being added to the risk register and were being mitigated through the limited use of external	

	consultancy support to gain in-house expertise and knowledge in implementing the new system, to reduce reliance on the RUH resource. The Board also noted that the final draft finance summary for estates costs has been shared with the CCG, but it was noted that should commissioners not fulfil their commitments to cover any financial pressure arising from estates transfer then this would give rise to a substantial cost pressure.	
7	**Any Other Business** DB noted that NHS Providers had published a report earlier in the week, "Community Services: Taking Centre Stage". DB will circulate to members. DB noted that Lord Carter published a report about productivity in community and mental health trusts. A summary would be circulated. CB noted that NHS Providers have set up a community network and CB is going to try and	**DB** **LH**
	Date of Next Meeting: 22nd June 2018	

Patient Story

On the 5th August 2017, I had an accident and fell through an asbestos roof. I feel 30 feet onto solid concrete where I broke both my legs.

I was airlifted to Southmead Hospital in Bristol, where I underwent several operations to repair my broken bones. I had fractured my left hip, my left femur in 2 places, my left knee, I'd shattered my right knee cap and I'd broken my right femur, needing skin grafted to my right leg which was taken from my back. I spent just under 3 weeks in Southmead before being moved to GWH Swindon.

In GWH Swindon I started using a tilt table to start my rehabilitation and I also started to use a banana board to shuffle from bed to commode just to see if I could do it but it was very uncomfortable.

Around 3 weeks later I was moved to Chippenham Community Hospital for my full rehabilitation. I was scared at first due to it being another hospital and thinking I wouldn't get many visitors due to my mum being over 80 years old. I was very wrong. After being in Chippenham for about 2 weeks a nurse called Rebecca put my mind at ease. She was very friendly and helped me with any worries I may have had. She made me feel very comfortable. From then on I began to meet and remember all the other staff members.

I finally met my Physio and OT team to which I was going to be working with for at least 5 months. I started off very slowly with a tilt table and I was put on a CPM to get flexion into both my hands. I was working very close with all the staff helping with suggestions to help me with my rehab. I was only able to work on my left leg due to a severe break to my right leg and was unable to bare weight on my right leg for at least 2.5 – 3 months.

During this period I was transferring from bed to wheelchair with the aid of Physio's holding my legs. We started with bed exercises using slide sheets and pillows under my left knee to build strength to my muscles. My next kind of routine was to do stretching exercises on a plinth where I was able to get massages to my leg muscles, to help manipulate my muscles. After time went on, I was given massages whilst I was in bed before I was to do exercises. I was moved on to parallel bars to aid with my standing and bending to my left leg.

After a few months I was able to put 20% weight through my right leg and this made it easier to use an Arjo, this is a machine that I was able to lean on to be able to start walking. When I was able to walk on both legs I told my Physio and OT team "Now its full storm ahead to get these legs working".

With only a couple of months I had left in Chippenham, both my Physio, Gemma Durnell and my OT, Kath Daniels were prepared to listen to my demands in helping me plan a course of exercises to which we all agreed. I can say it wasn't easy and it was painful but it's 'no pain, no gain'!

In my last month I was introduced to Chippenham Hydrotherapy Pool. It was an hour of exercises in a beautifully warm pool, where my Physio Gemma was able to show me that it was easier to exercise in a warm pool, but it was tiring after and it does wear you out and you do need to rest afterwards.

My OT Kath did all the homework in asking me if I wanted to move into a ground floor flat or bungalow and to help with any benefits I could claim. I chose not to move from my existing flat, as my flat mate could help me at home, plus his girlfriend is home all day too.

When I left on the 22nd Feb 2018, it was very emotional to say goodbye to all the staff, i.e. the ward sisters, staff nurse, nurses, OTs and Physio. For over 5 months they have been a very big part of my life and they did and do a wonderful job in looking after everyone.

I'm at home now and miss them all a lot.

Wiltshire HEALTH AND CARE

NHS

Quality Accounts 2017/2018

Contents

Section 1

Introduction

Section 1 – Introduction

What is a Quality Account?

A Quality Account is a report about the quality of services by an NHS provider. It is an important way for Wiltshire Health and Care to provide an overview of the quality of the services provided, recognising the areas of good and outstanding practice and identifying areas where improvements are needed. The Quality Account also provides a forward look at the quality priorities for the coming year (2018/19) and how they will be achieved and measured. The quality of our services is measured by looking at patient safety, clinical effectiveness and patient experiences in all areas of delivery.

About Wiltshire Health and Care

Wiltshire Health and Care is a partnership, focused solely on delivering improved community services in Wiltshire. The partnership has been responsible for the delivery of adult community health services in Wiltshire since 1 July 2016. We are an NHS partnership formed by the three local Foundation Trusts which serve Wiltshire; Great Western Hospitals NHS Foundation Trust; Royal United Hospitals Bath NHS Foundation Trust and Salisbury NHS Foundation Trust. We have our own Board, dedicated leadership and plan. We draw on the expertise of committed professionals, along with the drive and ambition to work in partnership with organisations across Wiltshire to care for our local population. We have a long term plan for services and know we can only achieve our aims by forming effective partnerships with GPs, primary care, social services and voluntary sector organisations and engaging with the people of Wiltshire.

Our Services include:

Community Geriatrician
Provide care to the frail and elderly population

Community Hospitals
3 of 6 Community Hospitals have inpatient wards: Chippenham, Warminster and Savernake.

Community Team for People with Learning Disabilities
Support people who have a learning disability, are over 18 years old and need support with a health need

Community Teams
Provide holistic care to patients, carers and families

Continence
Provides specialist clinical assessments, advice and treatment

Diabetes
Provides domiciliary visits and clinics in community hospitals and GP surgeries for people with Type 1 and 2 diabetes

Dietetics
Provides a service for both adults and children to help people with their nutrition and dietary needs

Intermediate Care
Work with the relevant providers of additional care to provide holistic assessment

Lymphoedema
Provides non-palliative Lymphoedema care

Minor Injury Units
Walk-in service, where patients can be treated for minor injuries

Orthotics
Provides functional devices that will support a person's activity of daily living

Out Patient Physiotherapy
Provides a comprehensive physiotherapy service for those requiring rehabilitation in an outpatient setting with predominately a musculoskeletal problem.

Podiatry
Provides a comprehensive range of specialist and general clinical interventions relating to foot health and foot biomechanics

Respiratory Team
Specialised support to the Community Teams for patients with complex chronic lung disease

Speech and Language Therapy
Provides a wide range of expertise with many different types of communication and swallowing difficulties

Tissue Viability
Manages patients with complex or compromised skin integrity or problematic leg ulcers

Wheelchair Service
Provides loan wheelchairs and specialist supportive seating to people who have a long-term mobility need.

Wiltshire Orthopaedic Network
Run by Extended Scope Practitioner Physiotherapists who have extended skills in the management of musculoskeletal problems

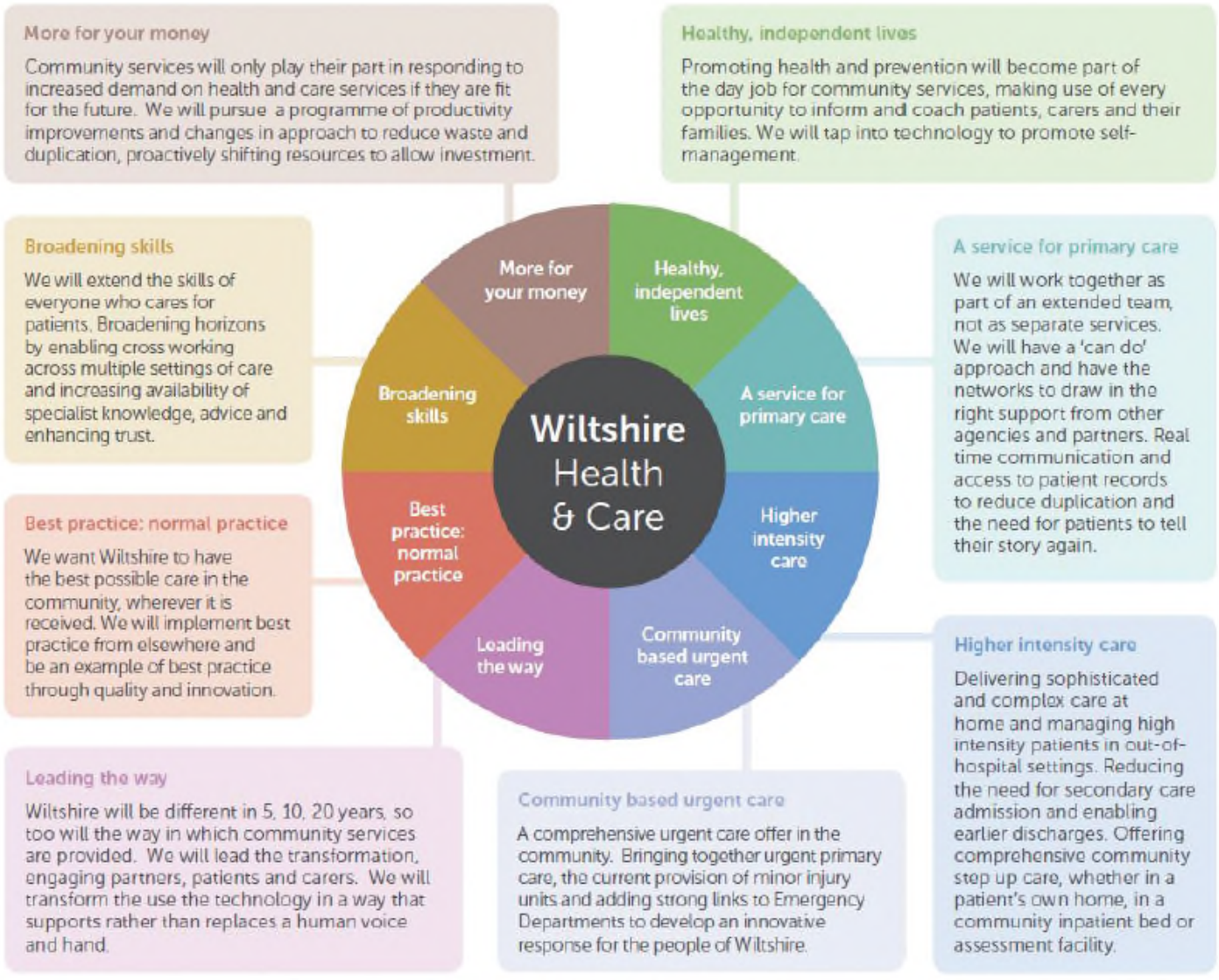
Combine with outpatient physio and agree new wording. CL-J to send updated satement

Section 1 – Introduction

Our vision is to enable people to live independent and fulfilling lives for as long as possible.

We have a programme of change for the services which is centred around the following themes

- Healthy, independent lives
- A service for all
- Higher intensity care
- Community based urgent care
- Leading the way
- Best practice – normal practice
- Broadening skills
- More for your money



Redraw with updated wording taken from last year's business plan. KHJ to assist.

Section 1 – Introduction

Statement from the Chair of the Board

I am proud to introduce Wiltshire Health and Care's Quality Account 2017/18 which reflects our priorities and achievements in pursuit of our ambition to deliver accessible, high quality care.

The determination and hard work of our staff in delivering safe, effective, and caring services, was recognised by The Care Quality Commission (CQC) who visited for a series of planned and unannounced visits across the organisation. As a result of their in-depth assessments, we were delighted to be awarded an overall rating of 'Good' with several areas of outstanding practice highlighted. This is a tremendous achievement. It shows the dedication and commitment of our staff and I would like to thank them for their evident and continued commitment to delivering quality care.

We identified 5 key quality priorities for 2017/18 and this Quality Account shows our performance against these and identifies areas where we still have more work to do. Once again, we have identified clear priorities for next year to continue our improvement journey, and I am confident we will all work hard to achieve them.

It is important that we nurture an encouraging and supportive environment for all staff to thrive and do their best in the face of increasing demands and challenges. Our staff survey results were encouraging this year and showed favourable improvement across several key areas. We are determined not to become complacent and will continue to look after and value our staff.

The Board has received patient and carer experience stories at the start of each meeting and I would like to thank the patients, carers, and others who have given feedback about the care they receive.

The Board will continue to ensure that appropriate structures are in place to support innovation to deliver, and be accountable for, excellent integrated quality care.

Carol Bode, Chair of the Board
Wiltshire Health and Care

Section 1 – Introduction

Statement from the Managing Director

I am pleased to publish Wiltshire Health and Care's second Quality Account.

2017/18 consisted of several challenges and changes for Wiltshire Health and Care. Our main challenge was keeping pace with the increasing demand for our community services, with changes relating to how we tested new and improved approaches to service delivery. All of our teams across Wiltshire have shown their support and dedication in relation to both aspects and this was validated by The Care Quality Commission who awarded us an overall rating of 'Good'.

I feel honoured to lead such a caring, committed and enthusiastic workforce and I am proud of their acheivements, however we know there is still work to do.

During 2018/19, we will put people at the heart of our activities and strive to provide the best community services for the people of Wiltshire.

Feedback from our patients, their families and carers, staff and the public is essential to our continuous improvement and learning and remains an area we need to strengthen. Therefore, we will be doing even more to encourage their input and involvment in our service delivery as we develop our Patient and Public Involvement Plan.

Thank you for your interest and continued support.

Douglas Blair, Managing Director
Wiltshire Health and Care

Section 2
Looking back at 2017-18

2017/18 Quality Priorities

Our quality priorities for 2017/18 were developed by taking into account a number of key factors; the quality improvements that have been achieved since the start of Wiltshire Health and Care in July 2016, what our patients and the public are telling us and the continual triangulation and review of quality and performance data, alignment with Wiltshire Health and Care's delivery plan, best practice, clinical evidence and national guidance.

In this section, you will find an update against our quality priorities over the past 12 months (April 2017 to March 2018).

Priority 1	→	**Apply Wiltshire Health and Care Values and Behaviours to all that we do**
Priority 2	→	**Implement the Home First Pathway**
Priority 3	→	**Develop and implement a public and patient engagement plan**
Priority 4	→	**Designing the workforce for the future**
Priority 5	→	**Delivering Harm Free Care – Reducing Falls**

Priority 1: Wiltshire Health and Care Values and Behaviours

At the inception of Wiltshire Health and Care there was recognition of the importance of building a set of values and behaviours that represented the vision of Wiltshire Health and Care. In April 2017, the Board approved the proposed Wiltshire Health and Care Values and Behaviours, as developed through a series of workshops and surveys, which were attended by staff from Wiltshire Health and Care and external bodies such as Health Watch. The values and behaviours were summaries in a logo and a charter booklet.

Demonstrating Integrity - We are open and honest and treat all with respect, as we wish to be treated. **Building and Strengthening Partnerships -** This not only applies to our partnerships with patients, internal relationships between colleagues, teams and services but also reflects upon the importance of strong partnerships with other providers and commissioners within Wiltshire and beyond. This also reflects the principles of the LLP structure. **Adapting in a Changing Community -** The community around us is continually evolving and Wiltshire Health and Care demonstrate a proactive approach towards service development to ensure we are meeting the needs of our community. **Quality Care for All –** People are at the centre of everything we do and Wiltshire Health and Care is committed to ensuring excellent care for all of our patients and carers.

The agreed values and behaviours apply to everyone who is part of delivering services for Wiltshire Health and Care. To ensure the Values and Behaviours continue to be embedded, our focus remains on: Embed values across the organisation by on-going communications and review of key documentation, On-going strategic activity to sustain application of the Values and Behaviours.

Priority Two: Implement the Home First Pathway

We have worked as a partnership to connect acute and community pathways by simplifying discharge pathways at each of the three acute sites which support the delivery of care in Wiltshire, maximising the opportunities for simple and effective discharge. We have adopted the Home First model of care which is based on best practice evidence available nationally, and ensured on-going rehabilitation needs are assessed in the patients' home rather than in an acute hospital bed.

Discharge Pathways

Essential Criteria	Pathway 0 Ward-led	Pathway 1 Ward-led Home First	Pathway 2 Ward-led (may need IDS support)	Pathway 3 IDS to support (complex needs requires case conference)
	1. Medically able, with no additional post discharge support required	1.Medically able but additional post-inpatient support required	1.Medically able but additional post-inpatient support required	1.Medically able but additional long term support required
	2. Safe to be discharged to home	2. Safe to be left between visits	2. Not safe to be left between visits	2.Known and settled long term complex needs which prevent returning home
	3. Has access to a normal place of residence (this includes nursing and residential home settings)	3. Has access to a normal place of residence (includes residential care homes but not nursing homes)	AND/OR 3. Doesn't have access to a normal place of residence (includes existing care /nursing home)	OR 3.Known and settled long term complex needs which can be managed at home through a bespoke, planned discharge package
				OR 4. Additional support needs could be met in existing care /nursing home subject to assessment/ planning of discharge

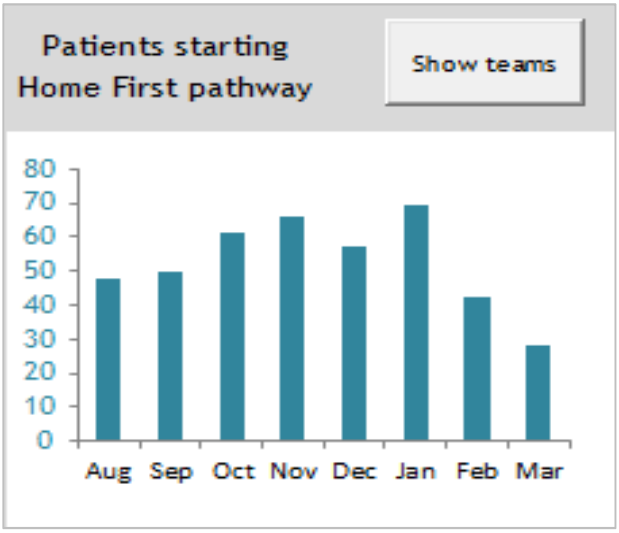
Section 2 – Looking back at 2017-18

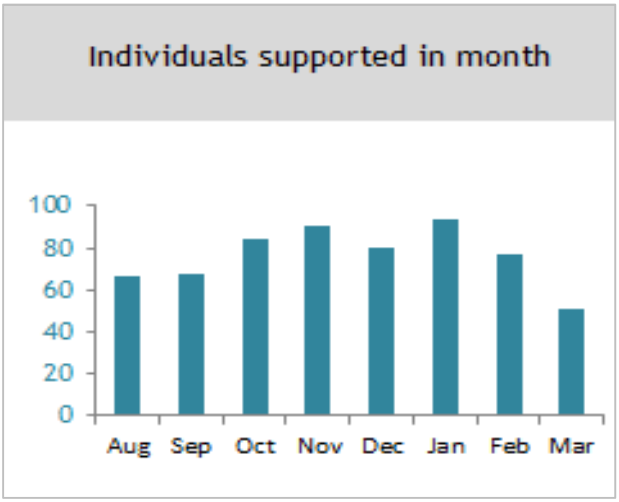
There have been recognised achievements to the development and embedding of the Home First Pathway. The discharge pathways have been adopted across the acute hospitals and the Community Hospitals. WHC lead a monthly Home First Implementation Group which has supported the adoption of the pathways across community services. The new discharge pathway model provides clarity about leadership and partnership of the discharge process for individual patients. For pathway 1, the process has been simplified through the development of a 10 point pre-discharge questionnaire.

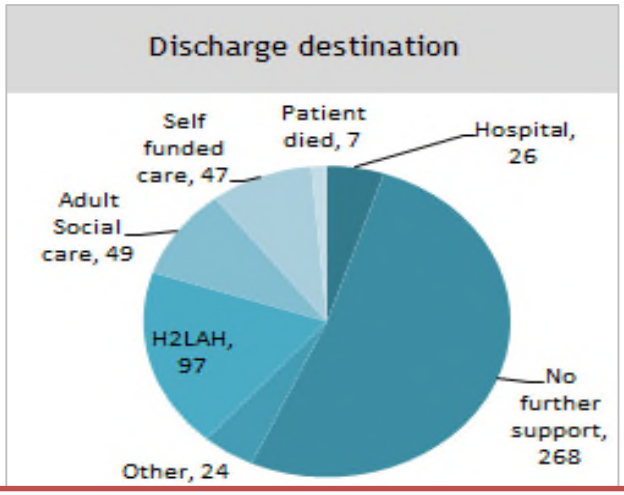
1. **How does the patient mobilise?**
2. **How does the patient transfer?**
3. **Personal care issues?**
4. **Issues with access to property?**
5. **Existing care package?**
6. **Restarted?**
7. **Family/care support available?**
8. **Safety risks staff should be aware of?**
9. **Is discharge dependent on equipment?**
10. **Medications**

    Anything else we need to know?

The direct liaison between the discharging ward and the receiving community team promotes practical and realistic discussion about the patient and allows for proactive management of the discharge with personal centred approach to their individual needs. Once home, the immediate assessment of risk, abilities and needs followed by tailored rehabilitation focused support ensures that the patient receives bespoke intervention enabling a return to functional independence. The combination of these factors will support the patient to be more resilient in their own environment which will reduce the risk of readmission to hospital and, in the longer term, reduce the likelihood of admission to a long term placement.







Turn pie chart into %, update graphs deleting months we don't have complete data. Jane to assist.

Healthwatch Wiltshire carried out surveys and 1-1 interviews, to ask patients and their carers about their experiences of the Home First service. Here are some quotes from patients and carers:

"They said to me: 'There's no time limit, we spend what we need to spend with each person' - that is what I liked." (patient from Trowbridge)

"I was in a bad way before I went into hospital. I'm better now because I can use my Zimmer frame to get out in the garden and my wheel chair to get out - I couldn't do this before." (Patient from Warminster)

"A physio came straight away after my husband came home. It was reassuring to have this from the first day. I was told who would be visiting. It is a fantastic set up as they have got a bit of everything there." (carer from Devizes)

"The girls were brilliant, I knew they were coming. There was nothing I could say that I didn't have that I needed." (patient from Devizes)

Priority Three: Public and Patient Engagement Plan

It is essential that the public and patient voice is at the heart of all decisions that we make and at all levels of the organisation. The appointment of a Non-Executive member to the board for patient and public voice reinforces our commitment. We are committed to the development and implementation of a Public and Patient engagement plan which will include; Public and patient involvement in all stages of development broadening sources of feedback beyond the existing sources and evaluation of the changes we have made using patient and carer feedback. The development to date has included surveys and interviews, and feedback will be expanded through 2018/19. A workshop is planned for the beginning of June 2018 to challenge and further develop the current draft Public and Patient Engagement Plan. This will ensure that as wide a range of people are given the opportunity to participate. In addition, the triangulation of this data will give a more comprehensive and nuanced insight of public opinion. The workshop will give local, interested people across the county, the opportunity to have a say in the development. Relevant groups of individuals will receive invites to the workshop (e.g. representatives from local support groups, public governors from local acute Trusts) to ensure that there is a representative sample of attendees.

Priority Four: Designing the workforce for the future

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

Use our partnership to make progress on a flexible and collaborative workforce, as part of the STP - We are an active partner in the Local Workforce Action Board (LWAB) and the related sub-groups. The system is working together to ensure the apprenticeship levy is maximised, the health and well-being of staff is actively supported, skills and knowledge are enhanced and reflects a person centred approach, recognising the needs of individuals from both a physical and mental health perspective alongside their social needs. Within our current workforce we have recognised 15 individuals to be supported to obtain level 3 health and social care module.

Develop and embed a workforce strategy that supports a healthy and happy workforce delivering quality care. The focus of the strategy is to retain, recruit, reward and respect all staff groups - We have ratified and published a workforce strategy and the impact of this is being monitored through the workforce and development group, a sub-group of the Executive Committee. Workforce metrics are included in the monthly quality dashboard and therefore enables ward/ team to scrutinise, discuss and celebrate the data. We have recently appointed a workforce analytics and HR systems officer and work is underway to scope the required reporting to provide valuable data to the business. In Q4 2017/2018, the Wiltshire Health and Care Flexible Workforce team structure was reviewed, and additional temporary resource secured until September 2018 to support with the development of the flexible workforce function, including increased availability of the service. Changes have also been made to the Operational HR structure, to provide closer

support to core operations and specialist Operations through a business partnering model.

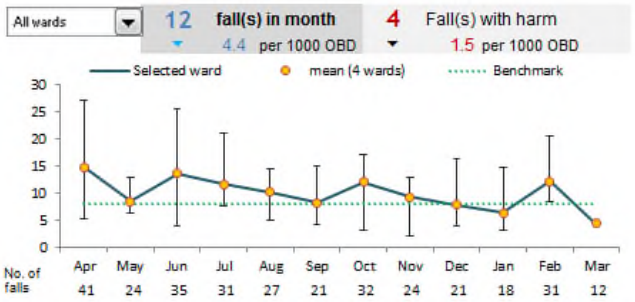
Improve workforce planning to provide a longer term view of workforce challenges - During recent months, we have recognised significant challenges with the recruitment process. Changes have been made and the recruitment service is now integral to our team. This has enabled the adoption of a more proactive approach. New processes have been adopted including; streamlining the recruitment pathway, establishment of Key Performance Indicators (KPIs), better utilisation of NHS jobs, production of weekly reports, improved advertising and use of social media. The appointment of a new recruitment officer and a new communication lead has enabled a more targeted approach to recruitment. A strategy is to be developed for 2018 / 2019.

Grow the supply of flexible workforce, including the use of flexible retirement options, in order to increase our flexibility at times that teams are stretched. Review the skill mix and safer staffing models that apply to our community inpatient wards to ensure that they continue to reflect the model of care delivery in community hospital settings - All teams, wards and services have been supported to develop individual workforce plans, which will be reviewed in Q1 2018/2019. The aim of the workforce plans are to ensure safe delivery of care by recognising the care pathways, the skills required and matching the skills to roles. Developmental opportunities are strongly endorsed and will enable maximum use of the apprenticeship levy. To date new career development pathways have commenced for Emergency Practitioners (EPs), District Nursing, Advanced Nurse Practitioners and Clinical Leads. We are participating in the Wessex Partnership Trainee Nursing Associate Pilot and have one member of staff undertaking the training and 3 other students being supported within our community teams.

Upgrade our e-roster system to improve the way in which day to day staffing rotas are planned and organised - We have upgraded the Allocate e-roster system. Training will be undertaken throughout 2018/19 to strengthen knowledge and build our user base. This will maximise the benefits we gain from the system to ensure safe staffing levels and a more effective use of a flexible workforce where appropriate

Priority Five: Delivering Harm Free Care – Reducing Falls

Wiltshire Health and Care recognises that at time during 2017/ 18 we have been an outlier when compared to other community providers (NHS Benchmarking). The majority of falls that occur in our care do not result in harm to an individual, but we do recognise that a fall can have other impacts particularly on a person's self-confidence and independence. Our aim in 2018/19 is to reduce all types of falls when considered against national benchmarking, whilst promoting rehabilitation and self-management. The graph below shows the number of falls with harm in context with the number of falls across all four community wards during 2017/18 compared to the benchmark.



A 'deep dive' was commissioned to review the case records of all patients who had experienced a fall in April 2017. This enabled a comprehensive review of the patients' journey and the types of assessments and treatments that had been undertaken and to identify any gaps in current processes. Alongside the falls deep dive, a clinical audit was undertaken in July 2017. This involved all 4 community wards and was led by ward therapists, the clinical audit tool used, was adapted from the NICE falls audit tool for acute wards. The findings from both the audit and the deep dive will be implemented during 2018/19. The senior nurse and ward therapists will lead on this work. We recognised that a wider strategy was required looking to address frailty as a whole which would incorporate effective prevention and management of risk of falls**.** A workshop was held in October 2017 which included guest speakers; a carer for her frail mother; Consultant Geriatrician and a Physiotherapist. Armed with the most up to date research, the carer's perspective, our current performance figures and the projections for population increases over the next 25 years, staff discussed and challenged ideas for how we could affect real, meaningful change in a broader strategy surrounding frailty.

CQC Inspection

Wiltshire Health and Care was inspected during June 2017 using both planned visits and unannounced visits. This inspection was a comprehensive look at all services provided by Wiltshire Health and Care. The core services inspected were; Community health services for adults, Community health inpatient services, Community mental health services for people with learning disabilities or autism and Urgent care services (minor injury units). We are very proud that CQC observed a number of outstanding domains in our community health services for adults, and giving an overall rating of outstanding to this area of inspection. This was alongside a number of outstanding practices across all of our services (see below). This report reinforces the commitment and compassion all of our staff shows on a daily basis to the delivery of safe and effective care and provides an essential foundation on which WHC will continue to build and strengthen its services for the benefits of people in Wiltshire.

	Safe	Effective	Caring	Responsive	Well led	Overall
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community health services for adults	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Urgent care services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

CQC saw several areas of outstanding practice:

- In Trowbridge minor injury unit, staff used 'distraction boxes' for children supplied by a charity on the request of a nurse working on the unit. Staff also gave children their own colouring book and pencils to keep them amused and which they could take home.
- The innovative practices for managing continence care
- The responsiveness of the community teams to patients receiving end of life care.

- Patients on Mulberry ward (the stroke unit) at Chippenham Community Hospital were actively involved in planning their stroke rehabilitation in partnership with the ward-based therapy team.
- A mural on Longleat ward at Warminster Community Hospital had been created by a local artist. The mural displayed scenes of the local area and was developed in partnership with patients, relatives and staff to support reminiscence activities for patients living with dementia

Areas the CQC identified for us to improve on:

- Improve its governance procedures for the minor injury units
- Demonstrate that directors of the organisation or their equivalent are fit and proper persons to meet the legal requirements of the Health and Social Care Act 2008
- Ensure systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided

Following the inspection, the Managing Director of Wiltshire Health and Care reflected in a message to our staff, "This is a fantastic achievement and I'd like to thank you for all your hard work and commitment, and the part you played in helping us achieve our official 'good' rating. Take a moment to be proud of what we have achieved, and then let's focus on how we build on this to keep improving services for the people of Wiltshire".

Awards and Achievements

Working Together Award

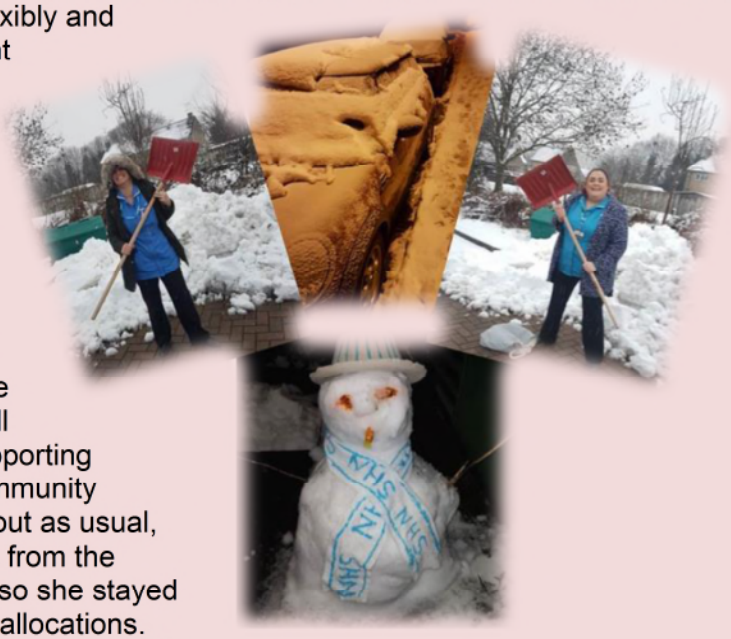
Synergy Elson, Rehab Support Worker was nominated for this award which celebrates collaborative working and for members of staff who have a passion for service improvement. Staff who take opportunities to work together and with our partners, such as primary care, other trusts, social care and the voluntary sector, to improve the experience for patients. Somebody who; Works closely with staff and partners to improve the quality of service and provide patients with an improved experience and clinical outcome, works across boundaries to bring together expertise and improve the way we do things; Nurtures, supports and creates a collaborative environment that encourages quality improvement.

Suzie in print

Although currently on a career break, Suzie Bostock MSK Physiotherapist, based at Melksham Community Hospital has had an article published in the International Journal of Therapy and Rehabilitation about motivational interviewing and its role in physiotherapy. Suzi wrote the article after successfully completing an MSc Module at the University of the West of England, Bristol which was funded by Wiltshire Health and Care. Suzie said: "I am very grateful. Opportunities like this are fantastic and offer something different from your day to day role, whilst adding to your skills as a health professional." Well done Suzi!

Shining Stars

Malmesbury and Royal Wootton Bassett Community Team Leader. said "I would like to thank the Malmesbury and Royal Wootton Bassett Community Team for coping admirably with the adverse weather on Sunday 10th December. "All staff worked flexibly and the fact that things went smoothly was testament to their tremendous efforts and commitment." The driving conditions in the north of the county were poor all day, with Purton and Malmesbury, particularly bad. The husband of one of our nurses drove up from Corsham in a 4x4 car, and spent the whole day chauffeuring the two nurses on duty around their visits. One nurse from Purton (which was inaccessible to cars all day) even phoned in on her day off. She then spent the whole day on foot, carrying out all the visits and giving treatment. We are also supporting someone on Home First as an alternative to community hospital admission. The two visits were carried out as usual, allowing the patient to remain at home. A nurse from the Chippenham team was unable to get into work, so she stayed at home in Royal Wootton Bassett and did their allocations. Malmesbury team members who lived in Sherston also rang in offering their services if any urgent visits were needed in that area. On the late shift one of the Nursing Community Support Workers borrowed a family members 4x4 car. This was invaluable as the driving conditions worsened into the evening. Staff coped tremendously and with a bit of team work and flexible working it was business as usual. Well done and thank you to everyone.



Section 3
Quality and Effectiveness

CQUINs

CQUIN stands for commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for patients. Wiltshire Health and Care committed to delivering six CQUIN projects:

Improving staff health and wellbeing

Encourages providers to improve their role as an employer in looking after employees health and wellbeing. The aim is to focus improvement against the following areas; does your organisation take positive action on health and well-being?, in the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?, and during the last 12 months have you felt unwell as a result of work related stress?

100% Achievement

Flu Vaccinations

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season - a much higher incidence than expected in the general population. Employers need to be able to demonstrate that an effective employee immunisation programme is in place. The aim is to ensure front line healthcare workers (permanent staff and those on fixed contracts) receive their flu vaccination by end of February.

100% Achievement

Supporting Proactive and Safe Discharge

There is considerable evidence for the harm caused by poor patient flow. Delays lead to poor outcomes for patients, create financial pressures and impact on key NHS performance measures. Delayed discharge has serious impact across health and care systems, reducing the ability of emergency departments to respond to people's needs, and increasing costs to local health economies. The desired outcome of the CQUIN will be improvement in patient outcomes, improvement in patient flow, and reduction in delayed discharges (and thus reduction in associated costs).

100% Achievement

Preventing Ill Health by Risky Behaviours

In England, 25% of the adult population consume alcohol at levels above the UK CMOs' lower-risk guideline and increase their risk of alcohol-related ill health. Alcohol misuse contributes (wholly or partially) to 60 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cardiovascular conditions, liver disease, cancers, depression and accidental injuries. There are nearly 22,500 alcohol-attributable deaths per year. Smoking is estimated to cost £13.8bn to society (£2bn on the NHS through hospital admissions, £7.5bn through lost productivity, £1.1bn in social care). Smoking is England's biggest killer, causing nearly 80,000 premature deaths a year and a heavy toll of illness, 33% of tobacco is consumed by people with mental health problems. Smoking is the single largest cause of health inequalities. The aim is to reduce alcohol/tobacco intake for patients in hospital, by supporting staff to give brief advice, offer medication if required and to refer onto appropriate specialist services.

Improving the Assessment of Wounds

Research evidence demonstrates that over 30% of chronic wounds do not receive a full assessment which is based on research evidence and best practice guidelines. Failure to complete a full assessment can contribute to ineffective treatment which therefore delays the rate of wound healing for patients. This has significant consequences for patients in respect of their quality of life as failure to treat wounds correctly can lead to delays in healing or failure to heal. The aim is to increase the number of patients who have a full wound assessment which will promote the use of effective treatment based on the outcome of the assessment.

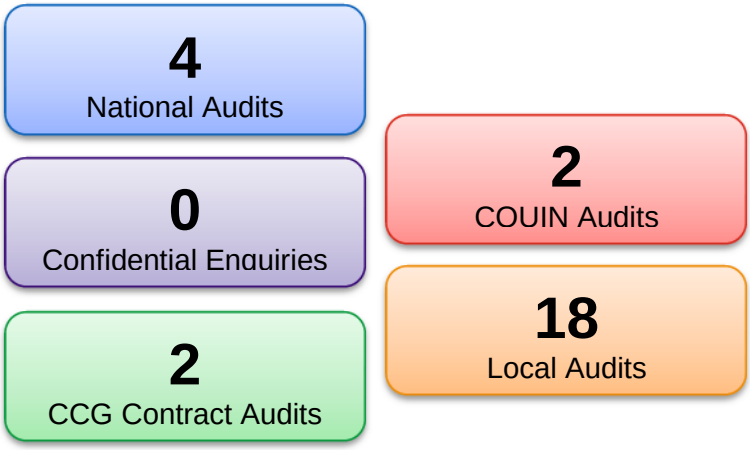
100% Achievement

Personalised Care and Supporting Planning

More than half of the population live with long term conditions and 5% of these people account for more than 75% of unscheduled hospital admissions. Many of these people (35%) indicate they have low or very low levels of knowledge, skills and confidence to self-care, in order to manage their health and wellbeing and live independently. These people have a poorer quality of life, make more unwarranted use of public services and cost more to public services. The aim is to support change in behaviours and methodologies that allow patients to take greater control over their health and wellbeing by personalised care and support planning

Clinical Audit

Clinical audit is a process that has been defined as "a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change". It is a way to find out if our healthcare is being provided in line with standards, let's our teams and patients know where their service is doing well and highlights where improvements could be made. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for our patients. The Wiltshire Health and Care audit programme incorporates national and local clinical audits. The audits we participated in, for which data collection was completed during 2017/18, are specified below. There are 26 different projects, which equates to 31 projects due to the frequency of audits/re-audits. We participated in **100%** of the national projects which we were eligible to participate in.



NATIONAL AUDITS

1. National Audit of Intermediate Care
2. National Learning Disabilities Mortality Review
3. National Physio Hip Fracture Sprint Audit
4. National Stroke Audit (SSNAP)

COMMISSIONING CONTRACT AUDITS

5. Electronic Discharge Summary
6. Prescribing of Oral Nutritional Supplements

CQUIN AUDITS

7. CQUIN Smoking & Alcohol 2017/18
8. Improving the Assessment of Wounds

LOCAL AUDITS

9. Annual Sharps Audit
10. NICE Persistent Low Back Pain
11. Controlled Drug Audit
12. Fridge Temperature Audit
13. Hand Hygiene Audit by Gojo
14. Implementation of the 'Food is a MUST'
15. Inpatient Falls Audit
16. Medication Errors
17. MIU Performance Indicator Validation Audit
18. MIU Under 18s Safeguarding Audit
19. MIU x-ray Audit
20. Mortality Reviews
21. MUST Screening and Management
22. Non-Medical Prescribing
23. Respiratory Pathway Audit
24. Resuscitation Audit
25. Transforming Motor Neurone Disease Care
26. Wound Dressing Audit

Examples of audit results

We carried out scrutiny of clinical evidence to support the ward clinicians to assess patients for their alcohol intake. A nationally recognised tool FAST was rolled out within the wards which screen patients for hazardous drinking and therefore clinicians can provide the appropriate advice and support.	*New documentation was introduced in the two MIU units to reflect current safeguard risks and principles. Prompt questions were added for staff to consider when assessing children.*	*The Transforming Motor Neurone Disease Care audit demonstrated that all patients audited were assessed by a physio, treatment options were provided, mobility was assessed and reviewed appropriately, swallow assessment and offered riluzole at time of diagnosis. Patients felt they were given sufficient information about their condition.*

Research

Research may be defined as the attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sounds methods. This excludes activities such as clinical audit and patient satisfaction surveys which are concerned with evaluating local service planning and delivery against evidence based standards.

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

For example, we have registered to participate in the University of Oxford's "Better Outcomes for Older People with Spinal Trouble (BOOST)" clinical research study.

The BOOST study is testing two different approaches to physiotherapy which have been designed to help older adults with symptoms of lumbar spinal stenosis to stay mobile and remain independent. So far, we have recruited 3 patients to be part of this study. Wiltshire Health and Care with support from Bath University have developed a Research Policy and Procedure to ensure that Wiltshire Health and Care complies with the principles set out in the UK Policy Framework for Health and Social Care Research, thus ensuring the quality, safety, and good conduct of all research activity led or hosted by Wiltshire Health and Care

More information regarding the BOOST research study can be found on their website: https://boost.octru.ox.ac.uk/

BOOST
Better Outcomes for Older people with Spinal Trouble

Incident Reporting

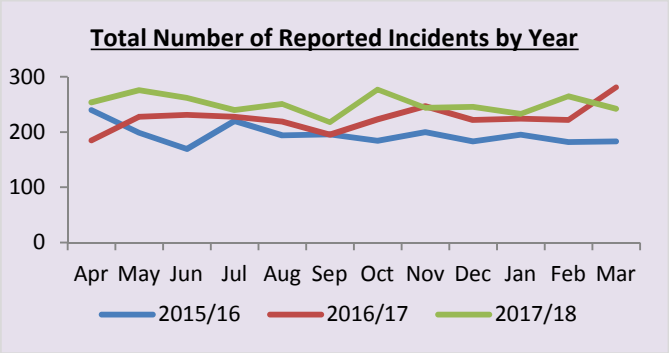
A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving care. Incidents are reported to facilitate learning and to promote a safer environment for patients, staff and visitors. By learning, we mean people working out what has gone wrong and why it has gone wrong, so that effective and sustainable actions are then taken locally to reduce the risk of similar incidents occurring again. In many cases it is a legal requirement to report incidents but it is always a moral and contractual responsibility. Any event or near miss that could or did lead to harm to one or more people, patients, buildings, equipment, or damage to operational effectiveness or reputation of the organisation should be reported.

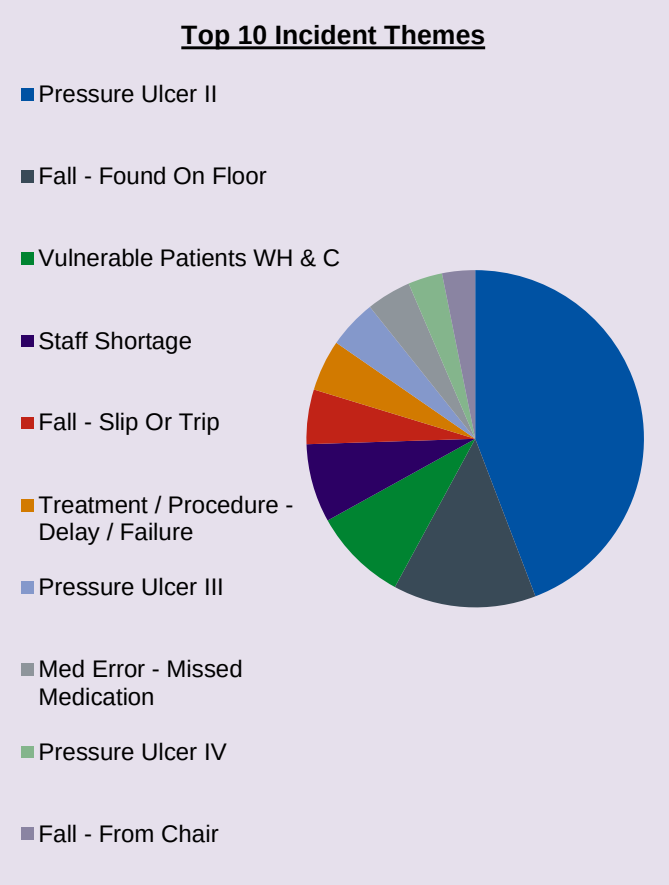
We proactively encourage the reporting of all patient safety incidents. This includes: Incidents staff have been involved in , Incidents that staff may have witnessed, Incidents that caused no harm or minimal harm, Incidents that are "every day", “Just the norm" Incidents that are common, Prevented or close call (known as 'near misses'), medicine errors.

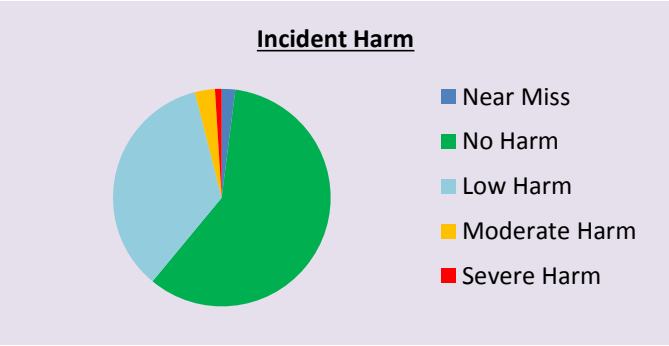
The graphs identifies the total number of incidents reported each month across 3 years, the top 10 incident themes for 2017/18 and the harm caused.

There was a total of 3008 incidents reported during 2017/18, of which; 2% were a near miss, 59% caused no harm; 35% caused low harm; 3% caused moderate harm and 1% caused severe harm.

Those incidents which caused moderate and severe harm (163 incidents in total) are reviewed and investigated by the relevant clinicians and experts to identify the root cause. The deeper investigations help us identify how and why the incident happened and the learning required to ensure further reoccurrences are minimised.







Data Quality

Organisations are required to collect accurate data to ensure the quality of the services provided.

Information Governance Toolkit

Each year the Partnership completes a comprehensive self-assessment of its information governance arrangements by means of the NHS Digital Information Governance Toolkit. These assessments and the information governance measures themselves are regularly validated through independent internal audit. The main Toolkit headings are; Information Governance Management, Confidentiality and Data Protection Assurance, Information Security Assurance, Clinical Information Assurance – Health Records and Information Quality, Secondary Use Assurance, Corporate Information Assurance – Records Management and Freedom of Information. Wiltshire Health and Care Information Governance Assessment Report achieved a mix of level 2 and level 3 across the assessment units, with just one unit at level 1.

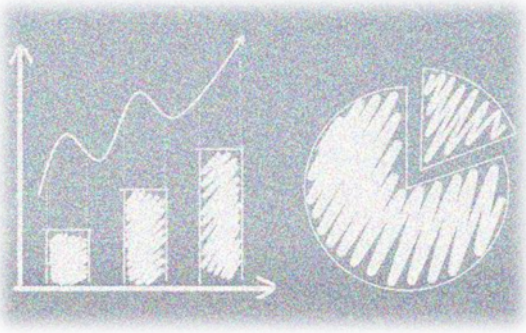
The overall score for 2017/2018 was **72%** and was graded 'not satisfactory'. This was in the area of Information Governance mandatory training **compliance.** We have added additional support for information governance in 2018/19 to our team, who will assist us with the development of an improvement plan

Check how we have reflected on the toolkit in other documents (KHJ)

Accuracy of data

Performance metrics around data quality allows better benchmarking with other community providers, which shows a more relevant comparison on performance. We submit data for NHS number, postcode, GP practice code, and clinical coding for inpatients.

- NHS number: **99.91%**
- Postcode: **99.96%**
- Practice code: **99.77%**
- Inpatient Healthcare Resource Group (HRG) Clinical coding: **100%**



Clinical Coding Error Rates

Wiltshire Health and Care was not subject to the Payment by Results clinical coding audit during 2017/18.

Quality Dashboard

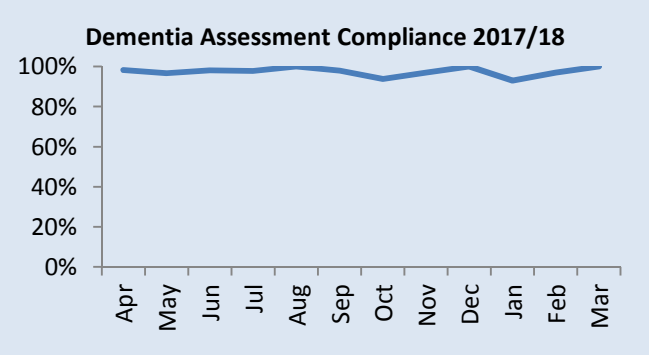
Development of a Quality Dashboard was a significant achievement during 2016/17. The dashboard provides a concise and reliable overview of performance against all our quality targets and benchmarking data, consolidating Wiltshire Health and Care's commitment to delivering safe, high quality care by increasing the accessibility and visibility of our performance with staff, so they can see at a glance where we are doing well and where we may need to focus attention to improve performance. During 2017/2018, the dashboard continues to be utilised within our teams. New starters to the community have a brief overview of the dashboard at the Community Induction. The dashboard is presented and discussed at; WHC Board, Exec Co; Quality Assurance Committee; Performance and Planning; Quality Team Meeting and externally to the Wiltshire Clinical Commissioning Group, to support continued improvement in care delivery. Throughout 2017/18 minor changes have been made to improve the effectiveness of the dashboard, an important change included the narrative boxes behind the graphs. These boxes were added so Team Leaders/Managers can add a description and explanations around the data. The below screenshot is an example of the Quality Dashboard.

Dementia Care

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

Dementia training:
Every new member of clinical staff to Wiltshire Health and Care takes part in an 'Introduction to Community' induction programme, included within which is a face to face session on dementia, as well as training on the Mental Capacity Act and Deprivation of Liberty Standards. In addition to this, all inpatient staff are required to undertake the Dementia Awareness training module. At the end of year 2017/18 our compliance level for this reached almost 100%, with only two absent staff members non-compliant.

Dementia Assessments:
All patients should be assessed and screened within 72 hours of hospital admission. Compliance is monitored through the Wiltshire Health and Care Performance Dashboard, the target is 95%



Dementia-friendly
Within the inpatient setting we continue to be committed to improving care of the patient with dementia and improving their experience of hospital and care settings. There has been a focused approach on Longleat, with the expectation of expansion to other areas if appropriate and if funding is available. Longleat ward have built on the progress that has already been made. They continue to run a meaningful activity programme which takes place Monday to Friday. This has been devised by the Occupational Therapy team and is monitored by them.

The ambition was to employ a designated member of the team to co-ordinate these sessions. This has been achieved and an activity co-ordinator has been employed who works closely with the Occupational Therapy team to maintain the programme. The Activity Co-ordinator's remit is to co-ordinate the activity programme, the major aim for this is to promote engagement in patients with their rehabilitation and therefore improve patient flow

The benefits identified:

- Better socialisation of patients; patients are much more engaged and sociable with each other. Exercise classes generate conversations about, for example, about how to get the 'love handles' moving and these sessions are accompanied by laughter from the patients.
- Patients are encouraged to eat together and there is a marked reduction in food wastage. This was a "bi-product" and not one that was anticipated. However, spot checks of food wastage are measured and controls are put in place of, for example, when the same kitchen assistant is on duty so that we know portion sizes are comparable.

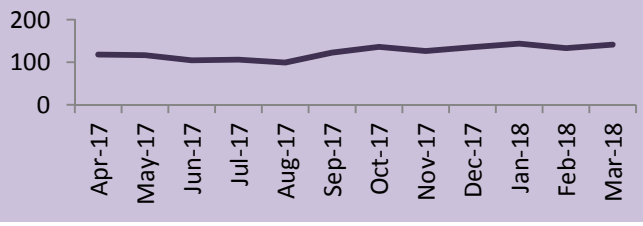
Moving into 2018/19:
Wiltshire Health and Care recognise that a strategy that just focuses on dementia will not meet the requirements of the majority of those patients as they are also likely to suffer with other comorbidities. In view of that Wiltshire Health and Care have committed to developing and embedding a Frailty Strategy. Exploring differing routes to involve volunteers of the 3rd sector, to undertake audits of the wards using the Kings Fund tool to establish how dementia friendly the environment is.

We are proud of…	We need to focus on…
Our dementia assessments achieving 97% as an average across the whole year	Ensuring practice remains above 95%

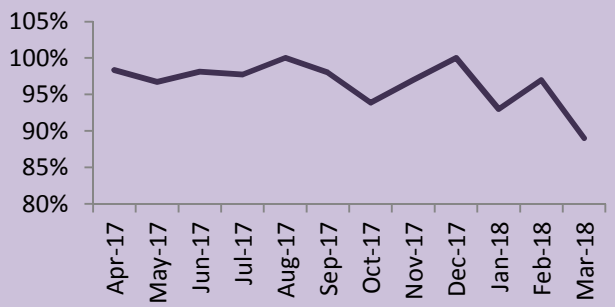
End of Life Care

End of Life care is about caring for people as they near the end of their lives. This period can extend over months, weeks, or days.
We encourage staff to consider the 'surprise' question: 'would you be surprised if your patient died in the next 12 months?'; If the answer is no, then staff should be considering conversations around end of life care, which include the use of an Advance Care Plan (ACP) and a Treatment Escalation Plan (TEP). This is supported through our electronic recording mechanisms on SystmOne our electronic clinical record to ensure this information is readily accessible and can be shared with partners. It is important that we work to meet both the needs of our patients and those who care for them. We hold quarterly End of Life Provider Partnership meetings which include representatives from community teams, community inpatient teams and local Hospice organisations including Prospect, Dorothy House and Salisbury. These meetings offer a forum to discuss delivery of end of life care against the CQC Key Lines of Enquiry (KLOEs); Safe, Effective, Responsive, Well Led, and Caring. This helps us to standardise practice across agencies and within our teams, which in turn improves safety, effectiveness, and improved responsiveness. It helps us to standardise our literature, improving patient experience and sharing learning from risks or incidents. The group is informed by and informs the End of Life Programme Board at Wiltshire CCG, and the South West End of Life Facilitators Group. All new ward or community team based clinicians undergo training on how to have conversations about instigating and managing end of life care, using the Circle of Life board game as a tool to encourage team discussion and learning.

The graph below shows the total number of patients recorded as being on the End of Life Register during 2017/18.



The graph below shows the compliance for end of life patients, who achieved their choice of place of death, through community team input.



The target is 75%.

We are proud of…
Achieving above the expected target for patients dying in their place of choice

We need to focus on…
Continuing to meet both the needs of our patients and those who care for them

The teams continue to receive compliments for the end of life care they provide as a team or in conjunction with other providers

Wilton Community Team: *"We are emailing to thank you all for all the help and expertise you gave to Mum over the past year. Your involvement enabled her to fulfil her wish of dying peacefully and gently at home. We would be grateful if our thanks could be passed on to all the members of the Palliative Care Team at the next meeting of the neurological care team. We are also indebted to the District Nurses for their care over the final week. With our thanks and best wishes"*

Malmesbury Community Team: "*Thank you card- This card arrived earlier this week with a big bunch of flowers from the lady's garden. They were brought in by her family thanking us for supporting her Mum through her end of life, at home, which was her wish"*

BOA/Melksham Community Team: *"I would like to thank all the team for the support that they gave during the last days of my Sisters life. It made all the difference to the whole family. Thank you so much"*

Catheter Associated Urinary Tract Infections (UTI)

Catheter associated UTIs have been linked with increased morbidity, mortality, healthcare costs, and length of stay, as well as causing potential discomfort to patients. The risk can be reduced by ensuring that catheters are used only when needed and removed as soon as possible; that catheters are placed using proper aseptic technique; and that the closed sterile drainage system is maintained. We continue to use HOUDINI initiative and also aim to achieve 95% for harm free care. Our average compliance with Urinary catheters on-going care and insertion is 99%.

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

Haematuria- visible?

Obstruction- urinary?

Urology surgery?

Damaged skin - open sacral or perineal wound in an incontinent patient?

Input / Output fluid monitoring?

Not for resus / Comfort care / Doctor's advice?

Immobility due to physical constraints - unstable fracture/not yet mobile?

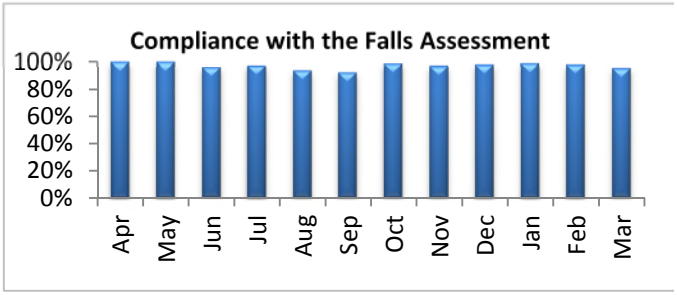
We are proud of…	We need to focus on…
Compliance with on-going care and insertion at 99%	Ensuring practice remains above 95%

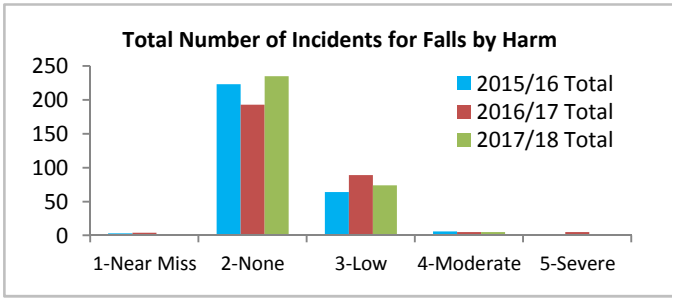
Harm from Falls

We recognise that patients undergoing rehabilitation are at higher risk of falls than those who have limited mobility. The community inpatient setting has a high percentage of patients being discharged back to the original place of residence and this reflects the optimisation of their independence within the community setting. The community inpatients also have a significant number of patients with a cognitive impairment. These patients still achieve an increase in their level of independence but they also form a high number of patients who fall. In order to support these patients we endeavour to supply additional staff in order to provide close support, as well as other tools such as 'high low' beds and sensor mats. The target for assessment of falls risk is for 95% of patients to be assessed within four hours of admission. Overall we are 97% compliant with the target across 2017/18. A total of 318 falls are recorded as having been sustained across our Community Inpatient Wards. The types of harm sustained by each of these falls (including any reported near misses) are detailed in the graph which has been benchmarked against previous financial years. This clearly shows an overwhelming majority of 97% of falls resulted in no harm or low harm. A total of 5 falls resulted in 'moderate' harm, and 2 in 'severe' harm, comprising a total of 3% of recorded falls.

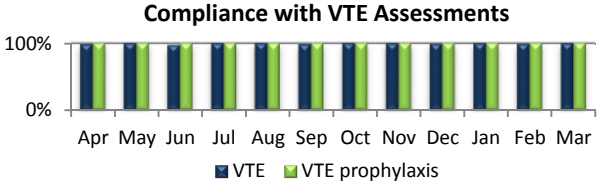
We are proud of…	We need to focus on…
Exceeding the falls risk assessment target	Further development and embedding a Frailty Strategy

Venous Thromboembolism





In 2017/18, we were 99% compliant with inpatients receiving the appropriate screening – the target is 95%. We also remain at 100% compliant with the target for issuing prophylaxis to patients when they need it, across the year. In the last year 2017/18, we have reported 1 incident of Deep Vein Thrombosis. This was an inherited DVT and therefore was unavoidable.



Avoidable Pressure Ulcers

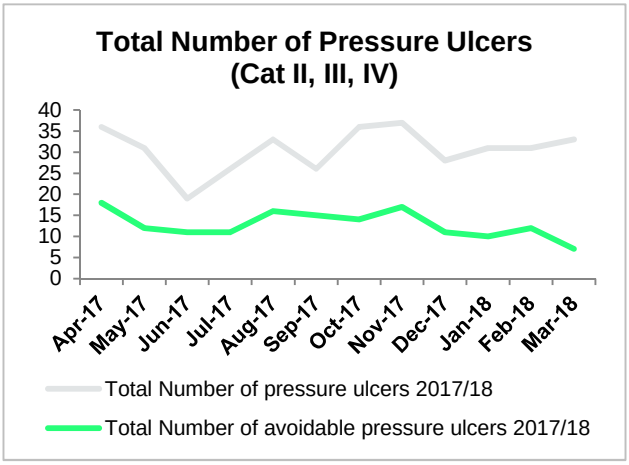
Is the peak in a team or overall? To clarify.

The total number of community acquired pressure ulcers during 2017/18 throughout Wiltshire Health and Care was 367, of which 154 were avoidable. The graph shows the number per month. Where there has been a peak in the number of pressure ulcers, this has resulted in new staff mandatory education for each new staff Induction and on Introduction to **Community**. Each team that has developed a cluster of pressure ulcer (hot spot) have had a 'deep dive' to establish if there are any themes for the development of pressure ulcers. The Tissue Viability Consultant Nurse (TVCN) has carried out several deep dives throughout 2017/18. Progress and achievements to date:

- Development of Post Incident report and conference call with core Harm Free Care clinicians, to discuss the development of a pressure ulcer within 72 hours.
- The TVCN is reviewing the data for clusters of pressure ulcers within the teams. The patients' journeys were further scrutinised and the themes considered for learning.
- The Lymphoedema specialist nurses within the TV team have developed shared care and multi-disciplinary working with the community teams, community hospital wards and practice nurses, offering specific planned care delivery with one to one support for the nursing staff with complex patients. This has resulted in positive outcomes for several patients. They have had improved wound healing, reduction in limb size, increase in mobility and self-care.
- The Tissue Viability team have provided 19 study days to all WHC clinical staff, including primary care and nursing home and have completed a further Nurse with Specialist Interest (NSI) course, which consists of 8 days of specific TV education covering a range of topics, for 14 nurses including two practice nurses and a community hospital ward nurse. These nurses are now NSI's, an effective resource for their teams. We now have a total of over 60 NSI's across Wiltshire.
- Review and re-launch of the Wound Care Formulary across all care setting in Wiltshire, offering consistent savings for the CCG and WCH

Priorities for 2018/19 include;

- Working with teams for assurance that the tissue viability clinical practice is of a high standard - this includes undertaking process mapping exercises, as well as joint visits to support and coach staff in all aspects of tissue viability
- Education and training continues throughout the year. All new staff to the organisation are expected to attend the 'Introduction to Community' programme, which includes an update on best practice in tissue viability.
- Every community team highlighted as a hot spot, defined as the development of three or more pressure ulcer in a single month, irrespective of category, will have a review with the TVCN and discussed at the Harm Free Care Panel.



We are proud of… WHC now have over 60 NSI's

We need to focus on… Committing to Quality Improvement initiatives to continually deliver high standards of care

Infection Prevention and Control

Achieving best practice in Infection Prevention and Control (IP&C), as a vital part of patient safety, takes a high priority in Wiltshire Health and Care. IP&C advice and support was received from the Great Western Hospital IP&C team; one team member being based within Wiltshire community. From April 2018, WHC will have its own IP&C team

Mandatory reporting of infections
In 2017/18 there were two patients, receiving inpatient care from WHC, identified with mandatorily reportable cases of *Clostridium difficile,* as indicated in the table. The Wiltshire Clinical Commissioning Group was notified of these cases and ward managers were asked to complete a root cause analysis identifying good practice and those areas where improvement is required.

Influenza
Longleat ward, Warminster Community Hospital was closed in January 2018 due to an outbreak of influenza. The outbreak, which commenced with a bay closure on 10 January 2018 followed by ward closure on 18 January 2018, affected eight patients and RCA indicated that 11 members of staff were also affected. The ward provided timely information to and received support and advice from the IP&C team. In addition information was available on the intranet pertaining to the use of influenza prophylaxis. An interactive session on the identification and management of influenza and diarrhoea and vomiting was delivered to the Longleat ward team during the outbreak. The ward reopened on 22 January 2018.

We are proud of…	We need to focus on…
The ward providing timely information to the GWH IP&C team to enable the ward to re=open 4 days later	Developing an IP&C work programme for WHC

Type of infection	2016-17	2017-18
MRSA bacteraemia (MRSAB)	0	0
Clostridium difficile infection	0	**2**
E.coli bacteraemia	0	0
MSSA bacteraemia	0	0
Klebsiella.spp bacteraemia	N/A	0
Pseudomonas aeruginosa bacteraemia	N/A	0
GRE bacteraemia	-	0
CPE detection	-	0
Mortalities due to *Difficile*	0	0
Mortalities due to MRSAB	0	0

Norovirus
No norovirus outbreaks were recorded in WHC in 2017-18. Proactive IP&C initiatives to support Wiltshire Health and Care include:

- Telephone, email and face-face advice available from an experienced IP&C team
- A community-based IP&C Link worker meeting held quarterly with a variety of internal and external speakers
- IP&C focused Quality visits, in support of best IP&C practice to many clinical teams both inpatient and within the community.
- Virtual access to the GWH Clostridium difficile ward round and the monitoring of patients
- Interactive learning opportunities in identifying and managing outbreaks delivered to ward-based teams
- IP&C advice in investigations, root cause analyses, policy and protocol development and risk assessments
- IP&C advice in relation to the built environment and when purchasing equipment
- IP&C advice to the Community Water Management Group.

Safeguarding

Children's Safeguarding

Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm. Safeguarding is everyone's responsibility. WHC sees 600 children a month in the minor injuries units and children are also seen by the physiotherapists, podiatrists, wheelchair services, tissue viability and dieticians. Children may also be safeguarded opportunistically in services who see adults but whose circumstances may affect their ability to care for their child. In 2017/18 the Safeguarding Lead (Child) was employed by WHC to take responsibility of children's safeguarding practice. This post has oversight of the following processes: training, supervision, support and management of referrals to Multi agency Safeguarding Hub (MASH) and escalation of children's safeguarding incidents, appropriate signposting to other services, feeding into strategic plans and application of national/local policies and procedures across the organisation to remain compliant with Section 11 of the Children's Act (1989). The main aim of the role in the 1st year was to establish consistent safeguarding children's practice across WHC with particular emphasis on areas where children are seen on a daily/weekly basis. We are working through local and national policies and guidelines to ensure compliance as an organisation and were appropriate escalating via the governance framework. This work will continue into 2018/9 – with more work planned in specific areas, such as domestic abuse. More staff are recognising the impact of health needs and vulnerabilities of adults on the children they may care for and this will be developed further in line with a THINK FAMILY approach. This may require more named staff to undertake Level 3 training and is likely to have an impact on safeguarding supervision. Along with our colleagues in RUH and GWH we are exploring our relationship with Virgin care in particular regard to information sharing and early help.

Adult Safeguarding

'Safeguarding Adults' relates to the responsibilities and duties identified in the following regulatory and legal frameworks;

- CQC Outcome 7 – safeguarding the people who use the service from abuse.
- Legal compliance with the duties laid out in sections 42-46 of The Care Act (2014)
- Legal compliance with The Mental Capacity Act (2005) and Schedule 1A of The Mental Capacity Act (2005), The Deprivation of Liberty Safeguards

These areas of practice are fundamental to the delivery of high quality person centred care. Providers of health services have responsibilities for the safety and wellbeing of all their patients. Health Service providers have particular duties for those patients who are less able to protect themselves from harm, neglect or abuse, due to on-going care and support needs and should provide assurance that services both safeguard and uphold the rights of Patients and their carers by application of and compliance within the above stated legal frameworks. Wiltshire Health and Care's Head of Quality is the executive lead for safeguarding and the partnership also has a full time Safeguarding Adults Lead. The strategic, operational and development of the partnership's safeguarding role and responsibilities is located firmly within the partnership's quality structure, agenda and governance.

Wiltshire Health and Care ensure staff are appropriately trained about safeguarding adults through:

- A Shared 'Golden Thread' Training Strategy with GWH NHS FT and embedding of level 1 and Level 2 Safeguarding Adults Training
- Inclusion of MCA training on face-to-face Induction to all new starters
- Case study, guest speakers, research, literature and legislative reviews at bi-monthly Practice Influencers Forum
- Bespoke case based training/support from Safeguarding Adults available at individual, team and ward level

Section 4 – Quality and Effectiveness

Key achievements in 2017/18

Wiltshire Health and Care received a good rating for 'keeping people safe domain' and an overall service rating of Good from CQC following a 'new provider' inspection.

- CQC highlighted the 'golden thread' approach and integration of Safeguarding within the organisations Quality and Harm Free agendas as an area of good practice
- CQC recognised that WHC staff understood and carried out their responsibilities under the Mental Capacity Act and received appropriate levels of training and support to achieve this.
- A Safeguarding Lead for Children was appointed and work commenced on a 'Think Family' strategy and joint work plans on linked areas such as embedding Domestic Abuse awareness.
- A review of Safeguarding and MCA Practice influencers forum was undertaken with development plans to be implemented in 2018/19
- Wiltshire Health and Care separated its Prevent functions from Great Western Hospitals NHS FT and appointed Safeguarding Adults Lead as its operational Prevent Lead.
- Work commenced on MCA quality improvement projects with clinic based therapists and specialism within a Community Team.
- Data collection system introduced to measure MCA completion and quality assurance on systm1 database.
- Safeguarding Adults Lead supported Quality Team inpatient falls review and subsequent action plan.
- Further review and development of Risk and Consequences Care Plan (Principle 3 care Plan) undertaken by Practice Influencer based on case learning to evidence strategies to support the safe facilitation of 'unwise' decision making.
- Domestic DoLS work plan developed jointly with Wiltshire Clinical Commissioning Group.
- Re-established WHC and WC monthly Safeguarding Adults Interface meeting with a formal terms of reference.

Priorities for 2018/19

- Review and streamline all Safeguarding systems including implementation of a 'single point of contact' for Safeguarding and DoLS to enable more fluid internal and external safeguarding activity and compliance with legal frameworks.
- Build on and establish effective working partnerships with MASH and WC DoLS Team to support the above priority
- Embed Domestic Abuse policy including rolling out collaborative DASH risk assessment training for Practice Influencers with Wiltshire Council MARAC Co-ordinator.
- Develop case based Self Neglect workshops and implement and embed Self Neglect good practice guidance and operational SOP.
- Develop a separate MCA Practice Influencers stream as an MCA Practice Improvement Group with an emphasis on improving practical application of the MCA; to include rolling bite size sessions designed for staff accessibility.
- Embed MCA Nice guidance.
- Implement Domestic DoLS work plan.
- Collaborative work with WCCG to develop and implement an inclusive Primary and
- Community Health Safeguarding/MCA workshop/learning events programme.
- Support WHC leadership team to fulfil the requirements of the transformation agenda in relation to specialist area of Safeguarding Adults and associated compliance with legal frameworks and guidance.

Learning and Development

During 2017/18 we finalised and procured training providers for Apprenticeships. At present this is being used by current staff for Level 3 Healthcare Support Workers, Level 3/5 Leadership and Management and Level 3 Business and Administration. Many other apprenticeships are on the agenda such as Registered Nurses, Associate Nurses, Assistant Practitioners, Specialist Practice Qualification, and Advanced Practitioners. We are now able to provide data for those who have completed the Care Certificate and have a plan in place to identify those new starters who need to complete this. The Care Certificate is a set of standards that guide health and social care workers in their daily working life. All clinical staff, new starters and those returning from long absence i.e. maternity leave attend the 3 day Introduction to Community which consists of an overview of documentation, delegation/ accountability, human factors, introduction to mental health, harm free care, sepsis, motivational interviewing, mental capacity act, pressure ulcer prevention, long term condition monitoring, medication, dementia, care, EOL conversations to give a standardised approach and message. We have set up preceptorship programme which supports all newly qualified practitioners to make the transition from student to develop their practice further. We have signed up to become part of a trial for trainee nurse associates, which aims to provide quality hands-on patient care, while giving assistance to nurses and support staff. Moving into 2018/19 we are focusing on:

- Revamping the electronic e-learning system (Training Tracker)
- Further awareness of care of the dying
- Skills based training e.g. bowel care and catheter care/insertion
- Updating the training matrix which directs staff to the training required for their role
- Sourcing specialist training e.g. Paediatric Immediate Life Support and positive behaviour management
- Working with Wiltshire CCG and Health Education England to fully utilise funded modules at University of the West of England to support Advance Practice.

Staff Survey

The NHS Staff Survey is an important source of information about what it is like to work in the health service in England. The NHS Staff Survey results are utilised by Trusts to support local improvements in staff experience and well-being and are also examined by external organisations such as the CQC and NHS Improvement. 43.8% of staff completed the 2017 survey. The results provide some very encouraging findings regarding the experiences of staff, however it also highlights some areas that are experiencing challenges and some that need improvement.

Key areas which have improved:

Often/always look forward to going to work

Opportunities to show initiative frequent in my role

Able to make suggestions to improve my team/department

Immediate manager can be counted upon to help with difficult tasks

Communication between senior managers and staff is effective

Senior managers act on feedback

Organisation definitely takes positive action on health and well-being

In the last 12 months, have not experienced MKS problems as a result of work

Organisation treats staff involved in errors fairly

Would feel secure raising concerns about unsafe clinical practice

Had training, learning or development in the last 12 months

Training helped me to do my job more effectively

Training helped me deliver a better patient / service user experience

Appraisal/Review definitely helped me improved how I do my job

Appraisal/performance review: organisational values definitely discussed

Care of patients/service users is organisations top priority

Organisation acts on concerns raised by patients/service users

If friend/relative needed treatment would be happy with standard of care provided by organisation

Section 4
Service User Experience

Friends and Family Test

The Friends and Family test is commissioned nationally by NHS England. All providers of NHS funded services are required to offer the Friends and Family test to all eligible patients discharged from their care. WHC use an external company called Picker who compile the results and link with our PALS support which was based at GWH. Unfortunately, due to issues accessing data from external providers, we have not received back data from the friends and family test for; June 2017 and February and March 2018. Therefore, yearly percentage is based on a mean average of the 9 months data.
We plan on bringing the management of Friends and Family test, 'in house' during 2018/19.

97.6%

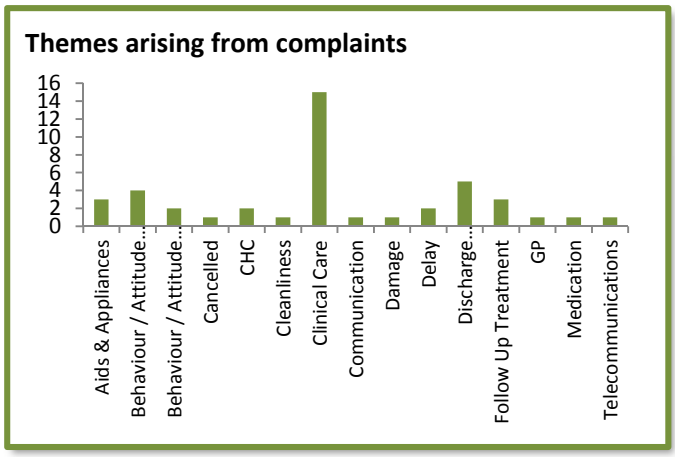
of patients who responded to the Friends and Family test, stated that they would be likely to recommend WHC services.

Service User Feedback

We encourage our patients and service users to contact us with any comments or queries they may have as we recognise that sometimes things go wrong. This gives us the opportunity to put matters right, and learn from past experience. Under the NHS Constitution, people have the right to have their complaint dealt with efficiently. Our Patient Advice Liaison Service (PALS) offer support, advice and guidance to patients and family members. The table below shows a breakdown of the contacts made via the PALS service in 2017/18 compared to 2016/17.

	Concerns		Compliments		Complaints	
	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18
Apr	2	3	150	79	7	1
May	6	3	93	40	1	10
Jun	2	2	97	136	4	1
Jul	2	0	98	84	5	3
Aug	1	5	70	60	10	2
Sep	3	4	99	63	1	3
Oct	4	3	131	57	3	3
Nov	1	4	99	71	3	6
Dec	1	5	222	113	4	4
Jan	5	4	233	30	3	7
Feb	0	0	100	15	6	2
Mar	2	2	115	20	4	1
Total	29	35	1507	768	51	43

We have seen a 16% decrease in the number of formal complaints compared to 2016/17 however there has also been a 21% increase in the amount of concerns raised. Clinical care is the cause of 15 (35%) of all complaints raised. Of these, 4 were not upheld which means the investigation found no harm or no omission in the care provided and 5 were partially upheld meaning some harm or omissions in care were found. Of the 43 complaints raised 16 were resolved within the 20 working days allocated for a response. During 18/19 the PALs service will be led by WHC and we have appointed our own Complaints and risk manager to enable us continually improve our response to patients, carers and families.



Throughout the year our teams reported 768 compliments;

A very big thank you for the wonderful care I have received from you all since coming home from hospital

I would like to say although the transition has been difficult at times for the family, the joint working that has taken place has been excellent throughout and as a private provider we couldn't have been more support by all those involved.

Thank you for all your help and kindness. We really appreciate everything that you have done to help Mum over the last two weeks, to help her settle back in at home and help her recovery.

Patient Stories

A 78 year patient lives alone with warden assistance once a week for personal care. This patient has past medical history Scoliosis, Cellulitis, Peripheral vascular disease and has long standing leg ulcers. This patient changes clothes and throws them away every couple of months when her sister visits (she does no laundry) and sleeps in wooden armed armchair in living room. The patients presenting complaint was for a chest infection, frailty, weight loss and bordering on sepsis. The patient declined to be admitted to hospital therefore the Community Team advised the GP that we could help support this patient at home under higher intensity care (HIC). A Home First Rehab Support Worker visited twice daily and telephones a third contact which supported the patient with meals, fluid, and antibiotics. Community Nurses visited daily to assess the patients' clinical condition and ensured the patient was not becoming dehydrated or septic and continued with their planned interventions for the legs. The patient then agreed to be admitted to hospital if their condition deteriorated further. After 48 hours of antibiotics the patients observations were returned to within normal limits she was no longer presenting with any signs of sepsis. Through this period of intensive intervention the team were able to build the patients confidence in us and got agreement from the patient to have a configura chair (riser recliner chair with pressure relieving seating) to sleep on. The patient also agreed to a referral to adult social care who have assessed and are continuing with the twice daily visits. They have support going in to help with finances and are buying a new washing machine. The patient has started to drink the nutritional supplements prescribed by the GP and also to eating well. The patient's weight has increased over the last week by 1.5 kgs. The patient was discharged from HIC after 7 days. The chest infection resolved, ongoing care from team continued until Adult Social Care took over. Our Community Team are continuing the care of leg ulcers. As a result of our HIC intervention, not only was hospital admission avoided, but this patient will now have carers in place supporting her independence to remain safely at home. The patient now has the equipment place, the patient's weight is improving and the patient will have their finances back under her own control enabling the patient to shop, wash clothes and changes clothes regularly.

This story is linked to a high risk spinal patient. A 34 year old with chronic spinal pain was referred to us from the Rheumatologist and GP. The patient received an assessment and one to one support by a senior Physiotherapist. The patient received over 4 sessions of chronic low back pain education and received a structured paced exercise programme. This patient progressed to running 2 miles and aiming to complete a local 10k race

End of life support for an 82 year old patient who had advanced metastatic ovarian cancer and colon cancer. This patient came home on a 24 hour package of care that was later supported by a hospice at home as a second carer to support the live in carer. The Community Team visited daily to support this lady which included managing her symptoms via a syringe driver and ensuring all care as appropriate. This patient was explicitly clear that she wanted to die at home, and fully understood the concern around the risk of obstruction. One of the patient's main priorities was that the patient didn't want to die before her cat was put down. The Community arranged for the cats condition to be assessed and as result the vet agreed to put the cat down at home with the team present for support. This patient began to deteriorate after the cat died but more rapidly a week later. The team and the carers were very affected by this death, however they supported one and other, checking with each other and following this up, the hospice also checked how the community team were at a later stage.

Section 5
2018-19 Priorities

Quality Priorities for the next year (2018/19)

Priority 1) Improving the infrastructure and ways of working to support improved patient safety by;

The development and implementation of a new clinical risk system - DatixIQ
The current systems used for reporting and monitoring incidents, complaints, concerns, compliments, mortality reviews, investigations and the Friends and Family Test does not meet all the requirements for WHC. Datix IQ will enable us to generate and implement strategies to enhance the delivery of efficient, targeted and effective care. The software will enhance our reporting, provide efficient and timely assurance of governance arrangements, offer a simple and effective way of reporting, reduce duplication, and provide greater efficiency by having one reporting system. The project of implementing this software is already in the early stages of development.

Review of the meeting structure to enhance governance arrangements and improved discussion and decision making throughout the organisation. WHC's meeting structure has been reviewed and re-designed. As part of these changes, it was recommended that the Quality and Assurance Committee would change in form to become a sub-committee of the Board. In this revised form, the committee now has non-executive representation, and as such can offer independent check and challenge to key quality challenges ahead of final oversight by the board. In addition, the meeting structure was revised so that all quality sub-groups report into the organisation's monthly Operational Performance and Planning Committee (which, in turn, reports into the Executive Committee). This decision was taken so that consideration of quality standards and issues could take place by a body of people that are considering the operational issues affecting the organisation in the round – ensuring there is a comprehensive approach taken to decisions affecting quality.

Improving the knowledge and skills of staff in the Serious Incident process and embedding learning. In November 2017 a new approach was adopted to review incidents of concern "Post Incident Review (PIR)". There is no specific threshold of harm for the incident to be discussed at the PIR, it is an assessment of the individual incidents or where there is an emerging theme. On a weekly basis the relevant clinicians/specialists discuss recent incidents to identify whether it is a serious incident and what further action is required in terms of support or further investigation and learning. A decision is made based on a number of factors, utilising the serious incident framework guidance that supports proportionate investigation versus level of learning. Initial findings of this process demonstrate that incidents are being reviewed in a timely manner and there is more scrutiny by the experts. We will review the post incident review meetings in July 2018. This review will encompass setting markers until the end of the financial year to assess what impact the post incident reviews have on improving patient safety. For example, we will aim to use learning from these reviews to try and ensure that there are fewer medication errors, falls and avoidable pressure ulcers.

Safety Culture self-assessment. Measuring the safety culture of our organisation will provide us with an insight into areas of improvement and help monitor changes over time. During 17/18, the Quality Team undertook a review of current research to determine which assessment tool would prompt rich responses and therefore be of more value. Following this evaluation it was determined that a combination of the Manchester Patient Safety Culture Tool and the Hospital Survey on Patient Safety Culture would provide us with a valuable suite of responses in which to really assess the attitude of safety and provide a platform in which to identify areas of improvement. This survey is being rolled out during 2018/19 and the results will be reviewed and improvements made where necessary.

Ailesbury ward transformation project with expansion to other community wards

SJP to complete after Exec-Co this week.

Priority 2) Development of Home First

Section 5 – 2018/19 Priorities

During 2017/18 Healthwatch undertook an evaluation of the Home First service in Wiltshire. Home First was implemented from the 1st April 2017 as a new initiative designed to improve the way support is offered to people when they are discharged from hospital, and where possible, helping them back to their usual routine. Despite some of the challenges highlighted, the Home First service is clearly valued and well regarded by patients and carers, which is in line with the outcomes that we see in our daily practice and in our performance reports. The report highlights some areas where improvements are required. We accept the recommendations and will be working with our partners in order to implement them. The recommendations include:

Develop a short leaflet which describes the Home First service in Wiltshire and give this to the acute hospitals, patients and/or family members.
Carry out an audit of administrative and/or management tasks and identify any that could be done centrally
Provide opportunities for staff involved in Home First to meet as a forum to share ideas and experiences of how they manage the service.
Ensure that all hospital staff are clear about the information needed and the process by which to make a referral.
Monitor the impact of delays in transferring care to other home care agencies and continue dialogue with colleagues from Adult Social Care about this.
Continue to raise any issues arising from health and care services not working well together, with the aim of addressing these.
Consider how Home First staff can provide patients and carers with information about other organisations that might be able to support them.
Continue to recruit rehabilitation support workers into any vacant posts to ensure that the service can run at full capacity.

The full report can be viewed: https://www.healthwatchwiltshire.co.uk/wp-content/uploads/2018/05/BCP-Home-First-eval-report-Finalr.pdf

Priority 3) Developing MSK pathway

The aim of the service is to deliver a fully integrated community based MSK pathway with consistent clinically led triage, immediate routing to the right place first time for diagnostics and treatment; and promotion of self-responsibility through Shared Decision Making (SDM). This will be undertaken by GP referrals for orthopaedics being triaged by Extended Scope Physiotherapists (ESP) and managing any patients that are suitable for ESP or physiotherapy management and reducing demand on secondary care and managing patients by the right clinicians in the right place, and ensuring any referrals to secondary care are relevant for conversion to surgery. In Wiltshire there were in excess of 18,000 referrals into secondary care in 2016/17. Of these approximately 44% were discharged after the first outpatient (OP) appointment. The conversion rate from OP to surgery is 12% based on 16/17 data indicating opportunity to reduce preventable demand. Referral to Treatment (RTT) data shows that there is an upwards trend of the number of patients on the secondary care waiting list. Factors such as ageing population, advancement in technology, increasing patient expectations and demographic changes contribute to this growth. There are multiple entry points in the current community outpatient physiotherapy service and no single point of access which create; unnecessary handoffs and admin steps between primary, secondary and community providers; duplicate referrals; repeat GP appointments; access to treatment may not be timely and chronicity may develop

Priority 4) Embed the Public and Patient Engagement Plan

It is essential that the public and patient voice is at the heart of all decisions that we make and at all levels of the organisation. To support the implementation of this engagement plan, we will be holding workshops, focus groups, interviews (qualitative) and surveys (quantitative). This will ensure that as wide a range of people are given the opportunity to participate. In addition, the triangulation of this data will give a more comprehensive and nuanced insight of public opinion. A workshop is planned for the beginning of June 2018 to challenge and further develop the current draft Public and Patient Engagement Plan. This will ensure that as wide a range of people are given the opportunity to participate. In addition, the triangulation of this data will give a more comprehensive and nuanced insight of public opinion. The workshop will give local, interested people across the county, the opportunity to have a say in the development. Relevant groups of individuals will receive invites to the workshop (e.g. representatives from local support groups, public governors from local acute Trusts) to ensure that there is a representative sample of attendees.

Section 6
Formal Statements

NHS
Wiltshire
Clinical Commissioning Group

Statement from Wiltshire Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group (CCG) has reviewed the Wiltshire Health and Care (WHC) 2017-18 Quality Account. In doing so, the CCG reviewed the Account in light of key intelligence indicators and the assurances sought and given in the monthly Clinical Quality Review Meetings attended by WHC and Commissioners. This evidence is also triangulated and further informed through Quality Assurance visits to WHC. To the best of our knowledge, the report appears to be factually correct.

It is the view of the CCG that the Quality Account reflects WHC's on-going commitment to quality improvement. It also outlines the achievements made in-year, which includes the development of the WHC 'Values and Behaviours' and the implementation of the Home First pathway. The CCG looks forward to seeing the outputs of these work streams continue in to 2018/19, as well as continuing the quality improvement initiatives in relation to 'reducing falls' and 'designing the workforce for the future'.

The development of the quality dash board has enabled the CCG to review and seek assurance on some key quality indicators, identifying areas where improvement is required or best practice can be shared, as well as identifying where WHC benchmark against other community providers.

The CCG commends the CQC rating of 'Good' and particularly those areas in community health services for adults that were rated 'Outstanding'. Commissioners look forward to seeing the continued focus on improving the quality of services provided throughout 2018/19.

The CCG welcomes the description within the Account of the key areas of focus, including clinical audit, dementia care, end of life care, safeguarding and avoidable pressure ulcers. The CCG also welcomes the review of clinical and serious incident reporting and review, and anticipates that the updated processes and increased scrutiny will enhance the learning opportunities identified.

The Account also identifies the quality priorities for 2018/19. These priorities include the expansion of the Home First project, developing the MSK pathway and embedding the Public and Patient Engagement Plan. Whilst the CCG recognises these are key areas of service delivery in 2018/19, we request that the provider develops a process of identifying key quality outcome measures to support the assessment of how well they have progressed these areas of improvement. Other priority areas include the development and implementation of a new clinical risk system (DatixIQ), undertaking a safety culture self-assessment and commencing an 'Ailesbury ward transformation project', with expansion to other community wards. Commissioners look forward to reviewing the outcomes of each of these areas throughout the year, as well as seeing the frailty strategy finalised and embedded in to practice.

WHC have experienced a number of staff vacancies across teams and inpatient wards in 2017/18. The CCG recognises the workforce challenges faced by WHC, which are reflective of national healthcare staffing and will work with WHC to review the current management of caseloads to ensure that effective and appropriate patient outcomes are achieved in a timely way through best use of resource.

Building on the accomplishments of 2017/18, the CCG is committed to ensuing collaborative working with Wiltshire Health and Care to achieve continuous improvement for patients in both their experience of care and their outcomes.

Yours sincerely

Mark Harris
Chief Operating Officer
NHS Wiltshire Clinical Commissioning Group

WORKING FOR CARERS

Statement from Healthwatch (Wiltshire)

Healthwatch Wiltshire welcomes the opportunity to comment on Wiltshire Health and Care's quality account for 2017/18. Healthwatch Wiltshire exists to promote the voice of patients and the wider public with respect to health and social care services.

Healthwatch Wiltshire was pleased to work with Wiltshire Health and Care to independently evaluate the Home First service. Patients and carers told us that they valued the service that they received. There were some suggestions for improvements and we are pleased that Wiltshire Health and Care has acknowledged our recommendations and are committed to implementing these.

We are pleased that the importance of patient and public voice has been recognised and that a non-executive member of the board has been appointed to demonstrate commitment to this at all levels across the organisation. We are pleased that embedding the Patient and Public engagement plan is a priority and you intend to offer a range of opportunities for people to be able to participate in to this plan. Healthwatch Wiltshire would be happy to further advise on this piece of work.

Over the past four years, Healthwatch Wiltshire has spoken to a number of people who are living with dementia, their relatives and unpaid carers. As a result of this work, we know that training is an important factor in providing good quality care and so are pleased to see that all staff members are required to undertake specific dementia training. We have also heard that that those living with dementia often feel confused and scared when in an unfamiliar environment such as a hospital, and so we are pleased there have been noticeable benefits for patients with the new activity programme. We are keen to see if involvement with these activities improves patient experience and enables a more timely discharge. We are pleased that you are committed to developing and embedding a Frailty strategy and monitor the dementia friendliness of inpatient settings going forward.

We are often told that people find it difficult to navigate the system and find the right information, and that the services provided can vary widely so we are pleased that Wiltshire Health and Care are working in partnership with others to standardise practice across teams supporting those at End of Life.

Healthwatch Wiltshire is pleased to see that a comprehensive training programme is available for staff, and as a result staff feel that they deliver a better patient/ service user experience. Results from the Friends and Family Test (FFT) also showed that 97% of patients said that they would recommend the services of Wiltshire Health and Care to their Friends and family. It would be good to know how many patients had completed the patient questionnaire and FFT so that the results could be put into some context.

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

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Interim Manager

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Wiltshire Council
Where everybody matters

Statement from Wiltshire Health Select Committee

The Wiltshire Health Select Committee received updates from Wiltshire Health and Care on its work in March 2017 and September 2017. It also considered the CQC report and Wiltshire Health and Care's planned actions to address the issues highlighted in the CQC report at its meeting on 9 January 2018.

Issues highlighted in the course of the presentation and discussion on 5 September 2017 included: the organisation's vision is to enable people to live independent lives; the performance by the organisations including finance; the impact of the delays in transfer of care; the growing demand for health services; the composition of the board including non-executives and organisation representatives; the work, using Healthwatch Wiltshire's help, to develop organisational values and behaviour; how feedback from the committee was used to impact on plan; the work on discharge pathways and how this is resourced; the use made of additional therapy including animal and art therapy; that there had recently been a CQC inspection and that the report will be published; and some examples of patient feedback.

In response to questions, it was confirmed that the organisation was funded under contract with the CCG; that some funding had been made available through the Better Care Fund; and that developing clear pathways, rather than organisational integration, was probably better at addressing delayed transfers of care.

Matters highlighted in the course of the debate on 9 January 2018 included: the review of delivery structure; the further review of Board governance structure; the review of clinical leadership structure; the impact on funding on the security of the posts; the further integration with urgent care system; and Homefirst and care pathways.

At its 9 January 2018 meeting, the Wiltshire Health Select Committee resolved to receive a further update, possibly in July 2018, providing further information regarding the implementation of actions, and the development of the trust.

Cllr Christine Crisp

Chairman of the Health Select Committee

Section 6 – Formal Statements

If you would like to know more about Wiltshire Health and Care and what we do, please contact us:

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Wiltshire

HEALTH AND CARE

Wiltshire Health and Care Board	**For discussion**
Subject:	**Business Plan**
Date of Meeting:	**22 June 2018**
Author:	**Douglas Blair**

1. Purpose

1.1 To provide the Board with a draft of a Business Plan for approval.

2. Discussion

2.1 It is a requirement of the Members Agreement for a Business Plan covering a 3 year period to be agreed each year. An early draft was presented to the Board in April for comment. This draft did not contain a resources plan, due to delays in relation to negotiations with the CCG. The main points of feedback can be summarised as:

- there was a need for a clearer plan for moving forward some of the strategic aspects, in particular on health and social care integration
- the refresh of the 2 year delivery plan needed to have more precise timeline by quarter and expected deliverables
- the content of the plan relating to Integrated Care Alliance would need to be reviewed following the Members Meeting on 9 May.

2.2 Given that negotiations on contract finance are nearing a conclusion, the attached plan now includes a resources plan, along with the following adjustments to respond to the Board's feedback.

- a quarterly timeline has been added to the 2 year delivery plan refresh to show more clearly expected deliverables and timings;
- specific actions have been added in relation to health and social care integration
- the material around integrated care alliance now reflects the agreed position on establishment of a broader provider partnership

3. Conclusion

3.1 The Board is invited to:

(a) Approve the content of the Business Plan;

(b) Note that, following approval of the Board, the Business Plan will be submitted Members for formal ratification in correspondence.

Draft Business Plan 2018-2021

Introduction

This document sets out the Business Plan for Wiltshire Health and Care LLP for 2018-21. It has three main purposes:

- To set out the longer term organisational strategy and work programme for Wiltshire Health and Care LLP
- To explain and share outside of the membership the priorities for change in relation to the adult community services contract
- To set the plan for resources and the delivery structures

The plan comprises the following sections:

- Section A: Organisational Development Strategy. This sets out the strategic objectives for the development of the organisation and the associated work programme.
- Section B sets out the progress made the current 2 year plan for delivery of adult community services contract. As such, this section will be published and shared with delivery partners and the Clinical Commissioning Group as the **Wiltshire Health and Care Delivery Plan: update on progress**.
- Section C: Delivery Structure
- Section D: Resource plan, including financial plan and staffing plan.
- Section E: Corporate Risks
- Appendix 1: Detailed financial information
- Appendix 2: List of main type of services being delivered and proportional split between members

Section A Organisational Development Strategy

The overall purpose of Wiltshire Health and Care is to ensure seamless care, and to remove the cultural and contractual barriers to achieving it. In pursuing this purpose, three simultaneous strategic objectives and associated streams of work are being pursued:

- **Transforming adult community health services**: transforming the approach to adult community health services, modernising systems and processes, improving the infrastructure and reducing the fragmentation of the sector.
- **Integration of health and social care provision**: Wiltshire Health and Care is committed to the integration of health and social care provision. The partnership is increasingly viewed as a delivery vehicle for this integration.
- **Integrated Care Alliance for Wiltshire**: Participating and hosting transformation resources for a broad provider partnership for Wiltshire, enabling broader system change and transformation.

These three strategic objectives are mutually supportive of each other, and will increasingly converge over the timescale of this plan. For example:

- the integration of health and social care provision will align with the work to transform community health services;
- greater standardisation and systemisation within community services will provide better evidence of impact to guide the transformation agenda of an Integrated Care Alliance.

Work Programme

Transforming Community Services

The priorities for continuing work on adult community health services are set out in Section B. In addition, we are planning to pursue the following service developments that require additional commissioning decisions:

- A patient flow team for Wiltshire, delivered in an integrated way with Wiltshire Council. This requires the CCG to change its commissioning of current services including Access to Care and Acute Trust Liaison, currently commissioned from separate providers. The vision is to have a flow team completely integrated into community teams, including in reach resources, enabling coordination of patient flow activity 7 days a week.
- Overnight nursing. This is a commissioning gap, and one that needs to be filled as part of expanding the offer of ‘at home’ clinical services.
- A strengthening of 7 day working, boosting the available resources on Saturdays and Sundays.
- Subject to the CCG commencing a re-run tendering exercise, the addition of a community heart failure service for Wiltshire.

During the period of this plan, we expect a clear decision on Urgent Treatment Centre/s for Wiltshire, which will mean changes to the way in which Minor Injury Units are delivered. This

might include a new delivery model including other providers on a sub contract or separately contracted basis.

The existing adult community services contract could expire on 1 July 2021. Therefore, during the period of this plan, three objectives will be pursued:

- First objective: seek early agreement of a two year extension to 2023, in line with the original terms of the contract.
- Second objective: work as part of a broader provider partnership to integrate the delivery approach, meaning that a competitive tender would be unnecessary as it would act against the integration of services
- Third objective: prepare for competition as early as 2020 by continuing to improve services and demonstrate success.

Health and Social Care Integration

Our partnership with Wiltshire Council has strengthened over 2017/18. There is clear agreement that the approach to integration of service delivery should be on a form follows function basis. The strategic objectives are therefore:

- **Alignment** of Council services and adult community health services in terms of pathways and, where possible, co-location. The priority area for 2018/19 is the implementation of the new reablement service, which has been planned in a way that aligns with Wiltshire Health and Care's Home First service.

- **Additional commissioned services**. Specific services commissioned by Wiltshire Council and Wiltshire CCG for Wiltshire Health and Care to deliver in an integrated manner. For example, during 2018/19, there are potential opportunities for Wiltshire Health and Care LLP to increase its role in the planning and coordination of intermediate care beds and act as a single provider for learning disability services, drawing in aspects currently delivered by Wiltshire Council and AWP.

- **Large scale integration** of social care staff by transfer of a wide range of functions to Wiltshire Health and Care LLP. At this stage consideration would be given to expansion of the LLP itself to involve Wiltshire Council as a partner. Any proposed change to this would be managed through the arrangements put in place in the Members Agreement;

2018/19 will mark the end of a period in which senior leadership within Wiltshire Council has been reliant on interim appointments. This will enable progress in relation to integration of services to be accelerated.

The specific actions that will pursued in relation to health and social care integration are:

Strategic Objective	**Action**	**When**
Alignment	Establish an Integration Board Sub Committee for Wiltshire Health and Care LLP, to include representation from Wiltshire Council	September 2018
Alignment	Establish Joint Programme Committee to	June 2018

	oversee planning and delivery of integrated Home First & reablement pathway	
Alignment	Integrated pathway designed and joint decisions made on recruitment approach	July 2018
Alignment	New processes and resources in place for Home First & reablement pathway	November 2018
New Services	Review of intermediate care bed process, overseen by Joint Programme Committee to identify preferred integrated approach	September 2018
New Services	Agree, following internal review by Wiltshire Council, scope of learning disability change	October 2018
Large Scale Integration	Decision taken with Wiltshire Council, overseen by Integration Sub-Committee, on extent of integration to be pursued for 2018/20 and 2020/21.	October 2018

Integrated Care Alliance for Wiltshire

The plan for the STP includes the creation of 'Integrated Care Alliances' in each of the unitary authority areas. As part of establishing such an alliance for Wiltshire, it has been agreed that a broader partnership of key service providers to lead transformation. The focus of this new partnership will be on clarifying the common care delivery framework for Wiltshire and pursuing transformational change against this framework

This partnership will be established during the period of this plan and the LLP will be used to host transformation resources to support the work of this partnership. These transformation resources will be supported by Wiltshire CCG and this area of work will be operationally separate from the focus on the delivery of adult community health services.

Section B: Wiltshire Health and Care Delivery Plan: Update on Progress

WHC theme	STP Priority	2017-19 Delivery Objectives	Over 2017-19, we will…	Progress made in 2017/18	New deliverables added/updated for 2018/19
A service delivered in partnership	Create locality-based integrated teams supporting primary care	Standardise and systemise to reduce variation	• Continue roll out of Higher intensity care project	Higher intensity step up and at home services in place. Developed a fuller understanding of what higher intensity care means in the context of multi-partner complex situations in community health care.	Ensure that higher intensity care within home and community settings is clearly articulated within a care delivery framework for Wiltshire.
			• Embed consistent frailty scoring	Frailty scoring embedded as core part of assessment. 60% of caseload has frailty score (as at Jan 18). Pursuing changes to SystmOne templates to speed up core assessment process to increase coverage.	
			• Deliver requirements of assessment of wounds CQUIN	Good progress made in Year 1, with 63% achieved by Q2. This is a 2 year CQUIN target which will continue in 2018/19.	
		Respond to increased demand and maintain performance	• Support response to growth in adult continence, speech and language and orthotics services	Overall, services have seen increases in demand but have maintained performance on key indicators such as Referral to Treatment targets. In terms of support for identified areas: • our Speech and Language Team has been expanded • the children's continence service was transferred to the provider of community children's services during 2017/18, in order to provide a more sustainable service. This has enabled resources to be focused on adult continence services. • Further work is being completed in relation to the provision orthotics – see new deliverable for 2018/19	• Maintain performance on RTT • Run a procurement process for orthotics services to ensure best quality and value for money service.
			• Expand diabetes workforce	Achieved – additional diabetes nurses and facilitators employed	
Higher intensity care		Improve system flow	• Complete implementation of Home First pathway	The initial implementation of Home First has been completed and with around 85 people each month discharged from hospital using the Home First resources	• In partnership with Wiltshire Council, ensure an aligned pathway for Home First and reablement services • Improve real time data collection for Home First through changes to clinical software.
			• Further development of Home First	Further embedding of whole pathway at all sites is a priority for 2018/19.	
			• Commence the ESD for stroke pathway	The ESD teams for both North and South Wiltshire are now established and support up to 20 discharges a month.	• Improve data collection of ESD by re-configuring SystmOne
			• Contribute to system-wide proactive and safe discharge CQUIN	Wiltshire Health and Care has contributed to the system wide efforts to improve flow, and the requirements of the CQUIN. Delayed Transfers of Care have reduced during 2017.	
Best practice: normal practice		Bring community provision together	• Develop joint provision between services, such as dietetics as part of diabetes education programmes.	Dietetics has been included as part of diabetes education provision. Joint podiatry and musculo skeletal clinics have also been introduced.	• Continue to develop closer integration within community services

Healthy independent lives	Shift the focus of care from treatment to prevention and proactive care	Implement new approaches to promote self management and proactive care	• Agree a new approach to community musculo-skeletal services	A new approach has been agreed with the CCG for implementation in 2018/19.	• Implementation of new MSK pathway
			• Invest in a SMS text based support system	Support system identified and being implemented.	
			• Deliver the personalised care and preventing ill health CQUINs	Full achievement of the CQUIN targets to date for personalised care (increasing number of people receiving personalised care and support planning) and preventing ill health (screening and advice for tobacco and alcohol for inpatients).	
			• Develop a falls strategy that includes prevention • Develop a dementia strategy	Further development identified that a more comprehensive frailty strategy was the preferred approach. Workshops held to develop thinking, Strategy to be published in 2018/19.	Finalise a frailty strategy for Wiltshire Health and Care
		Review services	• Align and integrate with new urgent care services	New urgent care services being implemented in May 2018. Working as part of engagement with new provider to ensure services are aligned.	Establish a new approach to patient flow support in the community, with agreement of CCG.
			• Participate in CCG review of learning disabilities and implement	Participated in CCG review. Implementation of findings under discussion.	Establish a joint vision with Wiltshire Council for learning disability services.
Community based urgent care		Develop and strengthen partnerships	• Start a new partnership with the Stroke Association	Complete – the stroke association provide advice and guidance to patients receiving rehabilitation support.	
			• Establish and facilitate a Delivery Partners Forum	This was not taken forward during 2017/18, as it was overtaken by the STP plan to establish integrated care alliances.	Work with the system to put in place broader provider partnership arrangements.
			• Work increasingly closely with social care teams	Multi-disciplinary teams have been established as part of Home First. Initiatives include a learning network for health and social care therapists.	Additional integration objectives, agreed with Wiltshire Council are: • An aligned an integrated reablement pathway, ensuring clear roles and responsibilities between Home First and the work of the new reablement team in Wiltshire Council, • A joint vision for services for people with learning disabilities services, building on the current integrated team to simplify delivery arrangements. • Agree and implement a revised approach to the management of intermediate care beds.
			• Make connections to emerging models of primary care at scale	Connections made to project working to establish a GP Federation for Wiltshire.	Test a rotational scheme for workforce with primary care colleagues

			• Achieve closer alignment with community mental health services	In progress, more detailed engagement to take place in 2018/19.	Additional integration objectives, [agreed with AWP], are: Promote operational cross working and understanding between community teams through joint meetings Focus on reducing duplication or mutual support for service needs which overlap between different settings of care
Leading the way	Develop an efficient infrastructure	Plan for change in estates	• Prepare for the planned transfer of community estate and maintain access to facilities management • Develop high level estates framework • Work with commissioners estates solutions as part of STP work	The transfer of estate took place on 1 July 2017 and access was maintained to facilities management services. Wiltshire Health and Care is engaged in work to improve the quality of estate in Wiltshire and the STP estates strategy.	Work as part of the STP to achieve a sustainable approach to Soft Facilities Management services.
		Transform use of technology	• Continue to develop SystmOne	We established a specific project during 2017/18 to assess and improve the way in which SystmOne, our clinical software, is used to support the work of front line teams.	
			• Bid to move minor injury units and inpatient wards to SystmOne	Funding obtained to move the two minor injury units on to SystmOne.	Bid to move inpatient wards to SystmOne.
			• Embed and expand mobile working	Mobile working expanded to specialist teams, including speech and language therapy.	
			• Review all network capacity / speed	Wiltshire Health and Care is included in work to re-tender network connections as part of the Health and Social Care Network.	
			• Scope telephone solutions to offer future flexibility	Scoping has commenced, implementation is a priority project, lead by a dedicated IT project manager	Implement new telephone system in agreed phases.
			• Contribute to system- wide interoperability projects	Engagement in interoperability projects is ongoing.	

Broadening Skills	Establish a flexible and collaborative approach to workforce	Design the workforce for the future	• Use our partnership to make early progress as part of STP plan	A Board seminar, held in January 2018, identified some specific areas for further development.	Continued membership of the Local Workforce Action Board and participation in key projects, including joint recruitment initiatives and utilisation of the training passport.
			• Develop and embed a workforce strategy	Complete.	
			• Improve workforce planning to provide a longer term view	Work in progress	
			• Grow the supply of flexible workforce	The creation of a Wiltshire Health and Care bank, with improved and streamlined recruitment to it has been scoped and will be implemented in 2018/19.	Establish Wiltshire Health and Care bank and grow the supply of flexible workforce.
			• Review skill mix and safer staffing models in community wards	A review of the skill mix on Ailesbury ward has been undertaken, recognising continuing recruitment challenges.	Implementation of revised skill mix, starting with Ailesbury ward
			• Upgrade our e-roster system	Our e- roster system has been upgraded. Implementation of all functionality will continue into 2018/19.	Implementation of full functionality of e-roster system.
		Implement values and behaviours	• Implement values and behaviours	Values and behaviours developed, agreed and publicised.	Continue to embed values and behaviours.
			• Support the health and wellbeing of staff as measured in CQUIN	Work continues towards improvements as part of this 2 year CQUIN target. In year one of CQUIN, there has been an increase of over 5% in results for two of the areas, which is on target for achieving the two year CQUIN.	Improve the availability of occupational health services, working as part of STP project.
		Develop career pathways	• Utilise the Apprenticeship Levy system	Wiltshire Health and Care has started to access apprenticeship funding through the levy system during 2017/18. This is expected to increase during 2018/19 as more apprentices join Wiltshire Health and Care.	
			• Participate in the Trainee Nursing Associate programme	Complete – Wiltshire Health and Care is supporting one nursing associate so far, with this role being built into new skill mix reviews.	
			• Continue support for existing development opportunities	Support for CPD has continued during 2017/18.	
			• Provide opportunities for staff across our partnership to work and train across a range of services and settings	This was confirmed as a key objective in the Board seminar held in January 2018. It will be an objective for a new Learning and Development lead role starting in 2018/19.	
			• Encourage newly qualified staff to seek community careers	Recruitment activity increased during 2017/18 with proactive communication to newly qualified candidates. Career pathway developed in MIU units	Enhance the links with all universities and offer greater and broader placement experiences.
			• Ensure leaders are equipped with	Developed.	

			development 'tool kit'		Roll out of leadership training during 2018/2019.
More for your money	Enable better collaboration	Connect acute and community pathways	• Be part of the consolidation of back office arrangements	Wiltshire Health and Care is part of the consolidation of back office arrangements, and is aligning it corporate support arrangements to STP plans.	
			• Implement simplified discharge pathways at all 3 acute sites	The simplified discharge pathways have been adopted across all sites, but there is further work to do to embed fully everywhere. This will be taken forward as a system transformation workstream.	
			• Implement from SFT & primary care a common frailty approach	The work to redesign Older Persons Pathways has commenced and is in progress.	
			• Learn from the Active Recovery Team pilot with RUH • Improve patient flow information sharing with GWH.	Learning from the Active Recovery Team pilot was taken on board as part of the launch of the Home First pathway. Information sharing on patient flow has been the focus of the Wiltshire Integrated Coordination Centre, which was set up to provide additional coordination of patient flow in Wiltshire over the Winter period.	
Cross cutting themes		**A quality focus** Strengthening quality assurance Deepening quality improvement		A new Quality Dashboard has been introduced and is a core part of quality reporting to the Board Additional management capacity has been added to deepen quality improvement and assurance on issues such as children's safeguarding, medicines management, complaints and risk management, Infection Prevention and Control and Health and Safety. Quality objectives for 2018/19 will be set out in our Quality Account, to be published in June 2018. The agreed priorities are: ✓ Further improvement of the governance structure, to include the purchase, development and implementation of DATIX alongside a review of the meeting structure to support better discussion and decision making throughout the organisation ✓ Expansion of Home First project ✓ Developing MSK pathway	Implement new risks management and incident reporting software.
		A public and patient engagement plan Broaden sources of feedback Feedback for Board Better communication		Communications resource boosted, with the additional of a dedicated communications and engagement lead. Improvements to internal and external communication made. Comprehensive public and patient engagement plan in development The Wiltshire Health and Care Board has considered patient stories ad case studies and engagement of service users throughout the year.	To further develop and embed Public and Patient Engagement

	Good use of resources Investing to save Understanding costs Simplifying financial and contractual mechanisms	Investment made in specialist equipment to reduce expenditure on rental costs. Financial and contractual mechanisms have been reviewed during 2017/18 and are being simplified by a change of delivery structure on 1 April 2018. A new financial ledger with associated improved financial reporting is being implemented during the first quarter of 2018/19.	Improved financial reporting internally and to Board.

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

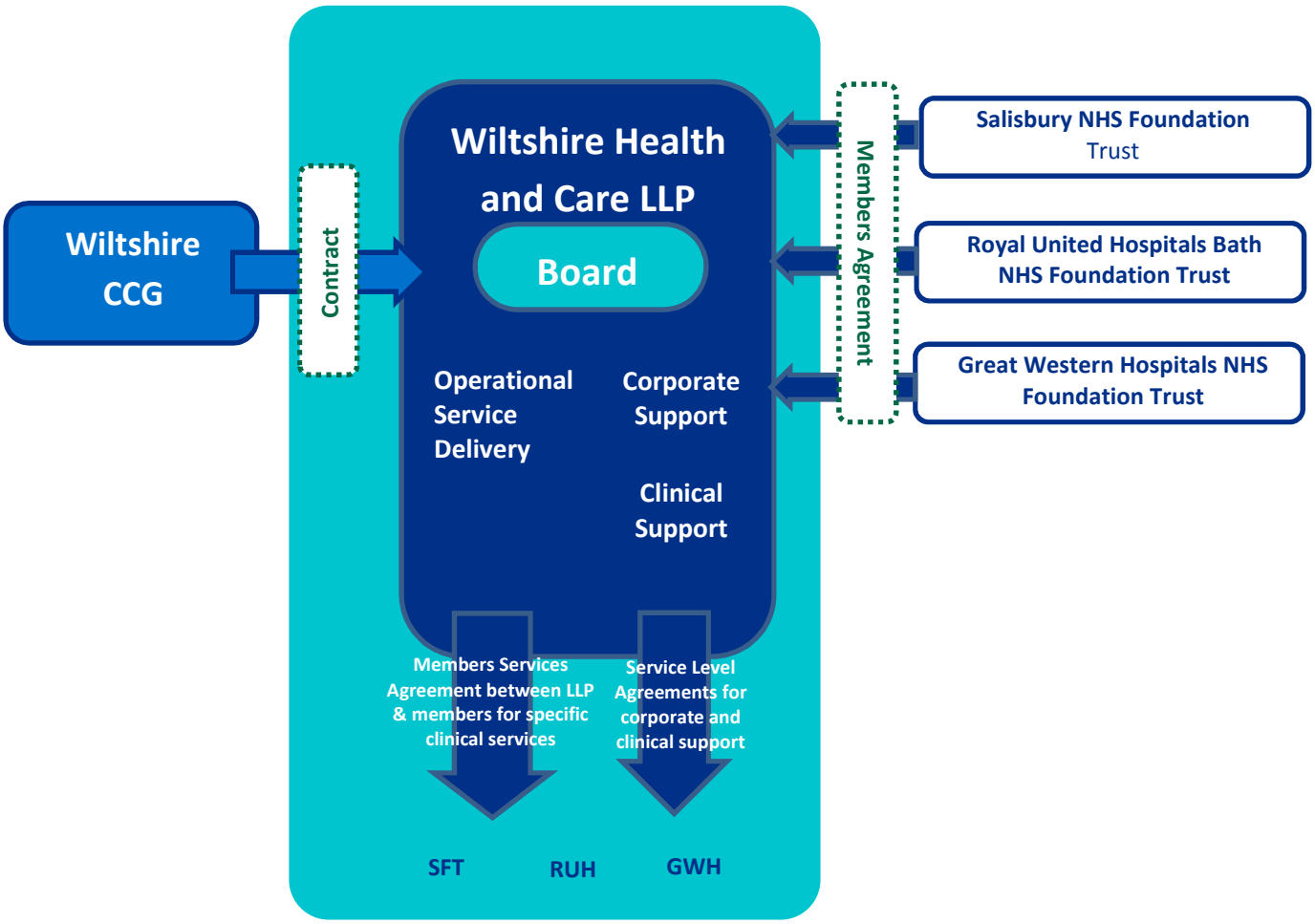
	Q1	Q2	Q3	Q4
Standardise and systemise to reduce variation		• Higher intensity care recognised in system care delivery framework		• Frailty scoring rate increased to xx% • Wounds assessment CQUIN target of XX% achieved
Respond to increased demand and maintain performance	RTT performance maintained			
			Orthotics service re-procured	
Improve system flow	Home First pathway further embedded across all sites throughout 2018/19			
		• Improved data collection for ESD stroke pathway	• New reablement pathway aligned with Home First • Real time data collection for Home First	• Requirements of safe and proactive discharge CQUIN achieved.
Bring community provision together	Cross working and integration between community services continued			
Implement new approaches to promote self management and proactive care		• New MSK Pathway commences • Frailty strategy for Wiltshire Health and Care finalised and action plan shared with commissioners.	• SMS based text system implemented for MSK services	• Further development of new MSK pathway, with addition of more Extended Scope Practitioners • Reported arrangements reviewed by commissioners and WHC in light of the new strategy and associated actions. New reporting arrangements to be in place in 2019/20 quality schedule • Requirements of personalised care and preventing ill health CQUINS achieved
Review services	• Alignment with new urgent care service	• Clear agreement on approach to patient flow support reached with CCG	• Implement the agreed approach to patient flow.	

Develop and strengthen partnerships	• Joint Programme Committee established to oversee integration of Home First and reablement pathway		• Resources in place for integrated pathway. • Revised approach to the management of intermediate care beds agreed	
	Rotational scheme for workforce tested with primary care colleagues			
Plan for change in estates	Part of STP Estates strategy and Wiltshire CCG estates work to deliver a plan for estates in Wiltshire			
	Work with WCCG and NHS PS to deliver more efficient use of space across the community including the new developments in Devizes and Trowbridge			
			New estates advisory arrangements in place	
	Sustainable approach to soft facilities management designed		Sustainable approach to soft facilities management delivered	
Transform the use of technology			MIUs moved onto SystmOne	
	Through engagement with STP wide-work, N3 network connections replaced with Health and Social Care Network solution for sites in the community			
	New telephone system scoped and implementation in phases commenced			
	Bid to move inpatient wards onto SystmOne as opportunities arise			
Design the workforce for the future	Participation in STP workforce projects			
	• WHC dedicated staff bank established			• WHC bank grown in size, providing greater proportion of flexible workforce
Implement values and behaviours	• Internal survey on embedding of values and behaviours completed			• Requirements of staff health and wellbeing CQUIN achieved
Develop career pathways	Links to universities enhanced			
	Existing career development pathways reviewed and enhanced			
			Leadership training rolled out	
Connect acute and community pathways	Further implementation work on discharge pathways taken forward as system transformation project.			

	Continued development of Older Persons Pathway in South Wiltshire			
A quality focus	• Quality priorities published in Quality Account		• Quality accounts bi-annual update to be reported through the Quality Schedule	
		New risk management and incident reporting system designed and implemented		
A public and patient engagement plan	• Stakeholder engagement on public and patient engagement plan	• A public and patient engagement plan published		• Review of the plan to date
Good use of resources	• Upgraded financial ledger and associated financial reporting developed	• Upgraded financial ledger implemented along with new financial reporting		

Section C Delivery Structure

The delivery structure used by Wiltshire Health and Care is the subject of annual review. Following the review in 2017/18, significant changes were proposed and these have been implemented with effect from 1 April 2018. The delivery structure has been simplified from the structure in use between 1 July 2016 and 31 March 2018. There have also been adjustments to the arrangements for corporate support. These are summarised as follows:



These changes have required some growth in 'in house' corporate functions to meet the extra requirements of being an employing organisation but also to meet the additional regulation requirements from NHSI which come into effect on 1 April 2018. Wherever possible, this growth has been contained within existing corporate costs.

As the new delivery structure has just taken effect, it will next be reviewed as part of the 2019/20 planning round.

Section D: Resources plan

2018/19 – 2020/21 Financial Plan

Wiltshire Health and Care LLP's Financial Planning Context

The three year financial plan from 2018/19 is based on the forecast year end position as at Month 11 (February 2018) 2017/18 adjusted for non-recurrent income and expenditure and vacancies.

The LLP delivered a break even financial position in 2017-18. The delivery arm within GWHFT incurred expenditure above planned levels in the year, which were offset by additional CCG funding and general risk reserves. The table below shows the 2017-18 financial summary. The actual expenditure related to contracted services was £2.5m higher than planned. This was in main due to the increased estates costs following the transfer of properties in July 2017 to NHSP, and an increased VAT liability following the HMRC ruling earlier in the financial year. Both cost pressures were offset by assumed additional income from WCCG. In addition, reserves were used to fund bed replacements, non recurrent costs linked to transformation of services and staff in April 2018, and recurrent increases in corporate support to front line services made necessary by the change in delivery structure. The full year effect of the recurrent investments will be seen in 2018/19.

	2017/18 Plan £000	2017/18 Actual £000	Difference £000
Turnover	**43,385**	**45,229**	**1,844**
Operating Expenditure			
Pay and remuneration	**(334)**	**(311)**	**23**
Non Pay	**(138)**	**(144)**	**(6)**
Contracted Services	**(42,294)**	**(44,774)**	**(2,480)**
Reserves	**(619)**	**0**	**619**
Total Operating Expenditure	**(43,385)**	**(45,229)**	**(1,844)**
Profit/(Loss)	**0**	**0**	**0**

Developing the Plan for 2018/19 – Income and Activity

Nationally prescribed inflationary uplifts and efficiency targets have been applied to income and locally agreed growth of £980k added.
A CQUIN risk reserve of 1% has been created.

Developing the Plan for 2018/19 – Expenditure including Workforce

National proposals have been used around pay in developing the three year plan. This includes an average pay uplift of 3.8% and a local view of incremental drift of 0.6%. The

Apprenticeship levy has been reflected in the plan and the Partnership continues to work to ensure it maximises the use of this funding.

Pay budgets have been developed alongside workforce plans to ensure that vacancies are reflected appropriately.

Inflationary increases have been applied to non pay.

The Table below shows the planning assumptions and the associated financial implications.

Assumption Description	%	2018/19 £000	%	2019/20 £000	%	2020/21 £000	
Income - tariff inflation (pay and prices)	2.1%	878	2.1%	922	2.1%	959	
Income – efficiency	-2.0%	(836)	-2.0%	(878)	-2.0%	(913)	
		42		**44**		**46**	Increase in income
Pay - award	3.8%*	(1,338)	*3.8%	(1,387)	*3.8%	(1,456)	
Pay - incremental drift	0.6%	(221)	0.6%	(219)	0.6%	(230)	
Apprenticeship Levy	0.5%	(176)	0.5%	(183)	0.5%	(192)	
		(1,735)		(1,789)		(1,878)	Increase in pay costs
Non Pay	1.2%	(174)	1.2%	(156)	1.2%	(158)	Increase in non -pay costs

*****Reflects 2018-19 proposed AfC pay reform

**Table does not include year on year demographic growth assumed at 2.4% for 2019/20 and 2020/21

Overarching Principles and Aims

The LLP demonstrated on-going financial stability in 2017/18 which is critical in order to strengthen the underlying position within future year plans. This includes continuing to maintain strong sustainable cash-flow, particularly as the absence of a capital budget; means that any capital expenditure will have to be funded from non recurrent revenue surpluses.

The organisation aims to deliver an underlying breakeven income and expenditure position for the coming financial year (nil retained profit), but we will need to review this strategy for future years, as although this minimises the LLP's tax burden there is an increased need for investment in capital, to strengthen the infrastructure and fund equipment. In addition, the Partnership needs to ensure that it seeks out any capital funding that may become available from the centre. The 2018-19 financial plans will continue to support the LLP to create headroom, enabling transformation of services and consideration of different models of care where appropriate. Unavoidable cost pressures or non recurrent expenditure materialising in the coming financial year will need to be met by available reserves.

2017/18 has continued to be a year of transformation, with staff transferring from GWHFT to the LLP at the end of the financial year. Whilst all three Partners continue to provide a number of support services and back office functions to the LLP, some of the previously contracted out services are

from 2018/19 being delivered in-house by LLP staff. The procurement and financial services are from 2018-19 provided by its own finance team as well as being supported by all three of its Partners. The Partnership has, where possible, aligned its back office functions with the STP strategy. From 2018-19 the financial ledger previously hosted by GWHFT on behalf of the LLP is closed, and the separate LLP financial ledger is being expanded and developed. This has been a significant undertaking and 2018/19 will therefore continue to be a year of embedding and developing financial processes and systems, which in turn will enable a shift to forward thinking and preventative measures. This includes developing a better understanding of the total cost of each service and encouraging forward thinking and good financial practice within the organisation.

Wiltshire Health and Care LLP Financial Plan Summary 2018/19 to 2020/21

The table below shows the summarised financial plan for the next three years. This has only been calculated on a like for like basis in terms of existing contractual responsibilities and does not include an increase in income for additional contracted services. These opportunities will be seized as they arise. A financial bridge analysis of the 2017/18 outturn to the proposed 2018/19 plan can be found in Appendices 1.2 [to be made available separately to the Board and inserted in ratification version] and a 2018/19 monthly profit and loss account is included as Appendix 1.3.

The supporting 2018/19 cash flow forecast and balance sheet can be found in Appendix 1.4 and 1.5.

	2017/18 Outturn £000	2018/19 Plan £000	Difference - 2018/19 Plan to 2017/18 Outturn £000	2019/20 Plan £000	2020/21 Plan £000	Notes
Turnover	**45,229**	**48,307**	**3,078**	**50,318**	**52,231**	Please see Appendix 1.2 for 2018/19 financial bridge
Operating Expenditure						
Pay and remuneration	**(311)**	**(34,574)**	**(34,263)**	**(36,501)**	**(38,315)**	Please see Appendix 1.2 for 2018/19 financial bridge
Non Pay	**(144)**	**(12,709)**	**(12,565)**	**(12,862)**	**(13,016)**	Please see Appendix 1.2 for 2018/19 financial bridge
Contracted Services	**(44,774)**	**(153)**	**44,621**	**(154)**	**(156)**	
Reserves	**0**	**(871)**	**(871)**	**(801)**	**(744)**	Please see Appendix 1.2 for 2018/19 financial bridge
Total Expenditure	**(45,229)**	**(48,307)**	**(3,078)**	**(50,318)**	**(52,231)**	
Profit/(Loss)	**0**	**0**	**0**	**0**	**0**	

Efficiency Targets 2017/18 to 2019/20

Wiltshire Health and Care delivered the 2017/18 savings plan of £1,074k with recurrent and non recurrent savings. The savings target for 2018/19 is £1,198k, 2.5% of the total commissioned income. Quality Impact Assessments are being completed for all schemes.

The table below sets out the savings by theme for 2018/19 and shows the estimated total values for the following two financial years. Appendix 1.1 sets out the detailed savings for 2018-19.

Theme	Total 2018/19 £000	Total 2019/20 £000	Total 2020/21 £000
Procurement	470		
Recruitment lag	439		
Productive People	232		
Roll out of Skype	39		
Income (training and equipment sales)	18		
Total	1,198	1,259	1,306

Case for Investment

The first priority for investment is ensuring delivery of safe services. 2018/19 will see the full year effect of increases in corporate support to front line services made necessary by the change in delivery structure from 1st April 2018. In addition, a general risk reserve will be held to enable demand growth pressures to be distributed appropriately.

Any additional investments not externally funded will need to be met from available reserves. Invest-to-save proposals are encouraged. We will be improving our approach to investment planning in 2018/19; however, any new investment proposals need to be supported with a robust case for investment in form of a business case.

As described earlier, in the absence of a capital budget, capital expenditure will need to be funded from non recurrent revenue surpluses.

The table below summarises 2018/19 LLP reserves.

	2018/19 £000
CQUIN Risk Reserve - 1%	429
General Risk Reserve	442
TOTAL	871

Wiltshire Health and Care workforce

The total number of posts funded within Wiltshire Health and Care is:

Team Definition	Band														Total
	Modern Apprentice	2	3	4	5	6	7	Social Worker	Paramedic	8A	8B	8C	8D	Spot or Other	
Community Team North		2.00	35.48	9.93	66.82	27.10	12.60								153.93
CommunityTeam South		4.40	31.50	4.55	57.96	22.34	9.60								130.35
CommunityTeam West		6.18	41.89	10.43	53.33	33.77	13.90								159.50
Central Booking Team		14.47	5.09		1.00										20.56
Continence			1.50			5.60	0.80								7.90
Operational Management, Corporate Services, Quality and HR	1.0	1.00	3.00	7.80	5.56	10.32	7.89	1.00		6.20	1.00	4.80	1.00	1.00	51.57
ESD			2.61			3.85									6.46
CTPLD		3.44	4.44	3.80	8.09	8.22	5.37			0.80					34.16
Diabetes			4.08			6.10	6.70								16.88
Dietetics		0.40	1.37	2.53	4.00	11.34	2.11			1.00					22.75
Intermediate Care			7.36		4.36	5.40	5.37								22.49
MIU		6.89	2.80		10.01	15.31	5.23								40.24
MSK including new MSK pathway			6.33		14.00	38.90	5.52			11.50					76.25
Head of Operations and Head of Specialist Operations - Management				1.60	1.00					9.00	0.60				12.20
Orthotics			1.00												1.00
PACE and COPD			1.19	1.80		2.31	2.85								8.15
Podiatry		1.13	1.80		2.00	10.25	5.04								20.22
SALT			0.85		3.20	2.30	1.57			0.60					8.52
Tissue Viability		0.48	1.20			1.51	2.51								5.70
Wards		59.27	19.51	1.00	58.78	17.84	8.42								164.82
Wheelchair Services		1.00	8.80	2.26	0.72	4.10									16.88
Grand Total		100.66	181.80	45.70	290.83	226.56	95.48	1.00	0.00	29.10	1.60	4.80	1.00	1.00	980.53

* Please note that the allocation of posts to services are in some cases split posts between services

The table includes corporate posts transferred to the LLP from April for support services previously provided by Partners as well as new posts added to clinical and corporate services as approved and agreed for 2017-/18

Wiltshire Health and Care is currently implementing the Allocate v10 rostering system. A change and invest-to-save project that will improve rostering, removing any remaining paper based rosters, and reporting, which will support management with decisions regarding staffing and skill mix reviews. During 2018/19 we will invest additional non-recurrent support to accelerate this project

The skill mix of the wards and other clinical areas will be reviewed annually in order to ensure that we continue to deliver maximum care with our available workforce and resources.

During 2018/19, there are likely to be additional opportunities to grow the workforce in line with expanded services. These will all be in line with agreed business cases or contract variations.

Section E Corporate Risks

The Board Assurance Framework (BAF) and Corporate Risk Register have been reviewed and updated in March 2018 to reflect the current position for Wiltshire Health and Care LLP. This review has considered strategic and corporate risk; applying the same approach and methodology as was used in 2017/18.

BAF

Our strategic risks:

Strategic Risk	Inherent risk score	Residual risk score 2018	Target risk score
1. **Capacity for change**: Change capacity and capability insufficient to match the breadth and scope of change programmes	9	6	2
2. **Workforce**: The availability, skills mix, competition, transferability and training of workforce does not match current and future service needs	20	16	4
3. **Regulation**: Failure of governance results in lack of compliance with regulatory standards and/or legal requirements.	9	6	3
4. **Reputation**: A single major failure or series or smaller failures adversely affect the Wiltshire Health and Care brand.	9	6	3
5. **Investment**: Insufficient financial headroom in contracts to create capital expenditure means opportunities to invest are limited, and opportunities to invest to save cannot be realised	12	9	2
6. **System vision**: Lack of commissioning clarity on future direction, for example plans for the creation of accountable care systems, has an adverse impact on the future direction and development of the LLP	9	6	4
7. **Partnership strategy**: Lack of alignment between views of partnership members adversely affects the setting and delivery of long term strategy	4	2	2
8. **Integration**: Commissioning and/ or tendering decisions do not align with long term direction of LLP to integrate services.	6	4	4
9. **System performance**: Broader system issues and performance affect effectiveness of Wiltshire Health and Care services, for example Delayed Transfers of Care.	12	9	4
10. **Patient and public engagement**: Current and/or new services do not meet needs due to insufficient patient and public engagement.	9	6	2

Whilst the overall residual risk scores within the BAF remain unchanged since the point in time when were last reviewed in 2017, it is notable that recent discussions between provider partners in Wiltshire have indicated a strong desire to develop a Wiltshire Provider Partnership and deliver a collaborative change plan. Hence, whilst the residual risk score associated with ***Partnership Strategy*** has always been low (previously rated at "2"), these discussions and intentions have helped to maintain this risk-rating at a very low level (current rating, "2").

It is also notable that further *controls* have been put in place during 17/18 to mitigate the risks identified by the BAF in 16/17. Similarly, numerous additional *further actions* have been identified

and recorded in this latest version of the BAF for implementation in 18/19. The expectation is that during 18/19, the impact of these additional *further actions* will be seen, and this will justify a reduction in the overall risk score for a number of our strategic risks.

Approach to Risk Management

During the period of this Business Plan, the approach to strategic risk management will change. In particular, the format and alignment of our strategic, corporate, and service delivery risks will be reviewed. During 2018/19, the risk management system used by Wiltshire Health and Care LLP for service delivery risks will be upgraded from Ulysses to Datix. When this happens, we plan to simultaneously upgrade the system used for strategic and corporate risks to Datix also.

This has the potential to facilitate automatic alignment between service delivery risks and strategic/corporate risks.

The new system has the ability to provide automated analysis. Furthermore, through use of a more sophisticated method of categorisation when recording service delivery risks, we will be able to automatically link service delivery risks to our strategic risks, and track the impact. This should consequently generate a greater degree of assurance regarding the impact of service level risks on our strategic risks.

To ensure we optimise the capabilities of Datix, we will design our overall approach to risk management and detail of formats and links before the system is used, seeking external expertise and examples from other organisations in doing so. Although we are not expecting to have Datix fully implemented before April 2019, the changes to risk management are likely to be supported by some shadow working and alterations to existing systems during 2018/19..

Appendix 1 Detailed financial information

Appendix 1.1: Wiltshire Health and Care 2018/19 Savings

Wiltshire Health and Care 2018/19 Savings	Total £	Income £	Pay £	Non Pay £
CSSD Review	7,000			7,000
Equipment sales to aid self-management and training income from external agencies	18,000	18,000		
Roll out of Skype - travel and productivity	38,793			38,793
Procurement: Orthotics, stationery and printing and agency contracts and pricing	463,000		324,800	138,200
Productivity gain: increase in referrals without corresponding increase in costs	232,398		143,346	89,052
Recruitment lag	439,284		439,284	
Total 2018/19 Savings	**1,198,475**	**18,000**	**907,430**	**273,045**

Appendix 1.2: Financial Plan - bridge analysis from 2017/18 outturn to 2018/19 Plan

Appendix 1.3: Wiltshire Health and Care LLP – 2018/19 monthly Profit and Loss account £

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018/19 Plan
Turnover	**3,617**	**3,617**	**3,617**	**4,162**	**4,162**	**4,162**	**4,162**	**4,162**	**4,162**	**4,162**	**4,162**	**4,162**	**48,308**
Expenditure													
Pay	(2,770)	(2,770)	(2,770)	(3,216)	(2,881)	(2,881)	(2,881)	(2,881)	(2,881)	(2,881)	(2,881)	(2,881)	(34,574)
Non Pay including Contracted Services	(775)	(775)	(775)	(873)	(1,208)	(1,208)	(1,208)	(1,208)	(1,208)	(1,208)	(1,208)	(1,208)	(12,862)
Reserves	(73)	(73)	(73)	(73)	(73)	(73)	(73)	(73)	(73)	(73)	(73)	(72)	(871)
Total Expenditure	**(3,617)**	**(3,617)**	**(3,617)**	**(4,162)**	**(4,162)**	**(4,162)**	**(4,162)**	**(4,162)**	**(4,162)**	**(4,162)**	**(4,162)**	**(4,162)**	**(48,308)**
Profit/(Loss)	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Note: July assumes a back payment of the currently proposed 2018-19 pay award from April 18, which has been matched with additional funding. Recruitment to additional investment posts, particularly for MSK will also take effect from July onwards.

Appendix 1.4: Wiltshire Health and Care LLP - 2018/19 - Cash flow forecast

	Opening Balance	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	£	£	£	£	£	£	£	£	£	£	£	£	£
Profit/(Loss)	0	0	0	0	0	0	0	0	0	0	0	0	0
Movements in:													
Debtors		1,253	426	504	0	0	100	0	0	100	0	0	0
Creditors		1,029	214	(300)	(300)	(300)	(300)	(300)	(300)	(300)	(300)	(300)	(300)
Net in/(out)flow	2,898	2,282	640	204	(300)	(300)	(200)	(300)	(300)	(200)	(300)	(300)	(300)
Opening Cash Balance	**0**	**2,898**	**5,180**	**5,820**	**6,024**	**5,724**	**5,424**	**5,224**	**4,924**	**4,624**	**4,424**	**4,124**	**3,824**
Closing Cash Balance	**2,898**	**5,180**	**5,820**	**6,024**	**5,724**	**5,424**	**5,224**	**4,924**	**4,624**	**4,424**	**4,124**	**3,824**	**3,524**
Net Movement In Funds	**2,898**	**2,282**	**640**	**204**	**(300)**	**(300)**	**(200)**	**(300)**	**(300)**	**(200)**	**(300)**	**(300)**	**(300)**

Appendix 1.5: Wiltshire Health and Care LLP – 2018/19 Balance Sheet

	Opening Balance £'000	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Current Assets													
Debtors	2,930	1,677	1,251	747	747	747	647	647	647	547	547	547	547
Cash at Bank	2,898	5,180	5,820	6,024	5,724	5,424	5,224	4,924	4,624	4,424	4,124	3,824	3,524
Creditors	(5,828)	(6,857)	(7,071)	(6,771)	(6,471)	(6,171)	(5,871)	(5,571)	(5,271)	(4,971)	(4,671)	(4,371)	(4,071)
Net Current Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Net Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Profit and Loss Account	0	0	0	0	0	0	0	0	0	0	0	0	0

Appendix 2: List of main type of services being delivered and proportional split between members

Service Line	Proportional Split Based On
Whole County Services	
Community Geriatrician	Previous 12 months non-elective activity from Wiltshire
Community Teams for People with Learning Disabilities	Equal 1/3rds
Integrated Teams	Previous 12 months non-elective activity from Wiltshire
Continence	Previous 12 months non-elective activity from Wiltshire
Diabetes	Previous 12 months non-elective activity from Wiltshire
Dietetics	Previous 12 months non-elective activity from Wiltshire
MSK Physiotherapy	Previous 12 months non-elective activity from Wiltshire
Orthotics	Previous 12 months non-elective activity from Wiltshire
Outpatients & Fracture Clinic	Previous 12 months non-elective activity from Wiltshire
PACE & COPD	Previous 12 months non-elective activity from Wiltshire
Podiatry	Previous 12 months non-elective activity from Wiltshire
Speech and Language Therapy	Previous 12 months non-elective activity from Wiltshire
Stroke	Previous 12 months non-elective activity from Wiltshire
Tissue Viability	Equal 1/3rds
Wheelchairs	Equal 1/3rds
Hearing Therapies	Equal 1/3rds
Intermediate Care	Previous 12 months non-elective activity from Wiltshire
Specific Services	
Community Inpatients	Use of inpatient ward in previous 12 months (proportion of step down admissions)
Minor Injury Units	In line with the split of activity aligned to RUH and GWH for national reporting in the previous 12 months.

Wiltshire Health and Care Board	**For decision**
Subject:	**Review of Board and Sub-Committee Structure**
Date of Meeting:	**22 June 2018**
Author:	**Katherine Hamilton Jennings, Board Secretary**

1. Purpose

1.1 The Board is asked to discuss and agree the proposal for Wiltshire Health and Care's (WHC) Board membership and sub-committee composition for 2018/19.

2. Background

2.1 Following a review of corporate governance over the last 6 months, and taking lesson from our latest CQC review, this paper has been produced to review the configuration of WHC's Board and sub-committees.

2.2 The approach taken in this paper has been to review what is needed for WHC to establish appropriate sub-committees of its Board, and then work back from that to ensure that the Board is appropriately constituted.

2.3 The paper makes recommendations in relation to the membership of WHC LLP's Board and sub-committees.

3. Recommendation

3.1 The Board is invited to:

- Provide its views and agree the proposal for WHC's Board and sub-committee composition for 2018/19.

Impacts and Links

Impacts	
Quality Impact	The proposal recommends that the Quality Assurance Committee becomes a sub-committee of the Board – providing independent scrutiny of our quality functions.
Equality Impact	NA
Financial implications	NA
Impact on operational delivery of services	NA
Regulatory/ legal implications	NA
Links	
Link to business plan/ 5 year programme of change	NA
Links to known risks	NA
Identification of new risks	NA

WHC LLP – REVIEW OF BOARD AND SUB-COMMITTEE COMPOSITION - CONFIDENTIAL

WHC LLP Board & Sub-Committees (2018/19)

In 2018/19, it is recommended that the Board and Board sub-committees of WHC LLP are constituted as set-out below. The analysis for reaching this conclusion is set-out at Appendix 1.

In this format, all Member Non-Executive Board Representatives sit on one committee, and all independent Non-Executive Board Representatives (including the Board Chair) sit on two committees. There is therefore an even spread of committee work between the non-executives. The committees, on which it is proposed the non-executives sit, reflect what is most suitable taking into account each individual's skills, qualifications, experience and background. In this format, non-executive representation dominates the executive representation 8:5.

	Role on the Board	Current	Recommended in 18/19	Recommended committee participation in 18/19
1.	**Chair**	Carol Bode	Carol Bode	• Remuneration Committee (committee member) • Integration Committee (committee member)
2.	**Managing Director**	Douglas Blair	Douglas Blair	• Audit committee (invited attendee) • Integration Committee (committee member) • Quality Assurance Committee (in attendance)
3.	**Chief Operating Officer**	Lisa Hodgson	Lisa Hodgson	• Integration Committee (committee member)
4.	**Head of Finance**	Annika Carroll	Annika Carroll	• Audit committee (invited attendee)
5.	**Head of Quality**	Sarah Jane Peffers	Sarah Jane Peffers	• Quality Assurance Committee (committee member)
6.	**Clinical Director**	Vacant	Under discussion	• Quality Assurance Committee (committee member)
7.	**GWH, Non-Executive Board Representative**	Chief Executive, Nerissa Vaughan	[Director of Strategy, Kevin McNamara]	• Integration Committee (committee member)
8.	**RUH, Non-Executive Board Representative**	COO, Francesca Thompson	COO, Francesca Thompson	• Quality Assurance Committee (committee member)
9.	**SFT, Non-Executive Board Representative**	Chief Executive, Cara Charles-Barks	[TBC]	• Remuneration Committee (committee member)
10.	**Non-Executive Board Representative**	GP, Celia Grummitt	GP, Celia Grummitt	• Audit committee (committee member) • Quality Assurance Committee (committee chair)
11.	**Non-Executive Board Representative**	GP, Adi Burch	GP, Adi Burch	• Audit committee (committee member) • Integration Committee (committee member)
12.	**Non-Executive Board Representative, Patient Voice**	Richard Barritt	Richard Barritt	• Remuneration Committee (committee chair) • Integration Committee (committee chair)
13.	**Non-Executive Board Representative**	None	[TBC (individual with financial experience)]	• Audit committee (committee chair) • Remuneration Committee (committee member)

Wiltshire HEALTH AND CARE

NHS

Wiltshire Health and Care LLP Board (2018/19)
(Quarterly)

Audit and Assurance Committee
(3 per year)

Board representatives on the committee:

1. Committee Chair: Non-Executive Board Representative (individual with finance experience) – NEW
2. Non-Executive Board Representative, GP - *Celia Grummitt*
3. Non-Executive Board Representative, GP - *Adi Burch*

Invited attendees:

- Managing Director - *Douglas Blair*
- Head of Finance - *Annika Carroll*

Remuneration Committee
(as required)

Board representatives on the committee:

1. Committee Chair: Non-Executive Board Representative, Patient Voice - *Richard Barritt*
2. Board Chair - *Carol Bode*
3. SFT Non-Executive Board Representative - *TBC*
4. Non-Executive Board Representative (individual with finance experience) – NEW

Integration Committee
(Every 2 months)

Board representatives on the committee:

1. Committee Chair: Non-Executive Board Representative, Patient Voice - *Richard Barritt*
2. Board Chair – *Carol Bode*
3. Managing Director - *Douglas Blair*
4. GWH, Non-Executive Board Representative – *Kevin McNamara*
5. Non-Executive Board Representative, GP - *Adi Burch*
6. COO - *Lisa Hodgson*

Non-Board representatives on the committee:

- Cabinet Member for Adult Social Care, Public Health and Public Protection, Wiltshire Council – *Jerry Wickham*

Quality Assurance Committee
(Quarterly)

Board representatives on the committee:

1. Committee Chair: Non-Executive Board Representative, GP – *Celia Grummitt*
2. RUH, Non-Executive Board Representative - *Francesca Thompson*
3. Clinical Director – *TBC*
4. Head of Quality - *Sarah Jane Peffers*
5. Managing Director - *Douglas Blair*

Achieving the Board and Sub-Committee proposed for 2018/19

In order for us to achieve the above proposal for 2018/19, we will need to:

- Recruit an additional non-executive board member with recent and relevant financial experience. This will: a) ensure our board has appropriate financial expertise within its membership, and b) enable our Board to establish an Audit Committee with the relevant expertise to scrutinise our financial affairs and approach to risk management.

- Consider that our members (particularly GWH and SFT) may look to replace their current representative on the Board, with a different individual to free up the time of their Chief Executives to contribute to STP/developing Integrated Care Alliance matters. As set out below, if substitutions are made, it is suggested that GWH consider their current Deputy Board Representative (Director of Strategy), as this would bring strategic skills and also a link with knowledge as lead director of community health services in Swindon. If SFT wish to change their representative, it is suggested that consideration is given to their Director of Finance acting as the representative. Adding financial skills could be a benefit to WHC LLP's Board, and would result in Operations, Strategy, and Finance as areas of expertise across the three member board representatives.

- Adjust the membership of our Remuneration Committee.

- Adjust the composition and form of our Quality Assurance Committee.

- Establish our Audit Committee.

- Establish our Integration Committee.

Looking forward – July 2020 (or sooner)

Size

For an organisation with an annual turnover of circa £45 million, a Board of 13 is large. The UK Code of Corporate Governance, endorsed by the NHS, emphasises the importance of smaller boards in pursuit of good governance.

However, reducing the size of WHC LLP's Board is difficult due to its form. This is for the following reasons:

- It will always be essential to have three non-executive board representatives – one representing each member (GWH, RUH, and SFT).
- The Board should always have representation from essential executive members. This is so that non-executive members have the most appropriate and relevant people in attendance to ask questions of, and scrutinise, in relation to the running of the organisation. This amounts to either 4 or 5 executives.
- The Board will always need an independent chair.
- The Board should have at least one other non-executive so that the ratio of non-executives to executives is at least balanced. This means that the leanest board composition available to WHC LLP in its current organisational form is a board of 10 people. Working at this level would, however, stretch independent non-executive resource thinly.

It is proposed that we look to transition to a Board of an ideal maximum size of 11 or 12 in 2019 when terms of office come to a natural end and that it is based on a skills and expertise matrix that matches what WHC requires as a provider of community based health and care services at that time as opposed to a representative model as was first adopted. Essential skills and expertise areas for the independent directors to cover will be:

- Finance, Audit and Risk
- Clinical/Quality and Safety
- Patient and User Voice/Multi sector working
- Strategy and OD
- Transformation/Merger/acquisition/JVs/partnerships/ integration

Appendix 1 – Analysis of WHC LLP Board

Overview

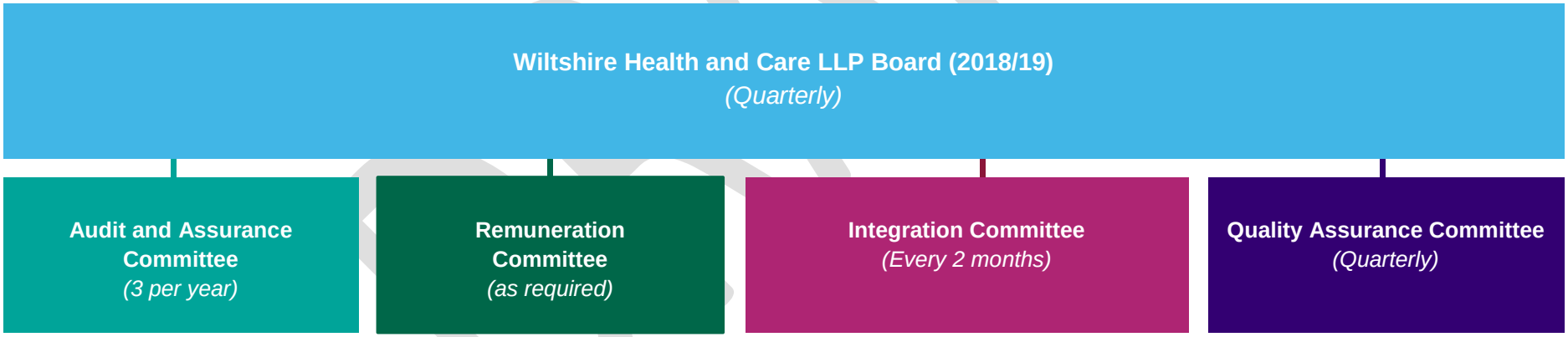
This paper has been produced to review the configuration of Wiltshire Health and Care LLP's ("WHC LLP's") Board and sub-committees.

The approach taken in this paper has been to review what is needed for WHC LLP to establish appropriate sub-committees of its Board, and then work back from that to ensure that the Board is appropriately constituted.

Accordingly, this paper makes recommendations in relation to the membership of WHC LLP's Board and sub-committees.

Board sub-committee

Going forward, it is proposed that WHC LLP operates with the following Board sub-committees:



Audit Committee

Requirements

Role - to ensure appropriate, transparent, and accurate financial reporting and internal control[1].

The UK Corporate Governance Code recommends that an Audit Committee should:

- Have 2 or 3 members (the larger the business, the larger the committee should be).
- All members should be independent non-executive members of the board.
- At least one member of the committee should have 'recent and relevant financial experience', and ideally a professional qualification from one of the accountancy bodies. NB: The degree of financial literacy required from the other committee members can vary according to the nature of the company.

So, this means that the appropriate composition of WHC LLP's Audit Committee would be:

- Chair of Audit Committee*
- 1-2 additional members of Audit Committee*

* One of which must have 'recent and relevant financial experience'.

Analysis

- The membership of the Audit Committee should be entirely composed of independent Non-Executive Board Representatives. This is to avoid conflict of interest between the requirement to provide independent scrutiny of WHC LLP's financial reporting and internal control, and having any involvement in the provision of WHC LLP's financial reporting and internal control.

- In terms of the independence of the non-executive representatives on WHC LLP's Board in the context of audit, the Non-Executive Member Representatives from RUH and SFT would be conflicted out. This is because RUH provides financial support to WHC LLP, and SFT provides payroll and pensions support (see below).

[1] Albeit that the Board has *overall* responsibility for WHC LLP's approach to risk management and internal control.

Organisation	Service description	Type of Service
Royal United Hospital Bath NHS Trust (RUH)	Finance	Corporate Service
Salisbury NHS Foundation Trust (SFT)	Payroll & Pensions	Corporate Service

GWH, although not as clearly conflicted, are still providing some corporate services during 2018/19 that could be subject of audit (lease car support, temporary materials management support).

- In terms of WHC LLP's current Board composition, this would leave the following as non-conflicted potential candidates to sit on our Audit Committee:
  - Non-Executive Board Representative, GP (currently Celia Grummitt)
  - Non-Executive Board Representative, GP (currently Adi Burch)
  - Non-Executive Board Representative, Patient Voice (currently Richard Barritt)

  Whilst any of the above *could* act as the second/ third member of the WHC LLP Audit Committee, none of the above has recent and relevant financial experience. This means that WHC LLP would definitely need to add or change the composition of our Board so that it was appropriately constituted to meet our desire to facilitate an audit committee.

- So, how does WHC LLP satisfy the requirement to secure an independent non-executive board representative with relevant financial experience to Chair the committee?

- **RUH/SFT Non-Executive Board Representatives** - As noted above, to meet the requirement of independence, WHC LLP shouldn't really use any representative from SFT or RUH.

- **GWH Non-Executive Board Representative** - As discussed above, there are still some small elements of services that make conflicts possible.

- **Addition Non-Executive Board Representative (Independent)** – The final option is to recruit an additional independent Non-Executive Board Representative. This is likely to cost WHC LLP an additional sum of circa £6,000 per annum. This is likely to take 2-3 months to put

in place, and would involve a recruitment exercise. That said, there is likely to be interest in a non-executive role by a local person working in a finance role (or recently retired from a finance role).

Conclusion

Role on Audit Committee	**Role on WHC LLP's Board**
Chair of Audit Committee[2]	Options: **A. New independent Non-Executive Board Representative (WHC LLP would need to recruit from the open market).**
1-2 additional members of Audit Committee	1 or 2 from: **B. Non-Executive Board Representative, GP (currently Celia Grummitt)** **C. Non-Executive Board Representative, GP (currently Adi Burch)** D. Non-Executive Board Representative, Patient Voice (currently Richard Barritt)

In attendance:

- **Managing Director –** *Douglas Blair*
- **Head of Finance –** *Annika Carroll*

Recommendation

It is recommended that the WHC LLP Audit Committee is constituted as follows:

- **New independent Non-Executive Board Representative (with recent and relevant finance experience) -** *TBC (recruited from the open market)* (committee chair)
- **Non-Executive Board Representative –** *Celia Grummitt*
- **Non-Executive Board Representative –** *Adi Burch*

[2] It is assumed that the chair of the committee would be the one with 'recent and relevant financial experience'.

Remuneration Committee

Requirements

Role - to ensure a formal and transparent procedure for developing policy on executive remuneration and for fixing the remuneration packages of individual directors. Has delegated responsibility for setting the remuneration for all executive directors and the chairman.

The UK Corporate Governance Code recommends that a Remuneration Committee should:

- Have 2 or 3 members (the larger the business, the larger the committee should be).
- Consist entirely of independent non-executive board members[3]

Analysis

WHC LLP has already constituted its Remuneration Committee, and the committee members are as follows:

1. **Non-Executive Board Representative, Patient Voice** - *Richard Barritt* (committee chair)
2. **Chair** - *Carol Bode*
3. **Non-Executive Board Representative –** *Celia Grummitt*
4. **RUH, Non-Executive Board Rep (COO)** - *Francesca Thompson*

However, to make the balance of non-executive board representatives even across the four committees, it is recommended that once we have appointed to the new role of non-executive board representative with 'recent and relevant financial experience', this board member replaces Celia Grummitt on this committee.

It is also recommended that the RUH Non-Executive Board Representative (Francesca Thompson) be replaced by the SFT Non-Executive Board Representative, so that Francesca Thompson is able to participate on the Quality Assurance Committee (optimising her clinical knowledge as a nurse and previous director of nursing). This move would be of double-benefit if SFT were to decide to use their Director of Finance as their Non-Executive Board Representative for WHC LLP, as a second person with a financial background on the remuneration committee would be advantageous.

[3] The Chair of the board may be a member of the remuneration committee, but not its chairman.

Conclusion/ Recommendation

It is therefore recommended that the Remuneration Committee be constituted as follows in 18/19:

1. **Non-Executive Board Representative, Patient Voice** - *Richard Barritt* (committee chair)
2. **Chair** - *Carol Bode*
3. **New independent Non-Executive Board Representative -** *TBC (recruited from the open market)* (committee chair)
4. **SFT, Non-Executive Board Representative** – *TBC (potentially SFT's Director of Finance, Lisa Thomas)*

Integration Committee

Requirements

One of WHC LLP's strategic objectives is to further integration, particularly between community health services and adult social care services in Wiltshire. For this reason, it is proposed that the WHC LLP Board establishes an Integration Committee as a sub-committee of its Board.

Analysis

Involvement of Wiltshire Council/ AWP

As the primary focus of the integration objective is integration between community health and adult social care services in Wiltshire, it has been recognised as desirable for the Cabinet Member for Adult Social Care, Public Health and Public Protection at Wiltshire Council to participate in an Integration Committee established by WHC LLP.

It is acknowledged that in the future it may be helpful to invite a representative from AWP (and/or other provider partners) to participate in this committee.

Strategic input

Given that the pursuit of integration goals will involve strategic decisions, it is suggested that this committee involve members in strategic roles. For this reason it is proposed that membership of this committee includes the Chair and Managing Director of WHC LLP.

Discussions at the Annual Members Meeting touched on whether the time of member Chief Executives might be better spent in attendance at meetings of the STP/developing Integrated Care Alliance, rather than the WHC LLP board. If so, GWH and SFT might look to appoint different Board Representatives. In terms of GWH's board representation, it might be advantageous to WHC LLP, and its integration committee, for this role to be occupied by GWH's Director of Strategy (who is currently the Deputy GWH Non-Executive Board Representative), and also the lead director for Swindon community health services. If GWH's Director of Strategy were able to commit time to WHC LLP's Integration Committee, this would be a very useful addition to the membership.

Operational insight/input

The effective implementation of integration goals will also require operation decisions and actions to be taken. For that reason, it is proposed that membership of this committee includes the COO of WHC LLP.

As community and social services require very close alignment to the work of our GP community, it is suggested that it would be very beneficial to have a GP on this committee. It is suggested that Adi Burch would be a good choice in this regard due to her excellent understanding of how the GP community fits into the overall health and social care system – including the issues and potential opportunities.

Finally, as all new developments should be subject to "buy in" from our patients and wider stakeholders, it is suggested that the Non-Executive Board Representative for Patient Voice (currently Richard Barritt) be included on this committee. Richard would be a good candidate to act as the chair.

Conclusion/ Recommendation

In light of the above, it is recommended that the Integration Committee be constituted as set-out below.

<u>WHC LLP Board members</u>

1. **Non-Executive Board Representative, Patient Voice** – *Richard Barritt (committee chair)*
2. **Board Chair** – *Carol Bode*
3. **GWH, Non-Executive Board Rep, Director of Strategy** – *Kevin McNamara*
4. **Non-Executive Board Representative, GP** - *Adi Burch*
5. **Managing Director** - *Douglas Blair*
6. **Chief Operating Officer** - *Lisa Hodgson*

Other participants

7. **Cabinet Member for Adult Social Care, Public Health and Public Protection, Wiltshire Council** (joint chair of committee) – *Jerry Wickham*
8. [**Longer term, AWP participant/ other provider partners in relation to specific proposals to align and integrate provision?**]

Quality Assurance Committee

It has recently been agreed that WHC LLP will change the format of its Quality Assurance Committee so that it is a sub-committee of its Board.

Due to her clinical background and knowledge of clinical quality issues, it is proposed that Celia Grummitt, GP, would be an asset to the Quality Assurance Committee when it changes in form. Celia's background includes working as part of the Sarum GP Executive at Wiltshire CCG, part of which involved scrutinising performance and clinical quality data on provider and system performance. As such, Celia is familiar with analysing data, and probing incongruences.

Similarly, due to her background as a nurse and previous director of nursing, it is proposed that RUH's Non-Executive Board Representative, Francesca Thompson, would be a great asset to the Quality Assurance Committee when it changes in form.

To bring executive clinical experience and expertise to this committee it is suggested that the WHC LLP Clinical Director sits on the Quality Assurance Committee once appointed. The Managing Director and Head of Quality should also participate so that they can be appropriately questioned by the non-executives as part of the check and challenge process.

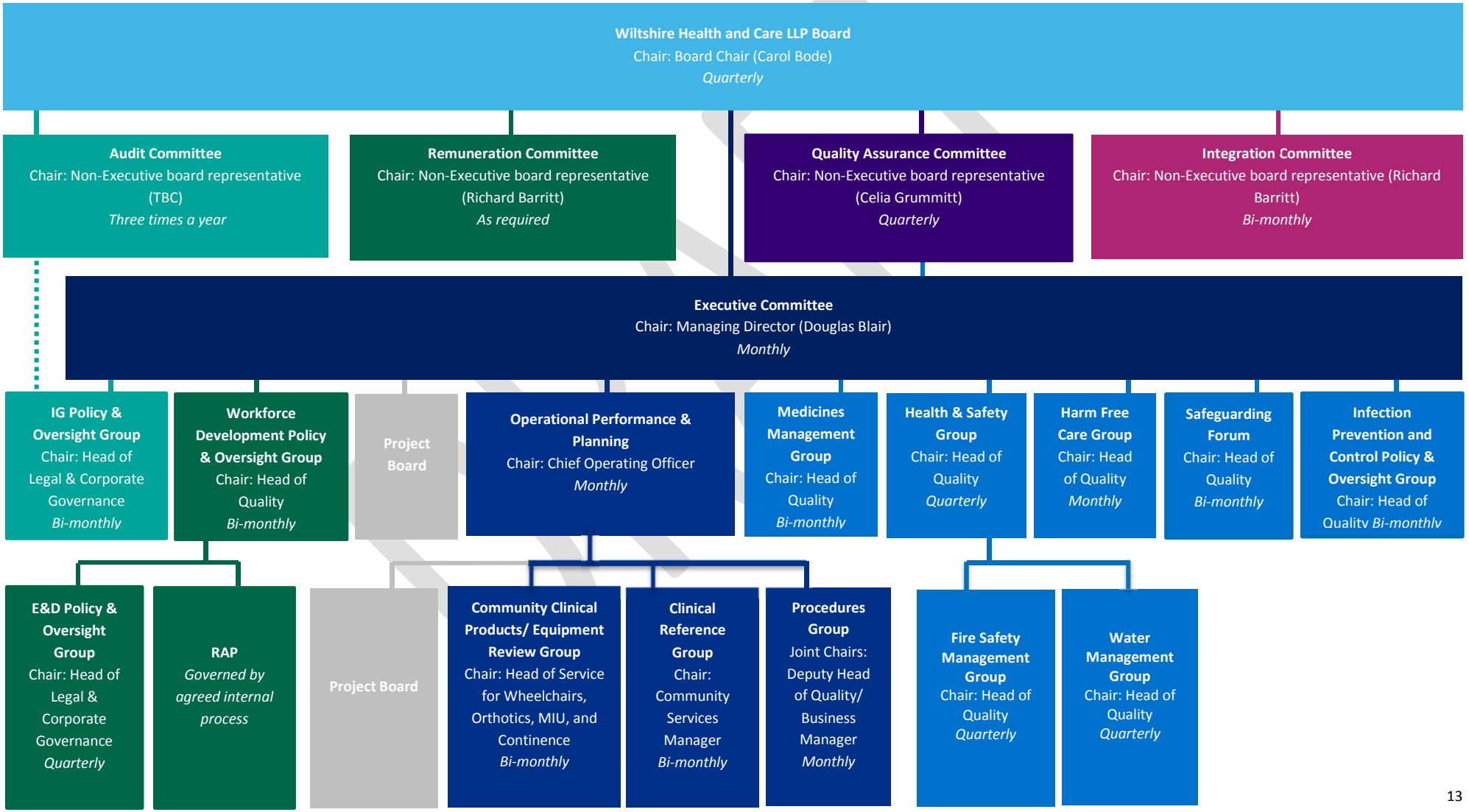
In light of the above, it is proposed that the Quality Assurance Committee be comprised as follows:

WHC LLP Board members

1. Non-Executive Board Representative, GP – *Celia Grummitt (committee chair)*
2. RUH Non-Executive Board Representative - *Francesca Thompson*
3. Clinical Director – *TBC*
4. Managing Director - *Douglas Blair*
5. Head of Quality - *Sarah Jane Peffers*

Appendix 2

WILTSHIRE HEALTH AND CARE LLP – GOVERNANCE STRUCTURE



Wiltshire HEALTH AND CARE

NHS

WILTSHIRE HEALTH AND CARE LLP – SCHEDULE OF MEETINGS WITHIN OUR GOVERNANCE STRUCTURE

APRIL				
WEEK (dates)	**MEETING** (dates of the month within which the meeting must take place)			
Week 1 (1-7)				
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**	**Quality Assurance Committee (After Tuesday)**		

MAY				
Week 1 (1-7)		**Integration Committee (1-7)**		**Audit Committee (1-7)**
	Board [to review Q4] (Friday)			
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**			

JUNE				
Week 1 (1-7)				
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**			

JULY				
Week 1 (1-7)		**Integration Committee (1-7)**		
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**	**Quality Assurance Committee (After Tuesday)**		

AUGUST				
Week 1 (1-7)				
	Board [to review Q1] (Friday)			
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**			

SEPTEMBER				
Week 1 (1-7)		**Integration Committee (1-7)**		
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**			

OCTOBER				
Week 1 (1-7)				
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**	**Quality Assurance Committee (22-31)**		
NOVEMBER				
Week 1 (1-7)		**Integration Committee (1-7)**		
	Board [to review Q2] (Friday)			
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**			
DECEMBER				
Week 1 (1-7)				
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**			
JANUARY				
Week 1 (1-7)		**Integration Committee (1-7)**		
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**	**Quality Assurance Committee (After Tuesday)**		
FEBRUARY				
Week 1 (1-7)				
	Board [to review Q3] (Friday)			
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**			
MARCH				
Week 1 (1-7)		**Integration Committee (1-7)**		
Week 2 (8-14)				
Week 3 (15-21)				
Week 4/5 (22-31)	**Executive Committee (Tuesday)**			

The following meetings will take place as required within the above cycle: the Remuneration Committee (as needed), additional Audit Committees (as needed).

Wiltshire Health and Care Board	**For decision**
Subject:	**NHSI Corporate Governance Statement**
Date of Meeting:	**22 June 2018**
Author:	**Katherine Hamilton-Jennings, Board Secretary**

1. Purpose

The Board is asked to approve the attached NHSI Corporate Governance Statement.

2. Background

Now that Wiltshire Health and Care is an NHS-Controlled Provider, the Board is required to complete an annual Corporate Governance Statement, confirming that Wiltshire Health and Care is compliant with Condition CP1 of its Licence (i.e. sound corporate governance is in place), and that it anticipates continued compliance for the next financial year.

For ease of reference, the framework of oversight for NHS-Controlled Providers can be accessed by clicking on the link below. The Licence conditions are detailed in Appendix A:

https://improvement.nhs.uk/documents/2105/NHS-controlled_providers_policy_position_12feb.pdf

The Corporate Governance Statement must be submitted to NHSI within 3 months of our year end, i.e. by 30 June 2018.

In order to inform the Board, a draft copy of our self-assessment, as at June 2018, has been updated to GlassCubes for information. As this is in draft there are still gaps to fill.

3. Recommendation

3.1 The Board is invited to:

- Approve the Corporate Governance Statement for onward submission to NHSI by 30 June 2018.

Impacts and Links

Impacts	
Quality Impact	N/A
Equality Impact	N/A
Financial implications	N/A
Impact on operational delivery of services	N/A
Regulatory/ legal implications	This statement needs to be submitted so that we meet our regulatory obligations
Links	
Link to business plan/ 5 year programme of change	N/A
Links to known risks	N/A
Identification of new risks	N/A

Self-Certification Template - NHS-controlled providers

NHS-controlled providers are required to make the following declarations to NHS Improvement:

Corporate Governance Statement - in accordance with NHS-controlled provider condition 1(8)
Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (CRS designated providers only)

These Declarations are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "CP1 declaration"

Corporate Governance Statement (NHS-controlled providers)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

1	Corporate Governance Statement	Response	Risks and Mitigating actions	
1	The Board or equivalent, is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	Wiltshire Health and Care LLP is currently carrying out a self-assessment against the NHSI well-led criteria to assess if there are areas where improvements can be made. This assessment is taking place currently, and has been shared in draft with the Board in June 2018.	Please complete Risks and Mitigating actions
2	The Board or equivalent, has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Newly issued guidance is made available to the Managing Director, and then reviewed by the Board Secretary to make an assessment of Wiltshire Health and Care LLP's position on compliance. Any gaps would be reported to the Board with an action plan.	Please complete Risks and Mitigating actions
3	The Board or equivalent, is satisfied that the Licensee has established and implements: (a) Effective board and committee, or equivalent, structures; (b) Clear responsibilities for its Board (or equivalent), for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation and to the NHS body by which it is controlled.	Confirmed	The Board is satisfied that it has a satisfactory structure in place. However Wiltshire Health and Care LLP has recently reviewed the structure and composition of its Board committees and other committees to reflect, amongst other things, its increasing role in developing integration between partners. These changes are being pursued following Board approval.	Please complete Risks and Mitigating actions
4	The Board or equivalent, is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board (or equivalent) of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee (or equivalent) decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	The Board receives a summary financial report each month, with exception reporting. However, financial reporting has been identified as an area in which improvements are required in order to strengthen oversight. This improvement is being pursued as part of the move, from 1 April, to a single ledger and development of reporting through that platform. The Board is aware of the progress and risks associated with these improvements.	Please complete Risks and Mitigating actions

5	The Board or equivalent, is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level, or equivalent, to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes of the Board, or equivalent, take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board, or equivalent, receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, or equivalent, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board, or equivalent where appropriate.	**Confirmed**	A comprehensive quality dashboard is made available to the Board each month to aid scrutiny and oversight. The Board has identified that patient and public engagement is an area for further development. A Public and Patient Strategy is being developed, with an open forum/ engagement day having taken place in June 2018 to test thinking. This is being led by one of our non-executive Board representatives.	Please complete Risks and Mitigating actions
6	The Board or equivalent, is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, or equivalent, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**Confirmed**	All Board members are assessed as being fit and proper persons on appointment and annually. Regular appraisals are carried out to review performance.	Please complete Risks and Mitigating actions

Signed on behalf of the Board of directors or equivalent

Signature **Signature**

Name **Name**

Further explanatory information should be provided below where the Board, or equivalent, has been unable to confirm declarations

A		Please Respond

Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 **General condition 6 - Systems for compliance with license conditions (all NHS controlled providers)**

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed OK

3 **Continuity of services condition 7 - Availability of Resources (CRS designated providers only)**

EITHER:

3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.	Please Respond

OR

3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.	Please Respond

OR

3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.	Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

NA

Signed on behalf of the board of directors or equivalent

Signature

Name

Capacity [job title here]

Signature

Name

Capacity [job title here]

Date

Date

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

A

Wiltshire Health and Care Board	**For information**
Subject:	**Quality, performance and finance monthly report**
Date of Meeting:	**22 June 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. The are following issues are highlighted to the Board in relation to the quality of services:

ADVISE	Wiltshire Health and Care has received final notification of performance against CQUIN targets for 2017/18: CQUIN 1A Improvement in Staff Health and Wellbeing: 100% achievement CQUIN 1B: Healthy food for staff and patients: 100% CQUIN 1C Improving the uptake of flu vaccinations for frontline clinical staff within Providers: 100% CQUIN 8b – Supporting Proactive and Safe Discharge – Community Providers: 100% CQUIN 9: Preventing ill health by risky behaviours-alcohol and tobacco: 96.5% CQUIN 10: Improving the assessment of wounds: 100% CQUIN 11: Personalised Care and Support Planning: 61% achievement
ALERT	No alerts to be reported to the board
ACTION	There are no issues on which Board action is required.

2.2 There are no specific issues to highlight or escalate to the Board in relation to the maintaining performance.

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

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

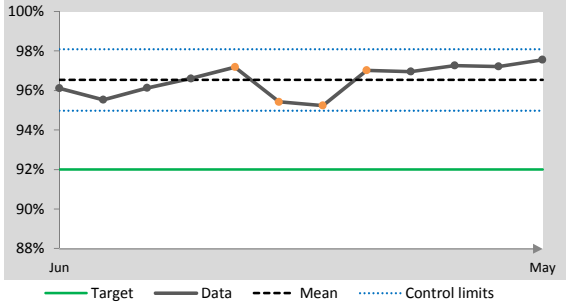
Performance Dashboard May 2018

Wiltshire HEALTH AND CARE

RTT

All services

Incomplete pathways | Complete pathways



Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	90%	98
Continence service	99%	4
LD	62%	22
Outpatient Physio	99%	28
Podiatry	100%	3
Wheelchair service	96%	9
WON	99%	8

In Control	On target	Action	
✓	✓	No action needed	LD service remains an area of concern - previously flagged to commissioners. Community Teams flagging as not in control with declining performance - likely to include some data quality errors - system design work ongoing to lessen likelihood of this in future.

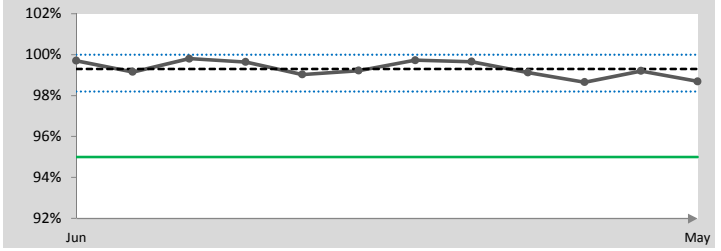
MIU

median 32 minutes

Arrival to seen

95th centile 145 minutes

Arrival to departure 4 hour stay 99% | Left without being seen 5% | Transfers to acute 6%

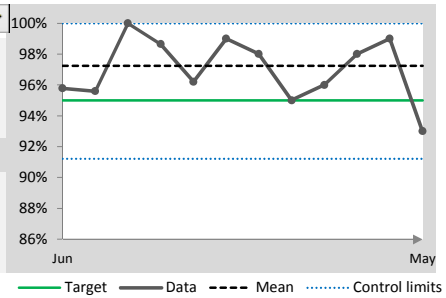


In Control	On target	Action	
✓	✓	No action needed	Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around left without being seen and transfers to acute - action to put MIU on SystmOne to address this; project ongoing. Significant operational pressures are not reflected in the data.

Inpatient assessments

All wards

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

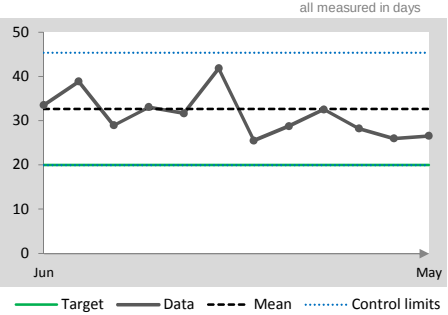


In Control	On target	Action	
✓	✓	No action needed	MUST missed target in May. System still in control and on track to deliver targets.

Mean Inpatient Length of Stay

all measured in days

Ailesbury, Cedar, Longleat	26.6
Mulberry	44.8
Step up	39.7
Step up excluding delays	38.6

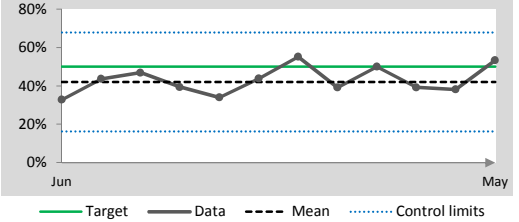


In control	On target	Action	
✓	✗	Action needed	Progress on DToCs has not yet translated into significant LoS reduction. Action ongoing - focus to incorporate stranded patients.

Discharge timings

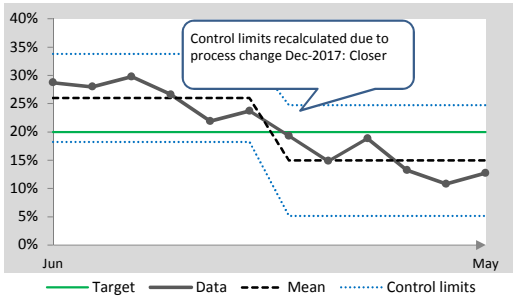
excludes transfers to hospital and deaths

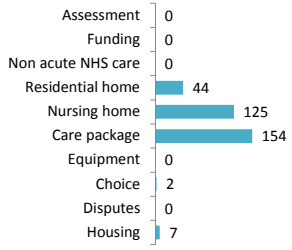
Before midday 53% | Weekend 10%



In control	On target	Action	
✓	✗	Action needed	Continuing challenge -Care homes reluctant to take in morning and at weekends. May data met the target.

Delayed Transfers of Care - bed days lost

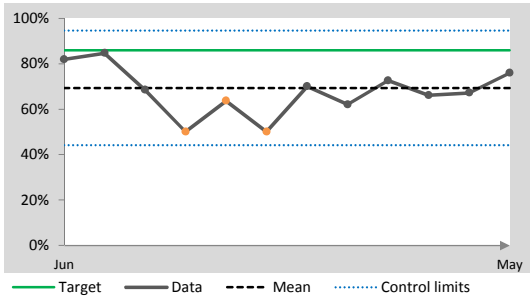




13% of occupied beds (Target <20%)

In Control	On target	Action	
✓	✓	No action needed	Process changes in December 2017 have had a significant impact on the number of days lost to delays each month. Care package delays continue to be the biggest cause of lost days each month.

Community teams 90 day reablement



May 76%

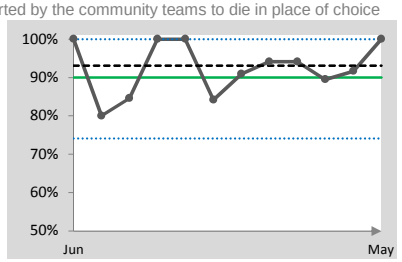
Data quality concerns

In Control	On target	Action	
✓	✗	Action needed	Significant data quality concerns affecting both cohort and performance. Action: System project underway to address cohort concerns and to allow transparent performance review.

End of life support

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

May 100%

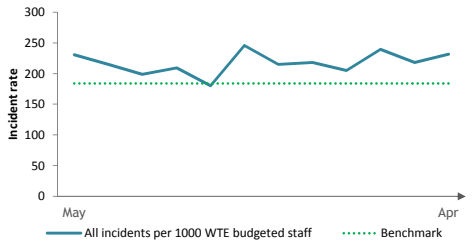


In control	On target	Action	
✓	✓	No action needed	Excellent performance continues.

Wiltshire HEALTH AND CARE — Quality Dashboard — April 2018

Incidents

All

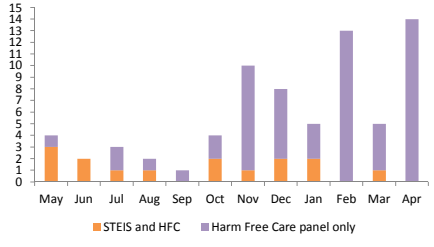


Overdue incidents 31

All services

Actual impact (Apr-18)	
1-Near Miss	6
2-None (No Harm)	155
3-Low	88
4-Moderate	14
5-Severe	1
6-Death	0

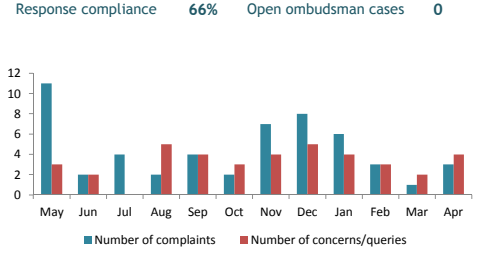
Incidents Requiring Further Investigation



Benchmarking data does not include pressure ulcers

Complaints/Concerns

Response compliance 66% Open ombudsman cases 0



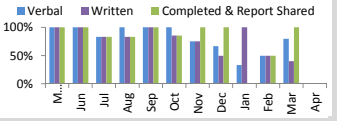
RIDDOR

Financial Year to Date

3

RIDDOR report(s)

Duty of Candour compliance

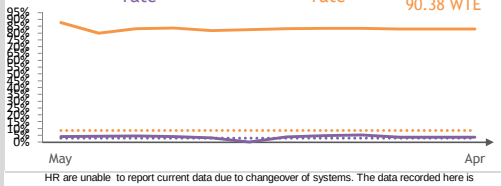


National Mandatory Audits - 1 completed in month

	Completed	Missed
Audit uploads	100%	0

Sickness/Vacancy

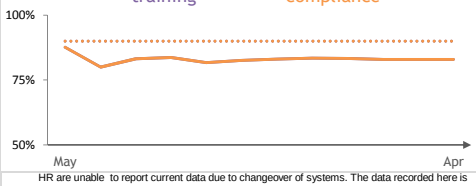
Apr-18 Sickness rate 3.61% Vacancy rate 82.93% 90.38 WTE



HR are unable to report current data due to changeover of systems. The data recorded here is March data rolled over. Reporting will continue for HR from July

Training/Appraisals

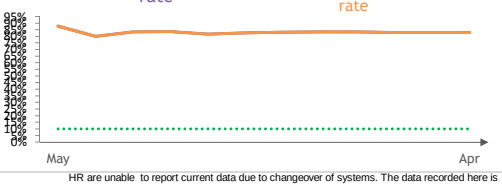
Apr-18 Mandatory training 83% Appraisals compliance 83%



HR are unable to report current data due to changeover of systems. The data recorded here is March data rolled over. Reporting will continue for HR from July

Turnover

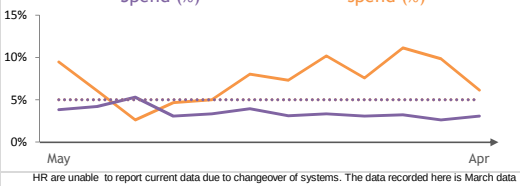
Apr-18 Turnover rate 82.93% Voluntary turnover rate 82.93%



HR are unable to report current data due to changeover of systems. The data recorded here is March data rolled over. Reporting will continue for HR from July

Bank/Agency spend %

Apr-18 Bank Staff Spend (%) 3.07% Agency staff spend (%) 6.13%



HR are unable to report current data due to changeover of systems. The data recorded here is March data rolled over. Reporting will continue for HR from July

Infection Prevention & Control

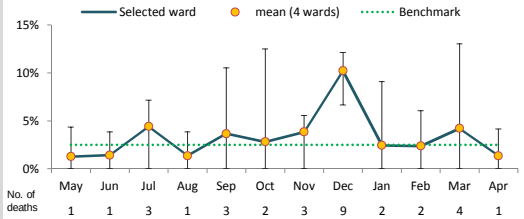
All wards

	In month	Prev 12 months
MRSA incidence	0	0
C diff incidence	0	2
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

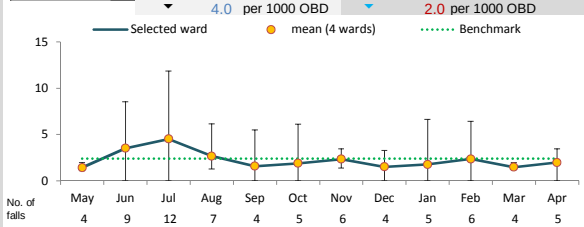
All wards — 1 death(s) in month 1.4% of discharges



Palliative care deaths are excluded from Apr 17 (in line with National benchmarking definition)

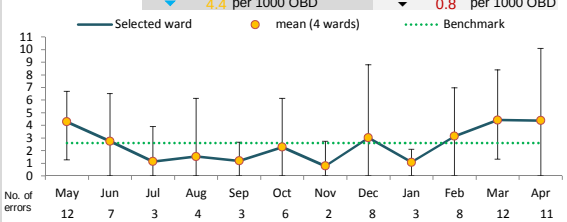
Falls

All wards — 10 fall(s) in month 4.0 per 1000 OBD — 5 Fall(s) with harm 2.0 per 1000 OBD



Medication errors

All wards — 11 error(s) in month 4.4 per 1000 OBD — 2 Harmful error(s) 0.8 per 1000 OBD

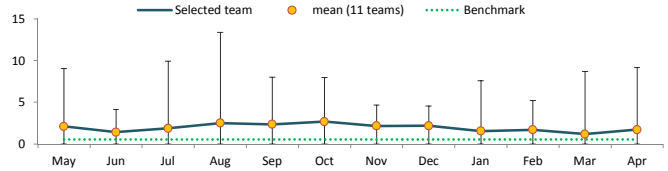


Please note: There is no benchmarking value for medication errors with harm

Medication errors now included on the community teams and specialist services sections within this dashboard.

Avoidable Pressure Ulcers

All teams — 11 avoidable pressure ulcers acquired in month 1.72 per 1000 caseload

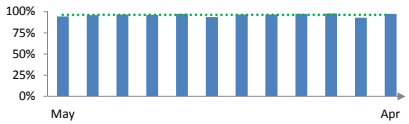


	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
No. of pressure ulcers (all)	15	10	13	17	16	19	15	15	11	12	8	11
Category III	0	1	4	1	2	4	4	1	0	1	2	3
Category IV	4	1	0	3	1	2	2	5	2	1	0	0

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

Safety Thermometer

Percentage of Harm Free Care (new harms)

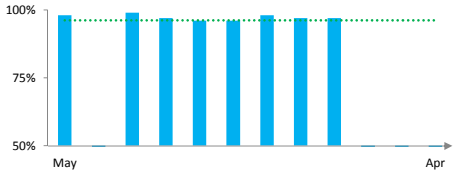


Community Wards	98.77%
Community Teams	96.77%
Wards and Teams combined	97.46%

increase in return for April, see community teams and inpatients tabs. The quality team continue to work with teams to improve compliance.

Friends and Family Test

Show response numbers



% recommend score

Picker are currently not sending us through any data and so we have nothing to report. WHC are planning to bring the FFT in house in the future and are developing ways to manage this.

Inpatient assessments

All wards

	Mar-18	Apr-18
Early Warning Score	100%	100%
VTE assessment	100%	100%
VTE prophylaxis	100%	100%
Hospital Acquired Thrombosis	0	0
Falls assessment	98%	99%
MUST assessment	98%	99%

Wiltshire Health and Care LLP
Financial Position M02, May 2018

WH&C LLP Profit and Loss Account - May 2018

	M2(May18) £'000
Turnover	**7,628**
Staff	**(5,457)**
Contracted out services	**(307)**
other admin expenses	**(1,864)**
Total expenses	**(7,628)**
Profit/ (Loss)	0

WH&C LLP Balance Sheet as at 31 May 2018

	M2(May18) £'000
Current Assets	
Debtors	1,251
Cash at Bank	5,820
Creditors	**(7,071)**
Net Current Assets	
Net Assets	
Profit and Loss account	0

WH&C LLP Statement of Cashflows

	M2(May18) £'000
Profit / (Loss)	0
Movements in	
Reduction in Debtors	1,856
Increase in Creditors	1,066
Opening cash balance	2,898
Closing cash balance	5,820

The LLP reports a breakeven position for the two months ending 31 May 2018.

The current period position includes estimated provisions for outstanding estates and VAT related liabilities as at May 2018. The favourable cashflow is due to a good debtor collection record , conversion of accrued income into cash, and an increase in creditors, relating to the payroll transfer in April, which means payments to tax and social security are now made directly by the LLP.

The turnover reflects 2017/18 contracted values with commissioners whilst the agreement for 2018/19 is being finalised, plus estimated estates costs following the estates transfer in July 2017 to NHS Property Services.

Any Other Business

VERBAL ONLY