

WHC LLP Board Papers- Part I

4th June 2019



AGENDA for a Meeting of the Board Part I

Venue:	Stain Glass Room, Melksham Community Hospital
Date:	4 th June 2019
Time:	10.00-12.30

WHC Board Members		
Carol Bode (Chair)	Non-Executive Member, Independent Chair	CB
Douglas Blair	Executive Member, Managing Director	DB
Lisa Hodgson	Executive Member, Chief Operating Officer	LH
Annika Carroll	Executive Member, Director of Finance	AC
Sarah-Jane Peffers	Executive Member, Director of Quality, Professions & Workforce	SJP
Lisa Thomas	Non-Executive Member, Salisbury Foundation Trust ("SFT") Board Representative	LT
Rebecca Carlton	Non-Executive Member, Royal United Hospitals NHS Foundation Trust ("RUH") Board Representative	RC
Kevin McNamara	Non-Executive Member, Great Western Hospitals NHS Foundation trust ("GWH") Board Representative	KM
Richard Barritt	Non-Executive Member, Patient Voice	RB
Celia Grummitt	Non-Executive Member, GP Representative	CG
Adibah Burch	Non-Executive Member, GP Representative	AB

In Attendance		
Amy Bowden (Minutes)	Corporate Officer	ABo
David James	Interim Board Secretary, WHC	DJ
Katy Hamilton Jennings	Director of Governance and Company Secretary	KHJ

Apologies		
Adibah Burch	Non-Executive Member, GP Representative	AB

Item No.	Details	Presenter	Paper/ Report Required	For information/ Discussion/ Decision
1.	Welcome, Introduction and Apologies	Chair		
2.	Minutes, Actions and Matters Arising	Chair	Verbal/ Paper	Decision
3.	Register of Interests	Chair	Paper	Decision
4.	Chairs Report	Chair	Paper	Decision
5.	Managing Director Report	DB	Verbal	For information
6.	WHC Annual Accounts 2018/19 Final	AC	Paper	Decision
7.	External Auditors Report	KPMG	Paper	Decision

8.	Revised Financial Statements for Business Plan	AC	Paper	Decision
9.	Improving Financial Reporting	AC	Paper	Decision
10.	DRAFT Quality Account	SJP	Paper	Decision
11.	Quality, Performance and Finance Report	SJP/LH/AC	Paper	For information
12.	NHSI Governance Statement	DJ	Paper	Decision
13.	Any Other Business			
14.	Next meeting: TBC			

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 1

Welcome, Introductions, and Apologies

VERBAL

MINUTES Of a Wiltshire Health and Care (WHC) Board Meeting Part I

Venue	Training Room 1, Chippenham Community Hospital
Date	Friday 3 rd May 2019
Time	10:00 to 13:00

WHC Board Members		
Carol Bode (Chair)	Non-Executive Member, Independent Chair, WHC	CB
Douglas Blair	Executive Member, Managing Director, WHC	DB
Lisa Hodgson	Executive Member, Chief Operating Officer, WHC	LH
Annika Carroll	Executive Member, Director of Finance, WHC	AC
Sarah-Jane Peffers	Executive Member, Director of Quality, Professions & Workforce, WHC	SJP
Lisa Thomas	Non-Executive Member, Salisbury Foundation Trust ("SFT") Board Representative	LT
Kevin McNamara	Non-Executive Member, Great Western Hospitals NHS Foundation Trust ("GWH") Board Representative	KM
Rebecca Carlton	Non-Executive Member, Royal United Hospitals NHS Foundation Trust ("RUH") Board Representative	RC
Richard Barritt	Non-Executive Member, Patient Voice	RB
Celia Grummitt	Non-Executive Member, GP Representative	CG
Adibah Burch	Non-Executive Member, GP Representative	AB

In attendance		
Amy Bowden (Minutes)	Corporate Officer, WHC	ABo
David James	Interim Board Secretary, WHC	DJ
Heidi Doubtfire-Lynn	Data Protection Officer, WHC (Item 10)	HDL
Carol Langley-Johnson	Outpatient Physiotherapy Manager (Item 4)	CLJ
Christopher Burke	Patient (Item 4)	CBu

Apologies		
Katy Hamilton Jennings	Director of Governance & Board Secretary, WHC	KHJ

Item	Title/Notes	Actions
1	<p>Welcome, Introductions and Apologies</p> <p>The Chair (CB) welcomed the Board and attendees to the Meeting, making a specific introduction to DJ, Interim Board Secretary for WHC.</p> <p>The Chair noted the apologies from KHJ.</p>	

2	<p>Review of Register of Interests</p> <p>Interests were reviewed by the Board. No new interests were declared.</p> <p>DECISION- Subject to amending a typographic error relating to Rebecca Carlton, these were AGREED as a correct record.</p>	
3	<p>Minutes, Actions & Matters Arising</p> <p><u>Minutes:</u></p> <p>The minutes of the previous Board Meeting held on the 4th February 2019 were reviewed.</p> <p>DECISION- The Board deemed the minutes as an accurate record. These were therefore signed by the Chair (CB).</p> <p><u>Actions:</u></p> <p>All open actions on the Action Tracker were reviewed noting the following updates:</p> <ul style="list-style-type: none"> • Action 67- AC advised that a timeline for implementation of improved financial reporting will be shared with the Board at its next meeting on 4th June. This action links to action 104 - Timeline for financial reporting. It was therefore AGREED that action 67 will be closed and merged with action 104. • Action 79- Agree an Audit Committee Chair- this is still on-going, however the Board noted the risk of not having an Audit Committee in place. • An updated risk register was on the agenda for the meeting. <p>ACTION- ADMIN to update Action Tracker in line with Board updates.</p> <p><u>Matters Arising:</u></p> <p>There were no new matters arising.</p>	ADMIN

4	<p>Patient Story</p> <p>CBu attended to present his experience of WHC Escape Pain Programme. Overall his experience was positive, although access to WHC was delayed by referral issues within Primary Care. He is physically stronger and this programme has prevented him from needing surgery. Due to his positive experience he has become a patient advocate for the Escape Pain Programme.</p> <p>The following was noted by the Board as a key learning point:</p> <ul style="list-style-type: none"> On referral to physiotherapy, correspondence with the patient is required to advise them that their referral has been received and what to expect. <p>ACTION: LH to implement a process of updating physiotherapy patients that their referral has been received and what to expect.</p> <p>CLJ attended the Board meeting as the Outpatient Physiotherapy Manager to thank CBu for attending and sharing his story with the Board.</p>	LH
5	<p>Chair's Report</p> <p>CB noted that WHC was in the process of tendering for a Well Led Review that was part of an expectation that such a review would be carried out every three years as part of compliance with the NHSI oversight framework.</p> <p>CB also noted that her term as Chair is due to end in June 2019 and a process was underway.</p>	
6	<p>Managing Director's Report</p> <p>DB noted that a round of Open Forum events were being held, which offered a good opportunity to feedback to staff on objectives for the delivery year ahead and listen to feedback and any questions. All Non-Executive Members were welcome to attend.</p> <p>ACTION- ADMIN to circulate Open Forum dates with KM, LT and RC.</p>	ADMIN

7	<p>Quarter by Quarter Review of the Delivery Plan objectives, Q4 18/19</p> <p>The Board noted the contents of the quarterly review of the Delivery Plan Objectives.</p> <p>DB advised that most objectives are partially or fully completed with Orthotics Procurement rolling forward to 2019/20.</p> <p>KM raised the query of how stroke performance is recorded. LH reported a 2019/20 Quality and Performance dashboard is being developed which will summarise stroke data for Wiltshire and this will allow for further analysis.</p> <p>The report was noted by the Board</p>	
8	<p>WHC Delivery Plan 2019-2020</p> <p>The contents of the Delivery Plan 2019-2020 were discussed by the Board.</p> <p>DECISION- The Board AGREED that the Delivery Plan for WHC could be published.</p>	

9	<p>Combined Quality, Performance and Finance Report</p> <p>The report was reviewed by the Board noting that all the sections were for information only.</p> <p><u>Quality update from SJP:</u></p> <p>DATIX incident reporting system- The DATIX incident reporting system went live on the 1st April 2019. This has been positively received across services.</p> <p>Infection Prevention and Control (IPC) Microbiology support- Progress has been made with Gloucestershire Hospitals NHS Foundation Trust agreeing an in principle offer.</p> <p>Staff Survey- The Staff Survey report has been published and WHC data has been bench marked against all NHS providers and community providers. Actions to take forward from this will be agreed during Performance & Planning meeting in May 2019. The recruitment of a Patient and Public Engagement Officer is underway with a remit to implement the Patient and Public Engagement Plan.</p> <p><u>Finance Update from AC:</u></p> <p>Estates- funding has now been finalised and agreed with Wiltshire Clinical Commissioning Group (WCCG) for both 2017/18 and 2018/19.</p> <p>Intercompany Debtor- A settlement is yet to be received from GWH for the intercompany balance due which was outstanding as at the transfer of services and financial ledgers in 2018/19. A meeting is scheduled for May 2019 between WHC and GWH finance teams to agree timeframes for settlement.</p> <p><u>Performance Update from LH:</u></p> <p>WHC Patient Flow Hub- Since writing the report, additional escalation processes have been established for out of hours issues in Trusts.</p> <p>Musculoskeletal (MSK) Programme and Orthopaedic Interface Service- Mobilisation of the service and staff was planned in three phases. Phase 3 is scheduled to commence in May 2019. During Phase 1 & 2 WHC treated 2,024 more patients than originally planned (3,964) with the first OPD appointment rate decreasing by 2% despite the 4% growth. Patient feedback has been positive and this has been reported into WCCG.</p> <p>The report was noted by the Board.</p>	
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10	<p>WHC DPO (Data Protection Officer) Annual Report- March 2019 Final</p> <p>The Board noted the contents of this document for information and HDL updated on the following points:</p> <ul style="list-style-type: none"> • This is the first time a full report has been submitted. • DPO Annual Report confirmed that there has been good progress throughout the organisation with regards to General Data Protection Regulation (GDPR) and Data Protection. • Information Governance Policy & Oversight Group oversees the Data Security and Protection (DSP) Toolkit submission. • The DSP toolkit highlighted some IT concerns which are being followed up with GWH • HDL asked the Board to note that when making changes to managing data with regards to patients or staff a data privacy impact assessment must be completed. <p>The report was noted by the Board.</p>	
11	<p>Risk Report</p> <p>The Board reviewed the contents of the risk report noting the following points:</p> <ul style="list-style-type: none"> • The calibration of risk scores was being reviewed before risks were entered onto the new DATIX centre. • There are no +15 risks to be reported. <p>The report was noted by the Board.</p>	
12	<p>NHSI Oversight Segmentation</p> <p>DB updated the Board that NHS Improvement (NHSI) have written to WHC to inform the LLP that under the Single Oversight Framework, WHC have been score at level 2- which allows for targeted NHSI support. This outcome was as expected.</p> <p>The report was noted by the Board.</p>	

13	<p>Board Meeting Schedule</p> <p>The frequency of Board Meetings was discussed. The overall view from the Board was that due to time constraints monthly Board Meetings would be difficult to accommodate and not be an effective use of time.</p> <p>DJ added that with a Well-Led Review of WHC soon to be underway, deciding on the frequency of Board Meetings should be deferred until the review is completed.</p> <p>DECISION- It was AGREED by the Board that this issue will be discussed again after the completion of the Well-Led review.</p>	
14	<p>Any Other Business</p> <p>It was AGREED that an extra Board Meeting will be held in June 2019 to enable Board agreement of 2018/19 WHC financial accounts.</p> <p>CB thanked everyone for their attendance.</p>	
	<p>Date of Next Meeting:</p> <p>4th June 2019, 10.00-12.30</p> <p>Stained Glass Room, Melksham Community Hospital</p>	

Wiltshire Health and Care Board Action Tracker- Part I

No	Date Entered	Action	Assigned to	Status	Date closed	Notes
79	23.01.18	Audit Committee chair Agree a strategy for ensuring WHC can access an independent Audit and Assurance Committee chair.	CB	Open		In June 2018, the Board approved the proposal to appoint an additional non-executive with a financial/audit background due to the absence of this experience amongst the current non-execs. Interviews took place, and nominations were proposed. Subsequently, the member reps have requested that WHC does not increase the size of the Board. As such, we will not appoint a new board representative, and WHC will be unable to establish an audit committee with its current membership. The Board will act to oversee the annual report in 18/19, as per 17/18.
104	04.02.2019	Timeline for addressing the issues with financial reporting AC to circulate a paper to articulate the timeline for how the issues with financial reporting would be resolved, together with the risks presented by the current financial reporting system that would not be resolved fully until January 2020. Improvements to financial reporting should be made in line with the changes to new financial systems from April 2018. After initial improvements have been implemented for April 2018, a plan should be presented for further cost analysis and service line reporting.	AC	Open		This action was merged with action 67 after the May 2019 WHC Board Meeting.

106	03/05/2019	ADMIN to update Action Tracker in line with Board updates.	KHJ	Open		
107	03/05/2019	LH to implement a process of updating physiotherapy patients that their referral has been received and what to expect.	LH	Open		
108	03/05/2019	ADMIN to circulate Open Forum dates with KM, LT and RC.	KHJ	Open		

Wiltshire Health and Care – Register of Interests

Wiltshire Health and Care LLP is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board, and those working for the organisation with significant control (defined as substantive staff members that are Grade 8C or above).

How we ensure conflicts are taken into account in our decision making

Board Members are required to register any relevant and material interests as soon as they arise, or within seven clear days of becoming aware of the existence of the interest. As such the Board Member will contact the Company Secretary to provide notification of the interest so that our Register of Interests may be updated as appropriate.

At the commencement of each Board meeting, Members of the Board are required to declare any interests.

The Board will receive the Members' Register of Interests annually to assure the Board that the Register is being maintained and that there are no conflicts of interest which could adversely affect the LLP and its operations. It is the responsibility of the Company Secretary to ensure that at all times the Board takes into account relevant conflicts in its decision making, and will bring to the attention of the Chair and known conflicts that may be relevant to the discussion.

Register Entries

BOARD

Independent Chair

CAROL BODE - Independent Chair – updated 29 May 2018

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Group Chair	Radian Group Limited	July 2013
Chair Trustees	Basingstoke Voluntary Action	September 2017
Associate Trainer	NHS Providers	February 2012
Presiding Justice	Magistrates Court (N. Hants)	April 2006

Signed as correct, by CAROL BODE:.....

Date:.....

Executive Board Representatives

DOUGLAS BLAIR – Executive Board Member (Managing Director) – updated 29 May 2018

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

Signed as correct, by DOUGLAS BLAIR.....

Date:.....

LISA HODGSON – Executive Board Member (Chief Operating Officer) – updated 8 June 2018

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Sole trader	Lisa Hodgson, Healthcare Solutions	June 2013
Pool member	IMAS	June 2017

Signed as correct, by LISA HODGSON

Date:.....

SARAH JANE PEFFERS - Executive Board Member (Director of Quality, Professions, and Workforce) – updated 4 June 2018

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

Signed as correct, by SARAH-JANE PEFERS.....

Date:.....

ANNIKA CARROLL - Executive Board Member (Director of Finance) – updated 21 June 2018

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

Signed as correct, by ANNIKA CARROLL:

Date:.....

Independent Board Representatives

RICHARD BARRITT - Non-Executive Board Member, Patient Voice Representative – updated 26 July 2018

Chief Executive Officer	Solent Mind	Lapsed
Consultant: OD/Leadership	The Wellbeing Collective for clients: Sussex Partnership NHS Trust, Kent & Medway NHS Partnership Trust, Somerset CCG, Huntercombe Group	July 2017
Interim CEO	Age UK Mid Hampshire	September 2017
Consultant: Support for Local Minds, Cornwall	Mind	August 2018

Signed as correct, by RICHARD BARRITT:.....

Date:.....

Dr CELIA GRUMMITT - Non-Executive Board Member, GP Representative – updated 30 May 2018

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
GP Partner	Cross Plain Health Centre <i>The Practice is a member of</i>	2003

	<i>Wiltshire CCG and is in receipt of the services of the LLP</i>	
Director	Solstice Health Limited General Medical Practice Activities	22 June 2016
Military and Veterans Champion	Wiltshire	2007
Co-Chair	SW Armed Forces Forum - Wiltshire CCG	2007
Managing Director	Rainbow 2 Limited - <i>R&D family company</i>	2007

Signed as correct, by CELIA GRUMMIT:.....

Date:.....

Dr ADIBAH BURCH - Non-Executive Board Member, GP Representative – updated 4 June 2018

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
GP Associate	Whitehorse Health Centre, Westbury <i>The Practice is a member of Wiltshire CCG and is in receipt of the services of the LLP</i>	January 2018
Company Director	Health and Vitality Solutions Limited	October 2017

Signed as correct, by ADIBAH BURCH:.....

Date:.....

Great Western Hospitals NHS Foundation Trust Member Board Representative

KEVIN MCNAMARA - Non-Executive Member Board Representative (from July 2018, previously Deputy) – GWH – updated 27 June 2018

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

Signed as correct, by KEVIN MCNAMARA:.....

Date:.....

CAROLE NICHOLL – Deputy Non-Executive Member Board Representative – GWH – TBC

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>

Signed as correct, by CAROLE NICHOLL.....

Date:.....

Royal United Bath NHS Foundation Trust Member Board Representative

REBECCA CARLTON - Non-Executive Member Board Representative – RUH – updated April 2019

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>

Signed as correct, by REBECCA CARLTON.....

Date:.....

CLARE O’FARRELL - Deputy Non-Executive Member Board Representative – RUH – updated 27 June 2018

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

Signed as correct, by CLARE O’FARRELL:.....

Date:.....

Salisbury Foundation Trust Member Board Representative

LISA THOMAS - Non-Executive Member Board Representative – SFT – 19 July 2018

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>
Director	Salisbury Trading Limited	1 September 2017

Signed as correct, by LISA THOMAS.....

Date:.....

**KIERAN HUMPHREY - Deputy Non-Executive Member Board Representative – SFT –
updated**

<i>Title</i>	<i>Organisation</i>	<i>Date of Commencement</i>

Signed as correct, by KIERAN HUMPHREY.....

Date:.....

Wiltshire Health and Care Board**For decision**

Subject: Chair's Report
Date of Meeting: 04 June 2019
Author: Carol Bode, Chair WHC

1. Purpose

To update the Board on developments within and externally to Wiltshire Health and Care LLP

2. Background

This report is the regular update received by the Board from the Chair concerning issues and developments in relation to Wiltshire Health and Care LLP

3. Recommendation

3.1 The Board is invited to:

- Approve moving the WHC 2nd August Board to 6th September 2019 to facilitate a Well Led Review.

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	N/A
Links	
Link to business plan/ 5 year programme of change	N/A
Links to known risks	N/A
Identification of new risks	N/A

Chair's paper June 2019

Well Led Review

The invite to tender for a Well Led Review of Wiltshire Health and Care LLP was successfully launched on 7 May 2019 with responses received by 21 May 2019. Four bidders responded and initially it was thought three met the criteria set by the Scope of Requirements. To assist with the coming together of a senior WHC panel a date for the assessment of bidders' presentations was set for the afternoon 4th June 2019.

Subsequently two of the three bidders stated that June 4th date was problematic for them and the fourth bidder appealed their exclusion. An investigation by the Director of Procurement and Commercial Services at Salisbury NHS Foundation Trust discovered that financial material which had been missing from the initial fourth bid had been loaded onto the appropriate portal, but had not been properly collated by the system. As the bidder had not been in 'breach' of the process they have now has been allowed to enter the process of selection.

Due to the issues listed above it was decided to postpone the assessments initially set for the afternoon of 4th June and seek an alternative date later in June 2019.

Although WHC will do its utmost to allow all bidders to present there will always be issues of availability of WHC staff and presenters. Therefore, the interim Board Secretary will seek the best possible date for the majority of potential suppliers and WHC staff to ensure there is a robust selection process. The aim is to have a supplier appointed by the end of June 2019.

Part of the Well Led process is the observation of the Board and sub committees plus interviews with Board members. As there is a need to keep a tight rein on costs it would be beneficial if as much work/interviews were to be completed on as few days as possible.

To facilitate this outcome it is suggested that WHC moves back the planned August 2019 Board (02/08/19) to September 2019 (06/09/19). This recognises the probability that a number of staff will be unavailable in August and will enable planning to ensure staff availability for the September Board and subsequent interviews. After the visits by the Well Led Review Provider and time for report writing it is expected that the final report and the action plan will be available by November 2019.

To ensure the Board is kept up to date on Quality, Finance and Performance data will be made available in August via Glasscubes to allow members to be assured of the LLP's overall performance.

To assist the Board with the Well Led Review process, WHC's performance against the NHSI Well-Led Framework that was made available to members in June 2018 will be re-circulated. Added to this subsequent updates completed in 2019 will also be distributed; as will any further amendments over the summer months.

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 5

Managing Director’s Report

VERBAL

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 6

WHC Annual Accounts 2018/19 Final

To follow

Wiltshire Health and Care LLP

Annual Report and Accounts 2018 to 2019

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

Ordered by the House of Commons to be printed 4 June 2019

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Officers and Professional Advisers

Designated Members

Great Western Hospitals NHS Foundation Trust

Royal United Hospitals Bath NHS Foundation
Trust

Salisbury NHS Foundation Trust

Registered Office

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

Independent Auditor

KPMG LLP
66 Queen Square
Bristol
BS1 4BE

Bank

Lloyds Bank plc
Chippenham Branch
PO Box 1000
BS1 1LT

The members are pleased to present their report and the audited financial statements for the year ended 31
March 2019

Members' report

Principal Activity

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

Results

The results for the year are an overall breakeven position, as outlined on page 8.

Business Review

The LLP has continued to deliver adult community health services for the people of Wiltshire during the financial year 2018/19. This has involved responding to substantial increases in demand for services and continuing to improve the way in which community services support the needs of the population. Waiting times for planned services, such as physiotherapy outpatient appointments, have reduced significantly during the year. Investment and additional staffing to support people on discharge from inpatient care has also been implemented during the year.

Following a transfer of staff on 1 April 2018, 2018/19 was the first year in which the LLP was the employer of over 1000 staff. This has been accompanied by a transition of corporate support functions and processes. 2018/19 has therefore seen the development and implementation of new systems, processes and decision making frameworks.

The LLP achieved its planned break even position at the end of the financial year and grew its income base in a sustainable manner related to development of additional commissioned services.

The potential impact of Brexit on the activities of the LLP has been assessed. The LLP is engaged in work across the health and care sector to plan for, and seek to mitigate, risks which would affect the sector as a whole. No unique or specific risks have been identified. In terms of other risks and uncertainties, the LLP's highest strategic risk is related to continued supply of adequate workforce to deliver commissioned services. The rate of vacancies has reduced overall during 2018-19, although the LLP continues to be reliant on temporary staffing for some activities. Reducing temporary staffing spend through closer management of rotas and a continued effort to recruit substantive staff is a key focus for 2019/20.

Going Concern

The LLP is funded by the cash flow that it generates from trading activities. The Board have considered future trading performance and expenditure for the next twelve months and expects the LLP to operate within its available financial facilities for the year ending 31 March 2020. Accordingly the members believe it is appropriate to prepare the financial statements on the going concern basis.

In the event that the LLP expenditure cannot be covered by current or any agreed adjustments, to commissioning income, the Board shall notify the Members who shall make a decision on the next steps in line with the Members Agreement. Based on the forecast trading and cash flows, this is not expected to be required within the foreseeable future.

Based on the factors outlined above and the financial position of the business at 31 March 2019, the Board have prepared the financial statements on the going concern basis.

Designated Members

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

Members' report

Charitable Donations

No charitable donations were made during the year.

Policy regarding Members' Drawings and Capital

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

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

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

The amounts transferred in the year were £0 (2017/18: £0).

Disclosure of information to auditor

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

Auditor

The independent auditors of Wiltshire Health and Care LLP are KPMG LLP.

Pursuant to section 487 of the Companies Act 2006, the auditor will be deemed to be reappointed and KPMG LLP will therefore continue in office.

Approved by the Members
and signed on behalf of the Members

Date:

Douglas Blair

Managing Director

Registered office address: Chippenham Community Hospital, Rowden Hill, Chippenham, Wiltshire, SN15 2AJ

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

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

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

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

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

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

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

Independent Auditor's report to the members of Wiltshire Health and Care LLP

Independent auditor's report to the members of Wiltshire Health & Care LLP

We have audited the financial statements ("the financial statements") of Wiltshire Health & Care LLP ("the LLP") for the year ended 31 March 2019 set out on pages 8 to 19.

In our opinion the financial statements:

- give a true and fair view, of the state of affairs of the LLP as at 31 March 2019 and of its result for the year then ended;
- have been properly prepared in accordance with UK accounting standards, including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*; and
- have been prepared in accordance with the requirements of the Companies Act 2006 as applied to limited liability partnerships by the Limited Liability Partnerships (Accounts and Audit) (Application of Companies Act 2006) Regulations 2008.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the LLP in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

The impact of uncertainties due to the UK exiting the European Union on our audit

Uncertainties related to the effects of Brexit are relevant to understanding our audit of the financial statements. All audits assess and challenge the reasonableness of related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the LLP's future prospects and performance.

Brexit is one of the most significant economic events for the UK, and at the date of this report its effects are subject to unprecedented levels of uncertainty of outcomes, with the full range of possible effects unknown. We applied a standardised firm-wide approach in response to that uncertainty when assessing the LLP's future prospects and performance. However, no audit should be expected to predict the unknowable factors or all possible future implications for a company and this is particularly the case in relation to Brexit.

Going concern

The members have prepared the financial statements on the going concern basis as they do not intend to liquidate the LLP or to cease its operations, and as they have concluded that the LLP's financial position means that this is realistic. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Independent Auditor's report to the members of Wiltshire Health and Care LLP

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least a year from the date of approval of the financial statements. In our evaluation of the members' conclusions, we considered the inherent risks to the LLP's business model, including the impact of Brexit, and analysed how those risks might affect the LLP's financial resources or ability to continue operations over the going concern period. We have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the LLP will continue in operation.

Other information

The members are responsible for the other information, which comprises the members' report. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work, we have not identified material misstatements in the other information.

Matters on which we are required to report by exception

Under the Companies Act 2006 as applied to limited liability partnerships we are required to report to you if, in our opinion:

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

We have nothing to report in these respects.

Members' responsibilities

As explained more fully in their statement set out on page 4, the members are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the LLP's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting

Independent Auditor's report to the members of Wiltshire Health and Care LLP

unless they either intend to liquidate the LLP or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

The purpose of our audit work and to whom we owe our responsibilities

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

Rees Batley (Senior Statutory Auditor)
for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants

66 Queen Square,
Bristol, BS1 4BE
United Kingdom,
June 2019

Statement of comprehensive income
For the year ended 31 March 2019

	Note	2019 £000	2018 £000
Turnover	1	52,685	45,228
Operating Expenses	2	(52,717)	(45,229)
Operating loss		(32)	(1)
Net interest receivable	5	32	1
Profit for the financial year available for discretionary division among members		0	0
Other comprehensive income		0	0
Total comprehensive income		0	0

All results relate to continuing activities.

Notes on pages 11 to 19 form part of the financial statements.

**Statement of financial position
As at 31 March 2019**

	Note	2019 £000	2018 £000
Current assets			
Debtors	9	4,819	978
Stock	10	51	0
Cash at bank and in hand	11	6,380	2,659
		11,250	3,637
Creditors: amounts falling due within one year	12	(10,961)	(2,746)
Net current assets		289	891
Total assets less current liabilities		289	891
Provisions for liabilities	13	(289)	(891)
NET ASSETS ATTRIBUTABLE TO MEMBERS		0	0
REPRESENTED BY:			
Equity			
Members' other interests – other reserves classified as equity	14	0	0
TOTAL MEMBERS' INTERESTS		0	0

The financial statements of Wiltshire Health and Care LLP, registered number OC399656, were approved by the Members on 4 June 2019

Signed on behalf of the Members

Douglas Blair
Managing Director

Date: _____ June 2019

Notes on pages 11 to 19 form part of the financial statements.

Statement of cash flows
Year ended 31 March 2019

	2019 £000	2018 £000
Net cash inflow from operating activities,	0	0
Profit for the financial year after members profit shares charged as an expense	0	0
Adjustments for:		
Increase in creditors	8,215	1,789
(Increase) / decrease in stock	(51)	0
Increase in debtors	(3,841)	(519)
Increase / (decrease) in provisions	(602)	891
Net cash flows from operating activities before transactions with members	3,721	2,161
Net cash from investing activities	0	0
Net cash from financing activities	0	0
Net increase in cash and cash equivalents	3,721	498
Cash and cash equivalents at 1 April	2,659	498
Cash and cash equivalents at 31 March	6,380	2,659

Notes on pages 11 to 19 form part of the financial statements.

Notes to the Financial Statements

Year ended 31 March 2019

1. Accounting policies

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

1.1 Basis of preparation

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

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

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

Judgements made by the members, in the application of these accounting policies that have significant effect on the financial statements and estimates with a significant risk of material adjustment in the next year are discussed in note 1.9.

1.2 Going concern

The LLP is funded by the cash flow that it generates from trading activities and robust working capital management. At 31 March 2019, the LLP had cash reserves of £6.38m.

The Board have considered future trading performance and expenditure for the next twelve months and expects the LLP to operate within its available financial facilities for the foreseeable future. Accordingly the members believe it is appropriate to prepare the financial statements on the going concern basis.

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

1.3 Turnover

Turnover represents amounts chargeable to customers for services provided during the year, based upon contractual arrangements with all customers, including other NHS bodies, and is recorded as earned under those contractual arrangements. Where services are invoiced in advance of the service being performed or delivered, then income is deferred until the service is carried out. Income is accrued where it has been earned by the performance of the service, but is not yet invoiced to the customer.

Notes to the Financial Statements
Year ended 31 March 2019

1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that, they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.5 Employee benefits

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

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

1.7 Cash and cash equivalents

Cash and cash equivalents comprise all cash balances.

1.8 Financial instruments and financial liabilities

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

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

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

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

Notes to the Financial Statements
Year ended 31 March 2019

1. Accounting policies (continued)

1.9 Critical Accounting estimates and judgements

Provisions, including legal claims and restructuring, are considered and reviewed periodically to ensure that it accurately reflects the current position in providing for potential future costs from past events at each balance sheet date.

**Notes to the Financial Statements
Year ended 31 March 2019**

2. Total operating expenditure

	2019 £000	2018 £000
Staff costs (note 4)	35,163	273
Chair and Non-Executive Costs	37	38
Commissioned Service Costs	194	44,774
Other operating charges comprising :-		
Clinical goods and services	7,550	0
Premises and establishment costs	8,627	0
Other operating charges	1,146	144
	52,717	45,229

3. Operating profit

	2019 £000	2018 £000
Operating profit is after charging :		
Auditor's remuneration		
Audit of these financial statements	22	9

Notes to the Financial Statements

Year ended 31 March 2019

4. Staff costs and employee information

	2019 £000	2018 £000
Employee costs during the year amounted to:		
Wages and salaries	26,547	205
Social security costs	2,404	23
Pension costs (note 15)	3,462	25
Temporary staff	2,981	20
	35,394	273

The staff costs consist of amounts relating to both clinical and non-clinical personnel. The highest paid role was the Managing Director, the total costs; including employer's on-costs, amounting to £148k (2017-18: £148k). At the start of the year staff were transferred under TUPE regulations from employment with Great Western Hospital to direct employment by Wiltshire Health and Care LLP.

Average Headcount Numbers	2019 No	2018 No
Administrative and Clerical staff	170	4
Nursing staff	354	0
Allied Health Professionals	274	0
Other clinical staff	268	0
	1,066	4

5. Net interest receivable

	2019 £000	2018 £000
Bank interest receivable	32	1
Net interest receivable	32	1

6. Members' share of profits

The average number of members during the year was 3 (2018: 3).

No profits were distributed to members for the year to 31 March 2019 (31 March 2018: £nil)

7. Members' remuneration charged as an expense

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

8. Profit of the Limited Liability Partnership

The profit for the year available for discretionary division among members reflected in the individual profit and loss account of the LLP for the year ended 31 March 2019 was £0 (2018: £0).

Notes to the Financial Statements

Year ended 31 March 2019

9. Debtors

	2019 £000	2018 £000
Trade debtors (non NHS Bodies)	203	0
Trade debtors (NHS Bodies)	1,480	50
Accrued Income	3,007	928
Prepayments	129	0
	4,819	978

All amounts are due within one year.

10. Stock

	2019 £000	2018 £000
Medical Consumables	51	0
	51	0

11. Cash and cash equivalents

	2019 £000	2018 £000
Cash at bank and in hand	6,380	2,659

12. Creditors: amounts falling due within one year

	2019 £000	2018 £000
Trade payables	2,442	915
Other taxes and social security	552	17
Deferred income	229	444
Accruals	7,166	1,370
Other creditors	572	0
	10,961	2,746

**Notes to the Financial Statements
Year ended 31 March 2019**

13. Provisions

	Other	Total
	£000	£000
At 1 April 2019	891	891
Utilised during the year	(602)	(602)
At 31 March 2019	<u>289</u>	<u>289</u>

14. Total members' interests

On the creation of the LLP and during the 12 months to 31 March 2019 no Member made any financial investment into the LLP. Members have not received any revenue or capital remuneration.

Notes to the Financial Statements

Year ended 31 March 2019

15. Employee benefits

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2019 is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer

Notes to the Financial Statements

Year ended 31 March 2019

cost cap set following the 2012 valuation. Following a judgement from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

16. Related parties

Expenditure with Great Western Hospitals NHS Foundation Trust was £2,472k in respect to clinical and corporate support services provided to the LLP. Balance due from Great Western Hospitals NHS Foundation Trust totalling £1,095k, relating to the intercompany account balance from previous financial year, remains due in Debtors (note 9).

Expenditure with Salisbury NHS Foundation Trust was £613k in respect to lymphoedema, community geriatrician, and clinical and corporate support services provided to the LLP.

Expenditure with Royal United Hospitals Bath NHS Foundation Trust was £1,065k for clinical and corporate support services.

Expenditure with NHS Property Services Ltd for £1,831k for property costs.

Income of £47,615k (£44,907k, 2018) was received from Wiltshire CCG, £219k (£139k, 2018) from BANES CCG, £61k (£127k, 2018) from Bristol, North Somerset and South Gloucestershire CCG.

Income from Salisbury NHS Foundation Trust was £364k in respect to clinical services provided to the Trust.

Income from Royal United Hospitals Bath NHS Foundation Trust was £31k in respect of diabetic services provided to the Trust.

Payments due to NHS Business Services in relation to NHS Pensions were £3,462k (£25k, 2018), with tax and NI payments totalling £6,607k (£23k, 2018).

There are no transactions with management.

17. Financial instruments

Carrying amount of financial instruments

The carrying amounts of the financial assets and liabilities include:

	2019 £000	2018 £000
Assets measured at fair value through profit or loss	1,683	50
Liabilities measured at fair value through profit or loss	(2,994)	(932)
	(372)	(882)

The LLP has no derivative financial instruments.

18. Events after the reporting period

None noted.

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 7

External Auditors Report

Noted by the Board

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 8

Revised Financial Statements for Business Plan

Noted by the Board

Wiltshire Health and Care Board**For information****Subject: Improving Financial Reporting****Date of Meeting: 04 June 2019****Author: Annika Carroll****1. Purpose**

To provide an update to the Board on plans to improve financial reporting.

2. Background

Delays in the implementation of 'Unit 4' Agresso Ledger have hampered efforts to move quickly to enhanced financial reporting, both internally within the organisation and for the purposes of the Board.

When it was clear that automatic financial reports were not going to be available from the system, a spreadsheet-based set of financial reports was put in place in June 2018 for the purposes of the Executive Committee and the Board. The finance team used the Member's Board reports as a guideline with regards to context and the report that was adapted by WHC was based mainly on the format used by SFT at that time. Excel- based budget reports were also put in place for budget managers.

There is an ambition to continue to improve financial reporting, as the capabilities and capacity of the systems and finance team grow. The plan for 2019/20 is set out below.

3. 2019/20 Plan

A realistic plan, recognising the limited capacity in a small finance team, is shown on the next page.

Reporting Development	Implementation Date
<u>Implementation of finance reporting module within Unit 4</u> <ul style="list-style-type: none"> · This will provide budget managers access to review current and historical budget reports on line · The reporting module will allow further bespoke reporting requirements to be developed 	<p>June 2019 September 2019</p>
<u>Further additions to the Board financial reporting to include:</u> <ul style="list-style-type: none"> · More detail and analysis on cost savings plans · Information presented to more easily satisfy the information required by NHSI · Provide more detail with regards to cash flow and use of resources, including aged debtors · A forecast for the financial year · Analysis of estates and IT costs by service line, to provide source information to contribute to any strategic reviews 	<p>June 2019 September 2019 June and July 2019 August 2019 November 2019</p>

It is not proposed that a full service line reporting system is put in place during 2019/20. As previously discussed with the Board, the lack of full Service Line Reporting may give rise to additional risks. However, given that the activities of the LLP are covered by a block contract, with no cost per case at service line, the risks of not having a full service line reporting structure are judged to be acceptable. The main risks would be related to an impact of decision making around the strategic development of individual functions. This risk is mitigated by ensuring that when and if an individual function is being analysed as part of service development, ad hoc work is carried out to represent the full costs of that function. Our ability to do this will improve during 2019/20, now that estates costings are becoming clearer. This will be further supported by further analysis, as set out above.

4. Recommendation

- The Board are invited to note the proposed plan for improving financial reporting during 2019/20.

Wiltshire Health and Care Board**For decision****Subject: Quality Account 2018/19****Date of Meeting: 04 June 2019****Author: Sarah-Jane Peffers****1. Purpose**

The purpose of this document is to introduce the Quality Account for 2018/19 and seek Board sign off for publication of the Account.

2. Background

Every NHS organisation is required to publish an annual Quality Account. This is the third Quality Account that we have submitted, and this Account covers the data for the period 1st April 2018- 31st March 2019. It has been through review at Executive Committee and is circulated for review and approval by the Board. Every organisation is required to publish their Account for 2018/19 before 30th June 2019.

WHC as an independent health provider does not have to follow the same guidance as NHS Foundation Trusts, However this is taken into account and relevant sections have been included, this includes the updated guidance and the inclusion of WHC's approach to Freedom To Speak Up.

The content of the Quality Account has been developed through contributions by the relevant operational leads and provides an accurate reflection of our progress. The Quality Priorities 19/20 have been published in draft on our website and through internal communication mechanisms to encourage feedback from patients, public and staff. To date we have received feedback from 3 people.

The Content has been reviewed by Wiltshire CCG, Wiltshire Health Select Committee and Healthwatch. Their comments have been reviewed and relevant changes have been made to the account. Wiltshire Health Select Committee have recommended an Executive summary and this will be added once the content has been agreed by WHC board. Whilst comments have been made by Wiltshire CCG, a statement has not yet been received; a further updated copy of the draft account has been re-circulated.

3. Discussion

WHC are awaiting a statement from Wiltshire CCG

The Quality Account is currently in draft form and an executive summary will be written once the content has been agreed by WHC board

There will be time given in the next 2 weeks to amend the presentation of the document once the content has been agreed by Wiltshire Health and Care board

4. Recommendation

4.1 The Board is invited to:

- (a) Approve the Quality Account 2018/19 for publication.

Impacts and Links

Impacts	
Quality Impact	There is a national requirement for each organisation to produce a Quality Account. The Quality Priorities for 19/20 reflect the key areas for quality improvement and align to the delivery plan 19/20
Equality Impact	The QA reflects service delivery across all service areas and across the whole of Wiltshire
Financial implications	There is not expected to be any financial implications other than those agreed against the 19/20 delivery plan
Impact on operational delivery of services	The content of the QA and the delivery of the Quality Priorities will be central to operational delivery.
Regulatory/ legal implications	In line with both NHSI and CQC regulations
Links	
Link to business plan/ 5 year programme of change	Quality priorities for 19/20 are embedded into the 19/20 delivery plan
Links to known risks	Risk 2 Risk 30
Identification of new risks	None



Wiltshire
HEALTH AND CARE

Quality Accounts 2018-2019



Through our partnerships with GPs, primary care, social services and voluntary sector organisations, we are helping to enable people to live healthy independent lives

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Executive Summary

This will be completed once formal sign off from WHC Board.

DRAFT

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 (WHC) 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 (2019/20) 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.

A draft of the Quality Account was circulated for comments in May, in line with statutory requirements, to the following stakeholder groups; Wiltshire Clinical Commissioning Group (CCG); • Wiltshire Health Select Committee and • Healthwatch Wiltshire.

We invited them to review the document and provide us with comments. You can see their comments in section 6.

WHC has welcomed the feedback and has made the relevant changes based on the feedback received.

Who we are

WHC is a partnership, focused solely on delivering improved community services in Wiltshire and enabling people to live independent and fulfilling lives for as long as possible. We have been responsible for the delivery of adult community health services in Wiltshire from July 2016. We draw on the expertise of committed professionals, along with drive and the ambition to work in partnership with organisations across Wiltshire to support our local population. We know we can only achieve our aims by forming effective partnerships with GPs, primary care, social services, our acute partners, mental health services, voluntary sector organisations and engaging with the people of Wiltshire.

Our unique partnership

We are a partnership formed by the three local Foundation Trusts which serve Wiltshire; Great Western Hospitals, Swindon; Royal United Hospitals, Bath; Salisbury District Hospital.

Our vision

Our vision is to enable people to live independent and fulfilling lives for as long as possible. This involves changing and improving the way in which community services support the people of Wiltshire, creating a new delivery model in line with the NHS long term plan.

Our Services

Community Geriatrician - Provides care to the frail and elderly population

Community Hospitals - 3 of 6 Community Hospitals have inpatient wards

Community Team for People with Learning Disabilities - Support people 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 for people with Type 1 & 2 diabetes

Dietetics - Provides a service for adults and children to help with 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

Podiatry - Provides specialist and general interventions for foot health and biomechanics

Respiratory Team - Specialised support for patients with complex chronic lung disease

Speech and Language Therapy - Provides a wide range of expertise for communication and swallowing difficulties

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

Wheelchair Service - Provides wheelchairs and specialist supportive seating

Physiotherapy - Provides a comprehensive outpatient musculoskeletal service

Our approach to Quality

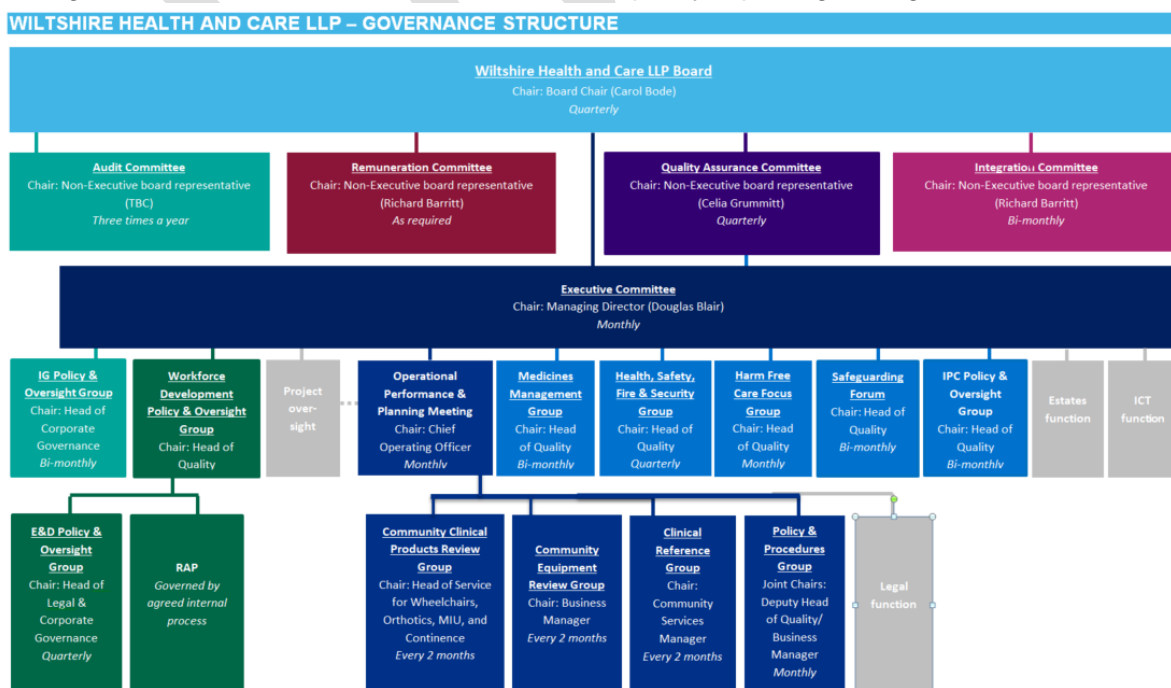
Quality is the foundation for all decision making and actions undertaken by WHC. WHC has a clear objective to ensure the delivery of safe and effective care. This is evidenced by the 'golden' thread of quality woven throughout the delivery plan. The provision of high quality care is measured against the Care Quality Commission (CQC) domains;

Safe	People are protected from abuse and avoidable harm
Effective	People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidenced based where possible
Caring/ Experience	Staff involve and treat people with compassion, kindness, dignity and respect
Responsive	Services are organised so they meet people's needs
Well Led	Leadership, management and governance of the organisation assure the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture

The Named Executive Lead for Wiltshire Health and Care is the Director of Quality, Professions and Workforce

During the first 2 years since its inception, Wiltshire Health and Care has had a focused approach on developing its Quality Assurance (QA) function, to ensure effective mechanisms are in place to measure compliance against regulatory and statutory standards. This has resulted in an increase in subject expert roles, which include: Medicines Optimisation Pharmacist, Safeguarding Lead for Children and an increase in Infection Protection and Control and Health and Safety support. Wiltshire Health and Care is now confident in its 'floor to board' governance arrangements, and has a number of Policy and Oversight Groups (POGs) to support and assure the Executive team. Further enhancement of the clinical governance structure is provided by oversight and scrutiny by our Non-Executive Directors through the Quality Assurance Committee.

The organisational chart below shows the flow of quality reporting through Wiltshire Health and Care:



Statement from the Chair of the Board



Carol Bode

**Carol Bode, Chair of the Board
WHC**

Statement from the Managing Director



A handwritten signature in black ink, appearing to read 'Douglas Blair'.

**Douglas Blair, Managing Director
WHC**

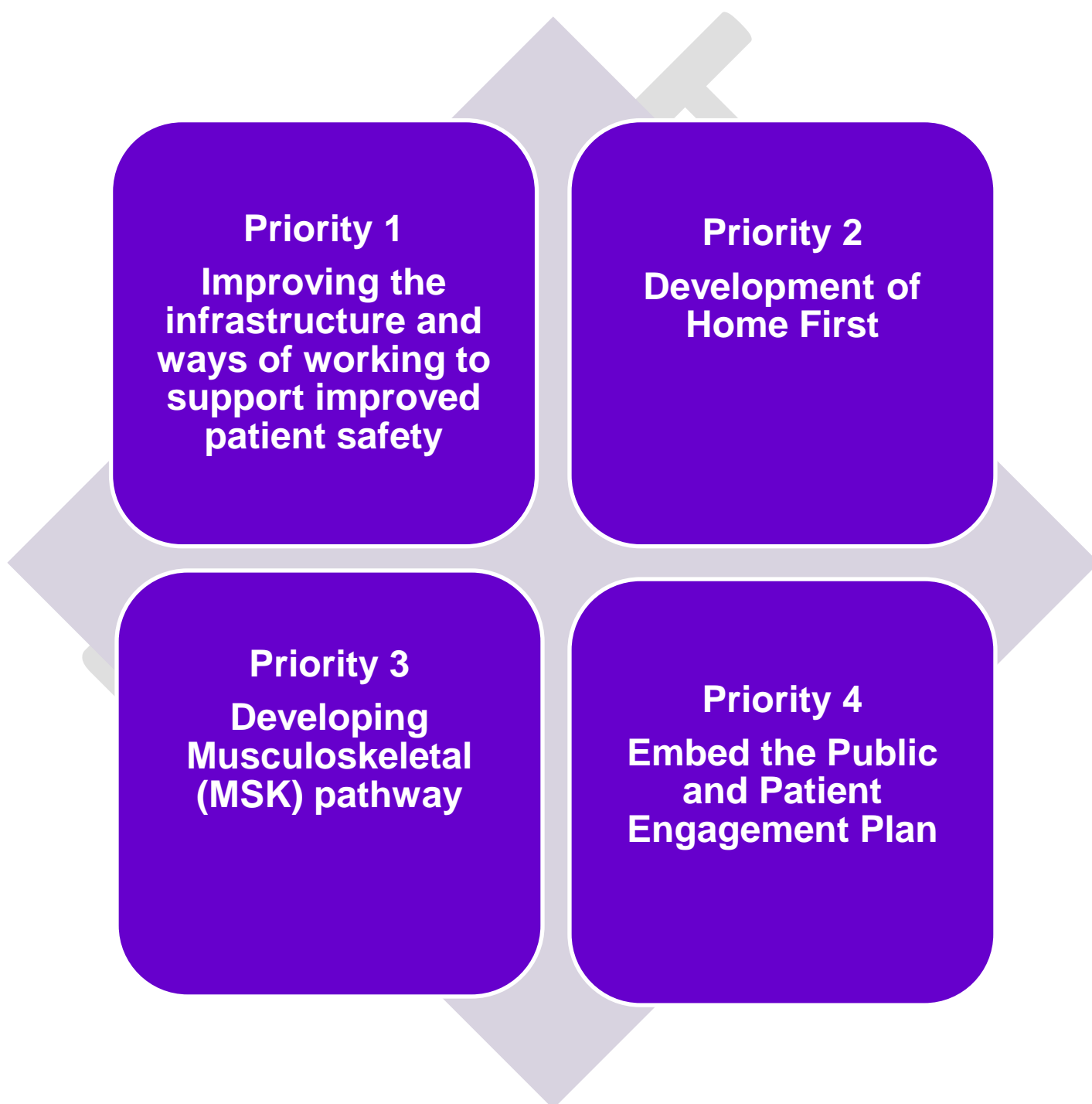
Section 2

Looking back at
2018/19



2018/19 Quality Priorities

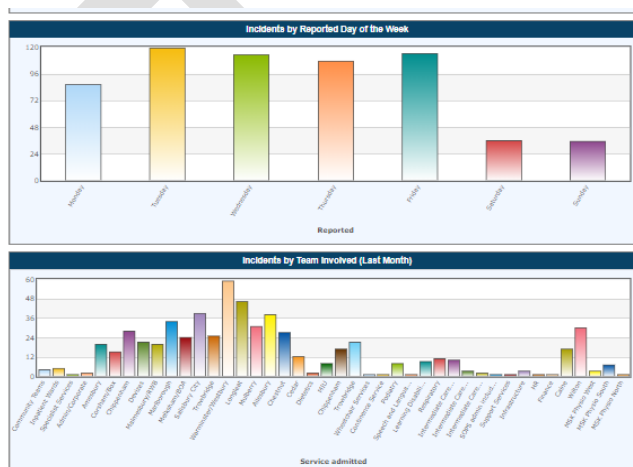
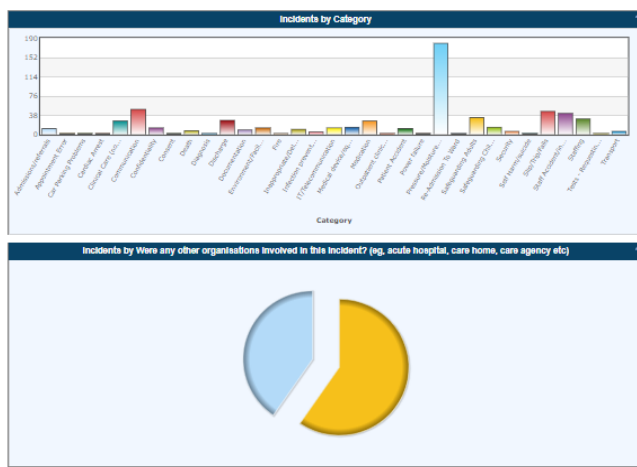
Our quality priorities for 2018/19 were developed by taking into account a number of key factors: the quality improvements that have been achieved since the start of WHC in July 2016, what our patients and the public are telling us and the continual process of checking against quality and performance data, alignment with WHC'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 2018 to March 2019).



Priority 1

Improving the infrastructure and ways of working to support improved patient safety

What we said	RATE OF ACHIEVEMENT	
	Success measures	What we will take forward
The development and implementation of a new clinical risk system – DATIXIQ	DATIX IQ clinical incident module has been launched. An example of one of the DATIX dashboards is provided below.	Three further modules; Mortality, risk and feedback will be launch in Q1 19/20. Improved data flows through the implementation of DATIX IQ, and the improved presentation of triangulated quality, performance, and finance data from April 2019, will offer richer discussions, support more robust action planning, and offer a higher level of assurance



What we said	RATE OF ACHIEVEMENT	
	Success measures	What we will take forward
WHC will improve its Serious Incident reporting process	During 18/19 40 staff attended training to support the development and implementation of a more robust Root Cause Analysis investigation process. New approach has been adopted, enabling a more collective and rapid response to incident investigation. Staff have fed back that the process is more inclusive, blame free and identifies wider issues that may be present within different teams and services.	With the development of DATIX IQ there will be greater efficiencies to be gained

What we said	RATE OF ACHIEVEMENT	
	Success measures	What we will take forward
WHC will design and implement a Safety Culture Assessment	Development of a tool which was rolled out across all teams and services with a 15% return. Feedback will be utilised and form part of the staff survey action plan	The safety culture self-assessment approach will continue during 19/20 with an expected response rate of > 50%

95% of staff said mistakes led to positive change in their team

99% of staff said they believe WHC Senior Management Teams/Board provides a work culture that promotes patient safety

99% of staff said they believe staff in their team will freely speak up if they see something that may negatively affect patient care

87% of staff said when a mistake is made that caused harm to the patient, this is always reported


Section 2 – Looking back at 2018-19

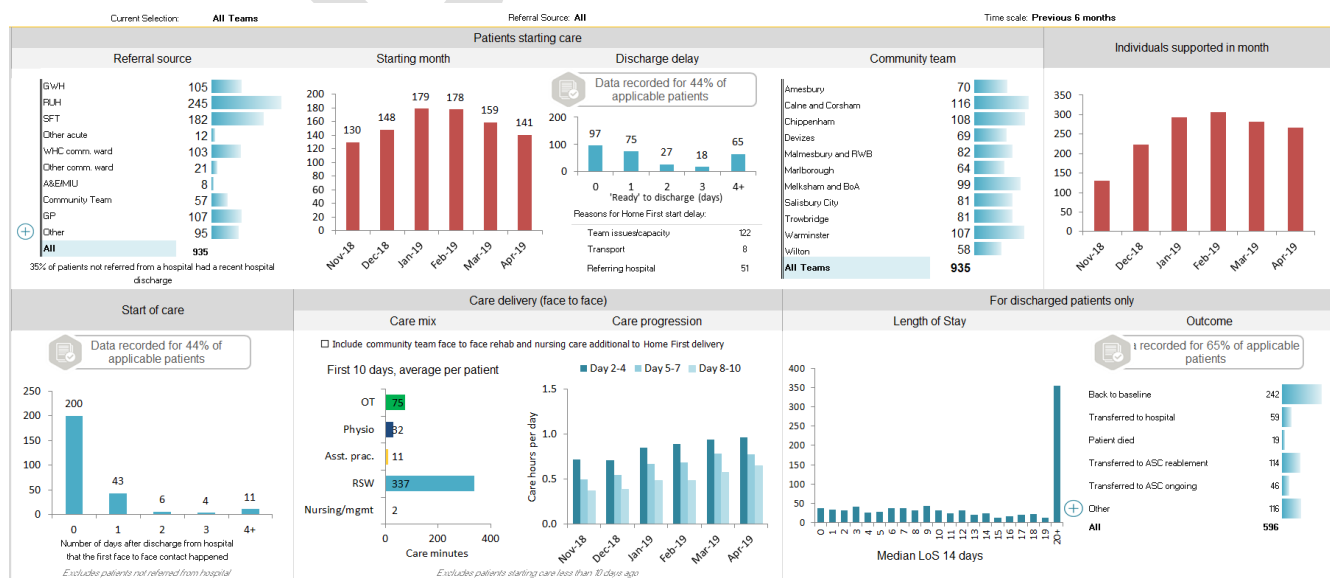
What we said	RATE OF ACHIEVEMENT	
	Success measures	What we will take forward
WHC will transform Ailesbury ward to improve the patient experience Reduce safety incidents resulting in harm Improve staff recruitment and retention	The ward has been separated into two zones; Ailesbury Unit and Chestnut Unit Therapy availability across 7 days Physical space identified to support Learning and Development Medical staff appointed Bed capacity increased from 26 to 30 Development opportunities available to staff; Development Advanced Clinical Practitioners, Trainee Nurse Associates (TNAs) and apprenticeship HCAs. An example of the quality metrics from the dashboard have been provided below.	Ailesbury ward transformation will continue during 19/20.

<u>Ailesbury</u>	Incidents	SIRIs	Compliments	Complaints	Falls		Med errors	
					Harm	No harm	Harm	No harm
	18	0	0	2	1	2	0	2
<u>Chestnut</u>	Incidents	SIRIs	Compliments	Complaints	Falls		Med errors	
					Harm	No harm	Harm	No harm
	10	0	0	0	0	0	0	3

Priority 2

Development of Home First

What we said	RATE OF ACHIEVEMENT	What we will take forward
<p>WHC will work with Wiltshire Council re-ablement to implement a Home First + pathway. Recognising the findings of the Healthwatch Better Care Plan Engagement Report 2017/18</p>  <p>https://www.healthwatchwiltshire.co.uk/report/2018-05-25/better-care-plan-engagement-report-evaluation-home-first-service-wiltshire</p>	<p>Outcomes met:</p> <ul style="list-style-type: none"> ✓ HomeFirst + pathway have been launched across all 3 localities ✓ More people have been supported through a Home First pathway, with numbers growing during the second half of 2018/19 ✓ Trusted assessment document written on SystmOne (Clinical care record) and transferred to the reablement team. ✓ Reduced time taken to transfer between teams towards the target of 2 working days. ✓ Teams are reviewing the content of the referral documentation in weekly Multi-Disciplinary Team (MDT) meetings and ensuring any learning is actioned. ✓ Reports are being produced to monitor progress. 	<p>100% recruitment of rehabilitation support workers into vacant posts. Utilising our partnership with Salisbury district Hospital and external care agencies.</p>



Priority 3

Developing musculoskeletal (MSK) pathway

What we said	RATE OF ACHIEVEMENT	
	Success measures	What we will take forward
Delivery of a fully integrated community based MSK pathway with consistent clinically led physiotherapy triage	Phase one and two are now complete. Referrals to secondary care and trauma and orthopaedics first outpatient attendances are reducing by around 2%. WHC treated 2024 more patients than originally planned. Only 19% of those patients who received treatment are referred on to have an orthopaedic opinion.	<p>Phase 3 to commence in Q1 2019/2, and will include releasing more appointments in the community and roll out of more classes for patients across Wiltshire.</p> <p>Delivery of the pain pathway.</p> <p>Continue to work with Primary Care networks to increase the number of first contact physiotherapist.</p> <p>WHC has successfully rolled out the ESCAPE which is an evidenced base programme for people with arthritis in the hip and knee.</p>

Priority 4

Embed the Public and Patient Involvement Plan

What we said	RATE OF ACHIEVEMENT	
	Success measures	What we will take forward
<p>WHC will develop and deliver a patient and public Involvement plan</p> <p>http://wiltshirehealthandcare.nhs.uk/wp-content/uploads/2018/12/PatientPublicInvolvementPlan2018-2021V3_Oct18_FINAL.pdf</p>	<p>Workshops, focus groups, interviews and surveys undertaken. Public and patient involvement plan produced and published.</p>	<p>Recruitment of a patient and public involvement lead.</p> <p>Delivery of the plan.</p>

Patient & Public Involvement Plan 2018-2021:

How we will involve patients; their families, carers, volunteers, staff and the wider community in the delivery of our services



Section 3

Quality and Effectiveness



Care Quality Commission (CQC)

CQC rating and what it means for Wiltshire Health and Care. In October 2017 WHC received an overall Good rating from CQC. Since then, Wiltshire Health and Care has continued to improve and develop its approach. In particular, the following aspects have been achieved:

Improvements	
✓	Reviewed and improved Governance Structure with established Policy and Oversight Groups, with clearly defined Terms of Reference and reporting structure.
✓	Improved quality reporting. This will be enhanced further in April 2019 with the launch of DATIX IQ, and the introduction of the Quality, Performance and Workforce scorecard.
✓	Wiltshire Health and Care has published its Public and Patient involvement plan. This was developed in conjunction with patient, carers and the wider public. Wiltshire Health and Care will be continually referring to this plan as services evolve, expand and increase.
✓	Wiltshire Health and Care has an active recruitment pipeline. With focused recruitment campaigns, there has been significant improvement in hard to recruit to areas, for example Savernake Hospital.
✓	All Executive and Non- Executive board members have up to date assessments as Fit and Proper Persons.
✓	Wiltshire Health and Care has invested in external RCA training for a large number of its senior and middle managers. This has delivered a new RCA methodology, enhanced knowledge and skills and focused actions and lessons learned from Serious Incidents. This supports the delivery of improved pressure ulcer and falls care delivery.
✓	Early Warning System roll-out across all wards and community teams.
✓	Improved medicines governance arrangements in place with the appointment of a Medicines Optimisation Pharmacist, and Policy and Oversight Group.

CQUINs

The Commissioning for Quality and Innovation (CQUINs) 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. WHC committed to delivering 5 CQUIN projects. The details of which are provided below, along with the expected targets and the WHC results.

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; Q1) does your organisation take positive action on health and well-being?, Q2) in the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?, and Q3) during the last 12 months have you felt unwell as a result of work related stress? A 5% improvement should be achieved over a period of 2 years, with the baseline survey being 2016.

	2016	2018
1	30%	↓28%
2	75%	↑77%
3	65%	↔65%

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. 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. The target for Year 1 was to achieve 70% and Year 2 to achieve 75%.

	16/17	18/19
	74%	84%

Preventing Ill Health by Risky Behaviours

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. 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. 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. The components for this CQUIN include: a) tobacco screening – target 90%, b) tobacco brief advice – target 90%, c) tobacco referral and medication – target 30%, d) alcohol screening – target 50% and e) alcohol brief advice and referral – target 80%.

	17/18	18/19
A	100%	99%
B	100%	94%
C	100%	100%
D	100%	100%
E	100%	100%

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. 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 – the target is 80%.

	Q2 18-19	Q4 18-19
	81%	93%

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 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. 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. During Year 2 WHC were required to a) report on the number of care and support planning conversations and b) conduct a follow up review of patient's knowledge, skills and confidence for the identified patient population.

100% of patients followed up

93% of patients self care score improved

Clinical Audit / Quality Improvement Projects

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, it informs our teams and patients 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. There are 65 registered projects on the WHC audit programme. WHC participated in 100% of the national projects which we were eligible to participate in.

- **29** National Audits
- **6** CQUIN Audits
- **2** CCG Contract Audits
- **28** Local Audits

Examples of areas of improvement:

- ✓ **Inpatient Ward discharge summary has been amended to capture the relevant contractual information and re-designed to support clinicians to complete efficiently.**
- ✓ **Introduction of a lower limb pathway.**
- ✓ **Roll out of a front sheet for both Chippenham and Trowbridge MIU patients who attend for an x-ray. This will assist the monitoring of when an x-ray has been performed, is completed effectively and that referrals are actioned and communication with patients is effectively.**
- ✓ **Training for the MIU staff to enhance their knowledge of how neglected children would present**

Examples of areas of good practice:

93% of patients who have a wound that has not healed within 4 weeks, have a full wound assessment completed.

92% of patient discharge summaries were sent to the GP within the 24hours target.

100% of patients admitted to an inpatient ward were screened for their smoking status and alcohol consumption.

99% of patients who attended MIU for an x-ray were informed of the appropriate treatment.

100% of patients had a full safeguarding children risk assessment which included previous significant attendance, history of inconsistent/no history, history and examination not compatible, inappropriate delay in presentation, any fractures or concerning head injury in child under one year

Research

Research may be defined as the attempt to derive generalisable or transferable new knowledge to answer or refine relevant questions with scientifically sound 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. WHC is committed to ensuring research and development is an integral part of delivering quality care to the people of Wiltshire. WHC have the support of Bath University Research and Development unit to provide research governance and assurance processes. We are also a member of the West of England Academic Health Science Network (WEAHSN). WHC are registered and has participated in 3 research projects:

BOOST Research Study

The aim of this trial is to study the physiotherapy treatment of back and leg pain or symptoms due to lumbar spinal stenosis (also called neurogenic claudication). There is little research to identify

what type of physiotherapy is best for people with symptoms due to lumbar spinal stenosis. Therefore, we are testing two different approaches to

physiotherapy (1:1 or group) which have been designed to help older adults with symptoms of lumbar spinal stenosis to stay mobile and remain independent. The project got underway in the Physiotherapy department in March 2018 and in the first 6 months we recruited 20x participants after the initial screening appointments. 2x patients are no longer part of the project. The remaining participants have all completed the treatment phase of the trial and have been re-interviewed at the 6 month stage. The twelve month follow up appointments are underway and will be concluding these sometime in August 2019. This will complete our involvement in the trial but the participants are going to be followed up by post by the research team at Oxford at the 2 year mark.



FALCON (Fibromyalgia Self-management Feasibility Trial).

FALCON aims to assess the feasibility of delivering a Fibromyalgia Self-Management Programme (FSMP) in the community. The study offers the opportunity to see whether it is feasible for the intervention to be delivered in the community by non-specialist therapists.

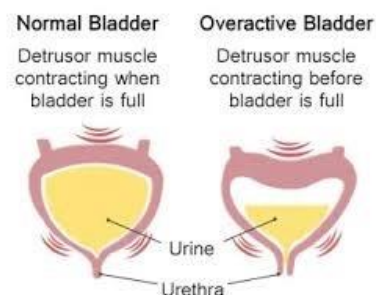
Achievements:

- Training undertaken in February 2019
- Recruitment underway in March 2019 with an aim to find 10 suitable patients.
- Delivery of FSMP intervention in the Spring/Summer 2019.

FUTURE (Female Urgency, Trial of Urodynamics as Routine Evaluation)

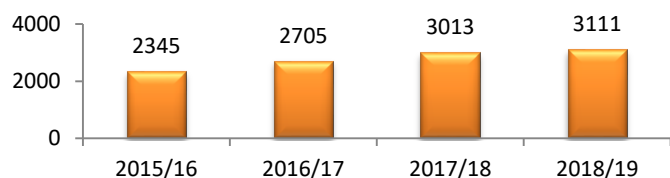
FUTURE is a research study looking at how useful a special bladder test called 'Urodynamics' is at improving the treatment results for women affected by refractory overactive bladder (OAB). OAB affects 12 in every 100 women of the adult female population in the UK. Although rarely life-threatening, OAB can have a considerable negative impact on patients' quality of life, restricting their social life and ability to work, and up-to social isolation in severe cases. Patients eligible to participate in this study are aged 18 or over, have symptoms of overactive bladder for which conservative treatments (e.g. pelvic floor exercises and/or bladder training) and drug therapy have failed or have not been tolerated, and being considered for second line treatment. WHC are

registered to participate in this study and the details are being finalised.



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" and incidents that are common, prevented or close call; known as near misses and medicine errors. The graph below identifies the total number of incidents reported across 4 financial years,



The top 10 incident themes for 2018/19

- Pressure Ulcer II
- Vulnerable Patients WH & C
- Fall - Found On Floor
- Child Protection
- Fall - Slip Or Trip
- Pressure Ulcer III
- Staff Shortage
- Med Error - Missed Medication
- Fall - From Chair
- Treatment / Procedure - Delay / Failure

There was a total of 3111 incidents reported during 2018/19, of which; 2% were a near miss, 54% caused no harm; 37% caused low harm; 6% caused moderate harm and 2% caused severe harm.

Those incidents which caused moderate and severe harm (225 incidents in total) are reviewed and investigated by the relevant clinicians and experts to identify the root cause using the new cause and effective methodology. Some incidents reported are as a result of an incident taking place as a result of another organisation, WHC manage these as 'third party' incidents and report them to the appropriate organisation for follow up.

Data Quality

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

Information Governance Toolkit

To coincide with the introduction of the General Data Protection Regulation (GDPR), the Information Governance Toolkit (IGTT) was replaced by the Data Security & Protection Toolkit (DSPT). Each year, WHC completes a mandatory self-assessment of its information governance arrangements via the DSPT. There are 10 categories in DSPT, containing 100 mandatory evidence requirements, plus further sections which are optional.

- 1 Personal Confidential Data
- 2 Staff Responsibilities
- 3 Training
- 4 Managing Data Access
- 5 Process Reviews
- 6 Responding to Incidents
- 7 Continuity Planning
- 8 Unsupported Systems
- 9 IT Protection
- 10 Accountable Suppliers

All mandatory standards were met

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: **99.94%**
- Postcode: **99.98%**
- Practice code: **99.82%**
- Inpatient Healthcare Resource Group (HRG) Clinical coding: **100%**

Clinical Coding Error Rates

WHC was **not subject** to the Payment by Results clinical coding audit during 2018/19.

Section 3 – Quality and Effectiveness

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. All patients should be screened at 72 hours of admission.

Assessments	Apr	May	Jun	Jul	Aug	Sep
Dementia	97%	98%	100%	95%	98%	97%

Assessments	Oct	Nov	Dec	Jan	Feb	Mar
Dementia	100%	93%	91%	91%	92%	89%

WHC work in line with the 8 regional quality standards for improving the care and experience for patients with dementia and their carers in hospital.

1. People with dementia are assured **respect, dignity** and **appropriate care**.
2. Agreed assessment, admission and discharge processes are in place, with care plans specific to **meet the individual needs** of people with dementia and their carer/s
3. People with dementia or suspected cognitive impairment who are admitted to hospital and their carers/families have **access to a specialist** mental health liaison service.
4. The hospital and ward **environment is dementia-friendly**, minimising the number of ward and unit moves within the hospital setting and between hospitals. 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. All wards have volunteers and are identified by specific t-shirts. These volunteers support all patients on the ward, they sign post patients and carers to specific services, along with the ward staff i.e. Carers Support, FAB (Finance and Benefit Teams), Alzheimer's Society etc. The volunteers on 2 of our wards completed the Kings Fund "Is your ward dementia friendly" assessment and this is being rolled out to the other wards. The Longleat Ward's Activity Co-ordinator's remit has been a success, supported by patient feedback, and this is being rolled out further to the other wards.
5. The **nutrition and hydration needs** of people with dementia are well met. WHC continue to operate a protected mealtime policy. This allows patients to eat in a quiet environment and without interruption from any non-essential intervention. It

is recognised that individuals suffering from dementia will respond in different ways to different environments. In order to recognise this, the policy also permits open visiting at mealtimes for relatives/carers of patients with dementia to enable them to have company when eating and also to support feeding mirroring their usual routine. Patients' nutritional status is monitored using the Malnutrition Universal Screening Tool (MUST) scoring system.

Assessments	Apr	May	Jun	Jul	Aug	Sep
MUST	99%	96%	99%	100%	96%	100%

Assessments	Oct	Nov	Dec	Jan	Feb	Mar
MUST	99%	97%	97%	98%	100%	92%

6. The hospital and wards promote the contribution of **volunteers** to the well-being of people with dementia in hospital. WHC are registered with Carer's Support Wiltshire, who are an active presence on all of the wards to provide support and signposting for carers. WHC are rolling out the carer's passport.



7. The hospital and wards ensure quality of care at the end of life. **End of life care** within WHC is recognised as being of an extremely high standard, frequently receiving compliments from carers who express gratitude for meeting their loved ones individual needs with respect.

8. Appropriate **training and workforce development** are in place to promote and enhance the care of people with dementia in general and community hospitals, and their carers/families. Dementia awareness is a mandatory element of our

training and we are committed in ensuring that we maintain an excellent level of compliance. In addition to this we have an established programme of training which enhances staff knowledge. The 'Introduction to Community' is a mandatory course for all new staff and includes 3 one hour sessions on topics specifically related to dementia or work with carers: one session delivered from a representative from the Carer's Network; one Session as a Dementia Friends session and one session introducing approaches to working with people who have dementia to build confidence amongst staff.

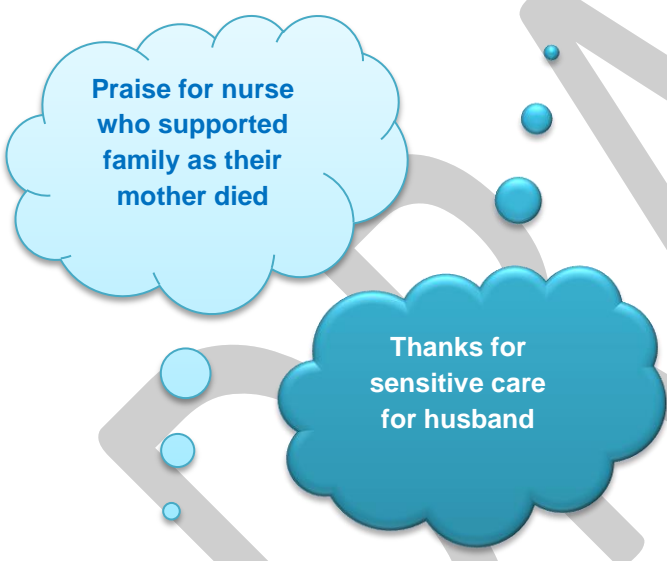


End of Life Care

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. WHC have a target of 75% for patients who achieve their choice of place of death, through community team input. The table below shows our compliance throughout 2018/19.

APR	92%	OCT	72%
MAY	100%	NOV	100%
JUN	100%	DEC	94%
JUL	88%	JAN	89%
AUG	79%	FEB	86%
SEP	94%	MAR	94%

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



Supporting patients and relatives in their last days of life in a positive way is vital to the success of a “good death” and also includes supporting the bereavement process for carers and family members. WHC take this element of core business seriously and work with all agencies involved in the patients care and support to achieve a positive death for the patient and caring and compassionate support for their carer and/or family.

Training has now been rolled out to all community nursing teams to ensure they are proficient in the process of Verification Of Expected Death (VOED); this has included follow up sessions with some teams who felt less confident. This is now

part of core End of Life care for patients at the end of their life living in the community, where their death is expected.

The need to have instant up to date information is vital to support patient choice and previously recorded decisions. WHC are actively involved in the interoperability work stream which is considering the use of Black Pear Programme, with dedicated pilot sites in the North Locality. Black Pear is a system which is being considered to positively allow systems to effectively ‘talk’ to each other and allow for information sharing.

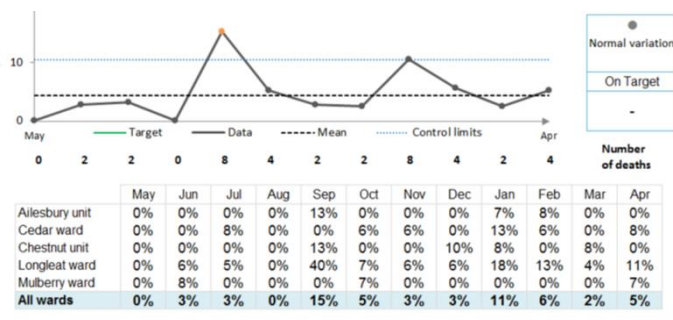
There is on-going work with community nursing teams regarding consideration of referral for all carers in respect of a carers assessment and available support outside of WHC.

Currently staff continue to support patients who are able to express their End of Life wishes and record this on a TEP (Treatment Escalation Plan), which is countersigned by their GP or medic involved directly in their care. Where a patient does not have a TEP but has expressed their wishes regarding their place of death and treatment options, the community teams will actively continue to work with the GP to support this. Equally nursing staff will actively initiate the “Conversation” element of the TEP.

	Apr	May	Jun	Jul	Aug	Sep
EoL templates completed	50	58	59	55	53	36
Patients on Community team EoL Register	125	122	122	115	121	106
Number offered Advance Care Planning / Treatment Escalation Plan	68	59	60	59	65	53
Patients with anticipatory prescribing	18	18	25	19	20	15
Percentage supported to die in place of choice	92%	100%	100%	88%	79%	94%
	Oct	Nov	Dec	Jan	Feb	Mar
EoL templates completed	43	53	40	29	37	51
Patients on Community team EoL Register	122	117	111	100	92	107
Number offered Advance Care Planning / Treatment Escalation Plan	60	57	51	46	40	46
Patients with anticipatory prescribing	19	17	19	17	14	16
Percentage supported to die in place of choice	72%	100%	94%	89%	86%	94%

Learning from Deaths

All Inpatient Ward Deaths are reviewed by the Senior Sisters and discussed at the mortality review meeting within the organisation. In addition as an organisation we also now report all deaths where the clinician is present at the death within the home environment to CQC and these are also discussed at the internal mortality review meeting. During 2018/19 there were a total of 35 deaths across the inpatient wards. **The breakdown per ward is identified below:**



Moving into 2019/20, the mortality reviews will be completed on the new DATIX system. This will provide “live” data at the mortality review meetings where the results from the review will be studied and actions identified if relevant.

Clear Treatment Escalation Plans

Family and patient involved in decisions

Dying at preferred place of death

Reviewed by doctor regularly

Good records tracking end of life phase

Good notes documenting patient's wishes

Unrestricted visiting hours for families

Good planning for symptom control

Good links with Dorothy House

Good communication with families

Removal of Deprivation of Liberty (DoLs) prior to death

Improved communication links with coroner.

Wife of patient expressed wish to volunteer on ward following husband's death

Volunteer wrote to Senior Sister after care episode to advice of the care and compassion witnessed at each interaction

Son praised staff on social media

WHC are actively involved in the Learning

Disabilities Mortality Review (**LeDeR**) programme which is delivered by the University of Bristol and commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. The aims of the programme are:

- 1) Support improvements in the quality of health and social care service delivery for people with learning disabilities
 - 2) Help reduce premature mortality and health inequalities for people with learning disabilities.
- The LeDeR programme supports local areas in England to review the deaths of people with learning disabilities (aged four years and over) using a standardised review process

To date, both Lead Nurses have participated in 4 reviews; the learning identified is listed below;

Local learning:

Improving implementation the MCA
Professional views on diagnosis are followed

National Learning:

- Increasing the up-take of Health Checks
- Reducing deaths related to sepsis
- Increasing the up-take of flu vaccination (this is linked to the theme of people dying due to respiratory issues)

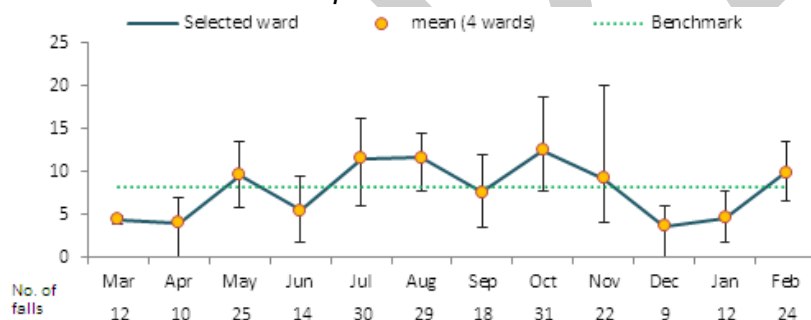
Wiltshire Health and Care are proactively engaging in the West of England Academic Health Science Network project to support the roll-out of EWS to support improved management of people with Learning Disabilities.

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. 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. The total number of falls has reduced by 63 overall. The table below breaks this down further:

	2017/18	2018/19
Total reported	316	↓253
Severe	2	↓1
Moderate	5	↔5
Low	72	↑88
No harm	236	↓158
Near Miss	1	↔1

The below graph is taken from the WHC Quality Dashboard and shows the number of falls throughout 2018/19 against the national benchmark. *March quality dashboard not available at time of report.*



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 2018/19.

Assessments	Apr	May	Jun	Jul	Aug	Sep
Falls	99%	97%	100%	100%	93%	96%
Assessments	Oct	Nov	Dec	Jan	Feb	Mar
Falls	96%	96%	94%	96%	97%	99%

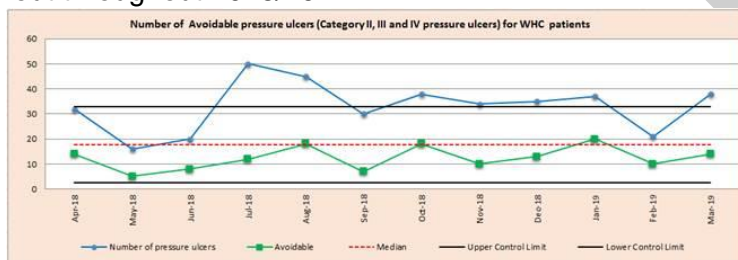
The inpatient documentation has been updated including the falls assessment, which now consists of a standard core care bundle for all patients admitted to the ward including appropriate footwear, brakes on the bed, call bell close, adequate lighting, personal effects to hand, no new night sedation, area clear of all obstacles, mobility aid to hand. An improvement plan has been developed as a result of the “deep dive” that was published in 2017. The delivery of an improvement plan is being overseen by two newly appointed Quality Improvement/Service Development Nurse Leads for inpatient wards and monitored through the internal Harm Free Care Policy and Oversight Group.

During 19/20 we will:

- ✓ Undertake an equipment review and replacement programme to support prevention and active rehabilitation
- ✓ Improve data categorisation and reporting through DATIX. This will enable a more focused improvement approach.
- ✓ Deliver clinical workshops to improve staff awareness, knowledge and skills. This will include the roll out of the new documentation, new guidance and demonstrating the tools available.
- ✓ Increase the number of volunteers on our wards to support falls prevention and active rehabilitation.
- ✓ Ensure Greater engagement and participation of carers and families.

Pressure Ulcers

The total number of community acquired pressure ulcers during 2018/19 throughout WHC was 396 of which 149 were avoidable. The total includes new pressure ulcers and those that have deteriorated to a Category III/IV on caseload. Total for Community Teams: 370 pressure ulcers (all categories) with 136 of these deemed avoidable. Total for Community Hospital wards: 26 pressure ulcers (all categories) with 13 of these deemed avoidable. The graph below shows the number of pressure ulcers per month. The data is analysed for each team and when there has been a peak in the number or cluster of pressure ulcers, the Tissue Viability Consultant Nurse carries out a 'deep dive' to establish if there are any themes for the development of pressure ulcers. There have been several carried out throughout 2018/19.



Progress and achievements to date

- ✓ Established Post Incident report for all category III and IV pressure ulcers and conference call with core Harm Free Care clinicians, to discuss the development of a pressure ulcer within 72 hours.
- ✓ Review of pressure relieving equipment supplied to patients in their own homes via Medequip. This has included an evaluation of alternating air mattresses, the report for this is pending and the plan for change of provision will progress in 2019/20
- ✓ The TVCN has reviewed the data for clusters of pressure ulcers within the teams. The patients' journeys were further scrutinised and the themes considered for learning. This learning has resulted in the development of a Pressure Ulcer action plan which is managed through the Harm Free Care Panel. Themes include: No/ limited Risk and Consequence discussion; lack of case management; no/limited consideration to the application of the mental capacity act; lack of MDT approach; care not patient centred; equipment used at crisis point, not preventative measure; no photos taken by community team.

- ✓ The Lymphoedema service has expanded from 1st April to include the patients in the West of Wiltshire (previously provided by Dorothy House). This service now provides clinics in Warminster, Devizes and Trowbridge and is based at Trowbridge hospital. The Service in the north of Wiltshire continues and provides clinic in Savernake Hospital, Chippenham and Calne. 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.
- ✓ Commencement of a programme to ensure that all clinical staff is competent with Aseptic Technique.
- ✓ The Tissue Viability team have provided 21 study days to all WHC clinical staff, including primary care and nursing home and have completed a further Nurse with Specialist Interest (NSI) course. We now have a total of 75 NSI's across Wiltshire.
- ✓ The pressure ulcer prevention module on Training Tracker module is now included as role essential training for all clinical staff within WHC. The TV team are continuing to provide PU prevention education in the new staff mandatory education for each new staff Induction and on Introduction to Community.
- ✓ Delivery of NHS Improvement's revised definition and measurement framework.

Priorities for 2019/20 include;

Update the Medequip provision of pressure relieving equipment

Working with teams for assurance that clinical practice is of a high standard - this includes:

- Process mapping, as well as joint visits to support and coach staff
- Education and training
- Continued education on Aseptic technique
- The TV team are continuing reviews for every community team highlighted as a hot spot, and when required, this is discussed at the Harm Free Care Panel

Infection Prevention and Control

Achieving best practice in Infection Prevention and Control (IP&C) is a vital part of patient safety, and is a high priority in WHC. IP&C advice and support for WHC is provided by 1.2 whole time equivalent Infection Prevention and Control Nurse Specialists.; Additional medical microbiology support is provided by GWH, RUH and PHE on an individual patient / incident basis. Work is ongoing to appoint an Infection Control Doctor for the organisation. **Mandatory reporting of infections** - In 2018/19 there were two patients, receiving care from WHC, identified with mandatory reportable infections. Reporting is undertaken by the Acute Trust where the specimen is received. One patient receiving inpatient care from WHC was identified with an Escherichia Coli bacteraemia. The other case was a patient receiving joint care from the GP and a Community team with an MRSA bacteraemia. The Wiltshire Clinical Commissioning Group was notified of these cases and ward managers/team leads were requested to complete a root cause analysis identifying good practice and those areas where improvement is required. **Influenza** - There have been no reportable cases of Influenza in our inpatient areas. However, there have been three incidents related to respiratory symptoms resulting in bay/ward closures within WHC. Post outbreak meetings were held to discuss key learning and positive aspects of its management. **Norovirus** - There were no inpatient Norovirus outbreaks recorded in WHC for 2018-19. There were two bay closures for increased incidence of diarrhoea; no causative organism was identified.

Type of infection	2017-18	2018-19
Influenza A	0	0
Mortalities due to Influenza A	0	0
Influenza B	0	0
Mortalities due to Influenza B	0	0
MRSA bacteraemia (MRSAB)	0	1
Clostridium difficile infection	2	0
E.coli bacteraemia	0	1
MSSA bacteraemia	0	0
Klebsiella spp bacteraemia	0	0
Pseudomonas aeruginosa bacteraemia	0	0
GRE bacteraemia	0	0
CPE detection	0	0
Mortalities due to C.difficile	0	0
Mortalities due to MRSAB	0	0

Mandatory / Statutory Training - Infection Prevention and Control is included within the Induction and Introduction to Community training for new starters. IP&C E-Learning training module is updated yearly to support compliance with Mandatory training. Reporting supports an increase (See below).

IP&C Training Compliance (Monthly)	December 2018	January 2019	February 2019	March 2019
Level 1	75.61%	80.72%	82.08%	82.49%
Level 2	44.31%	61.01%	68.78%	70.16%

Proactive IP&C initiatives to support WHC include:

- Bi-monthly IP&C Policy and Oversight Group (Corporate level)
- Monthly meetings with Service leads to discuss IP&C
- Quality Team meetings to ensure joint work streams are shared / managed through delivery programmes and action plans i.e. Antimicrobial Stewardship / Incident reporting and Risk Management
- Telephone, email and face to face advice from an experienced IP&C nurse specialists.
- A community-based IP&C Link worker meeting held quarterly with a variety of internal and external speakers.
- IP&C focused Quality visits, to support best IP&C practice in many clinical teams both inpatient and specialist community teams.
- Specific ad-hoc training based on learning needs i.e. Screening swabs, Management of outbreaks / risk assessments on admissions.
- IP&C advice in investigations, root cause analyses and risk assessments.
- IP&C advice in relation to the built environment and equipment purchasing.
- IP&C advice to the Community Water Management Group.
- IP&C Policies and Procedures being converted over the WHC.

Safeguarding Children

Achievements in Children safeguarding:

Child Protection Infection Sharing (CP-IS) has been successfully implemented and audited in both Chippenham and Trowbridge Minor Injury Units (MIU's), the move to SystmOne in 2019 will make this process simpler. **Safeguarding referrals** WHC made 132 referrals in 2018/9. All referrals are reported via DATIX and this system will be utilised to ensure data and reports are presented in an accessible way in the coming year. **Training** Compliance has improved gradually. Level 2 and volunteer children's safeguarding training has been reviewed. The new children's intercollegiate document has highlighted increased training needs for MIU staff and WHC have also taken the decision to increase the requirements for paediatric dieticians and allied health professionals to undertake Level 3 training. Alongside the adult requirements WHC will be formalising a THINK family approach that will encompass both adult and children's safeguarding. **Policies and procedures** All policies have been reviewed and adapted to reflect updated legislation and WHC working practices. Additional policies are being developed to support staff when children have not been brought to appointments or they frequently attend MIU. Guidance to support the implementation of Wiltshire Safeguarding children's board policies have also been developed and are being implemented, these include managing injuries in non-mobile children and self-harm in children and young people.

Supervision All staff that assess children have the opportunity to attend safeguarding supervision as per the WHC children's supervision policy. MIU staff have recently commenced regular sessions which will bring them into line with this policy and improve compliance. An audit of staff perceptions of children safeguarding supervision practice is being undertaken which inform content and format of future sessions. WHC are also funding additional supervision courses for Band 6 and above staff who can lead supervision in teams. This will meet requirements for both Adult and child Level 3 training.

Information sharing WHC now have responsibility for providing information to the Local Authority for children undergoing the child protection process. Since July 2018 WHC have had and fulfilled 1270 information requests. We have also successfully negotiated with Virgin

Care to share records of children (with consent from parents) who are seen by both services. This will ensure that a comprehensive risk assessment is carried out, particularly for children where fabricated illness is suspected. From June 2019, WHC will be responsible for providing information to the multiagency risk assessment conference (MARAC) for high risk victims of domestic abuse. **Learning from serious case reviews** WHC have contributed to a neighbouring counties/authorities safeguarding children's board serious case review. Publication is awaited but a THINK family approach has been highlighted as requiring further development in services that see adults whose behaviour may have an impact on their children. **Audits** Have been undertaken in managing children's missed appointments, which showed that staff required more information on the implications of and action to take if children are not brought to appointments. A children's environmental audit, from which a children's charter has been developed, will be implemented in the coming year.

Additional priorities for 2019/20 include engagement with children and young people regarding services, development of additional educational resources to meet new intercollegiate document requirements and development of the safeguarding pages of the intranet.



Safeguarding Adults

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

- Legal compliance with the duties laid out in sections 42-46 of The Care Act (2014)
- 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) including section 4(a) MCA 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.



WHC ensure staff are appropriately trained about safeguarding adults through:

- Levels 1 and 2 safeguarding training are delivered on Corporate Induction and the introduction to community practice courses.

- Inclusion of MCA training on face-to-face Induction to all new starters on the introduction to community practice courses
- 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
- 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 Wiltshire Council (WC) DoLS Team to support the above priority
- Embed Domestic Abuse policy. In 2018-19 collaborative DASH risk assessment training for Practice Influencers with Wiltshire Council MARAC Co-ordinator was delivered. This training needs building on in the upcoming year.
- The Wiltshire Safeguarding Adults Board have issued a county wide Self Neglect Protocol, which WHC will support.
- Within the 2019-20 years Deprivation of Liberty is likely to be replaced with another statutory scheme currently known as the Liberty Protection Scheme (LPS). The Adult Safeguarding Lead will develop a briefing paper once the situation is clearer.
- Implement Domestic DoLS/LPS 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

Mindful of the changing landscape of healthcare provision, during 2018/19 WHC undertook a range of projects to align our skills development and roles to the service needs now and into the future. Our aim is to have systems and plans in place to ensure that we have the skills we need, where we need them, when we need them.

Using quality and workforce information and a workforce planning approach, we have developed the skills of our staff using a variety of education and training opportunities such as apprenticeships, Health Education funded training in-house programmes and University education. Furthermore we have increased our learning and development offer to solve workforce supply shortages – recruiting and supporting 6 returning to professional practice in Nursing and Therapy. We have also developed new roles such as the TNA – with 13 roles commencing in the last year.

We have concentrated on developing pipelines into healthcare careers with WHC, with 'new start' apprenticeship roles added to our teams aimed at college and school leavers. We have also looked at hard to recruit areas in clinical services and identified pathways of learning and development from entry level school leavers to advanced practice at Masters Level. WHC has grown apprenticeships to 44 - almost twice our public sector target, we have done this by increasing available funding and attracting a Transfer of apprenticeship levy of £107,000 and ensuring existing staff are engaged and skilled to supporting the next generation of workforce.



Quality information has been used to inform programmes of learning with increased use of scenarios and case studies to allow staff to conceptualise learning and allow us to learn from our incidents and complaints. Mandatory training has seen a 7% increase in overall compliance over the last 6 months, with WHC now aligned to the Skills for Health Core skills framework.

We have continued to invest in future leaders so they can lead by example, respond positively to change and innovate to improve the quality, effectiveness and efficiency of our services. The Manager's essential programme will be delivered from April onwards with a middle managers leadership programme to be launched simultaneously to provide coaching, mentorship and system wide awareness alongside national leadership programmes. WHC will support the Graduate Management Programme by offering an exciting and innovative learning placement.

Looking forward in 2019/20 WHC will continue its journey to develop as a centre of Learning and Development excellence by:

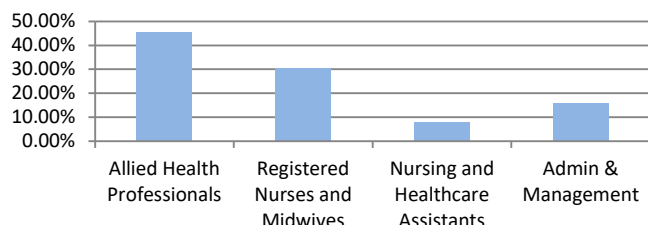
- ✓ Ensuring our staff have access to a larger range of high quality, training materials and resources to support safe services including simulation and scenarios based training.
- ✓ Continuing to utilising feedback from our service users and evidence based approach to ensure maximum engagement with learning.
- ✓ Ensuring we align development programmes to workforce plans.
- ✓ Further utilising apprenticeships and other education opportunities to develop new roles and help to meet our work force gaps
- ✓ Ensuring that we invest and nurture our talent by developing clear career pathways within WHC and the wider STP.
- ✓ Working with partners to develop a collaborative approach to Learning development
- ✓ Supporting current and future managers and leader to develop and acquire skills to support teams within a changing health and social care environment.

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.

The annual staff survey was live for a period of 8 weeks, October and December 2018, in line with national guidelines. This year, the decision was made to in-house the survey facilitation via an online survey platform and was made available to all staff. The survey was promoted through internal communications.

The response rate for 2018 was 36.11% of all staff (395 responses).



Most improved responses to questions:

Have you felt pressure from your manager to come to work?

In the last 3 months, have you ever come to work despite not feeling well enough to perform your duties?

My level of pay

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?

The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

The opportunities for flexible working patterns

I am enthusiastic about my job

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work

It is clear that whilst there has been improvement in some areas, and positive experiences shared, there are some key areas for focus for 2019. An action plan is being developed to incorporate the work streams where improvement could be made, which largely include:

- Review of **CPD** opportunities for staff; this should include a review of the appraisal process, for which a task group is already in place and a newly formed appraisal process to be launched in April 19, as well as a review of the training packages available to all staff.
- Consideration to what WHC's **reward** structure should be (non-pay) with specific focus on **employee recognition** and further embedding of the Values and Behaviours.
- To further streamline WHC's **Communication & Governance** structure, both organisation wide and locally within teams, ensuring the right information is shared with the right staff at the right time.
- To ensure a successful launch of the **management training** programme to ensure managers are equipped with the right skills, tools & resources, and support to effectively lead teams.
- Ensure that WHC has a **Health and Wellbeing** strategy that is fit for purpose and embedded within all management practices.
- To further develop a culture whereby concerns are raised, incidents fully investigated, **feedback** is provided and learning takes place and informs every decision, especially in regards to incident reporting and patient feedback / experience.
- To work towards an **infrastructure** that benefits WHC, its staff and patients.
- To ensure **staffing** is optimal; focusing on recruitment and retention processes.

Freedom to Speak Up



We know that speaking up saves lives. It is important that WHC continues to support an open and honest culture that enables staff to speak up if that have any concerns over quality of care, patient safety or bullying and harassment. WHC has two Freedom To Speak Up Guardians. Our Freedom To Speak Up Guardians are responsible for providing confidential advice and support to staff in relation to any concerns about patient safety. Our Freedom To Speak Up Guardians can also offer advice and support to ensure that when concerns are raised, they are handled professionally and result in a clear outcome. A quarterly report is present to the Quality Assurance Committee; sub-committee of WHC board and chaired by a Non-Executive Director. The report provides assurance to the board and the wider public that WHC takes every concern seriously and appropriately acts on all concerns raised (example of the report provided below)

4 concerns have been raised this year; Each concern has been investigated and a clear outcome delivered.

During 19/20 WHC will expand the number of Freedom To Speak UP Guardians to ensure greater visibility and increased opportunity for people to speak up.

FREEDOM TO SPEAK UP CONCERNS – QUARTELY REPORT – [MONTH] 2018

FREEDOM TO SPEAK UP CONCERNS

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL IN YEAR – 18/19
Concerns raised	-	-	-	-	-	-	-	-	-	-	-	-	-
Concerns concluded	-	-	-	-	-	-	-	-	-	-	-	-	-
Concerns that remain open													-

QUARTERLY UPDATE ([MONTH] 2018)

- Summary** - Across the period [MONTH] 2018, [X] new concerns were raised to a Freedom to Speak Up Guardian (Concern Ref(s): [XXX]).
- Concern Ref 00X** - This concern relates to X. [Note steps taken to investigate the concern.][Note any immediate action taken.] [Note any findings from the investigation that need to be acted upon]. [Note whether the complainant has been provided with feedback in relation to their concern.].

RECOMMENDED LEARNING FROM CONCERNS RAISED

- Concern Ref 00X** - Recommended learning from this concern [X] [will be reported following X.].

END OF REPORT

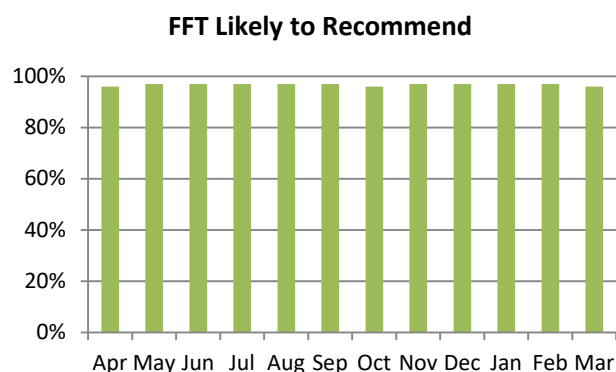
Section 4

Service User Experience



Friends & Family Test

Over the year, the amount of people who have responded to the question, 'Are you likely to recommend ward/dept./service to friend and family for care/treatment,' responded positively. The average response was 98% of respondents stated that they would be likely to recommend.



'Always had confidence and trust in the doctors treating you,' was high, with an average of **89%** responding positively to this question.

The average response rate for the question, 'Are you always involved in decisions about discharge from hospital?' was **79%**

Patients were also asked, 'Were you able to find hospital staff to talk to about worries and fears?'

The average positive response was **78%.**

During the year 2019/20, WHC will scope launching a new Friends and Family service. The aims of this scoping work will be,

- To ensure that technology is fully utilised to gather as much feedback from patients and their friends and family
- To ensure that the process of using feedback from surveys is developed, enabling this data to be used to support quality improvement

Patient Stories

A gentleman had sustained complex multiple injuries after falling 30 feet onto solid concrete, and had been cared for in one of our Community Hospitals for 5 months during his recovery. The gentleman's care had made an appropriate use of a community hospital bed, and highlighted the importance of MDT working, and the benefits of consistent staff throughout a period of care. This story also highlighted the benefits of encouraging self-management, involving the patient in setting their own goals, and getting the patient home at the earliest opportunity. The learning from this included; recognition of the transition needs after a long hospital stay, and the support we can give to mental health as well as physical health; the length of stay for this patient puts the 20 day target into context, ensuring that therapy intervention occurs at the earliest possible opportunity.

This story came through as feedback on the WHC website relating to a patient that had experienced a painful blocked catheter issue during the night. The Out of Hours service was unable to assist the patient and had advised the patient to call the community team when it opened at 7am. There was positive feedback on the swift and caring response from the community team.

Section 5

Looking Forward: Quality Priorities 2019/20



Quality Priorities for the next year (2019/20)

Quality is the foundation for all decision making and actions undertaken. WHC has a clear objective to ensure the delivery of safe and effective care. This is evidenced by the 'golden' thread of quality woven throughout the delivery plan. The provision of high quality care is measured against the Care Quality Commission (CQC) domains;

Safe	People are protected from abuse and avoidable harm
Effective	People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidenced based where possible
Caring/ Experience	Staff involve and treat people with compassion, kindness, dignity and respect
Responsive	Services are organised so they meet people's needs
Well Led	Leadership, management and governance of the organisation assure the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture

The draft quality priorities for 19/20 have been published on Wiltshire Health and Care website to enable the public, patients, carers and staff to comment. These comments have been reviewed and included in the report. The table below identifies the quality priorities for 2019/20.

Quality Priority	Measurable outcomes
People are protected from abuse and avoidable harm <ul style="list-style-type: none"> WHC will develop and enhance its safeguarding delivery by; <ul style="list-style-type: none"> Adopting a think family/ think community approach Increase awareness raising of Domestic Abuse Procuring and delivering Mental Capacity Assessment specialist training <p>The development of a further Launchpad on SystmOne to improve prompt and effective record information.</p> <p>WHC will collaborate with WEAHSN to develop and implement an Early Warning Sign (EWS) for people with Learning Disabilities. All people</p>	<ul style="list-style-type: none"> There will be a practice Influencer for every team with a clearly defined role and responsibilities Increase in confidence and competence of Practice Influencers Increased staff confidence in Domestic Abuse (survey) Design of MCA Modular programme Delivery of the MCA programme Staff satisfaction with the programme (survey) Clinical notes audit to identify the implementation of MCA in community teams and in-patient areas Number of staff trained in the use of EWS Increased staff confidence in the use of an EWS All appropriate patients have a recorded EWS
People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidenced based where possible <ul style="list-style-type: none"> WHC will work with primary care to expand the delivery of First contact Physiotherapy and measure the impact the service has on both patient and carers 	<ul style="list-style-type: none"> Capture patient experience through the development and delivery of an appropriate measurement tool Analysis of the results to support service improvement/ development

Section 5 – 2019-20 Priorities

Quality Priority	Measurable outcomes
<p>Staff involve and treat people with compassion, kindness, dignity and respect</p> <ul style="list-style-type: none"> WHC will increase the Public and Patient voice within the organisation by the development and delivery of a forum. 	<ul style="list-style-type: none"> Delivery of a forum Initiatives/ ideas generated from the forums support service development/ redesign Survey to capture public and patient opinion of the value of this approach
<p>Services are organised so they meet people's needs</p> <ul style="list-style-type: none"> WHC will adapt its delivery of wheelchair services in line with the recommendations to improve the experience of all service users 	<ul style="list-style-type: none"> Development and delivery of a patient and carers experience measurement tool Analysis of the results to support service improvement WHC will develop a personalised wheelchair budget system
<p>Leadership, management and governance of the organisation assure the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture</p> <ul style="list-style-type: none"> WHC will deliver the safer staffing work programme. 	<ul style="list-style-type: none"> Roll out of Allocate across all wards and teams Development and implementation of enhanced care (close support) monitoring tool Develop and deliver an acuity and dependency tool across all wards Increase the number of people recruited to the bank by 25% Increase our voluntary workforce by 10-15% Review and renew appropriate agency staff framework agreements Embed medical doctors to support clinical leadership and delivery of the clinical governance agenda Improved board reporting

Section 6

Formal Statements





Wiltshire Clinical Commissioning Group

Statement from Wiltshire Clinical Commissioning Group

DRAFT

Statement from Healthwatch (Wiltshire)

DRAFT

Statement from Wiltshire Health Select Committee

DRAFT

If you would like to know more about WHC and what we do, please contact us:
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Patient and Liaison (PALS)

Phone: 0300 1237797

Email: PALS.wiltshirehealthandcare@nhs.net

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HEALTH AND CARE



Wiltshire Health and Care Board

For information

Subject: Quality, performance and finance quarterly report

Date of Meeting: 28 May 2019

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.

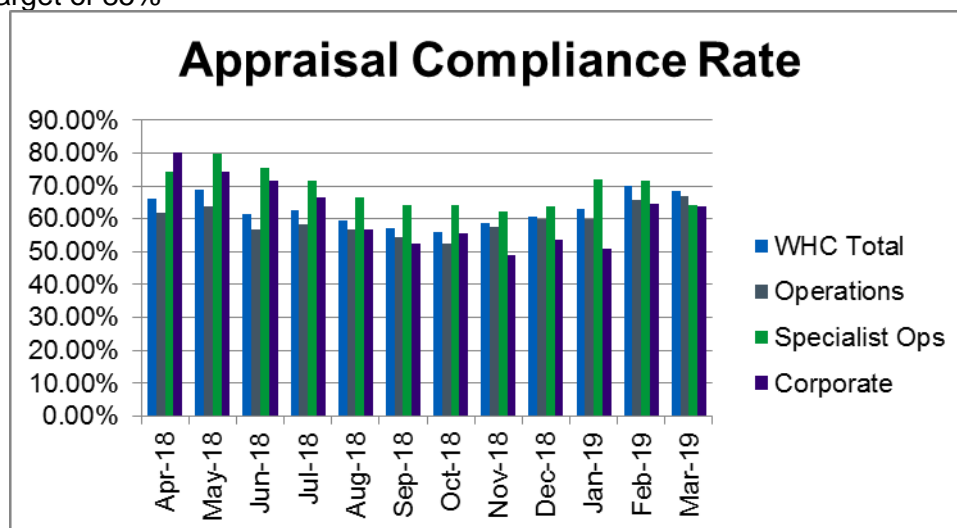
2. Issues to be highlighted to Board

2.1 The quality and performance dashboards are attached for the Board's information. The following issues are highlighted to the Board in relation to the quality of services:

ADVISE	<u>Quality</u>
	<ul style="list-style-type: none"> • DATIX incident reporting system – The DATIX incident reporting system went live on the 1st April 2019. The first reports are available on the system and better functionality to support teams with other areas of responsibility; e.g. Statutory Notifications and Duty of Candour. The incident reporting now excludes 3rd party incidents and only shows clinical incidents as a direct impact of the services WHC provides. Feedback and risks will go live in June 2019 along with the Mortality module (initially timetabled for May 2019) • IPC Microbiology support - S-JP has had a successful meeting with Gloucestershire Hospitals NHS Foundation Trust who have agreed in principle to offer IP&C Microbiology support. Service Level agreement detail has been agreed. Exec Co agreed costings. • Medicines Governance- Wiltshire Health and Care has successful applied for a Home Office CD licence. The on-going challenge with the safe destruction of CDs has been resolved and there is now a plan in place to have all relevant CDs destroyed by the 1st week in June 2019. • Public and Patient Engagement Plan - WHC Communications Lead has undertaken interviews and unfortunately there was not a candidate suitable for the role. The job description and person specification will be reviewed again and the post re-advertised. • Inquest The Coroner has deemed Trowbridge Hospital (Wiltshire Health & Care) to be an Interested Person regarding an Inquest. The Clinical Lead for MIU has been called as a witness. The Inquest will take place on the 3rd July 2019.

Workforce

- **Staff Survey** – Action plan to be discussed and agreed at Workforce and Development Group in June 2019.
- **New appraisal process** – Roll out in June 2019. Current compliance 68.48% against a target of 85%



- **Statutory and Mandatory training compliance** – This is 80.64% against a target of 85%.
- **Turnover levels** - Levels in February were 13.41% against a target of 13%. This has increased to 14.83% in March 2019. A proposed retention plan will be agreed at June Workforce and Development Policy and oversight Group.
- **Vacancy factor** - Total vacancy level for March is 8.47% or 82.36 wte (compared to 8.67% last month). This is slightly above the 8% target for vacancy but is a decrease on previous months. Vacancy hot spots include both MIU's and all 4 inpatient wards; all reporting above 10% vacancy.
- **Staff sickness** – Overall sickness has decreased in month from 3.94% to 3.73%, which is the lowest it has been in the last 6 months.
- **Trainee Nursing Associates** – Interviews have been arranged for the 21st June 2019. 21 people have been shortlisted with 66% of candidates already employed by WHC.
- **Working towards Carers accreditation**; this can be achieved we will be the first health care provider in the local system to have been awarded this. This will reflect our commitment to people who are carers for the people we serve as well as supporting people we employ who also undertake a carers role.
- **Volunteers**- in line with the 19/20 Business plan work has started on increasing the number of volunteers in our workforce under the campaign heading of “**One workforce**” A workshop and follow-up event has been held and an action plan will be discussed and agreed at June Workforce and Development Group

	<ul style="list-style-type: none"> • Local Workforce Action Board (LWAB) update; additional HEE monies for 19/20 to be given to Acutes, AWP and primary care. The focus is on place based approach and HEE will not allocate money if a place based, integrated approach is not adopted <p>LWAB is leading on an Organisational Development project across the STP and the STP executive has agreed that this needs to be focused on transformation not just reform. There will be three phases and the first phase- dialogic has commenced, this is expected to take 8-10 weeks. The 2 further phases are; design of the system and implementation</p> <p>3 other key areas of focus for the LWAB are;</p> <ul style="list-style-type: none"> • Adoption of a common approach • International recruitment • Bank and agency spend
ALERT	<ul style="list-style-type: none"> • The current high use of agency staff particularly within in-patient areas can affect patient care and staff morale due to the effects on the continuity of care. Presently WHC has effective risk assessments and robust processes in place to assure that safe care is being delivered. Through the Safer staffing project the following will actions will enhance assurance: <ul style="list-style-type: none"> • Daily risk assessment to ensure appropriate use of flexible staff • Red flags to support decision making • Care Hours Per Patient Day • Safer Nursing Care Tool (twice yearly review to support workforce planning)
ACTION	None

2.2 The following issues are highlighted to the Board in relation to the finance performance:

ADVISE	<ul style="list-style-type: none"> • The revised SFIs (Standing Financial Instructions) will be presented at the next Board meeting as further work is required to ensure recent audit recommendations have been considered. • A training programme for budget managers and staff also has to be developed in advance of introduction of new SFIs. • WHC will continue to follow the current delegation framework during this period. • Financial reporting for April has been delayed due to the year-end audit and will now be completed in conjunction with the May accounts
ALERT	<ul style="list-style-type: none"> • The use of agency staffing remained high in April, with 887 agency shifts reported in the month, up from 875 shifts in March. Although the rate of increase seen in the number of shifts used reduced in the month, it is the 5th consecutive month WHC reports an increase in the number of agency shifts used despite a reported reduction in the agency rate. 44% of the shifts were allocated to Chestnut and Ailesbury Wards. • 387 (44%) of the total shifts used in the month were due to the need for close support for, or acuity of, patients, with 428 (48%) of the shifts being covered due to vacancies.
ACTION	None

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

ADVISE	<ul style="list-style-type: none"> • CTPLD: There is an on-going issue regarding a patient currently cared for 'out of area' by a private provider who has given notice. The patient is currently subject to a treatment order (section 3) there has been pressure for WHC to care co-ordinate the patient's care, which has to date been declined. It has been agreed that WHC staff will partake in a needs assessment review jointly with AWP, this is currently been planned. • Ailesbury and Chestnut Unit: Work is continuing to build resilience within these wards; this work is mainly focused on ensuring safe staffing, reducing agency usage and engaging the staff on the service model.
ALERT	
ACTION	None

3 Recommendation

3.2 The Board to note the contents of this report.

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 11A

Combined Quality and Performance Dashboards

See attached excel spreadsheet for information. This is a new format and very interactive.

Wiltshire Health and Care Board**For decision****Subject: NHSI Corporate Governance Statement****Date of Meeting: 04 June 2019****Author: David James, Interim Board Secretary****1. Purpose**

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

2. Background

The Wiltshire Health and Care LLP is an NHS-Controlled Provider, therefore 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 2019.

3. Recommendation

3.1 The Board is invited to:

- Approve the Corporate Governance Statement for onward submission to NHSI by 30 June 2019.

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

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 12A

NHSCP Self Declaration Certificate

Please see attached

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Item 13

Any Other Business

VERBAL

**Wiltshire Health and Care (“WHC”)
Board Meeting**

Date of Next Meeting

TBC

