AGENDA
for a Meeting of the Board

Venue:	Training Room 1 - Chippenham Community Hospital
Date:	Tuesday 23rd May 2017
Time:	10:00 – 13:00

WHC Board Members

Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Chris Weiner	Clinical Director	CW
Annika Carroll	Head of Finance	AC
Cara Charles-Barks	SFT Board Representative	CC-B
Francesca Thompson	RUH Deputy Board Representative	FT
Kevin McNamara	GWH Deputy Board Representative	KM
Sarah-Jane Peffers	Head of Quality	SJP
Richard Barritt	Non Executive Member	RB

In Attendance

Karen Edmonds	Governance Advisor	KE
Tracy Marquiss	Senior Administrator	TM
Rob Andrews and Rees Batley	KPMG (for item 7 only)	RA/RB

Apologies

Celia Grummiitt	Non Executive Member	CG
Adibah Burch	Non Executive Member	AB
Hilary Walker	GWH Board Representative	HW
Laurence Arnold	SFT Board Representative	LA
Sarah Truelove	RUH Board Representative	ST

	Agenda Item	Lead	Paper	For Decision/ Information/ Approval
1	**Welcome, Apologies and Declarations of Interest**	CB	Verbal	Noting
2	**Minutes, Actions and Matters Arising** **And SFT Ratifications from last Meeting**	CB CC-B	Attached Verbal	Approval Approval
3	**Chair's Update** • **Reflections on Board Performance and Development**	CB	Attached	Discussion
4	**MD's Report** • **Key Highlights of past month and issues for Board to be aware of strategically and operationally**	DB	Verbal	Information
	Delivery of Change			
5	**Change Report**	DB	Attached	Information
	Scrutiny of Performance			
6	**Quality and Safety**			
6.1	Patient story	JL	Verbal	Reflection
6.2	Quality, Finance and Performance Report	DB/CW/SJP/AC	Attached	Information

6.3	CQC Inspection: Update on Preparation	CW/SJP	Attached	Noting
7	**Financial Statements Year End 31.03.2017 External Auditor Presentation**	RA/RB	To be tabled	Approval
8	**Board Assurance Framework**	DB	Verbal	Approval
9	**Risk Registers** • Wiltshire Health and Care LLP Corporate Risk Register • Delivery Risks	DB SJP	Attached	Discussion / Information
	Strategy			
10	**Update on Accountable Care Kings Fund Programme**	DB	Verbal	Information
11	**Workforce Strategy**	SJP	Attached	Approval
12	**Staff Survey and Action Plan**	SJP	Attached	Information
13	**Smoke Free**	DB	Attached	Approval
14	**Governance**	CAB/KE	Verbal	Approval
15	**Any Other Business**			
	Date of Next Meeting: Tuesday 27th June 2017 at 1400 - 1700 Training Room 1, Chippenham Community Hospital			

Welcome, Apologies & Declarations of Interest

VERBAL ONLY

MINUTES
Of a Wiltshire Health and Care Board Meeting

Venue:	Large Meeting Room, Melksham Community Hospital
Date:	25th April 2017
Time:	1400-1700 hours

WHC Board Members		
Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Annika Carroll	Head of Finance	AC
Alison Kingscott	SFT Board Representative (for Laurence Arnold)	AK
Sarah Truelove	RUH Board Representative	ST
Hilary Walker	GWH Board Representative	HW
Sarah-Jane Peffers	Head of Quality	SJP
Richard Barritt	Non Executive Member	RB
In Attendance		
Tracy Marquiss	Senior Administrator	TM
Rob Andrews	KPMG (for item 3 only)	RA
Rees Batley		RB
Carol Fisk	WHC (for item 4.1 only)	CF
Jane Cheeseborough and	WHC (for item 4.2 only)	JC
Trish Kidley		TK
Apologies		
Karen Edmonds	Governance Advisor	KE
Dr Celia Grummiitt	Non Executive Member	CG
Laurence Arnold	SFT Board Representative	LA
Chris Weiner	Clinical Director	CW

No.	Item	Action
1	**Welcome, Apologies and Declarations of Interest** CB welcomed everyone to the meeting and noted apologies received from KE, CG and CW. CB introduced the attendees present for specific items on the agenda. There were no declarations of interest.	
2	**Minutes, Actions and Matters Arising**	

	The minutes of the previous meeting, held on 28th March 2017, were agreed as a true and accurate record.	
	It was noted that there was an error on the finance report for February under the agency table and this will be amended and re-submitted.	**AC**
	The meeting considered the actions arising from previous meetings and received progress updates, noting those actions which are complete.	
	In particular, it was noted that the risk register had been updated. DB agreed to circulate the discharge pathways following the meeting.	**DB**
	The meeting formally ratified and approved the appointment of the external auditors, KPMG, following assessment of tenders and interviews, by the nominated sub-group. DB will issue an official letter of appointment.	**DB**
	TM is looking into a web based area in Kahootz to upload Board papers and associated documentation for ease of access by Board Members.	**TM**
	CB confirmed that the draft Business Plan 2017-2020 was submitted to and approved at the Annual Members Meeting held on 18th April 2017.	
3	**External Auditor Presentation**	
	KPMG presented their proposed External Audit Plan for 2016-2017.	
	It was noted that, as a new entity, WH&C LLP are required to confirm the accounting framework used to prepare the financial statements. KPMG set out the areas to consider as part of this process, outlining FRS 102 and IFRS and the UK GAAP option to assist in selecting the most appropriate accounting treatment for the organisation.	
	The Board considered the options and agreed that UK GAAP should be used as the accounting standard.	
	Recognising that the Audit and Assurance Committee would not be established , the Board agreed that the financial statements should be presented to the next Board meeting for formal approval.	
	CB thanked KPMG for their presentation.	
	RA and RB left the meeting.	
	Scrutiny of LLP performance	
4	**Quality and Safety** • Patient Story • Quality Dashboard presentation • Quality Performance Report • Workforce Report • June 2017 CQC Inspection Update	

Patient Story

In the interest of promoting Board focus on patient engagement, CF, a clinical lead in Wilton, joined the meeting to present a patient story with a community focus on discharge. CF described a patient journey which had been extreme in terms of length of time the individual was an inpatient, but there were some general lessons which could be drawn from the example. It was a complex case which involved a need for specialist diagnosis but also the effects of institutionalisation. Eventually, through use of a step down bed in Longleat ward, independence and a return home was achieved.

The Board agreed that one of the main lessons that could be drawn from this was the need to ensure that multi-disciplinary review and escalation was the default when excessive lengths of stay occurred in any inpatient setting, including community hospitals.

CF left the meeting.

Quality Dashboard Presentation

TK and JC presented the new quality dashboard to the Board, explaining that the data that feeds the dashboard comes from the incident reporting system, a governance database and benchmarking, from enhanced NHS benchmarking, is updated every month. Before the report comes to the Board it is scrutinised by the Quality Team and the QA Committee.

RB noted that the majority of the indicators and focus were on preventing harm from occurring, but there were fewer indicators of what constituted good care and overall outcomes. DB agreed that there was a need to develop more outcomes focus over the longer term but also highlighted that the performance dashboard included more indicators of outcomes, such as support for end of life care or people remaining in their own home following discharge.

TK and JC left the meeting.

Quality Performance Report

The meeting received and reviewed the Quality report submitted by CW.

CB requested that the reports should focus on areas which are very good or areas of concern and noted that the content will change each month to advise of what work has been done and to provide full details, including actions to be taken, in respect of any areas of concern. Future reports would highlight the current issues to the Board more clearly.

SJP reported that, using the information contained within the new quality dashboard, the top three quality and safety issues were compliance risks from mandatory training, staff turnover and the rates of falls.

It was agreed that the format of the overview report will be reviewed and submitted to the next Board meeting.

Workforce Report

It was noted that the new Quality Dashboard now contains workforce

information, so this report is being discontinued.

June 2017 CQC Inspection Update

A presentation was provided to update the Board on ongoing work towards the CQC Inspection and developments to plug and/or explain any identified gaps.

It was noted that WH&C is being inspected as an independent provider. One information request had been submitted, with another due that week. A self assessment against the CQC framework was discussed with the Board.

CQC are likely to interview Non Executive Board Members, as a group, although CB, DB and CW will be interviewed individually. The first day on site is Tuesday 27th June (the same day as the Board meeting) and they may see Board Members then.

A copy of the presentation will be circulated outside of the meeting.

5	**Performance Dashboard** • **MD Exception Report**	
	The meeting reviewed and considered the performance dashboard and noted the following: • Exception reports on 'Must' performance – three wards were below target that month. All assessments were completed, albeit some outside the 24 hour period. • A separate briefing paper was provided on Delayed Transfers of Care, which demonstrated a consistent pattern of the majority of delays related to domiciliary care packages.	
6	**Finance Report** • **Head of Finance Summary Report**	
	It was noted that the LLP had broken even, as forecast, although there are on-going issues around agency expenditure, which focused on Ailesbury Ward and Trowbridge MIU.	
7	**Risk Registers** • **Wiltshire Health and Care LLP Corporate Risk Register** • **Delivery Risks**	
	Agency staffing was noted as a risk together with the general risk across cost pressures. The meeting considered Risk 19 on the register: the Members Services Agreement has been in place for 9 months. As this was a transitional risk, it was agreed to close this item and remove it from the risk register.	
8	**Values and Behaviours**	
	The meeting was informed of the work carried out in relation to the Values and Behaviours which commenced in November 2016 at an away day and was	

The cell to the right of the "A copy of the presentation will be circulated outside of the meeting." contains: **SJP**

followed up with a survey and workshop with a cross section of staff and volunteers from Health Watch. It was noted that the input of Health Watch volunteers had worked well with staff and constructively challenged throughout.

The meeting requested sight of the staff survey at the next meeting.

The Board approved and agreed the proposed Values and Behaviours for presentation to staff and the wider community and moving forward with the actions identified.

Notes:

AK left the meeting.

To be ratified with Salisbury FT representative present at the next Board Meeting.

9	**Governance** • **Appointment of Non-Executive Member (Primary Care)** • **Member Board Representative Nominated Alternates/Deputies** • **Policy Statements: Equality and Diversity/Whistleblowing (Freedom to speak up)**	
	Appointment of Dr Adibah Burch CB informed the meeting of the processes and arrangements followed regarding the recommended appointment of Dr Adibah Burch (Primary Care) as a Non-Executive Member of the Board. Interviews were held with CB and Peter Jenkins; DB input to the short listing. It was noted that Dr Burch brings a wealth of experience and ideas to compliment those of Richard Barritt and Dr Celia Grummit. The issue of ensuring visible management of any perceived conflicts of interest had been raised at interview and no conflicts of interest had been identified which prevented her appointment. **In accordance with the terms of the Members Agreement, the Board approved the appointment of Dr Adibah Burch with immediate effect and on the same terms as CG.** *To be ratified with Salisbury FT representative present at the next Board Meeting.* CB informed the meeting that CG had sent a presentation about the future of primary care and links to be made with Wiltshire Health and Care and recommended that DB arrange for this to be looked at with AB, CG, RB and CB. **Member Board Representative nominated Alternates/Deputies** It was noted that the three Member Board Representatives have now nominated their alternate/deputies in accordance with the Members Agreement as follows: RUH: For Sarah Truelove, Francesca Thompson SFT: For Laurence Arnold, Andy Hyett GWH: For Hilary Walker, Kevin McNamara.	**DB**

Member Board Chairs have signed statements of assurance and certification in respect of each Member Board Representative and their nominated alternate/deputies as Fit and Proper Persons.

Policy Statements re Whistle blowing and Equality and Diversity
A proposed Policy Statement in respect of Equality and Diversity was brought to the Board for approval, noting that it had been submitted to the CQC.

It was agreed to approve and adopt the Policy Statement on the basis that further development of equality and diversity arrangements for the LLP was necessary in the future.

A proposed Policy Statement in respect of Freedom to Speak Up was brought to Board for approval. DB explained that a GWH full policy is in place for all employees of GWH working for WH&C. It was suggested that a further guardian in addition to SJP within the delivery arm would be beneficial.

It was agreed to approve and adopt the Policy Statement, subject to further development of an additional guardian.

To be ratified with Salisbury FT representative present at the next Board Meeting.

Any Other Business

The meeting discussed how far in advance Board Members should expect to receive Board papers. **It was agreed that these should be received by the Thursday prior to each subsequent Tuesday Board meeting (i.e. five days in advance).** Accordingly, Board papers should be circulated by the end of play on the Wednesday although, in exceptional circumstances, this can be moved to the following Thursday morning.

It was noted that HW has provided advance apologies for the next Board meeting and that the nominated Member Board Representative Deputies, Francesca Thompson and Kevin McNamara will attend the next meeting.

There being no further business the meeting ended.

SJP

Date of Next Meeting:
Tuesday 23rd May 2017 at 1000 hours
Training Room 1, Chippenham Community Hospital.

BOARD
ACTION TRACKER

MEETING	ACTION	LEAD	DUE	UPDATE	DATE
	Review Previous Minutes for outstanding actions.	KE	28.03.17	Complete.	10.03.17
	Structure future Meetings to segregate confidential matters and publishable matters.	KE	25.04.17	Complete.	28.03.17
24.01.17	Quality: Further improve quality reporting in line with the comments made at Board and present at the next 'scrutiny' themed Board meeting.	SJP	25.04.17	Complete.	25.04.17
24.01.17	EPRR: invite Giles De Burgh to provide an update on arrangements since the formation of WHC to April Board.	DB	23.05.17	In progress.	
24.01.17	Estates Transfer: More clearly articulate the description of the service continuity risks and financial risks in the risk register.	DB/VH	25.04.17	In progress.	
24.01.17	External Auditors: Establish a sub group to process the appointment of external auditors to include CB, ST and DB.	DB/KE	07.04.17	Complete.	04.04.17
24.01.17	Estates Transfer: Analyse implications of LLP holding leases.	DB	28.03.17	Complete.	28.03.17
28.02.17	Discharge Pathways: Circulate draft discharge categories for information.	DB	07.04.17	Complete.	17.05.17
28.02.17	Liaise on strategic oversight of Board in relation to change reports, projects, benefits and realisations and how partners can contribute.	CB/DB	25.04.17	To incorporate Risk Registers. In progress.	
28.02.17	Liaise with ST on financial strategy and bring proposal to Board.	AC	25.04.17	Complete.	25.04.17
28.02.17	Check status/data issue re sickness monitoring change in June/July.	SJP	28.03.17	Complete.	28.03.17
28.02.17	Update and circulate corporate risk register.	DB	28.03.17	Complete.	28.03.17
28.02.17	Review Risk Register (GWH) to ensure fit for purpose for WHC.	SJP/CW	25.04.17	Complete.	25.04.17
28.02.17	Identify alternate Member Board Reps for appointment as deputies.	LA/ST/ HW	31.05.17	Complete.	18.04.17
28.02.17	Circulate draft terms of reference for Board and committees.	KE	28.03.17	Complete.	28.03.17
28.02.17	Investigate how members can access shared area to access papers.	TM	30.05.17	In progress.	
28.02.17	Propose framework and plan re CQC visit for approval by Executive Committee and Board.	CW/SJP	28.03.17	Complete.	28.03.17
28.03.17	Assurance Register to replace full Risk Register for Board.	DB	30.05.17	In Progress.	

28.03.17	Performance Dashboard: level of delays due to Social Care capacity to be more explicit for assurance.	DB	25.04.17	In Progress.	
28.03.17	Quality Report: further analyse data to ensure assurance regarding risk and mitigation issues.	SJP	25.04.17	Complete.	25.04.17
28.03.17	Staffing: clarify tolerance below which Board would wish to be informed re staffing issues.	DB	25.04.17	In Progress.	
28.03.17	Update Business Plan.	DB	07.04.17	Complete.	07.04.17
28.03.17	Update Terms of Reference for Committees.	KE	25.04.17	Complete.	16.04.17
25.04.17	Correct and re-submit finance report for February (under agency table).	AC	23.05.17		
25.04.17	Issue letter of appointment to KPMG.	DB	23.05.17		
25.04.17	Look into web based Kahootz for Board papers.	TM	23.05.17		
25.04.17	Circulate Governance Structure.	TM	14.05.17	Complete.	17.05.17
25.04.17	Circulate CQC Presentation.	SJP	14.05.17	Complete.	17.05.17
25.04.17	Review link with Primary Care with AB, CG, RB, CB.	DB	23.05.17		
25.04.17	Appoint a further guardian for Freedom to Speak Up policy	SJP/HM	23.05.17		

Wiltshire Health and Care Board	For discussion
Subject: **Review of Board Performance and Development**	
Date of Meeting: **23 May 2017**	
Author: **Carol Bode, Independent Chair**	

1. Purpose

To provide a status update on the development of the WHC Board since 1st July and identify key areas of development for the forthcoming year for discussion and agreement.

2. Background

2..1   The Board was set up to lead the LLP by undertaking four key roles:

2..1.1 Setting strategy;

2..1.2 Supervising the work of the executive in delivery of the strategy and through seeking assurance that systems of control are robust and reliable;

2..1.3 Setting and leading a positive culture for the Board and the LLP;

2..1.4 Giving account and answering to key stakeholders.

2..2   The WHC Board was established on 1 July 2016. At that point members included

2..2.1 Independent Chair LLP

2..2.2 Managing Director LLP

2..2.3 Member Representatives x3

2..2.4 Head of Quality (Service Delivery)

2..2.5 Head of Finance (Service Delivery)

2..3   Vacant posts took longer to recruit than anticipated or hoped for but the following positions have now been filled

2..3.1 Clinical Director in September 2016

2..3.2 Non-Executive Member Patient and Public Engagement as from 1/4/17

2..3.3 Non-Executive Member Primary Care from 1/4/17

2..3.4 Non-Executive Member Primary Care for 25/4/17

2..4   There have been several discussions with Wiltshire County Council as to future possible observer status at the Board and timescales for this.

2..5   A Governance Advisor was sought and started in February 2017 to boost corporate governance support to the Board

2..6   The Board has met monthly since July 2016 and developed a pragmatic governance structure that recognised the limited capacity of the Board to form several committees, the limited resource capacity within the LLP coupled with the size of the LLP, for the interim

period the Board decided to handle most corporate governance matters directly at Board level with a view to reviewing this as the LLP develops and grows. As a result, the Board schedule and focus has been running as follows:

2..6.1 Month 1-Focus on strategy and shaping the future
2..6.2 Month 2-Focus on major change programmes
2..6.3 Month 3-Scrutiny of Operational Performance and Delivery

2..7 During April and May, the Chair met with all Board members in situ at the time to review performance and consider future actions needed. In addition, this matter was discussed with member FTs at the Annual Members Meeting in April and since then further recommendations to strengthen membership an alignment with FTs have been made.

2..8 In conclusion, the Board is still in formation and has been primarily dealing with the implications of setting up the entity to ensure community services remain safe but now with our latest Members has the real potential and opportunity to concentrate on breaking down organisational barriers and acting as a vehicle to transform out of hospital health and care across Wiltshire to deliver community health and care services in partnership with anyone.

2..9 A draft proposed Board Development plan provides a means of doing this.

2..10 The Board is asked to discuss and input further ideas before a final recommendation is made

3. Evaluation of Board Performance to date (high level)

Summary of key points taken from1:1 discussions

Strengths	Weaknesses
Learning and evolving together and good ability to deal with ambiguity and lack of clarity in early phase **Open and honest discussions** **Plenty of challenge** in meetings **Set and shaped** a 3 year forward strategy **Commitment and drive** to make WHC a success and deliver what originally intended for **Getting to grips** with reality of in effect having to set up the LLP as a separate community services organisation to meet regulator and provider licence demands **Delivered good performance** despite resource challenges **Embracing forming** phase well	**Performance Reporting**: Receive lots of data but not an analysis to give us proper "so what" information and assurance **Members turn up to meetings only**. Board visibility and engagement in WHC therefore reduced **Clearer Narrative** needed about how WHC initiatives are working towards reducing Acute hospital pressures: not clear enough today leading to FTs and others querying what WHC are delivering **Lack of Board experience** for some **Board reassured not necessarily assured** **Reticent** to seek support from members
Opportunities	Threats
Strategy awaydays could happen quarterly to think wider than community services and involve all players **Board processes to mature**	**Time pressures** and priorities to commit fully to WHC **NHSI relationships** get muddled due to FTs being under one regime and WHC

• **Board governance to embed** • **NEDS only meetings** pre-Board to compare notes and experiences and receive briefings would be useful • **Clarify roles and expectations** of each member on Board • **Board Assurance:** agree what reasonable assurance looks like that satisfies us and Members • **Coaching and mentoring** • **Extend membership/network/Board** to include AWP, WCC, Voluntary Sector and all providers • **Public and Patient Engagement strategy** can now become a reality with Board focus • **Primary Care and Community Care** joint pathways can now be exploited with Board sponsorship • **Regulator:** WHC Board establish own relationship	under the independent provider regime. • **Lack of understanding of roles and expectations of member reps** : NED in true sense or simply representing own FT-needs clarity • **Expectation** that LLP Board will operate as an FT Board when in effect needs to function differently due to membership and set up • **Minimal time of some Board members** might not be used to best effect and added value; e.g. Primary Care members only 2 sessions per month and P&P Engagement member 2.5 days per month • **Proposed STP Partnership Board** has potential to confuse/duplicate work of WHC Board

4. **Proposed Draft Board Development Programme 17-18**

Phase	Focus	Timescale
1. **Board Briefing CQC**	**Whole Board-3 hours** • CQC timetable and plan • Assessment against Well Led framework • Confirmation of how the Board receives assurance • Expectations of Board members during visit	Mid-June
2. **Aligning Board Purpose and Focus with 3-year Strategy**	**Whole Board-1 day** Considering the 3-year plan for the organisation, confirm: • Purpose and Vision for the Board <u>as a team</u> • Role of the Board <u>as a team</u> • <u>Board team</u> objectives and key areas of focus for 17-18 and beyond • <u>Inter-team effectiveness</u> Board and SLT • <u>Board external relationships</u> • Individual roles, responsibilities, key areas of focus • Ways of working together given different perspectives and time commitment • Board calendar refresh • Governance structure and arrangements refresh	By end of July
3. **Visioning Session "Out of Hospital Health and**	**Non-Exec Members and SLT** Planning and visioning session (with relevant attendees) to begin to describe what "out of hospital health and wellbeing	Part one July Part two

Wellbeing" - 3 hours x2	could become and look like and scenarios/options for breaking down the barriers for delivering integrated pathways	August
4. **Strengthening the LLP Partnership (2/3/ hours)**	**Member Reps and SLT with Chair** To explore further: • Specific expectations of FTs • Building Better Relationships between Boards • Aligning WHC with STP developments • What can/should we do jointly e.g. workforce strategy, back office provision, training etc. • Relationships with Regulators • Wider Stakeholder management-what do we do jointly, what as single entities?	July
5. **Strategic Assessment**	**Whole Board-1 day** • Where are we now? • Outputs from sessions 3 and 4 • Scenario planning etc	October
6. **Board Effectiveness Review**	**Whole Board – 0.5 days** • Stocktake • Where are we now against Well Led Framework? • How effectively are we operating as a team? • Determine Board development priorities for 2018	December

5. Summary

The Board has been in a state of formation since July 2016 but now with all members recruited has the potential to move forward at pace provided it fully understands its role and function.

Board members are asked to comment on and input any further ideas on the first draft Board Development programme above recognising the time commitment that will be necessary .

Carol Bode

Independent Chair

17th May 2015

MD Report

VERBAL ONLY

Wiltshire Health and Care Board	For information
Subject: Change Report	
Date of Meeting: 23 May 2017	
Author: Victoria Roper	

1. Purpose

1.1   The purpose of this document is to outline the progress with current projects, reporting wider themes common across the change programme. It also serves to notify the Board that the Mobile Working project has been formally closed, with Health Coaching being recommended to close after discussion at Executive Committee 2nd May 2017.

2. Background

2.1   The projects for 2016/17 and 2017/18 are outlined below. More detailed information regarding the latest progress for active projects can be found in the embedded Highlight Reports.

Project	Status	Additional Information
Higher Intensity Care	Active	Highlight Report (25/4/17): 2017 04 25 HIC Highlight Report.pdf
ESD for Stroke	Active	Highlight Report (25/4/17): 2017 04 25 ESD Highlight Report.pdf
Home First	Active	Highlight Report (26/4/17): 2017 04 26 Home First Highlight report.p
MSK Physio	On Hold	Progressing but slowly due to requirement for CCG decision.
NHS Mail	On Hold	Postponed by GWH until October due to issues with pilot migration.
Health Coaching	Recommended to close at Executive Committee 02.05.17	Close Down Report pending.
Mobile Working	Closed	Full review close down report considered by Executive Committee. Project closed and follow on actions embedded in business as usual.

3. Discussion

Four themes have been identified as common across a number of projects:

3.1 SystmOne Recording

Recording in SystmOne for both Higher Intensity Care and Home First has proved inconsistent in the initial stages of implementation. This represents a risk to our data reporting but should not present a risk to patient care.

The inconsistent recording is considered to be due to the implementation of a number of new processes and service developments which have closely followed the implementation of mobile working. There is a confluence of new system procedures with slightly different recording mechanisms that it is felt only over time will staff become more comfortable with the differences. In fact, compared to the highlight report of 25/4/17 for Higher Intensity Care, we have seen an increase in the number of patients correctly recorded. Overall, our staff are keen to record information correctly and are becoming more comfortable with the new systems. This should continue to improve over time and will continue to be monitored.

For Home First, it became clear there was an issue whereby 'scheduling' visits for a patient for their Home First visits then made it appear as though any concurrent nursing visits had also been scheduled, where they hadn't been (and vice versa). This led to some incident reporting for almost missed visits, which was an inherent risk if operational processes did not change to mitigate this. Further investigation into this issue including research across how other organisations manage this, and contact with the SystmOne developers TPP, has revealed that there is no way of automating this process. Extra routine checking procedures have therefore been issued to ensure there are no outstanding care plans waiting to be scheduled.

Fundamentally, it is becoming clearer that the software is not designed to support the type of integrated multi-disciplinary teams that we have, and has been designed around uni-professional teams that continue to exist in many areas. Whilst our System Manager has been able to design recording mechanisms to best support the clinical need, there are limits to what is possible with the software and at this stage there does need to be a degree of routine checking as a safeguard. There is disappointment and concern about the apparent lack of regard by TPP to resolve this issue through software development.

The positive thread from this theme is that staff have been on the whole engaged with and dedicated in learning correct processes, having really taken SystmOne and mobile working on board.

3.2 Recruitment

Recruitment in the south of the county in particular is representing an issue for both the Home First and ESD projects. Individual circumstances or delays in recruitment of successful applicants have led to withdrawal of some successful candidates. However, the overwhelming issue is that there is an insufficient number of skilled applicants to shortlist that we tend to see in other areas.

This issue has led to a delay in the launch of ESD in the south, and also a reduced Home First function, with one team of RSWs supporting discharges across all the teams in the south. The RSWs we recruited to this team were also previously employed by Help to Live at Home agencies locally, so do not represent additional resource in the local health economy.

On a positive note, we have been able to recruit to additional Clinical Lead posts, enabling the commencement of 7-day working for Clinical Leads in the West to support Higher Intensity Care, and to the additional ESD therapy roles to enable the launch of ESD in the North.

3.3 Standardisation

A positive theme across all the projects is the objective to standardise and document operating procedures for each service development, and agree set terms of reference. For instance, for both Higher Intensity Care and Home First, weekly MDTs are required for discussion of those patients, and standard terms of reference for those meetings have been drafted and will go through the Senior Operations Group for ratification and annual review. This will improve our governance and supporting reference material to ensure we offer equitable services across teams and localities. It should also improve efficiencies by considering teams within their wider localities. There are remaining issues in having access to sufficient cross-professional input which will delay the achievement of standardised terms of reference and an equitable service.

3.4 Demand on staff for change

Staff in our Core Community Teams in particular have this year been subject to a great deal of change. They have worked hard to embrace new initiatives; an approach that has fundamentally enabled the success of mobile working. However, with increased clinical demand shown through the number of recorded contacts and referrals, and with the number of projects impacting their areas of work, there is a great deal of continued pressure on our Community Teams to do more, differently. We are seeing signs of change fatigue and pressure. This has influenced the design of programmes in 2017-18, which allow a period of consolidation of community team changes.

4. Recommendation

The Board is invited to consider the above for information. The latest highlight reports are embedded for further detail if required.

Wiltshire Health and Care Board	For discussion
Subject: Quality, performance and finance monthly report	
Date of Meeting: 23 May 2017	
Author: Douglas Blair, Chris Weiner, Sarah-Jane Peffers, Annika Carroll.	

1. Purpose

1.1   To provide an integrated overview of the main issues arising from review of information about the quality, performance and financial position of Wiltshire Health and Care services.

1.2   To advise the Board and to alert the Board to key issues by exception.

1.3   To identify areas where a Board decision is required.

2. Issues to be highlighted to Board

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

QUALITY	
ADVISE	• Unusual number of incidents in month categorised as moderate to severe harm. Action: Spot check of incidents identifies inconsistency in scoring of impact. New role within the quality team will mean greater scrutiny of incidents and greater support to teams to improve reporting. • Data quality issue with clinical incident closures (IR1s) due to ULYSEES IT system. It has been come apparent that a number of incidents are overdue but an alert has not been sent to the named clinician. The IT problem is reported to be resolved (17/05/2017). A data cleansing exercise is taking place to ensure all incidents are categorised and outcomes completed. • Poor response compliance with complaints (25%); 1x Salisbury, 2x Ailesbury, 1x Malmesbury. The biggest challenge to improving our compliance rate is the software- IT support at GWH is aware. Added to risk register. Complaint responses remain a priority. • Duty of Candour- We have overdue reporting in all stages of Duty of Candour, but most notably in verbal and written stages. The overdue reporting position is in part due to incorrect impact scoring when completing an IR1 and inconsistent review at the outcome stage. Action: Staff within quality team to scrutinise incidents and monitoring undertaken at PSQ, QAC and HFCFG. • Proportion of NICE guidance is not being reviewed within the expected timeframe. Action: Closer monitoring at PSQ and QAC. To be added to the risk register.

	• Scheduled clinical audits from 2016/2017. 30% currently incomplete. Action: Audit lead has now returned from maternity leave, therefore we are expecting these to be complete within the next 2 months as well as starting the audit schedule for 2017/2018. • Sickness rate above the expected level of 3.5% (trust target). Long-term sickness impacting the overall performance. There are currently 16 people on long- term sick, an increase of 4 in month. All cases are on the case management system and action plans set to achieve returns to work where applicable. Short term sickness triggers are being monitored in line with the absence process to achieve positive reduction in short term sickness. • Turnover for WHC is 17.78% in month. This is above the target of 13%. Action: turnover action plan in place. The 3 areas with the highest turnover are undertaking audits to review the use of tool kits, exit interview feedback and leaver feedback, to understand what we can do better to retain staff going forward. Action: Retention and Recruitment strategy to be drafted for Quarter 2, 2017. • Falls on wards are 4.2 per 1000 Occupied Bed Days. This is above the benchmarking level of 2.4 per 1000 Occupied Bed Days. Action: Wards to identify new strategies that can be adopted within the current staffing capacity, whilst supporting the development of a wider system wide strategy led by Public Health. Falls strategy to be developed for Wiltshire Health and Care (Quarter 2 and 3). • Avoidable pressure ulcer data is not accurate because it currently contains avoidable and unavoidable data. Action: Data cleanse expected during June 2017. • Triangulation of data identifies Ailesbury Ward as an area that could benefit from increased support. A new Ward Manager is in post (5 months) and is having a positive impact on staff morale, confidence and competence. The escalation beds opened in the winter months are now closed (w/c 15/05/2017). Action: A support plan will be formalised over the coming month and shared at Quality Assurance Committee. • There are business critical PGDs that require revision. They are currently being reviewed and we are expecting a medicines governance pharmacist to come into post w/c 15/06/2017 (interim) to support the completion of the task. The deadline for completion is 25/05/2017. • The Risk Register is still in the process of being updated following the systematic review of the new Quality Assurance Dashboard in April 2017. Action: This will be monitored through the Quality Assurance Committee. • The safeguarding post for children has been appointed to. The new individual will come into post at the beginning of July 2017.
ALERT (completed alert template to be completed for each issue)	There are no alerts to be raised on quality this month.

ACTION (where issue cannot be described succinctly in this box, separate Board paper for decision to be attached)	There are no quality issues for which a Board decision on action is required.

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

PERFORMANCE	
ADVISE	• CHC and FNC – continuing issues with performance. Action: Meetings are being held with the CCG to discuss improvements to the system which may help to improve performance. • CTPLD – RTT 18 week breaches. In the past these were due to Occupational Therapy capacity. This has been addressed by Wiltshire Health and Care. Currently long waits are caused by delays in psychology referrals. This issue is not within the control of Wiltshire Health and Care. The issue will not be addressed until the broader CCG review of CTPLD services is completed. Action: Exec Co to monitor. • Dietetics – Poor waiting time performance is thought to be due to a data quality issue. This is the result of B&NES services moving to the RUH and service reconfiguration. We expect to see improvement from 1 July when B&NES services move onto the RUH system. Action: Exec Co to monitor.
ALERT	• MSK Waiting Times (see attached alert template)
ACTION	There are no performance issues for which a Board decision on action is required.

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

FINANCE	
ADVISE	• Agency expenditure increased in March particularly for AHP and A&C staff above run rates. This is due to additional provisions made in March for estimated outstanding invoices relating to earlier months in the financial year not previously reported, as shifts are not currently recorded on Health Roster. April has seen a reduction in agency expenditure. • Non pay expenditure in April is above run rate. Further scrutiny of year end provisions to actual expenditure will be carried out during May to ensure any possibly miscoded expenditure has been accurately matched against the provisions. • As the detailed work of the estates review is progressing, possible new and additional cost pressures are emerging. The priority is to ensure that all cost pressures relating to the estates transfer is covered by the CCG.

| ALERT (completed alert template to be completed for each issue) | There are no alerts to be raised on financial performance this month.

4 |
| --- | --- |
| ACTION (where issue cannot be described succinctly in this box, separate Board paper for decision to be attached) | There are no issues on arising from financial performance for which a Board decision on action is required. |

3. Recommendation

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

Quality/Performance/Finance Alert: MSK Waiting Times

Purpose of alerting the Board	Some members of the CCG are increasing their scrutiny and voicing frustration about the pace of redevelopment of our Outpatient Physiotherapy services. This voicing of frustration may impact on the reputation of Wiltshire Health and Care.
Description of issue	Physiotherapy services in Wiltshire Health and Care require a new service specification. The service is recognised by the health economy as lacking sufficient capacity and resources to deliver as effective a service as we would all like. Referral rates increasing and waiting times are suffering as a mismatch between demand for services and the supply. Negotiations with the CCG have been ongoing for close to two years to agree a new service specification that can be appropriately funded within the limits of the local health economy. In the meantime, Wiltshire Health and Care is working to manage potential safety, effectiveness and experience issues affecting our patients to best effect under difficult circumstances.
How has issue arisen (and for how long)?	This issue started prior to the formation of Wiltshire Health and Care and has not been resolved since Wiltshire Health and Care came into being.
What is root cause of the problem?	Inability of the CCG and Wiltshire Health and Care to agree a new service specification within an acceptable financial envelope.
Does the issue suggest a need for improved systems of control?	No
Assurance/ Oversight	
Views/findings from Committee oversight	Executive Committee are sighted on the challenges of agreeing a funded service specification with the CCG.
Independent /external assurance	Research into the new/proposed service is based on 'Right Care' benchmarking and other national best practice.
Impacts and implications	
Quality	Patients are having to wait longer than the commissioned targets although these targets are significantly shorter than national standards.
Equality	There is geographic variation in access to services under the current operating model.
Financial	The service has had to use locum staff to manage the demand but this is not affordable within the budget for the service.
Operational delivery	Staff morale is affected due to constant pressures on clinical time and staff having to move around the county to meet demand.
Regulatory/ legal/ contractual	2 week urgent and 8 week routine waits in the contract are not able to be delivered.
Links	
Link to business plan/ 5 year programme of change	The 5 year plan reflects the commissioning and implementation of a new pathway for MSK.

Links to known risks	Links to the WON risk that is on the risk register.
Identification of new risks	None at this stage.
Plan	
What actions are being taken?	Working with the CCG to agree a new pathway and a short term use of agency staff to manage demand.
How and when will issue be resolved?	Once the CCG and Wiltshire Health and Care have agreed a new service specification, then a new pathway can be developed and put in place to meet population need.
When will Board be updated?	July 2017

Incidents

All ▼

All services

Actual impact	Feb-17 ▼
1-Near Miss	3
2-None (No Harm)	109
3-Low	94
4-Moderate	8
5-Severe	3
6-Death	0

Clinical incidents   Non clinical incidents
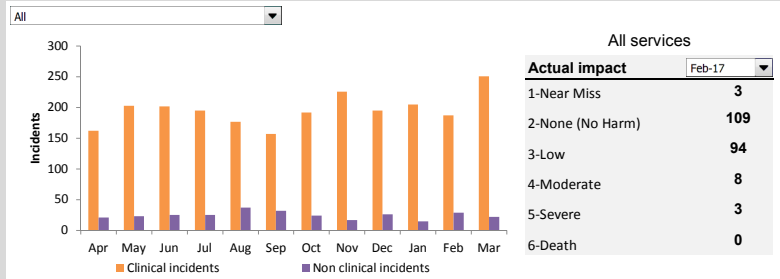
○ Larger than expected number of incidents categorised as 4-6. Action: Spot check of incidents identifies inconsistency in scoring of impact. New role within the Quality team will mean greater scrutiny of incidents and greater support to teams to improve reporting.

SIRIs excluding pressure ulcers

Number of SIRIs
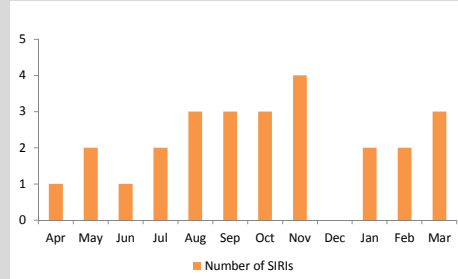
○ 2 x wards; vte and fractured humerus
1 x Salisbury team delay in treatment.
To be discussed at Harm free care-June 17

Complaints/Concerns

Response compliance **25%**   Open ombudsman cases **0**

Number of complaints   Number of concerns/queries

○ 1x Salisbury, 2x Ailesbury, 1x Malmesbury
The biggest challenge to improving our compliance rate is the software-IT aware.

RIDDOR

Financial Year to Date
1
RIDDOR report(s)

Duty of Candour

	Completed	Overdue
Verbal	80%	20%
Written	60%	40%
Report shared	40%	60%

Audits

	Completed	Missed
Audit uploads	100%	0

Sickness/Vacancy

Mar-17 Sickness rate **4.07%** Vacancy rate **7.90%**
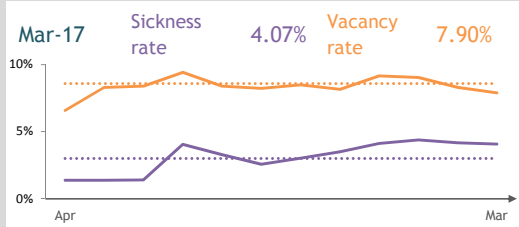
○ Plans in place to redcue sickness and improve vacancy rate

Training/Appraisals

Mar-17 Mandatory training **86%** Appraisals compliance **82%**
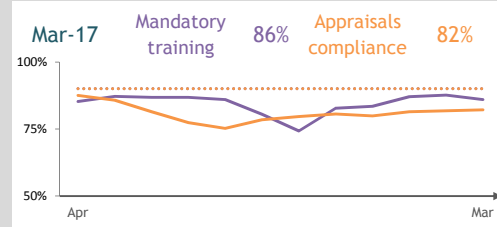
○ Improving position

Turnover

Mar-17 Turnover rate **17.78%**
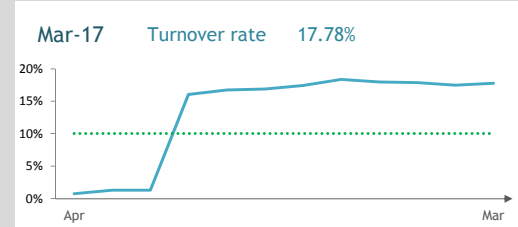
○ Whole organisation turnover rate is not currently a true value - based on average across all services.

Bank/Agency spend %

Mar-17 Bank Staff Spend (%) **2.65%** Agency staff spend (%) **9.89%**

○
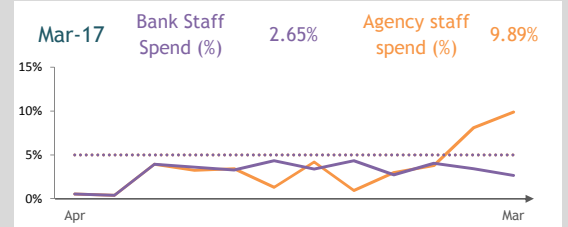
Infection Prevention & Control

All wards ▼

	In month	Prev 12 months
MRSA incidence	0	0
C diff incidence	0	0
E coli incidence	0	0
Blood culture contamination %	0%	0%
Bed days lost to norovirus	0	35

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

Deaths

All wards ▼   **6** death(s) in month   **6.8%** of discharges

Selected ward   mean (4 wards)   Benchmark

No. of deaths	Apr 2	May 7	Jun 10	Jul 8	Aug 5	Sep 3	Oct 4	Nov 4	Dec 4	Jan 3	Feb 4	Mar 6
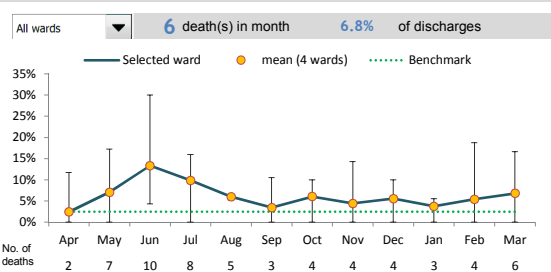
○ All deaths reviewed at Harm Free Care Focus Group - all deaths in March were categorised as expected

Falls

All wards ▼   **28** fall(s) in month   9.7 per 1000 OBD   **12** injurious fall(s)   4.2 per 1000 OBD

Selected ward   mean (4 wards)   Benchmark

No. of falls	Apr 12	May 8	Jun 12	Jul 7	Aug 4	Sep 4	Oct 9	Nov 12	Dec 6	Jan 5	Feb 7	Mar 12
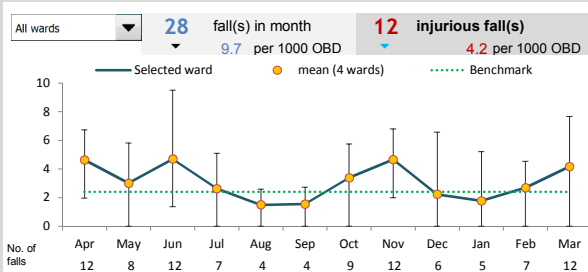
○ One case causing severe harm, to be reviewed at Harm Free Care Focus Group in June 2017

Medication errors

All wards ▼   **7** error(s) in month   2.4 per 1000 OBD   **1** Harmful error(s)   0.3 per 1000 OBD

Selected ward   mean (4 wards)   Benchmark
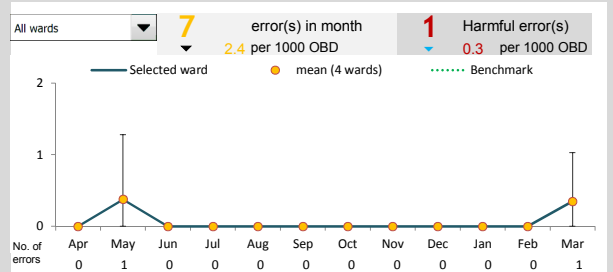
Please note: There is no benchmarking value for medication errors with harm

No. of errors	Apr 0	May 1	Jun 0	Jul 0	Aug 0	Sep 0	Oct 1	Nov 0	Dec 0	Jan 0	Feb 0	Mar 1

○ Overall in month meds errors were 2.43. Weak positive correlation on Ailesbury. Medium positive correlation on Ailesbury Ward and Cedar Ward between medication errors per 1000OBD and falls. However requires further review over following months to truly identify any correlation.

Avoidable Pressure Ulcers

All wards ▼   **1** avoidable pressure ulcers acquired in month   **0.35** per 1000 OBD

Selected ward   mean (4 wards)   Benchmark

No. of pressure ulcers (all)	Apr 6	May 6	Jun 1	Jul 5	Aug 7	Sep 10	Oct 7	Nov 8	Dec 9	Jan 9	Feb 6	Mar 1
Category III	1	0	1	0	1	2	0	1	1	0	1	1
Category IV	0	1	0	0	2	1	1	0	2	0	0	1
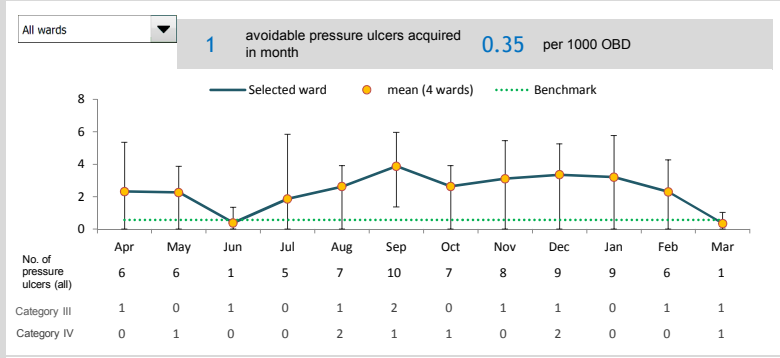
○ Data quality issue- this data currently does not just show avoidable pressure ulcers

Safety Thermometer

Percentage of Harm Free Care (new harms)

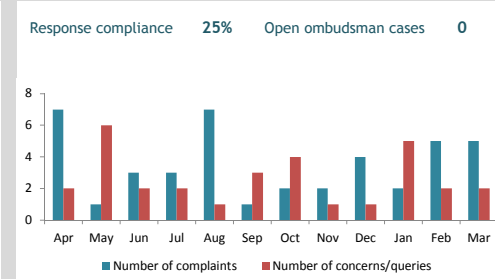| Community Wards	88.04%
Community Teams	91.14%
Wards and Teams combined	**92.60%**

In month overall for all wards= 88%, in 12 months 96%. In month overall for all Community Teams= 91%, in 12 months 94%. In month only one Ward - Cedar = 100%. In month Devizes Community Team.

Friends and Family Test

Show response numbers

Trust FFT

98%

recommend score
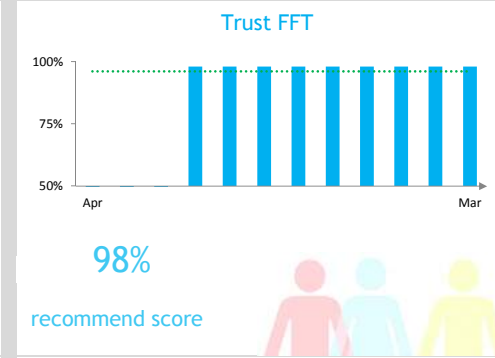
○ Positive improvement in responses and continuing inpatients assessments.

Inpatient assessments

All wards ▼

	Feb-17	Mar-17
Early Warning Score	100%	100%
VTE assessment	100%	100%
VTE prophylaxis	100%	100%
Hospital Acquired Thrombosis	1	1
Falls assessment	100%	100%

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

●

Community Inpatients

At a glance

In month

	Falls	Injurious falls	Medication errors	Med errors with harm	Deaths	Avoidable pressure ulcers currently showing all	Incidents per 1000 WTE budgeted staff	Safety Thermometer - % Harm Free Care (New Harms)	Sickness rate	Vacancy rate *
All wards	9.74	2.43	6.82%	0.35	509.13	88%	7%	11%		
Ailesbury	13.36	7.19	12.50%	1.03	1263.94	84%	5%	24%		
Cedar	13.41	0.00	0.00%	0.00	583.94	100%	13%	-13%		
Longleat	10.48	0.00	0.00%	0.00	263.04	79%	7%	14%		
Mulberry	0.00	0.00	16.67%	0.00	22.85	95%	3%	19%		

Benchmark value 8.19 falls per 1000 OBD

Benchmark value 2.6 med errors per 1000 OBD

Benchmark value 3% of discharges are deaths

Benchmark value 0.57 avoidable pressure ulcers per 1000 OBD

Benchmark value 183.75 complaints per 1000 WTE staff

Benchmark value 96.1% Harm Free Care (new harms)

Benchmark value 3% sickness

Benchmark value 9% vacancy

Roll the curser over the headings to choose to view Falls or Injurious falls

Roll the curser over the headings to choose to view all med errors or med errors with harm

A true 'All wards' rate is currently not available, so an estimate is given based on the average across the 4 wards.

Explore more

Cedar

| Series 1 | Medication errors per 1000 OBD |
| Series 2 | Falls per 1000 OBD |

Legend: Medication errors per 1000 OBD ····· benchmark   Falls per 1000 OBD ····· benchmark

Correlation

medium positive
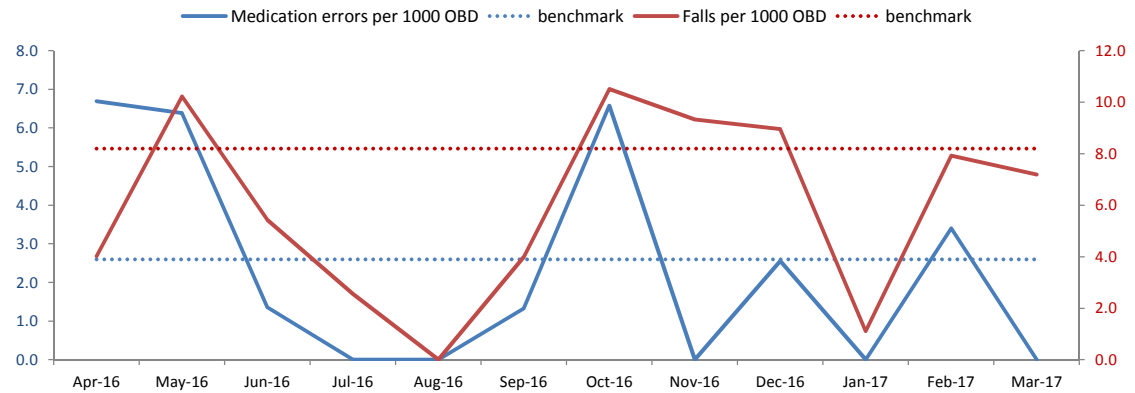
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of medication errors (Cedar)	5.0	5.0	1.0	0.0	0.0	1.0	5.0	0.0	2.0	0.0	3.0	0.0
Number of falls (Cedar)	3.0	8.0	4.0	2.0	0.0	3.0	8.0	7.0	7.0	1.0	7.0	7.0

Zero values for Safety Thermometer data are assumed to represent missing returns and are not plotted on the chart

Community
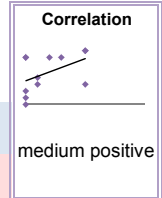
At a glance

In month ▼

Team	Avoidable pressure ulcers *currently showing all*	Complaints per 1000 WTE budgeted staff	Incidents per 1000 WTE budgeted staff
All teams	2.16	7.33	354.36
Amesbury	0.00	0.00	268.82
Bradford on Avon & Melksham	0.00	0.00	203.56
Calne	0.00	0.00	294.29
Chippenham & Corsham	2.21	0.00	380.67
Devizes	5.35	0.00	517.78
Malmesbury & RWB	3.67	54.82	383.77
Marlborough	9.71	0.00	447.86
Salisbury City	1.54	22.23	355.63
Trowbridge	1.43	0.00	387.50
Warminster	3.89	0.00	574.87
Wilton	1.55	0.00	101.32

Benchmark value 0.55 avoidable pressure ulcers per 1000 caseload	Benchmark value 4.79 complaints per 1000 WTE staff	Benchmark value 183.75 incidents per 1000 WTE budgeted staff

Explore more

Amesbury ▼

Series 1	Safety thermometer % Harm Free Care ▼
Series 2	Incidents per 1000 WTE budgeted staff ▼

120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
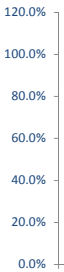
Safety thermometer % Harm Free Care (Amesbury)

Incidents (Amesbury)

Comments

At a glance

In month ▾	Complaints per 1000 WTE budgeted staff		Incidents per 1000 WTE budgeted staff	
All specialist services	●	0.00	○	85.63
Continence	◆	0.00		145.14
Diabetes	◆	0.00	◆	0.00
Dietetics	◆	0.00	◆	0.00
Learning Disabilities	◆	0.00		60.61
MIU - Chippenham	◆	0.00	◆	257.73
MIU - Trowbridge	◆	0.00	◆	471.98
Orthotics	◆	0.00	◆	0.00
PACE & Oxygen service	◆	0.00	◆	0.00
Physiotherapy	◆	0.00		43.47
Podiatry	◆	0.00		138.95
Speech & Language Therapy	◆	0.00	◆	0.00
Wheelchair service	◆	0.00	◆	0.00
	Benchmark value 4.79 complaints per 1000 WTE staff		Benchmark value 183.75 incidents per 1000 WTE budgeted staff	

Explore more

Pace & Oxygen ▾

Series 1	Sickness %
Series 2	Incidents per 1000 WTE budgeted staff

Sickness % (Pace & Oxygen)
Number of incidents (Pace & Oxygen)

Comments

Explanatory notes for our summary measures

Incidents

Number of incidents (causing harm or otherwise) also shown as a rate per 1,000 WTE budgeted staff.
We monitor this to establish the overall rate of incidents reported across our organisation.
High rates do not necessarily indicate genuine patient safety issues but may be due to high reporting. Triangulation with the safety thermometer score for Harm Free Care (new harms) is recommended.

SIRIs excluding pressure ulcers

New Serious Incidents Requiring Investigation (SIRIs) reported per month. This figure excludes SIRIs relating to all grades of pressure ulcers - as these are reported separately.

Complaints

Number of formal complaints and rate per 1000 WTE budgeted staff, used to monitor the overall level of satisfaction, or otherwise with our organisation's services. Should be viewed in context with Friends and Family Test recommend score.

We also monitor number of concerns, comments and queries raised by PALS.

RIDDOR

The number of work related accidents reported under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)

Duty of Candour

We have an ethical duty of openness, and we monitor our compliance with the stages of Duty of Candour when dealing with incidents.

Audits

The number of completed audit uploads and missed uploads so far this year.

Sickness/Vacancy

WTE lost to sickness absence in the month (short and long term), expressed as a % of total WTE staff in post.

Vacancy rate - difference between funded establishment and actual establishment, expressed as percentage.

Training/Appraisals

Percentage of staff compliant with mandatory training.

Percentage of current staff with appraisals completed.

Turnover

Total number of leavers in month expressed as a percentage of average number of staff in month.

Bank/Agency spend %

Pay spend on temporary bank staff providing clinical services expressed as a percentage of total pay spend.

Pay spend on temporary agency staff providing clinical services expressed as a percentage of total pay spend.

Infection Prevention & Control

Incidences of MRSA, C.difficile and E. coli occurring on our community wards.
Blood culture contamination incidences and bed days lost to norovirus are also given.

Deaths

Number of expected or unexpected deaths in inpatient community hospital beds, as a percentage of the total number of discharges.
In the absence of HSMRs used for acute trusts, we use this to understand death rates in our wards.
Chart shows rolling 12 months worth of data.

Falls

The number of patient falls (all and those causing injury) occurring on our inpatient wards. Presented as a number and also as a rate per 1000 Occupied Bed Days (OBD) to allow comparison across the four wards and with the published community benchmarking figure.
Chart shows rolling 12 months worth of data.

Medication errors

The number of medication errors (all and those causing harm) occurring on our inpatient wards. Presented as a number and also as a rate per 1000 Occupied Bed Days (OBD) to allow comparison across the four wards, and with the published community benchmarking figure.
Chart shows rolling 12 months of data.

Avoidable Pressure Ulcers

Wards: Rate of New Grade 2, 3 and 4 Avoidable Pressure Ulcers acquired whilst under our care in a Community Hospital setting per 1,000 occupied bed days.

Teams: Rate of New Grade 2, 3 and 4 Avoidable Pressure Ulcers acquired whilst under our care in a Community setting per 1,000 patients (on caseload)

Charts show rolling 12 months worth of data

Safety Thermometer

The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that providers can measure and monitor local improvement and harm free care over time.
Percentage of harm free care (new harms) is monitored as per the national tool calculations.

Friends and Family Test

Friends and Family test % of responses indicating Extremely Likely or Likely to recommend service. This is a national tool and provides us with a simple metric to track changes in user experience over time. Should be viewed in conjunction with complaints and concerns data.

Inpatient assessments

We have a number of inpatient assessments we aim to carry out on admission.
Falls assessment (target of 95% within 4 hours of admission), EWS (95% within 4 hours) VTE (95% within 24 hours, and to receive prophylactic treatment where indicated and appropriate).
Performance below target for 2 consecutive months will trigger further reporting.

We also monitor the number of Hospital Acquired Thrombosis.

Wiltshire Health and Care LLP
Financial Position M1, April 2017

WH&C LLP Profit and Loss Account - April 2017

	M1 (April 2017) £'000	FOT as at M1 £'000
Turnover	**3,615**	**43,385**
Staff	(19)	(334)
Contracted Services	(3,534)	(42,294)
Other Administrative Exps	(9)	(757)
Total Expenses	**(3,562)**	**(43,385)**
Profit/(Loss)	53	0

WH&C LLP Balance Sheet as at April 2017

		M1 (April 2017) £'000
Current Assets		
Debtors	231	
Cash at Bank	719	
Creditors		(897)
Net Current Assets		53
Net Assets		53
Profit and Loss Account		53

WH&C LLP Statement of Cashflows

	M1 (April 2017) £'000
Profit/(Loss)	53
Movements in:	
Debtors	228
Creditors	(60)
Net in/(out)flow	221
Opening Cash Balance	498
Closing Cash Balance	719

The LLP reports a surplus of £53k as at M1, April 2017. The favourable position is due to the phasing of expenditure, with actual spend projected to be higher in future months.

The turnover reflects contracted values with commissioners for 2017/18 and the Contracted Services value reflects the plan for 2017/18.

Wiltshire Health and Care (delivery arm within GWH)
Financial Performance Summary YTD M12 (March 2017)

	2017-18 Plan	M1 (April 2017)			Forecast	
Income & Expenditure	Annual Plan £'000	M1 Plan £'000	M1 Act £'000	M1 Var £'000	FOT as at M1 £'000	Variance to Plan £'000
Income	44,173	3,681	3,726	45	44,173	0
Pay	(31,316)	(2,610)	(2,597)	13	(31,316)	0
Non Pay	(12,857)	(1,071)	(1,129)	(58)	(12,857)	0
Total	0	0	0	0	0	0

The Wiltshire Health and Care (GWHFT) delivery arm reports a breakeven position for M1, April 2017.

Income – reports a favourable financial position against April plan of £45k.This is in main due to £38k of funding offsetting the pay spend for the escalation beds still open in April on Ailesbury ward. In addition NCA (Non Contractual

Activity) has delivered £20k income above plan. These favourable variances are partly offset by unachieved local income targets across the community and specialist services.

Pay – reports a favourable variance against plan of £13k. The temporary staffing spend above plan particularly on Ailesbury Ward and Trowbridge Minor Injury Unit is offset by vacancies across the community teams and the wards.

Actual Pay Expenditure July 2016 – April 2017

Pay Group	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Wiltshire Health and Care Delivery Arm (GWHFT) Actual Pay for the period July 16 - April 17 £000										
Agency	(81)	(87)	(32)	(108)	(23)	(73)	(96)	(218)	(282)	(192)
Bank	(91)	(83)	(109)	(88)	(108)	(67)	(103)	(92)	(76)	(87)
Perm	(2,360)	(2,377)	(2,367)	(2,395)	(2,355)	(2,306)	(2,354)	(2,376)	(2,489)	(2,318)
Grand Total	(2,532)	(2,547)	(2,508)	(2,591)	(2,486)	(2,446)	(2,553)	(2,686)	(2,846)	(2,597)

Department	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17
Nursing and HCA Agency Expenditure for the period July 16 - April 17 £000										
Chippenham Hospital Cedar Ward	(10)	(10)	5	(5)	4	0	(2)	(0)	(3)	(1)
Mulberry Ward	(5)	(5)	(7)	(10)	5	(4)	(8)	(4)	(5)	(4)
Savernake Hospital Ailesbury Ward	(39)	(38)	(1)	(51)	(4)	(19)	(41)	(159)	(123)	(103)
Warminster Hospital Longleat Ward	(4)	(4)	7	0	(0)	(2)	1	(5)	(4)	(3)
Chippenham MIU	0	0	0	0	(1)	(1)	(3)	(4)	(11)	(13)
Trowbridge MIU	(6)	(6)	0	(4)	0	(14)	(16)	(40)	(73)	(54)
Community Team Devizes	0	0	0	0	0	0	0	0	(1)	(1)
Community Team Wilton	0	0	0	0	(1)	(7)	(1)	1	0	(1)
Community Team Melksham and Boa										(5)
Operational Management	0	0	0	0	0	0	0	0	(6)	0
Grand Total	(63)	(62)	4	(70)	3	(47)	(72)	(210)	(226)	(186)

*Positive values in September are due to adjustments following ledger launch in month.
* Positive values in November reflect accrual corrections reflecting feedback from ward managers and roster reviews

Temporary staffing expenditure accounted for 10.7% of total pay in the month; of which agency spend was 7.4%. (£192k), a 2.5% reduction from the previous month. The agency expenditure continues to be driven by staffing levels on Ailesbury Ward, to cover escalation beds and vacancies, and Trowbridge MIU where agency staffing is currently extensively used to cover vacancies, although a reduction from the previous month is reported for the unit. Recruitment is in progress to all vacancies.

A reduction of agency expenditure is expected from May 2017, when the six escalation beds on Ailesbury Ward will be closed pending discharge of current patients.

Non-Pay – reports an adverse variance against plan of (£58k) with Enteral Feeding, Orthotic and drug spend exceeding the plan. Further scrutiny of year end provisions to actual expenditure will be carried out during May to ensure any possibly miscoded expenditure is accurately matched against the provisions.

Savings - £118k of savings against the target of £124k have been achieved in April, with 'Improved MIU Roster Management' being the only scheme not delivering the £6k saving, due to high agency expenditure. Non recurrent savings cover the short fall for this scheme.

RTT

All services

| Incomplete pathways | Complete pathways |

Incomplete pathways

100% — 50% (May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr)

- Target met
- Target not met
- --- Target
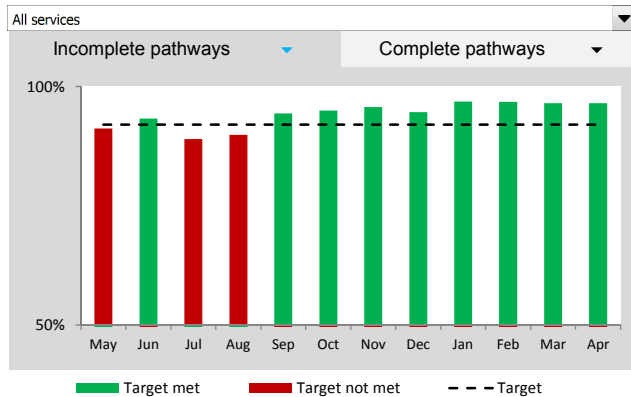
Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	92%	67
Continence - Adult	94%	14
LD	80%	14
Outpatient Physio	100%	10
Podiatry	100%	2
Wheelchair service	98%	3
WON	94%	33

Sustained improvement 2 areas of concern exist - Child continence services and LD service - both relate to issues previously flagged to commissioners. Dietetics data now excludes RUH and BaNES patients and data quality checks are ongoing - we expect performance is better than indicated here.

Activity

10000 — 0 (Apr-15, Apr-16, Apr-17)

- IT system change
- notable variation
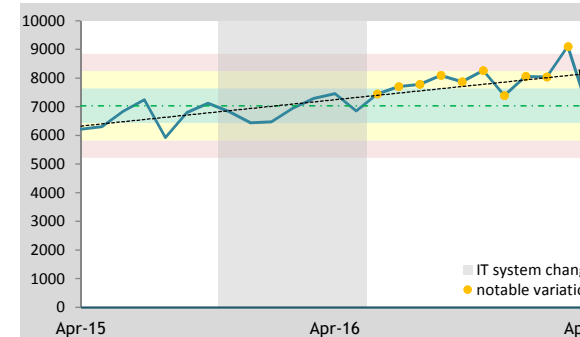
Referrals ⬆ 15%   **Contacts** ⬆ 5%

Notable movers

Neurology Specialists	⬆ 64%
Community Teams	⬆ 30%
Speech and Language Therapy	⬆ 28%
Fracture Clinic	⬇ -17%
Inpatient Therapy	⬇ -1%
Orthotics	⬇ -1%

LD and Wheelchair services data excluded as not comparable pre and post system migration. Trend logic has been adjusted from previous years' reports. See explanatory notes for notable variation guidance. Unusually high referrals number in March 2017 is in Outpatient physiotherapy service.

Inpatient assessments

All wards

MRSA	✔	96%
VTE	✔	97%
VTE prophylaxis	✔	100%
MUST	✔	96%
PURAT	✔	97%
Falls	✔	100%
Dementia	✔	97%

Overall performance remains strong. Missed targets on individual wards for review.

Mean Inpatient Length of Stay

Ailesbury, Cedar, Longleat	25.3 ▶
Mulberry	34.3 ▶
Step up	28.6 ▶
Step up excluding delays	21.2 ▶

60 — 0 (May ... Apr)
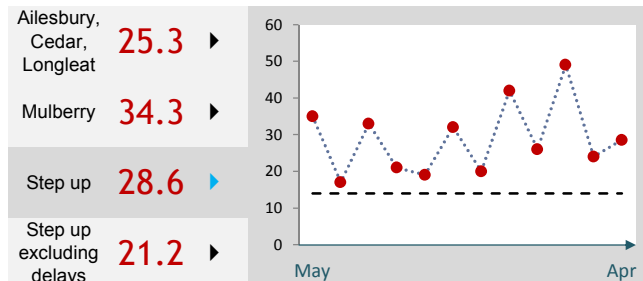
LoS heavily influced by delayed days which routinely account for more than 20% of our ward capacity

Discharge timings

29%
midday

18% weekend

excludes transfers to hospital and deaths

For more info see the discharge profile on the Inpatient sheet

Delayed Transfers of Care

35 — 0 (Apr-16, May-16, Jun-16, Jul-16, Aug-16, Sep-16, Oct-16, Nov-16, Dec-16, Jan-17, Feb-17, Mar-17, Apr-17)

Number of delays
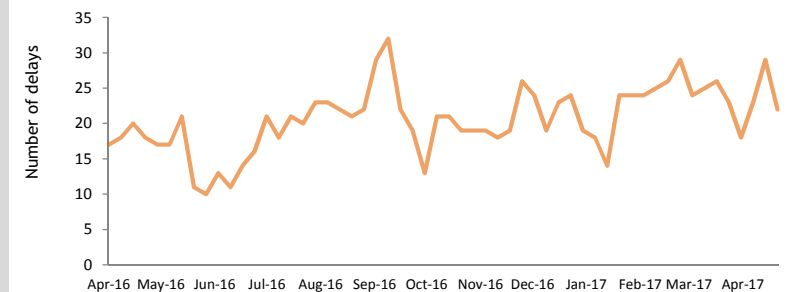
Our part in addressing system issues is linked to the development of the Home First pathway

Community Reablement

100% — 0% (May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr)

- Target met
- Target not met
- --- Target

In month **78%**   FYTD **78%**
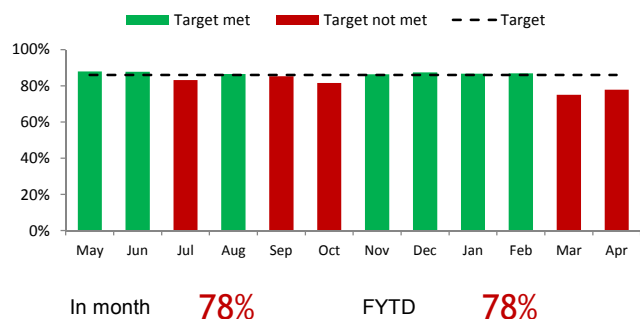
⚑ Data quality concerns

Significant data quality concerns related to referral recording resulting in patients being included in this cohort for whom there is no reablement intention. Cohort will be adjusted to match home first pathway.

End of life support

| In month | FYTD |
| **100%** | **100%** |

This month

14 of **14**

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

Continued excellent support for end of life patients

Funding reviews*

| | In month | FYTD |

CHC 3 month
| Completed | 0 | N/A |
| Due | 0 | |

CHC Annual
| Completed | 6 | 86% |
| Due | 7 | |

FNC
| Completed | 81 | 72% |
| Due | 112 | |

A quality assurance lead is working to address FNC challenges

MIU waiting times

median 21 minutes

Arrival to seen

95th centile 132 minutes

MIU performance

Arrival to departure 4 hour stay **99%**

Left without being seen **5%**

Transfers to acute **6%**

10% — 0% (May ... Apr)

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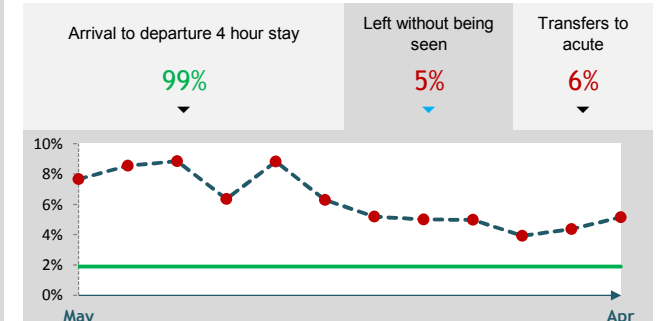
Performance on 4 hour stay and patient feedback remains strong. Data challenges remain around patients left without being seen and transfers to acute. Significant operational pressures are not reflected in the data.

Activity data

Outpatient Physiotherapy ▼

| Referrals | ⬆ 8% | Patient contacts ▼ | ⬆ 7% |

Chart axis: 3500, 3000, 2500, 2000, 1500, 1000, 500, 0 — Apr-15, Apr-16, Apr-17

Legend: ▦ IT system change ● notable variation
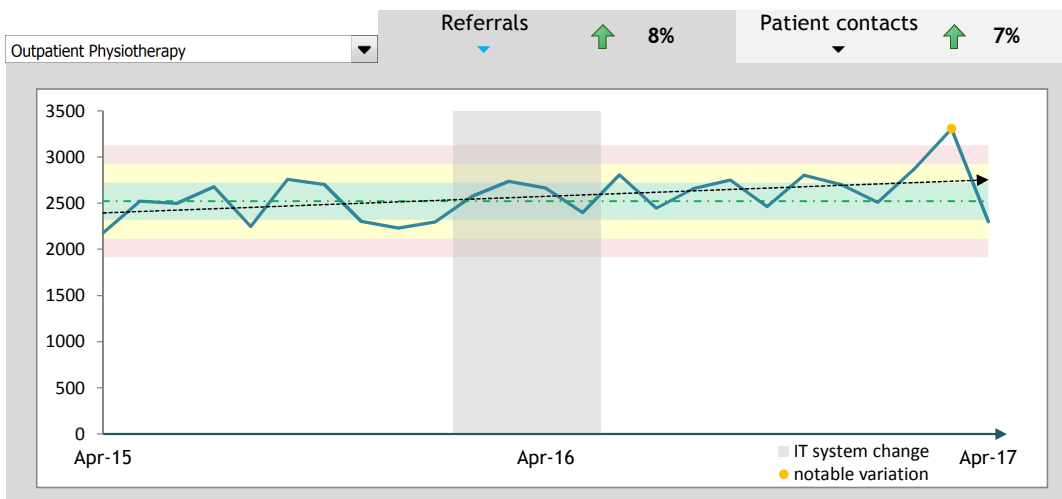
Service	Referrals			Patient contacts		
	Apr-17	FYTD	trend	Apr-17	FYTD	trend
All services	**6925**	**96136**	⬆ **11%**	**40914**	**492225**	⬆ **5%**
Bed Based Intermediate Care	54	604	⬆ 28%	760	8877	⬆ 98%
Community Teams	2768	34754	⬆ 30%	27094	312037	⬆ 6%
Bradford on Avon & Melksham	250	3610		2916	33936	
Calne	142	1914		1164	14316	
Cathedral	335	3307		2164	25880	
Chippenham	201	2713		2060	25928	
Clarendon	262	3152		2242	24260	
Corsham	154	1764		1235	13740	
Devizes	154	2183		2160	22121	
East Kennet	145	1933		1568	20371	
Malmesbury & Tolsey	121	1537		735	8778	
Purton, Cricklade & RWB	147	2178		1433	16856	
Sarum North	222	2428		1914	22768	
Sarum West	198	2215		1260	15338	
Trowbridge	183	2951		3315	34293	
Westbury & Warminster	254	2869		2928	33452	
Continence Service	195	3211	⬆ 18%	319	5363	⬆ 22%
Diabetes	106	1681	⬇ -1%	1030	10717	⬆ 60%
Dietetics	184	2640	⬆ 18%	350	6551	⬇ -18%
Fracture Clinic	17	667	⬇ -17%	66	1195	⬇ -9%
Inpatient Therapy	72	928	⬇ -1%	917	14343	⬇ -4%
Learning Disabilities	40	326	*			*
MIU		*No referrals data*		3280	41066	⬇ -16%
Neurology Specialists	45	657	⬆ 64%	227	2572	⬇ -3%
Orthotics	105	1646	⬇ -1%	181	2718	⬆ 4%
Outpatient Physiotherapy	2301	32382	⬆ 8%	6346	82481	⬆ 7%
Podiatry	509	6696	⬆ 10%	2223	28450	⬆ 20%
Pulmonary Rehabilitation	61	880	⬆ 9%	364	3924	⬆ 21%
Speech and Language Therapy	86	1192	⬆ 28%	212	2732	⬆ 15%
Tissue Viability	105	1344	⬆ 12%	223	2140	⬇ -2%
Wheelchair Service	70	1755	*	302	3400	*
Wiltshire Orthopaedic Network	207	4773	⬆ 1%	300	4725	⬇ -6%

For activity data in tabular form please click [here](#)

Data pre and post system change is not directly comparable, and data is excluded from all services trend value

Coloured horizontal bands on the chart represent multiples of standard deviation away from the mean value:
Green represents the mean ± 1 standard deviation
Amber represents the mean ± 2 standard deviations
Red represents the mean ± 3 standard deviations

Notable variation defined as:
• 7 or more consecutive points above the mean
• 1 point greater than 3 standard deviations above or below the mean
• 2 of 3 consecutive points greater than 2 standard deviations above or below the mean

Incomplete pathways

All services ▼
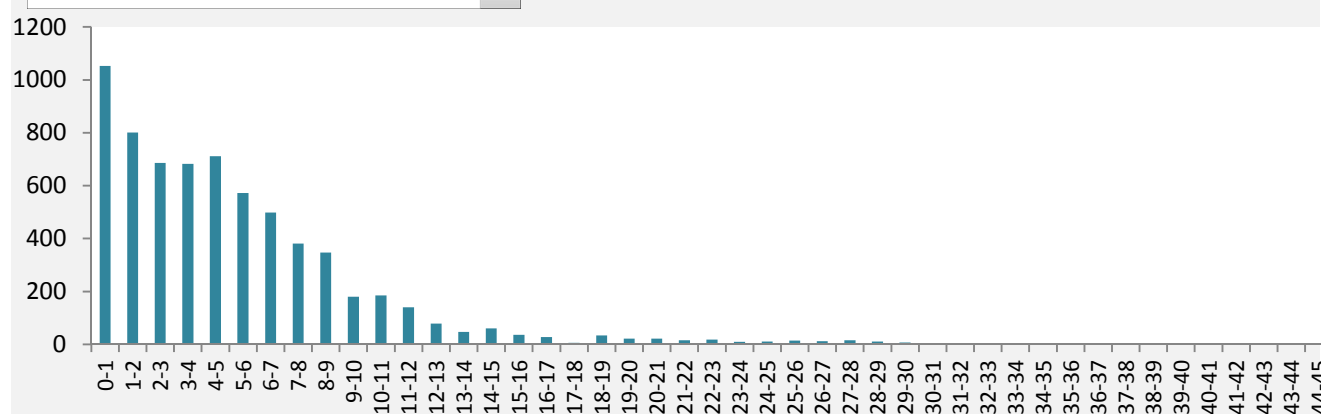
Incomplete RTT pathways	Patients whose clock is still running at month - length of wait at month end (weeks)															
	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16
Continence - Adult	14	15	13	23	27	22	38	9	12	18	21	5	4	6	2	4
Continence - Child			4	5	6	7	4	8	8	1	6	7	8	1	5	4
Diabetes	14	6	21	18	5	7	11	19	7		2	1	5	2	5	2
Dietetics	44	16	50	46	30	35	33	16	26	26	15	15	6	11	5	4
Community Teams	140	70	71	79	67	70	71	43	34	30	25	26	10	7	13	9
Lymphoedema Service	4	6	7	2		1										
Neuro specialists			1			1										
Orthotics	20	25	3	21	9	20	14	18	7	9	19	15	1	3	2	5
Outpatient Physiotherapy	571	468	338	302	292	298	233	203	171	59	34	19	10	1	6	1
Pulmonary rehabilitation	14	2	1	4	3	2	1	2	2		1					
Podiatry	149	98	118	103	80	62	64	38	26	13	22	12	7	4		
Specialist Learning Disability Service	3	11	4	5	2	5	5	3	1		5	6	4	1	1	
Speech & Language Therapy	19	10	15	9	2	3	3	1	4		1	1	1			
Tissue Viability	5	4	2	1	2											
Wheelchair service	17	17	8	15	15	19	11	6	9	8	3	5	6	8	5	3
WON	39	53	30	49	172	21	9	15	40	16	31	28	17	3	16	4
Incomplete pathways	**1053**	**801**	**686**	**682**	**712**	**572**	**498**	**381**	**347**	**180**	**185**	**140**	**79**	**47**	**60**	**36**

Completed RTT pathways	Patients whose clock stopped during the month - length of period from referral to tre															
	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15	15-16
Completed pathways	**724**	**595**	**534**	**430**	**356**	**275**	**244**	**238**	**204**	**145**	**111**	**81**	**42**	**25**	**14**	**16**
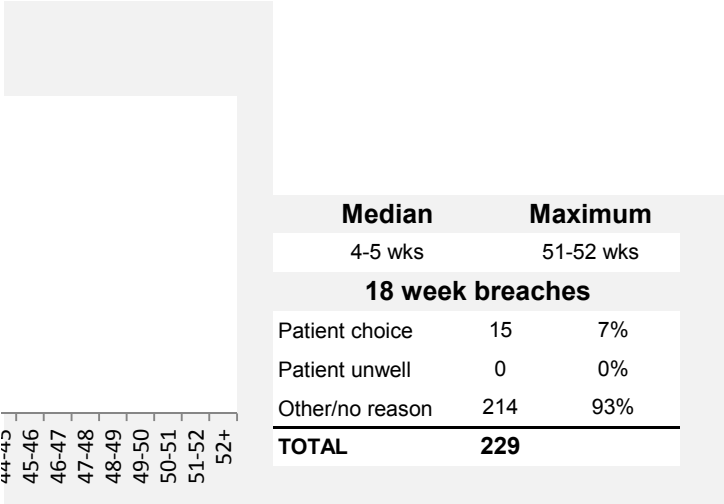
Median	Maximum
4-5 wks	51-52 wks

18 week breaches

Patient choice	15	7%
Patient unwell	0	0%
Other/no reason	214	93%
TOTAL	**229**	

45-46 46-47 47-48 48-49 49-50 50-51 51-52 52+

16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	32-33	33-34	34-35	35-36	36-37	37-38	38-39	39-40	40-41	41-42	42-43	43-44	44-45
3		5	1	2	2	2						1	1															
1	1	2		3	7	4	2	3	4	1	4		1	2											1	2		
	1	1	2	1		1																						
5	2	3	8	3	2	1	2	1	4	1	3	1	1		3	1	1	1									1	
11	2	9	5	5	2	4	1	3	2	2	4	5	2		2	2	1	3	1		1		3	3	1			
		2				1																						
2						2	2	1	1	1	1																	
3		3		3	1				1				1				1											
1		2																										
		2	5			1			1			1	1				1	1										1
1		1		1	1																							
1		4	1	4		2	3	3	1	7	2	3	1	1			1											
28	**6**	**34**	**22**	**22**	**15**	**18**	**10**	**11**	**14**	**12**	**15**	**11**	**7**	**3**	**5**	**4**	**4**	**5**	**1**	**0**	**1**	**0**	**3**	**4**	**3**	**0**	**1**	**1**

atment (weeks)

16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	24-25	25-26	26-27	27-28	28-29	29-30	30-31	31-32	32-33	33-34	34-35	35-36	36-37	37-38	38-39	39-40	40-41	41-42	42-43	43-44	44-45
9	**14**	**11**	**15**	**12**	**7**	**8**	**3**	**2**	**3**	**3**	**2**	**3**	**0**	**2**	**1**	**2**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**0**

45-46	46-47	47-48	48-49	49-50	50-51	51-52	52+	Total	% under 18 weeks
								250	94%
								112	68%
								131	96%
								422	91%
1	1			1	1	2		845	92%
								20	100%
								5	40%
								201	96%
								3019	100%
								32	100%
								799	100%
								70	80%
								69	100%
								14	100%
								159	98%
								577	94%
1	1	0	0	1	1	2	0	6725	97%

45-46	46-47	47-48	48-49	49-50	50-51	51-52	52+	Total	% under 18 weeks
0	0	1	0	0	0	0	0	4135	98%

Continence

	Target	Apr-17	FYTD
% adult urgent referrals commencing treatment within 1 week	95%	100%	100%
% adult routine referrals commencing treatment within 18 weeks	95%	91%	91%

Lymphoedema

	Target	Apr-17	FYTD
% urgent referrals assessed within 1 week	95%	N/A	N/A
% routine referrals assessed within 6 weeks	95%	88%	88%

PACE programme

	Target	Apr-17	FYTD
% referrals receiving pre-assessment within 8 weeks	80%	95%	95%

Outpatient Physiotherapy

	Target	Apr-17	FYTD
% routine referrals assessed within 8 weeks	80%	**67%**	**67%**
Calne		28%	28%
Chippenham		93%	93%
Devizes		67%	67%
Malmesbury		95%	95%
Melksham		49%	49%
Salisbury		61%	61%
Savernake		66%	66%
Trowbridge		83%	83%
Warminster		54%	54%
% urgent referrals assessed within 2 weeks	80%	**42%**	**42%**
Calne		27%	27%
Chippenham		48%	48%
Devizes		54%	54%
Malmesbury		34%	34%
Melksham		36%	36%
Salisbury		52%	52%
Savernake		56%	56%
Trowbridge		32%	32%
Warminster		22%	22%
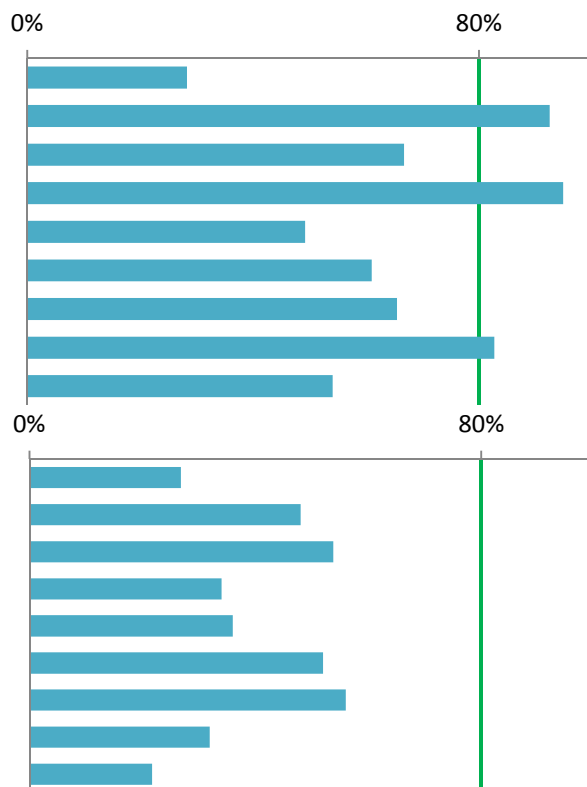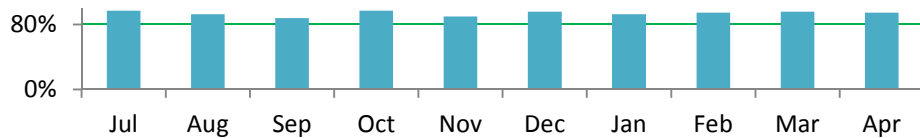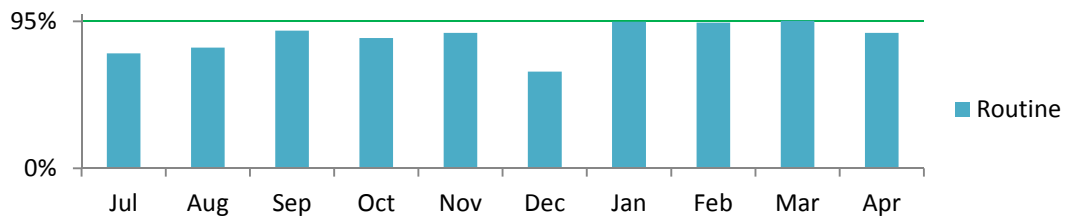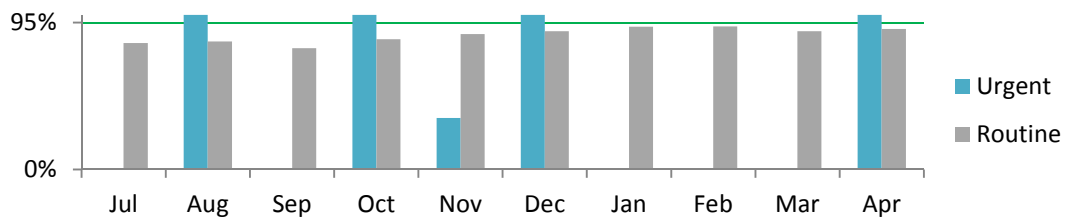
A great deal of progress has been made on waiting times in our Outpatient Physiotherapy service in the past year and median wait times are currently 6-7 weeks for routine referrals and 2-3 weeks for urgent referrals.

These more demanding targets have been added to this year's dashboard as these are included in our main contract and are the aspirational targets we would like to focus on for this service for this coming year.

Trend charts will be added in future months.

Community Inpatients

Admission source (FYTD) | Mean Length of Stay | Discharge timings Apr-17 | Discharge destination

All wards

Admission source pie chart: Other 9%, SDH 1%, Step up 19%, GWH 39%, RUH 32%

Mean Length of Stay line chart (May to Apr), scale 10–40

29% midday
18% weekend

Discharge destination: Home **57%**, Hospital transfer **19%**, Died **7%**, Returned to care home **1%**, Moved to care home **15%**, Temporary residence **1%**

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Admissions	108	82	87	81	144	83	97	75	87	124	101	78
Discharges	98	76	78	82	87	66	90	72	81	72	88	78
Mean LoS (days)	32.3	23.4	34.5	31.8	32.6	36.9	28.7	28.9	38.3	37.3	36.0	27.4

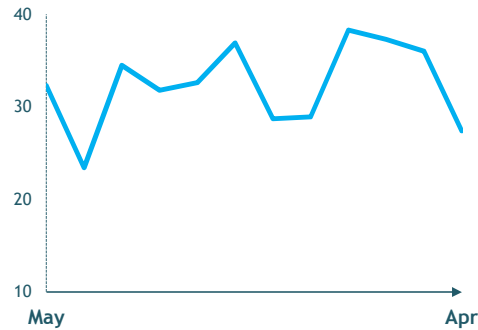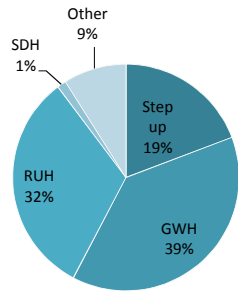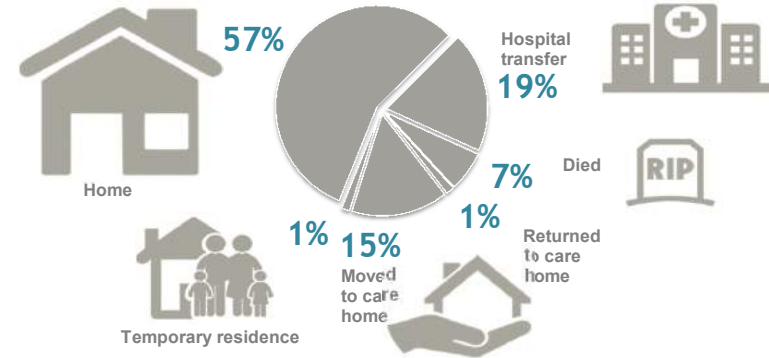| Assessments	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
MRSA	99%	99%	96%	99%	100%	98%	99%	99%	99%	97%	96%	96%
VTE	100%	99%	97%	100%	99%	100%	100%	99%	100%	100%	100%	97%
VTE prophylaxis	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
MUST	100%	97%	96%	100%	98%	92%	96%	96%	98%	93%	91%	96%
PURAT	99%	99%	96%	100%	96%	100%	98%	99%	100%	97%	99%	97%
Falls	98%	100%	99%	100%	98%	100%	98%	100%	100%	99%	100%	100%
Dementia	100%	98%	95%	96%	100%	96%	98%	98%	98%	100%	99%	97%

Delayed Transfers of Care
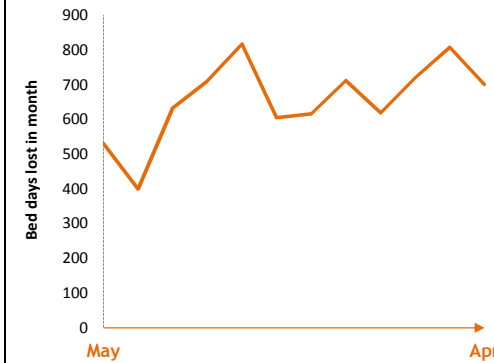
Snapshot: Last Thursday in Apr-17

Bed days lost in month line chart (May to Apr), scale 0–900

A: Awaiting completion of assessment	0
B: Awaiting public funding	0
C: Awaiting further non acute NHS care	2
D1: Awaiting residential home placement	5
D2: Awaiting nursing home placement	1
E: Awaiting care package in own home	10
F: Awaiting community equipment	0
G: Patient or family choice	3
H: Disputes	0
I: Housing	1
Total	**22**

Discharge profile: Apr-17

Legend: Home, Temporary residence, Care home

Discharge hour histogram (0–23), Frequency 0–9
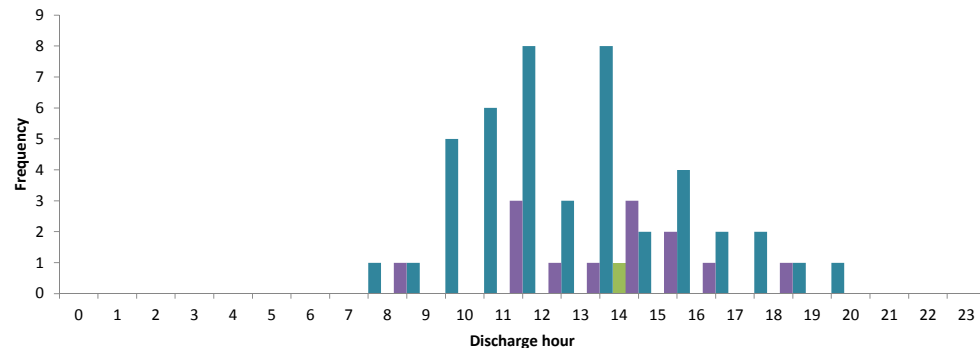
excludes hospital transfers and deaths

Length of stay: Apr-17

Show all categories separately

Length of stay histogram by age bands 0-4 to 105-109, Frequency 0–15

	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	105-109	Median LoS (days)	Mean LoS (days)
All discharges	6	15	6	12	2	6	7	6	4	1	2	2	3	1	1	2	1	0	0	1	0	21	27.4
DToC		1	2	6	2	4	4	6	4		1	2	1	1		2	1			1		32	37.1
Step up		2	2	1			1															11	16.3
Mulberry		3	1	1		2	2			1				1								26	26.7
Others	6	9	1	4		1							2									7	13.4

Higher Intensity Care

Step up beds

Admission source

GP A&E SWAS Other
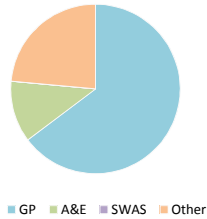
Admissions and Length of Stay

Admissions — Mean LoS (days) — Mean LoS excl delayed days

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Admissions	10	12	12	17	15	13	20	13	13	12	15	17
Mean LoS (days)	35.0	17.0	33.0	21.0	19.0	32.0	20.0	42.0	26.0	49.0	24.0	28.6
Mean LoS excluding delayed days	26.0	14.0	28.0	12.0	8.0	26.0	16.0	30.0	19.0	24.0	18.0	21.2
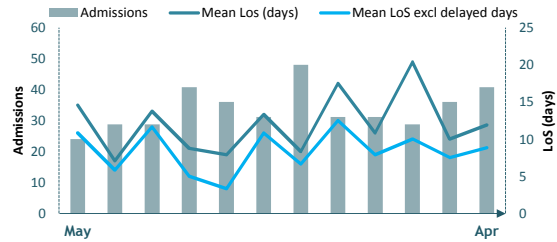
Occupied bed days

Shadow indicates commissioned bed days; solid line shows actual occupied bed days. Usage can exceed commissioned capacity.

Ailesbury Longleat

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Occupied bed days	360	326	323	321	418	473	490	396	413	393	449	593
Commissioned bed days	651	630	651	651	630	651	630	651	651	588	651	630
% Occupancy	55%	52%	50%	49%	66%	73%	78%	61%	63%	67%	69%	94%

Discharge destination

[Show trend]

63% Home
6% Hospital transfer
6% Died
0% Returned to care home
0%
25% Moved to care home
Temporary residence
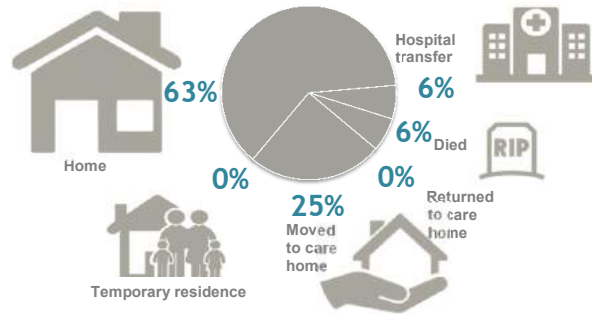
DToC (snapshot last Thursday in month)

DToC

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Step up beds in use	11	11	9	15	17	17	18	15	15	16	13	19
Number of DToCs	2	2	4	1	1	3	6	5	6	4	4	5
% DToCs	18%	18%	44%	7%	6%	18%	33%	33%	40%	25%	31%	26%
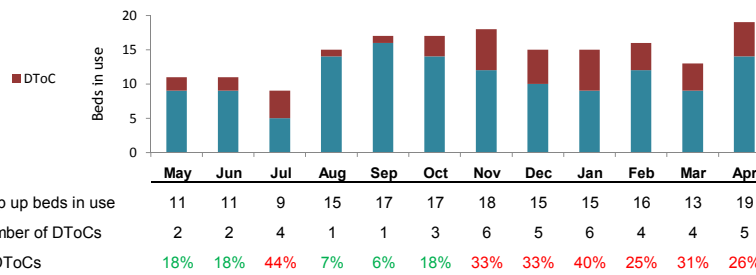
Ambulatory Care

Attendances

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Ailesbury	0	0	0	0	0	0	0	0	0	0	0	0
Cedar	12	4	7	0	55	17	10	0	0	50	13	0
Longleat	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	12	4	7	0	55	17	10	0	0	50	13	0

Ailesbury Cedar Longleat
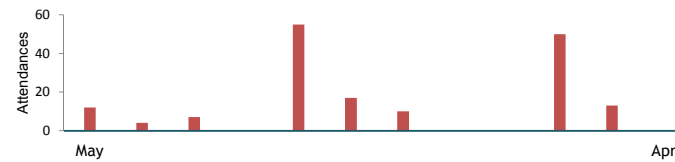
New project - Higher Intensity Care at Home - We hope to bring you this data soon

Work in Progress

Bed Based Intermediate Care
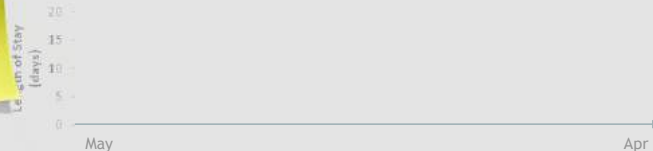
| Referral source | Referrals and Length of Stay | | Discharge destination | Stream 1 - Therapy led ▼ | Show trend |

Referral source (pie chart):
- Other 5%
- GP 7%
- Comm wards 5%
- GWH 14%
- RUH 30%
- SFT 39%

Referrals and Length of Stay (chart): months May–Apr

Discharge destination:

27%	7%	13%	40%	13%	0%
Home	Temporary residence	Returned to care home	Moved to care home	Hospital transfer	Died

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Referrals	44	61	47	42	44	48	58	50	59	43	54	54
Stream 1 - Therapy led												15
Stream 2 - Social care led												39
Mean LoS (days)	39.7	56.7	46.8	39.3	54.9	42.5	40.4	34.3	50.6	39.8	37.5	32.9
Stream 1 - Therapy led												47.2
Stream 2 - Social care led												28.2
Discharges LoS >42 days	15	44	17	16	25	20	17	8	24	14	17	12

Stream 1 patients*	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
% discharges with EDD recorded			83%	81%	84%	87%	86%	72%	92%	86%	84%	92%
% discharges with improved Barthel			80%	70%	82%	73%	86%	88%	72%	81%	90%	85%
Assessment carried out within 2 working days			70%	78%	90%	89%	77%	79%	81%	89%	83%	40%

*Prior to April 2017 all streams included

Delayed Transfers of Care

Snapshot: Last Thursday in Apr-17

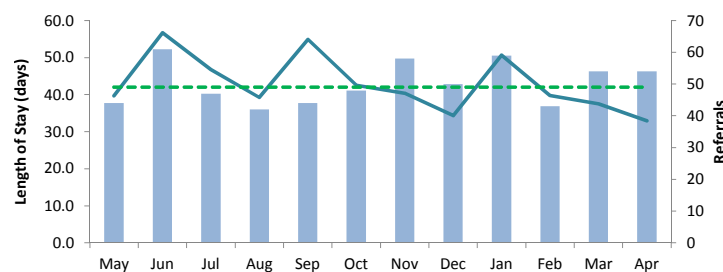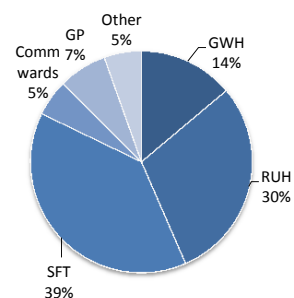|	
A: Awaiting completion of assessment	0
B: Awaiting public funding	0
C: Awaiting further non acute NHS care	1
D1: Awaiting residential home placement	3
D2: Awaiting nursing home placement	1
E: Awaiting care package in own home	10
F: Awaiting community equipment	0
G: Patient or family choice	0
H: Disputes	0
I: Housing	1
Total	**16**

Contacts

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Contacts	688	714	776	782	704	795	826	668	703	752	759	760
NEW	210	222	223	222	217	224	234	147	179	260	208	219
Sarum	300	290	358	383	335	354	368	339	331	379	451	420
WWYKD	178	202	195	177	152	217	224	182	193	133	100	121
Occupational Therapist	125	135	145	104	77	91	119	106	121	78	116	156
Physiotherapist	321	304	345	429	347	316	370	290	292	347	236	186
Support worker	242	275	286	249	280	388	337	272	290	327	407	418
Individual patients seen	96	105	101	98	91	96	111	106	117	107	105	104
NEW	35	36	32	37	25	25	24	22	26	28	30	27
Sarum	39	47	48	42	39	42	55	53	52	48	54	51
WWYKD	22	22	21	19	27	29	32	31	39	31	21	26
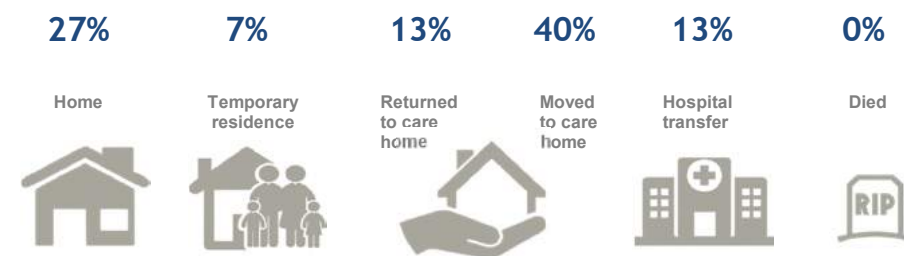
Length of stay: Apr-17

Legend: Stream 1 - Therapy led, Stream 2 - Social Care

	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95-99	105-109	150-154	155-159	Mean LoS (days)
All discharges	2	6	6	5	7	3	6	2	4	2	2	1	1	0	1	1	0	0	1	0	1	0	1	32.9
Stream 1 - Therapy led		1	3		1	2		1	1						1	1			1				1	47.2
Stream 2 - Social Care	2	5	3	5	6	1	6	1	4	1	2	1	1						1					28.2
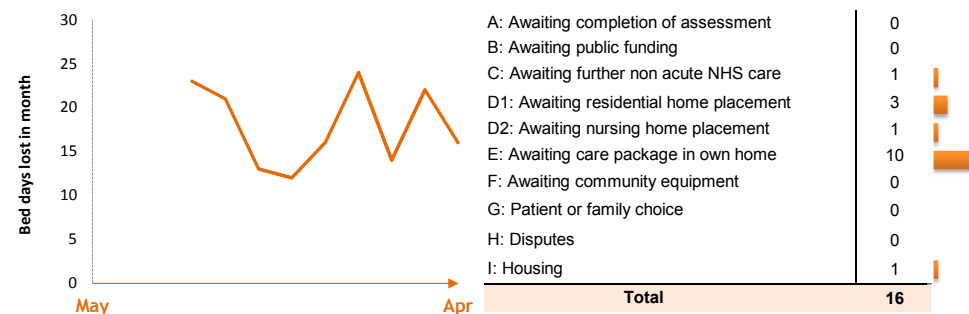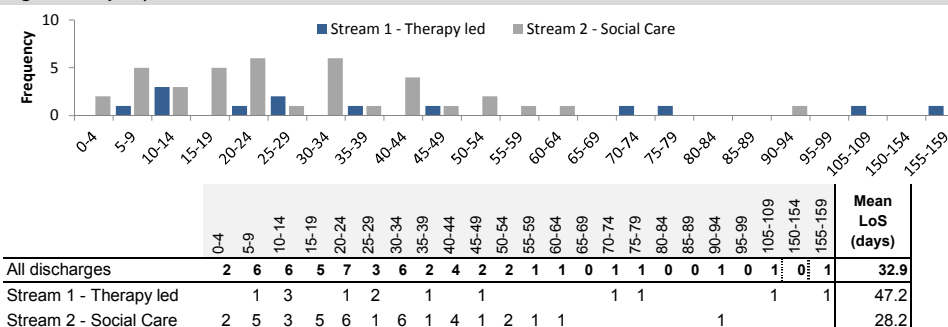
Community Teams

Activity

| Referrals ▼ | Contacts ▼ | No access visits ▼ | Individuals supported ▼ |
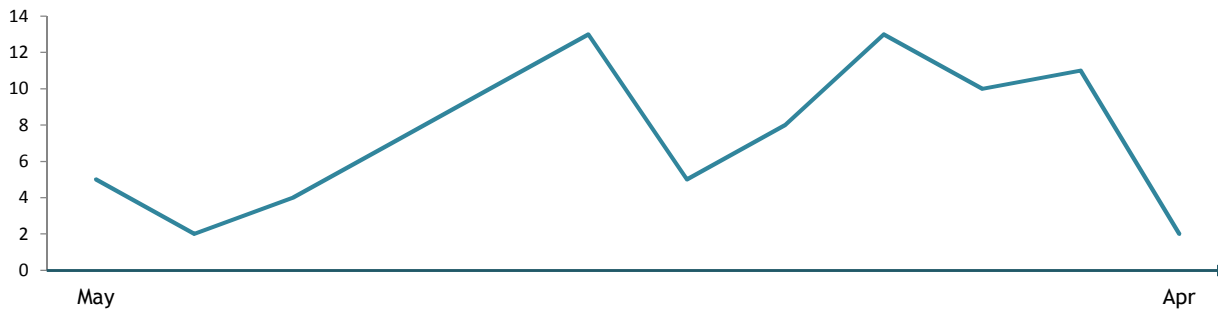
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Referrals	170	184	265	283	306	294	314	285	289	245	288	262
Contacts	1986	1895	1889	1831	1569	2004	2319	2217	2297	1997	2353	2242
No Access visits	5	2	4	7	10	13	5	8	13	10	11	2
Individuals supported	556	618	577	565	522	557	585	571	622	542	608	550
Of which:												
In care homes	39	51	33	33	41	54	58	49	66	48	70	65
Neuro/stroke patients	48	61	52	35	30	35	30	24	37	17	23	24
Resp. condition patients	22	22	21	21	16	14	16	15	11	13	19	15

Individuals supported

	Apr-17
Calne	319
Chippenham	456
Corsham	260
East Kennet	368
Malmesbury & Tolsey	225
Purton, Cricklade & RWB	352
Cathedral	542
Clarendon	550
Sarum North	435
Sarum West	316
Bradford on Avon & Melksham	622
Devizes	421
Trowbridge	512
Westbury & Warminster	570
All	**5948**

Benchmarking

	Our value	Mean (2015 report)	Median (2015 report)	Upper quartile (2015 report)	
Average waiting time (days)	11.51	17.8	17	25.1	
DNA rate	0.23%	2.60%	2.50%	3.00%	
Referrals per 100k population	6870	4776	5206	6720	
Face to face contacts per 100k population	63777	29938	16601	58333	
Face to face contacts per clinical WTE	933	887	788	999	
Non face to face contacts per 100k population	3470	8383	3223	14272	
Non face to face contacts per clinical WTE	51	301	135	464	
Total contacts per service user*	5	13.8	13.2	15.5	
Caseload per clinical WTE in post	21.03	87	78	136	
Caseload turnover*	0.34	11.1	4.5	10	

Our value (shown as black bar) compared to the mean, median and upper quartile values published in the latest benchmarking report

*Will not be comparable with benchmarking data until full year figure is available
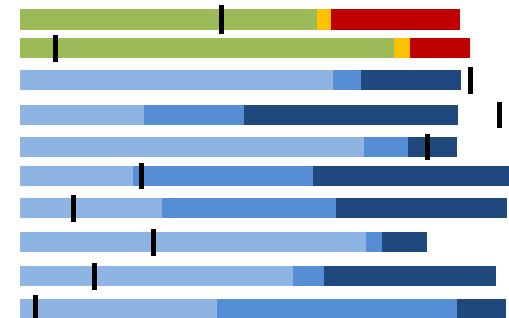
End of Life

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
EoL templates completed	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	23
Patients on Community team EoL Register	40	55	56	91	103	108	100	120	126	118	110	118
Number offered Advance Care Planning / Treatment Eascalation Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	95
Patients with anticipatory prescribing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	36
Percentage supported to die in place of choice	87%	92%	88%	91%	94%	89%	100%	100%	91%	100%	89%	100%

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Number of EoL patients admitted to community hospitals	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4
Number of end of life inpatient deaths	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3
Average length of stay for end of life patients	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	29

Many of the end of life measures are new for 2017-18 and data is not available prior to this

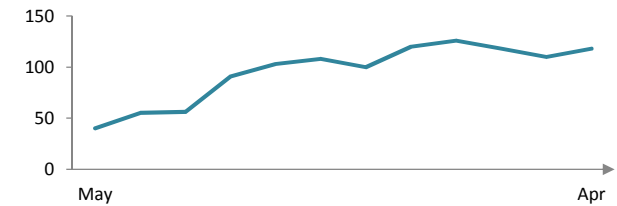| Patients on end of life register (S1)	Apr-17
Calne	7
Chippenham	10
Corsham	6
East Kennet	4
Malmesbury & Tolsey	4
Purton, Cricklade & RWB	9
Cathedral	1
Clarendon	5
Sarum North	17
Sarum West	8
Bradford on Avon & Melksham	11
Devizes	15
Trowbridge	6
Westbury & Warminster	15
All	**118**

Reviews

Referral source

GWH 23%
Other 6%
Mulberry 8%
RUH 34%
SFT 29%

Days post stroke at discharge

Patients starting this month

0	1	2	3	4+
18	7	6	5	2

Days post-stroke at discharge

Individuals supported

Show clusters

8, 13, 12
Jan Feb ...

Average Length of Stay

15, 16, 22, 21
Jan Feb Mar Apr May Jun

Discharge

	Jan	Feb	Mar	Apr	May	Jun
Treatment completed	10					
Patient died	1					
Ongoing care (Community Team)	2					
Hospital transfer	1					
TOTAL	14	0	0	0	0	0

6 week reviews

	Mar-17	16-17
Completed	6	97
Due	13	189
%	**46%**	**51%**

6 month reviews

	Mar-17	16-17
Completed	17	174
Due	41	363
%	**41%**	**48%**

12 month reviews

	Mar-17	16-17
Completed	5	109
Due	21	271
%	**24%**	**40%**

Patients starting care

8, 9, 5
Jan Feb Mar Apr May Jun

Discharge to first face-to-face contact

% having first face to face contact within 1 working day of hospital discharge

Jan Feb Mar Apr May Jun

Contact hours

Average duration ... per patient (hours, by month of discharge)

Jan	Feb	Mar	Apr	May	Jun

Barthel improvement

% improving barthel score between start and end of ESD care

Jan Feb Mar Apr May Jun

Hospital transfer 7%
Ongoing care (community team) 14%
Patient died 7%
Treatment completed 72%

Work in Progress

Minor Injury Units

Arrival to departure 4 hour stay

	Apr-17	Change from previous month	FYTD
Chippenham	99.6%	➘	99.6%
Trowbridge	98.9%	➚	98.9%
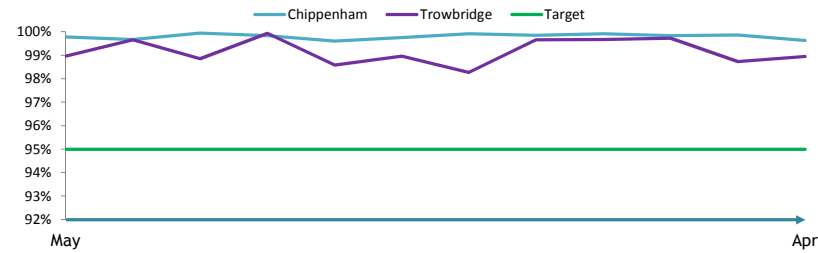
Transfers to acute

	Apr-17	Change from previous month	FYTD
Chippenham	3.6%	➚	3.6%
Trowbridge	8.5%	➚	8.5%
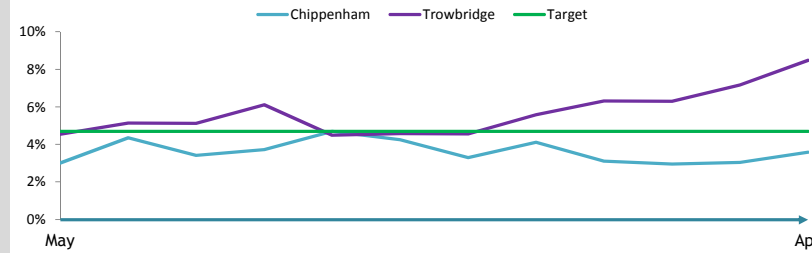
Left without being seen

	Apr-17	Change from previous month	FYTD
Chippenham	5.9%	➚	5.9%
Trowbridge	4.3%	➘	4.3%
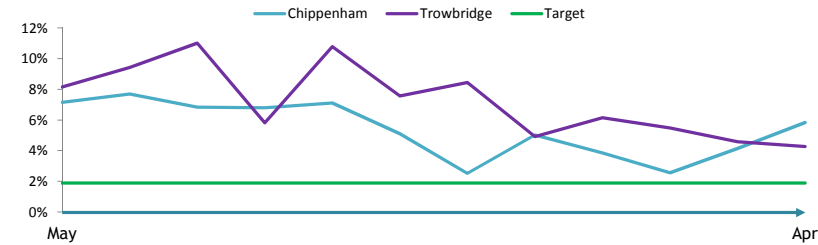
Unplanned reattendances

	Apr-17	Change from previous month	FYTD
Chippenham	10.2%	➚	10.2%
Trowbridge	8.3%	➚	8.3%
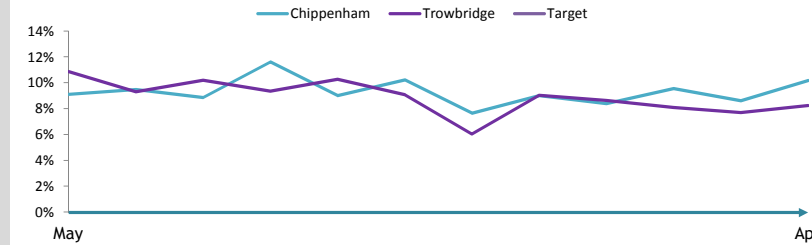
Arrival to seen

	Median	95th centile	Maximum
Apr-17	21	132	430
FYTD	21	132	430
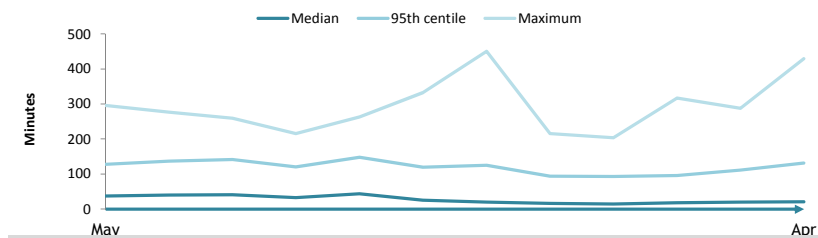
Arrival to departure

	Median	95th centile	Maximum
Apr-17	51	169	1550
FYTD	51	169	1550

Adult Community Contract Activity
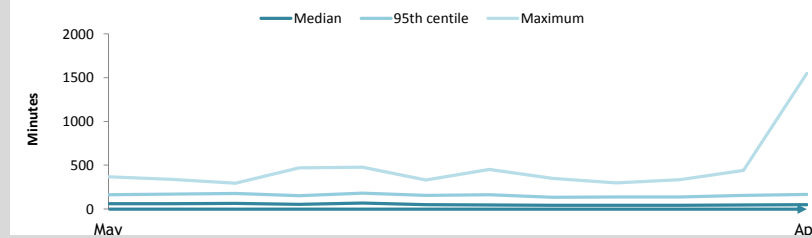
First contacts are automatically calculated for S1 data - At S1 transition an artificially inflated number of first contacts will be reported.

Wiltshire commissioned activity only

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	2016-2017	Apr-17	2017-2018
Bed Based Intermediate Care															
Referrals	55	44	61	47	42	44	46	58	50	59	43	55	604	54	54
First Face to face	54	40	55	46	41	39	44	51	46	52	38	43	549	51	51
First Non face to face	3	1			2			2	1	3	1	2	16	0	0
Follow up Face to face	589	607	626	698	707	637	718	727	590	612	675	682	7868	667	667
Follow up Non face to face	58	39	33	32	19	27	30	43	33	38	58	34	444	42	42
Total Contacts	704	687	714	776	769	703	793	823	670	705	772	761	8877	760	760
Community Teams															
Referrals	2406	2149	2384	3006	2941	3087	3168	3158	2913	3202	3024	3316	34754	2768	2768
First Face to face	1772	1673	1678	1682	1786	1966	2074	2107	1910	2089	1916	2085	22738	1760	1760
First Non face to face	251	255	346	315	314	283	304	339	258	336	277	329	3607	237	237
Follow up Face to face	19918	20295	19935	20383	21928	20869	23583	24410	23908	24502	22721	25823	268275	23936	23936
Follow up Non face to face	1412	1453	1522	1421	1538	1365	1445	1518	1374	1516	1364	1489	17417	1161	1161
Total Contacts	23353	23676	23481	23801	25566	24483	27406	28374	27450	28443	26278	29726	312037	27094	29862
DNA/No Access	137	149	107	101	132	165	137	107	94	101	56	71	1357	63	63
Continence Service															
Referrals	289	251	269	312	226	245	219	255	240	313	263	329	3211	195	195
First Face to face	101	93	98	90	87	100	85	97	76	91	80	85	1083	75	75
First Non face to face	46	45	48	48	44	124	49	76	43	74	39	34	670	27	27
Follow up Face to face	141	131	126	124	135	157	119	158	144	174	164	171	1744	124	124
Follow up Non face to face	108	119	170	156	152	207	131	194	132	221	144	132	1866	93	93
Total Contacts	396	388	442	418	418	588	384	525	395	560	427	422	5363	319	319
DNA	56	64	58	61	71	69	69	43	53	67	47	41	699	31	31
Diabetes															
Referrals	201	159	110	102	126	139	120	131	116	175	141	161	1681	106	106
First Face to face	307	198	185	147	98	120	91	94	61	86	90	99	1576	98	98
First Non face to face	177	82	47	59	48	52	46	39	41	33	30	42	696	36	36
Follow up Face to face	195	185	212	289	267	308	337	376	288	405	456	453	3771	427	427
Follow up Non face to face	268	346	330	334	365	369	410	401	458	506	422	465	4674	472	472
Total Contacts	947	811	774	829	778	849	884	910	848	1030	998	1059	10717	1033	1033
DNA	56	63	88	75	68	87	73	85	75	77	88	90	925	76	76
Dietetics															
Referrals	186	224	241	211	203	240	212	256	187	243	211	226	2640	184	184
First Face to face	181	174	209	181	189	144	161	191	128	149	105	128	1940	86	86
First Non face to face	46	38	37	34	45	25	26	20	11	22	31	32	367	12	12
Follow up Face to face	201	215	264	269	225	214	337	311	266	302	251	291	3146	171	171
Follow up Non face to face	89	57	70	81	111	71	104	102	65	109	100	139	1098	81	81
Total Contacts	517	484	580	565	570	454	628	624	470	582	487	590	6551	350	350
DNA	60	47	56	64	33	49	52	78	56	62	56	58	671	71	71
Fracture Clinic															
Referrals	73	47	56	54	44	63	59	50	62	61	43	55	667	17	17
First Face to face	57	54	49	42	44	61	57	48	41	56	48	51	608	24	24
Follow up Face to face	47	50	49	45	44	41	47	52	46	53	42	71	587	42	42
Total Contacts	104	104	98	87	88	102	104	100	87	109	90	122	1195	66	66
DNA	7	4	4	11	6	6	5	5	6	3	3	2	62	2	2
Inpatient Therapy															
Referrals	87	91	65	67	75	82	65	91	69	82	70	84	928	72	72
First Face to face	103	91	64	59	79	80	65	84	66	88	66	63	908	72	72
First Non face to face													0	0	0
Follow up Face to face	1165	1124	1116	763	979	1154	1109	1136	1069	1286	1176	1218	13295	842	842
Follow up Non face to face	27	16	24	8	4	8	8	19	4	8	8	6	140	3	3
Total Contacts	1295	1231	1204	830	1062	1242	1182	1239	1139	1382	1250	1287	14343	917	917
Learning Disability															
Referrals	0	0	29	55	39	26	33	42	24	28	50	0	326	40	40
First Face to face													0		0
First Non face to face					Contact information not available								0	Not	0
Follow up Face to face													0	available	0
Follow up Non face to face													0		0
Total Contacts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DNA													0		0
MIU															
First Face to face	3248	3736	3603	3868	3518	3342	3107	2584	2626	2594	2429	2894	37549	2972	2972
Follow up Face to face	320	395	350	307	330	245	266	244	238	242	267	313	3517	308	308
Total Contacts	3568	4131	3953	4175	3848	3587	3373	2828	2864	2836	2696	3207	41066	3280	3280
Neurology Specialists															
Referrals	20	60	61	64	55	58	68	81	33	57	50	50	657	45	45
First Face to face	78	68	74	102	87	88	67	98	61	55	33	53	864	47	47
First Non face to face	48	25	16	13	62	49	33	44	26	29	26	35	406	22	22
Follow up Face to face	53	10	23	36	37	61	85	86	52	44	71	106	664	94	94
Follow up Non face to face	27	5	4	9	49	51	48	61	67	84	115	118	638	64	64
Total Contacts	206	108	117	160	235	249	233	289	206	212	245	312	2572	227	227
DNA	10	5	10	3	4	5	2	6	2	4	5	7	63	8	8
Orthotics															
Referrals	143	119	162	105	152	160	164	162	89	130	127	133	1646	105	105
First Face to face	70	120	99	62	63	74	65	86	58	70	54	74	895	54	54
Follow up Face to face	131	168	209	183	133	162	126	150	107	150	128	176	1823	127	127
Total Contacts	201	288	308	245	196	236	191	236	165	220	182	250	2718	181	181
DNA	14	27	35	30	19	14	13	21	22	23	18	26	262	21	21
Outpatient Physiotherapy															
Referrals	2666	2397	2806	2445	2656	2750	2463	2804	2702	2509	2877	3307	32382	2301	2301
First Face to face	2310	1725	1824	1851	1873	2264	2134	2250	1732	2256	1985	2014	24218	1566	1566
First Non face to face	45	15	15	9	14	29	15	31	20	27	13	13	246	9	9
Follow up Face to face	3020	3284	3561	3702	3976	5238	5649	6110	4651	6398	5919	6340	57848	4768	4768
Follow up Non face to face	19	12	9	11	16	8	15	18	16	10	18	17	169	3	3
Total Contacts	5394	5036	5409	5573	5879	7539	7813	8409	6419	8691	7935	8384	82481	6346	6346
DNA	703	573	725	663	703	686	775	701	592	631	566	571	7889	519	519
Podiatry															
Referrals	535	578	551	572	593	573	560	561	452	580	537	604	6696	509	509
First Face to face	915	1476	1471	978	741	571	576	600	412	442	431	477	9090	445	445
First Non face to face	16	17	5	2	3	1	1	1		3		1	50	1	1
Follow up Face to face	1152	710	1008	1224	1695	1842	1948	2118	1808	1891	1778	1955	19129	1771	1771
Follow up Non face to face	4	18	8	24	32	7	20	36	7	7	10	8	181	6	6
Total Contacts	2087	2221	2492	2228	2471	2421	2545	2755	2227	2343	2219	2441	28450	2223	2223
DNA	109	124	139	124	143	137	135	154	121	135	139	169	1629	157	157
Pulmonary Rehabilitation															
Referrals	105	93	49	77	38	62	74	75	69	66	92	80	880	61	61
First Face to face	77	101	94	104	78	53	62	63	45	39	36	31	783	23	23
First Non face to face	9	9	6	10	13	4	9	14	11	20	51	30	186	35	35
Follow up Face to face	194	104	124	194	215	255	221	236	172	319	301	288	2623	259	259
Follow up Non face to face	4	15	11	25	28	32	23	32	20	41	56	45	332	47	47
Total Contacts	284	229	235	333	334	344	315	345	248	419	444	394	3924	364	364
DNA	0	0	3	1	3	6	10	3	3	5	17	8	59	4	4
Speech & Language Therapy															
Referrals	114	87	112	116	95	96	94	98	97	88	110	85	1192	86	86
First Face to face	58	44	52	59	37	69	45	37	30	38	30	31	530	25	25
First Non face to face	38	30	30	27	21	16	16	32	37	46	35	41	369	37	37
Follow up Face to face	115	114	116	132	119	84	115	123	111	141	91	126	1387	112	112
Follow up Non face to face	19	46	38	28	20	18	39	36	46	56	48	52	446	38	38
Total Contacts	230	234	236	246	197	187	215	228	224	281	204	250	2732	212	212
DNA	0	0	0	1	1	0	0	0	0	0	0	2	4	3	3
Tissue Viability															
Referrals	97	99	122	106	153	136	101	100	96	115	100	119	1344	105	105
First Face to face	71	131	96	68	78	114	83	92	76	93	72	83	1057	90	90
First Non face to face	8	8	11	6	0	2	2	0	1	2	8	8	59	10	10
Follow up Face to face	63	42	52	95	77	112	88	104	76	126	123	143	1101	98	98
Follow up Non face to face	12	6	8	12	8	4	0	0	2	7	7	13	77	25	25
Total Contacts	154	187	167	186	169	230	173	198	154	227	202	247	2294	223	223
DNA	0	0	0	2	2	5	0	6	3	5	4	5	32	2	2
Wheelchair Service															
Referrals	254	278	369	179	139	90	53	59	63	69	90	94	1755	70	70
First Face to face						131	111	60	30	22	31	65	450	33	33
First Non face to face						29	87	71	82	87	85	101	542	71	71
Follow up Face to face						23	84	114	119	168	184	247	939	135	135
Follow up Non face to face						3	44	49	79	98	68	116	457	63	63
Total Contacts	171	200	196	214	231	186	326	294	310	375	368	529	3400	302	302
DNA						15	12	13	8	11	7	16	82	7	7
Wiltshire Orthopaedic Network															
Referrals	480	455	400	421	385	362	457	378	215	377	344	499	4773	207	207
First Face to face	344	271	325	222	158	249	305	344	267	328	249	283	3345	182	182
First Non face to face	17	11	10	5	4	7	3	2	1	13	5	7	85	2	2
Follow up Face to face	51	65	84	46	24	60	69	112	85	137	93	127	953	92	92
Follow up Non face to face	17	30	49	14	22	46	27	24	17	42	25	29	342	24	24
Total Contacts	429	377	468	287	208	362	404	482	370	520	372	446	4725	300	300
DNA	35	31	26	7	22	18	20	27	30	36	18	29	299	21	21

Term or Acronym	Meaning
Bradford on Avon and Melksham GP locality	Comprises BoA and Melksham Health Centre, Giffords and Spa GP practices
Calne GP locality	Comprises Northlands, Patford House and Beversbrook GP practices
Cathedral GP locality	Comprises Harcourt, Salisbury Medical Practice, Millstream and Wilton GP practices
CHC	Continuing Health Care
Chippenham GP locality	Comprises Hathaway, Rowden, Jubilee Field and Lodge GP practices
Clarendon GP locality	Comprises Whiteparish, St. Ann Street, Endless Street, Three Swans and Downton GP practices
Complete RTT pathway	A waiting time period that finished during the reporting period
Corsham GP locality	Comprises Porch and Box practices
Devizes GP locality	Comprises Lansdowne, Southbroom, St. James, Market Lavington and Courtyard GP practices
DNA	Did Not Attend
DToC	Delayed Transfers of Care
East Kennet GP locality	Comprises Pewsey, Marlborough, Ramsbury, Burbage and Old School House GP practices
EoL	End of Life
FNC	Funded Nursing Care
FYTD	Financial Year to Date
Incomplete RTT pathway	A waiting time period that was still ongoing at the given reporting date (usually month end)
LoS	Length of Stay
Malmesbury and Tolsey GP locality	Comprises Malmesbury Primary Care Centre and Tolsey GP practices
Mean	The usual average of a set of values: The sum of the values divided by the number of values.
Median	An alternative average of a set of values: The middle value of a set of numbers. Useful as a comparison as is less skewed by outlying data.
MIU	Minor Injuries Unit
MRSA	Methicillin-resistant Staphylococcus Aureus
MSK	Musculo-Skeletal
MUST	Malnutrition Universal Screening Tool
NH	Nursing Home
No acces visit	A care contact that could not take place because the patient was not available at home to be seen
Patient contact	A care contact that took place with the patient either face to face or non face to face
POC	Package of Care
PURAT	Pressure Ulcer Risk Assessment Tool
Purton, Cricklade & RWB GP locality	Comprises Purton, Tinkers Lane, New Court and Cricklade GP practices
RH	Residential Home
RTT	Referral to Treatment
RWB	Royal Wootton Bassett
S1	SystmOne
Sarum North GP locality	Comprises Barcroft, Castle, Avon Valley, St Melor House, Cross Plains and Bourne Valley GP practices
Sarum West GP locality	Comprises Orchard, Tisbury, Mere, Silton, Hindon and Sixpenny Handley GP practices. Integrated Teams provide therapy only to patients registered at Sixpenny Handley if they live in Wiltshire.
Trowbridge GP locality	Comprises Adcroft, Lovemead, Bradford Road and Widbrook GP practices
VTE	Venous Thromboembolism
Westbury and Warminster GP locality	Comprises Avenue, White Horse and Smallbrook GP practices
YTD	Year to Date

Explanatory notes for our summary measures

RTT

RTT is the Referral to Treatment waiting times period for patients accessing our services.

Complete pathways are waiting periods that have ended in the month. Our target is to see at least 95% of patients within 18 weeks of their referral.

Incomplete pathways are waiting periods that are still ongoing at the end of the month. Our target is to have at least 92% of patients waiting under 18 weeks.

Activity

We routinely monitor two activity measures.
1. The number of patient contacts for each service
2. The number of referrals into each service.

Patient contacts are contacts involving direct contact with the patient - either face to face or by telephone. Our services will often record other activity relating to the patient's care that does not involve direct patient contact. These contacts are excluded from these measures.

The percentage growth shown is calculated from the slope of the trend line. The three services with the highest growth rate, and three with the lowest growth rate are shown as notable movers.

Control logic is used on the chart to indicate when variation is significant.
Coloured horizontal bands on the chart represent multiples of standard deviation (sd) from the mean. The green band represents the mean ±1 sd, amber represents the mean ± 2 sd ,and red represents the mean ± 3 sd.
Points of interest are shown on the chart when they meet at least one of the following criteria:
7 or more consecutive points above the mean, 1 point beyond 3 sd from the mean, 2 of 3 consecutive points greater than 2 sd above or below the mean, 4 of 5 consecutive points greater than 1 sd above or below the mean.

Inpatient assessments

We aim to complete a number of assessments for our inpatients within a certain time from admission.

Our targets are as follows:
MRSA: 95% of inpatients to be assessed within 24 hours
VTE: 95% of inpatients to be assessed for Venous Thromboembolism risk within 24 hours of admission, and to receive prophylactic treatment where appropriate.
MUST: Malnutrition Universal Screening Tool to be completed within 24 hours of admission.
PURAT: 95% of inpatients to be risk assessed for Pressure Ulcers within 2 hours of admission.
Falls: 95% of inpatients to be assessed for falls risk within 4 hours of admission. We report all the above as a % of inpatient admissions in the month.
Dementia: 90% of inpatients to be receive dementia screening within 72 hours of admission. We report this as a % of inpatients discharged in the month

Mean inpatient length of stay

The average length of stay (in days) for those patients being discharged in the month.
We have 4 community wards. Our three rehabilitation wards Ailesbury (Savernake hospital), Cedar (Chippenham) and Longleat (Warminster) have an average length of stay target of 20 days. Our specialist stroke ward, Mulberry (Chippenham hospital), has an average length of stay target of 30 days.

Ailesbury and Longleat ward also admit 'step-up' patients - these are patients referred from their GP, A&E or ambulance service rather than on discharge from another hospital. We have a target average length of stay of 14 days for these patients. We also report the average length of stay for these patients adjusted to exclude and days for which the patients was a delayed discharge.

Discharge Timings

Here we report the percentage of patients discharged from our inpatient wards before midday against a target of 50%, and the percentage of weekend discharges against a target of 15%.

We only include 'onward' discharges in this data - we exclude deaths and those being transferred back to acute hospitals.

The data shown is for the most recent reporting month only.

Delayed Transfers of Care

A delayed transfer of care occurs when an inpatient is ready to leave hospital but is still occupying an inpatient bed. We report the reason for the delay as categorised by NHS England.

In line with national requirements, we report two measures:

1. The number of delays at midnight on the last Thursday of each month (target is to have delayed patients occupying less than 20% of total ward capacity)

2. The number of bed days lost in the month to these delayed patients.

Community reablement

This measure looks at the residence of a patient 90 days after referral in to our community teams for short term support following a discharge from hospital. It helps quantify the effectiveness of the Community teams in supporting patients to stay in their homes.

We currently have a target of 86% for this measure.

End of Life support

We report the percentage of end of life patients supported in the community that have died in their place of choice.

Funding reviews

Each month we are asked to complete a number of Continuing Health Care (CHC) and Funded Nursing Care (FNC) assessments on behalf of Wiltshire CCG. Here we report how many are completed within 28 days of the due date. We report this measure one month in arrears.

MIU waiting times

The median (middle) wait in minutes from arrival at the Minor Injury Unit to the time of being seen.

The 95th centile shows the maximum time that 95% of attendees had to wait.
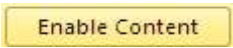Both measures for the current reporting month only.

MIU performance

We have two Minor Injury Units - one in Chippenham and one in Trowbridge.
We measure the time between each patient's arrival at the Minor Injury Unit and the time they depart. We report the percentage of patients that have an arrival to departure time of under 4 hours against a target of 95%.
We report the number of patients leaving the unit without being seen as a percentage of all attendances. We have a target of no more than 1.9% for this.
We report the number of patients transferring to an acute hospital as a percentage of all attendances. We have a target of no more than 5% for this.

Enable Content	When first opening this file you may be prompted to enable content. Please do this to ensure you are able to access the controls within the document
Summary	It is suggested that you begin by looking at the summary page. This is where you will find an overview of performance
+	Click on the plus buttons at the left hand side of data measures to see the next level of detail
(line chart)	Many of the charts work on a rolling 12 month range to ensure you always have something to compare the current position with
Select ▼ **Choice 1 ▼ Choice 2 ▼**	Select from the drop down boxes or roll your mouse cursor over different choice options to control the charts and data tables
(arrow icon)	Click on the arrows to be taken to a separate sheet where you can explore the data further
(report icon)	Click on the report icon to return to the summary page
A-Z	Click on the A-Z button on the summary page to see the glossary of frequently used terms and acronyms

![Wiltshire Health and Care logo]

RAG Status	
	Not on track
	Needs monitoring
	On track
	Complete / Delivered

Highlight Report

Project title	CQC Preparation		
Date	09/05/2017	Project Manager	Victoria Roper
SMT Lead	Sarah-Jane Peffers	Reporting Period	19/4/16 - 10/5/17
Report Author	Victoria Roper	Project Status (RAG)	

Critical Risks *(provides context to overall RAG status - consider finance, scope, quality and timeline)*

	Category	Description	Risk level	Mitigating action required
🟢	Reducing	Not all staff aware of inspection or how to mange the inspection/inspectors	Low	Staff information pack being compiled for issue to all staff. Communication required with stakeholders so they know.
🟢	Reducing	Board not assured of preparatory work and evidence of practice	Med	Templates agreed for data collection from the mock inspections. These with their follow on action plans to form basis of Board Paper.
🟢	Reducing	HoS/TLs not aware of KLOEs or actions needed to improve services	Med	Mock inspections have been undertaken across priority services
🟡	Steady	Not all services undergo a mock inspection	Med	Highest priority services have been targeted in the first two weeks of mock inspections, based on expectations of where CQC will most likely visit. Other inspections will continue after this time but will not form the basis of assurance to Board on 23rd May due to timescales.
🔴	Developing	Compliance levels with Stat and Mandatory training and in particular Safeguarding Level 2 compliance	High	Reports sent to all teams to enable completion trajectory to be developed Training Tracker Module review and relevant Communications sent to tea,m to emphasise the importance
🔴	Developing	Staffing levels critical in key operational services and support; Trowbridge MIU/MSK Longleat and Ailesbury Wards Marlborough Community Team Operational management support	High	Workforce plans developed for all areas with localised approach to recruitment. Skill mix review required for Ward areas. CSM for North locality starting 19th June. Salisbury Team now fully recruited. Consideration of interim leadership support to Trowbridge MSK.

Highlights from this period

Self assessment not required
Alison Giles has now been apointed as the lead inspector and not Julie Foster
Project Group established and regular (weekly) catch ups instated. Project Plan assembled and mock inspections of departments have commenced. The template for collecting the headline information from these, including good news stories and areas of concern, have been agreed and are being used to feedback information in line with each of the KLOEs for each service visited. Team Leaders and HoS will be sent a copy of the feedback with a request to send back their action plans in line with the requirements identified from the 'inspection' within two days.
Communications to the teams has commenced
Open forums continue to support the promotion of CQC inspections

Milestones achieved

Milestone	Comments
Mock inspections commenced	Priority services targetted in this round to form basis of Board paper. As at 10/5/17 all services had been inspected, but not at all sites. Themes so far include under reporting of incidents and impression is that teams are well prepared and preparing evidence.
Project Group and Plan developed	
External scrutiny from Wendy Cookson to support WHC's understanding of Well-Led domain	identified priorities; risk management and Board
Appointment of Interim Governance Pharmacist to support preparation	Commencing w/c 15/05/2017

Priorities for next period

Raising the profile of Incident reporting across WHC
Safeguarding level 2 training across all teams/ services to improve compliance
Improve management of the risk register- resource allocated within the quality team to assist risk owners to complete and manage risks
Revise Board Assurance Framework
Draft Public and patient engagement strategy
Logistics preparation for the inspection period- including who will need to be interviewed: MD, Medical Director, Chair and 2X NEDS are required.

Milestones for next period

Milestone	Comments
Staff prep packs compiled/dissemination route agreed	
Agree mechanism for managing action plans	
Agree process and preparation for staff interviews	
To seek further support from Wendy Cookson to help board preparation	
First round of mock inspections finalised. Report compiled from evidence gathered for Board 23rd May	

Annika Carroll
Douglas Blair
Maddy Ferrari
Sarah-Jane Peffers
Susan Evans
Victoria Hamilton

High
Med
Low

Key Requests/Tasks	Key Dates
Pre Inspection Meeting CQC	3rd April 2017
Provider Information Request (PIR) 1	24th March 2017
PIR submission 1	7th April 2017
PIR number 2	27th March 2017
PIR submission 2	26th April 2017
Mock Inspections	24/04/2017- 02/06/2017
Open Forums with CQC	w/c 19th June 2017
Board preparation meetings	w/c 5th June 2017
Team leader/ HOS preparation meetings	w/c 5th June 2017
Presentation to CQC Inspection Team. Interviews with key personnel	Tuesday 27h June 2017
Inspection Team visiting services	Wednesday 28th June 2017
Inspection Team visiting services	Thursday 29th June 2017
Up to 10 days post inspection	Unannounced visits to any service

Wiltshire Health and Care Board	**For decision**
Subject: LLP Financial Statements	
Date of Meeting: 23 May 2017	
Author: Douglas Blair	

1. Purpose

1.1   To review the attached Draft Financial Statements for the LLP for the period ending 31st March 2017 and consider the Audit Opinion presented to the Board on Tuesday 23rd May.

2. Background

2.1   The attached Financial Statements for the LLP are presented as Draft with a couple of items yet to be finalised (highlighted in the Statements).

The vast majority of the audit has now been completed with no sign of any significant concerns.

3. Discussion

3.1   The LLP's external auditors are attending the Board Meeting and will table their summary.

4. Recommendation

4.1   The Board is invited to:

(a)   Comment on the Draft Financial Statements

(b)   Consider the Audit Opinion presented and tabled by KPMG at the Board Meeting

(c)   Agree the final approval process of the Audit Opinion and the Financial Statements by correspondence following the Board Meeting on the 23rd May.

Impacts and Links

Impacts	
Quality Impact	Click here to enter text
Equality Impact	Click here to enter text
Financial implications	Click here to enter text
Impact on operational delivery of services	Click here to enter text
Regulatory/ legal implications	Click here to enter text
Links	
Link to business plan/ 5 year programme of change	Click here to enter text
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text

Wiltshire Health and Care LLP

Report and Financial Statements

31 March 2017

Contents   **Page**

Officers and Professional Advisers

Designated Members

Great Western Hospitals NHS Foundation Trust

Royal United Hospitals NHS Foundation Trust

Salisbury NHS Foundation Trust

Registered Office	**Independent Auditor**	**Bank**
Chippenham Community Hospital, Rowden Hill, Chippenham, SN15 2AJ	KPMG LLP	Lloyds Bank plc

The members are pleased to present their report and the audited financial statements for the year to 31 March 2017.

Principal Activity

The principal activity of Wiltshire Health & Care LLP is the provision of adult community health services across Wiltshire.

Results

The results for the year are set out on page 6.

Members' report

Designated Members

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

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.

In the event the Board determine the LLP requires additional financial support, the Board shall notify the Members of the sum required. At their entire discretion the Members may agree to provide the funds requested.

Should any Member provide any services to the LLP the following principles shall apply:

- the Member providing the service to the LLP will charge to recover its reasonable costs (including overheads) and shall not make a profit on any elements of service delivery;
- The clinical and legal risks relating to service delivery will be managed in line with the relevant regulatory framework, and the LLP shall meet any financial and reputational implications of clinical risk; and
- The arrangements will be the subject of annual review by the Board.

The Profits shall form a reserve of the LLP and shall 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.

Auditor

KPMG LLP have expressed their willingness to continue in office as auditor and a resolution to re-appoint KPMG LLP as the auditor will be considered at the next members' meeting.

Approved by the Members
and signed on behalf of the Members

Douglas Blair

Managing Director

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 Limited Liability Partnerships (Accounts & 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 group and to prevent and detect fraud and other irregularities.

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

We have audited the LLP financial statements ("the financial statements") of XXXXX LLP ('the LLP') for the year ended 31 March 2017 set out on pages 7 to 28. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including FRS 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland*.

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.

Respective responsibilities of members and auditors

As explained more fully in the Members' Responsibilities Statement set out on page 3, the members are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate.

Independent Auditor's report to the members of Wiltshire Health & Care LLP (continued)

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of affairs of the LLP as at 31 March 2017 and of its profit for the year then ended;

- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 as applied to limited liability partnerships requires us 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.

Rees Batley
Senior Statutory Auditor
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
Queen Square,
Bristol,
BS1 6AG,
United Kingdom

[Date]

Statement of comprehensive income
For the year ended 31 March 2017

	Note	31 March 2017 £000	31 March 2016 £000
Turnover	1	31,288	0
Operating expenses	2	(31,290)	0
Operating profit	3	(2)	0
Net interest receivable	5	2	0
Profit for the financial year available for discretionary division among members	16	0	0
Other comprehensive income		0	0
Total comprehensive income		0	0

All results relate to continuing activities.

Statement of financial position
As at 31 March 2017

	Note	31 March 2017 £000	31 March 2016 £000
Current assets			
Debtors	9	459	0
Cash at bank and in hand	10	498	0
Creditors: amounts falling due within one year	11	(957)	0
Net current assets		**0**	**0**
Total assets less current liabilities		**0**	**0**
NET ASSETS ATTRIBUTABLE TO MEMBERS		**0**	**0**
REPRESENTED BY:			
Equity			
Members' other interests – other reserves classified as equity	12	0	0
TOTAL MEMBERS' INTERESTS		**0**	**0**

The financial statements of Wiltshire Health & Care LLP, registered number OC399656, were approved by the Members on 23 May 2017

Signed on behalf of the Members

Carol Bode **Douglas Blair**
Chair Managing Director
[Date] [Date]

Cash flow statement
For the year ended 31 March 2017

	31 March 2017 £000	31 March 2016 £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	957	0
(Increase) in debtors	(459)	0
Net cash flows from operating activities before transactions with members	498	0
Net cash from investing activities	0	0
Net cash from financing activities	0	0
Net increase in cash and cash equivalents	**498**	**0**
Cash and cash equivalents at 1 April	0	0
Cash and cash equivalents at 31 March	**498**	**0**

Notes to the Financial Statements (continued)
Year ended 31 March 2017

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:

Basis of preparation

These financial statements present information about the LLP as an individual undertaking and not about its group. Section 405(2) of the Companies Act 2006 permits an individual subsidiary to be excluded from consolidation if its inclusion is not material for the purpose of giving a true and fair value. It also states that two or more undertakings may be excluded only if they are not material taken together. The limited liability partnership has chosen to take advantage of this section of the Act not to produce consolidation financial statements on the basis of immateriality.

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'. The presentation currency of these financial statements is sterling. All amounts in the financial statements have been rounded to the nearest £1,000.

In the transition to FRS 102 from old UK GAAP, the LLP has made no measurement and recognition adjustments. An explanation of how the transition to FRS 102 has affected the financial position and financial performance of the LLP is provided in note 22.

FRS 102 grants certain first time adoption exemptions from the full requirements of FRS 102 in the transition period. The following exemptions have been taken in these financial statements:

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 21.

Going concern

The LLP is funded by the cash flow that it generates from trading activities and robust working capital management.

Trading projections have been prepared for the next twelve months that take account of reasonable possible changes in trading performance and demonstrate that the LLP expects to be able 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 requires funding beyond its income the Board shall notify the Members of the sum required, and at their entire discretion the Members may agree to provide the funding as per the Members Agreement.

Notes to the Financial Statements (continued)
Year ended 31 March 2017

Turnover

Turnover represents amounts chargeable to clients for professional services provided during the year excluding Value Added Tax.

1.   **Accounting policies (continued)**

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".

Cash and cash equivalents

Cash and cash equivalents comprise all cash balances.

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 (continued)
Year ended 31 March 2017

2. Operating expenses

	31 March 2017 £000	31 March 2016 £000
Staff costs (note 4)	148	0
Chair & Non-Executive	14	0
Commissioned Service Costs	31,048	0
Other operating charges	80	0
	31,291	0

3. Operating profit

	31 March 2017 £000	31 March 2016 £000
Operating profit is after charging :		
Auditors' remuneration		
Audit of these financial statements	10	0

Amounts paid to the LLP's Auditor and their associates in respect of services to the LLP, other than the audit of the LLP's financial statements, have not been disclosed as the information is required instead to be disclosed on a consolidated basis.

Notes to the Financial Statements (continued)
Year ended 31 March 2017

4.   Staff costs and employee information

	31 March 2017 £000	31 March 2016 £000
Employee costs during the year amounted to:		
Wages and salaries	145	0
Social security costs	2	0
Pension costs (note 13)	2	0
	148	0

Average Headcount Numbers	31 March 2017 No	31 March 2016 No
Members	3	0
Fee earners	0	0
Support staff	2	0
	5	0

5.   Net interest receivable

	31 March 2017 £000	31 March 2016 £000
Bank interest receivable	2	0
Net interest receivable	2	0

Net interest receivable excludes interest payable to members, which is included within "Members' remuneration charged as an expense".

6.   Members' share of profits

The average number of members during the year was 3 (2015-16: 0).

No profits were distributed to members for the year to 31 March 2017.

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

A separate profit and loss account for the parent limited partnership is not presented with the group financial statements as permitted by section 408 of the Companies Act 2006. 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 2017 was £0 *(2015/16: £0)*.

Notes to the Financial Statements (continued)
Year ended 31 March 2017

9.   Debtors

	31 March 2017 £000	31 March 2016 £000
Trade debtors	3,753	0
Accrued Income	284	0
Prepayments	1	0
	4,038	0

All amounts are due within one year.

10.   Cash and cash equivalents

	31 March 2017 £000	31 March 2016 £000
Cash at bank and in hand	498	0

11.   Creditors: amounts falling due within one year

	31 March 2017 £000	31 March 2016 £000
Other taxes and social security	8	0
Accruals and deferred income	4,527	0
	4,536	0

12.   Total members' interests

On the creation of the LLP and during the 12 months to 31 March 2017 no Member made any financial investment into the LLP. Members have not received any revenue or capital remuneration.

Notes to the Financial Statements (continued)
Year ended 31 March 2017

13. **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 2017 is based on valuation data as 31 March 2016, updated to 31 March 2017 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension 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 their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

Notes to the Financial Statements (continued)
Year ended 31 March 2017

14. **Related parties**

Expenditure with Great Western Hospitals NHS Foundation Trust was £30,901k in respect to community healthcare services provided on behalf of the LLP.

Expenditure with Salisbury NHS Foundation Trust was £124k in respect to lymphoedema and geriatric services provided on behalf of the LLP

Expenditure with Royal United Hospitals Bath NHS Foundation Trust was £23k for financial services.

Income of £31,082k was received from Wiltshire CCG, £101k from BANES CCG, £92k from South Gloucestershire CCG, and £13k from BANES Council to commission community healthcare services.

Payments were anticipated to NHS Business Services in relation to NHS Pensions of just over £3k, with tax and NI creditors totalling £5k.

15. **Financial instruments**

Carrying amount of financial instruments

The carrying amounts of the financial assets and liabilities include:

	31 March 2017 £000	31 March 2016 £000
Assets measured at fair value through profit or loss	174	0
Liabilities measured at fair value through profit or loss	(8)	0
	0	0

The LLP has no derivative financial instruments.

Board Assurance Framwork

VERBAL ONLY

Wiltshire Health and Care LLP: Board Assurance Framework

Strategic Risk No.	Date created	Description of Strategic Risk	Inherent risk score		
			S	L	Risk Score 5x5
1	15/05/2017	**Capacity for change**: Change capacity and capability insufficient to match the breadth and scope of change programmes	3	3	9
2	15/05/2017	**Workforce**: The availability, skills mix, competition, transferability and training of workforce does not match current and future service needs	3	4	12
3	15/05/2017	**Regulation**: Failure of governance results in lack of compliance with regulatory standards and/or legal requirements.	3	3	9
4	15/05/2017	**Reputation**: A single major failure or series or smaller failures adversely affect the Wiltshire Health and Care brand.	3	2	6
5	15/05/2017	**Investment**: Insufficient financial headroom in contracts to create capital expenditure means opportunities to invest are limited, and opportunities to invest to save cannot be realised	2	3	6
6	15/05/2017	**System vision**: Lack of commissioning clarity on future direction, for example plans for the creation of accountable care systems, has an adverse impact on the future direction and development of the LLP	2	3	6
7	15/05/2017	**Partnership strategy**: Lack of alignment between views of partnership members adversely affects the setting and delivery of long term strategy	2	2	4

8	15/05/2017	**Integration**: Commissioning and/ or tendering decisions do not align with long term direction of LLP to integrate services.	2	3	6
9	15/05/2017	**System performance**: Broader system issues and performance affect effectiveness of Wiltshire Health and Care services, for example Delayed Transfers of Care.	3	3	9
10	15/05/2017	**Patient and public engagement**: Current and/or new services do not meet needs due to insufficient patient and public engagement.	2	3	6

Controls in place	Residual risk score		
	S	L	Risk Score 5x5
• Outline project plans set out in Business Plan • Project architecture including PIDs and checkpoints • Monthly monitoring of change programme at Executive Committee • Quarterly change report to Board	3	2	6
• Workforce strategy • Attendance at recruitment fairs/ universities • Participation in STP wide workforce stream	3	3	9
• Agreed governance structure • Scrutiny by Board and sub committees	3	2	6
• Scrutiny of performance and quality to reduce likelihood of failure • Communication of positive changes being pursued by Wiltshire Health and Care • Communication support to respond to unforeseen external interest.	3	1	3
• Financial plan and savings programme in Business Plan • Contractual negotiations on growth funding on annual basis • Participation in STP infrastructure stream	2	2	4
• Participation in and contribution to STP • Involvement in development of Wiltshire Accountable Care systems	2	2	4
• Annual Members Meeting • Member Board representative role on Board	2	1	2

• Ongoing Participation in and contribution to STP			
• Membership of Part 2 of Wiltshire Joint Commissioning Board	2	2	4
• Representation on 3 A&E Delivery Boards			
• Development of changes, such as HomeFirst, designed to have impact on broader system issues	2	3	6
• Sources of patient feedback			
• Development of Patient and Public Engagement Plan	2	3	6

Further action required	Target risk score			Oversight
	S	L	Risk Score 5x5	
	2	1	2	Board and Exec Committee
As part of workforce strategy, workforce plans to be put in place for each service area	2	2	4	Board and Exec Committee
Establishment of audit and assurance committee Permanent appointment of Board secretary role	3	1	3	Audit and Assurance Committee
Additional of communications resource for LLP, to promote positive changes and successes	3	1	3	Board Audit and Assurance Committee
	2	1	2	Board and Exec Committee
	2	2	4	Board
	2	1	2	Board

	2	2	4 Board and Exec Committee
	2	2	4 Board
Development of ful patient and public engagement plan, in line with Business Plan	2	1	2 Board

Wiltshire Health and Care LLP: Corporate Risk Register

Last updated: 12/09/16 DB

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

Severity
1 - Negligible
2 - Minor
3 - Moderate
4 - Major
5 - Catastrophic

Likelihood
1 - Rare
2 - Unlikely
3 - Possible
4 - Likely
5 - Almost certain

Risk/ Issue No.	Status Open / Closed	Current risk score			Target risk score			Description of Risk	Date raised	Raised by	Mitigations	Updates	Owner	Category
		S	L	Risk Score 5x5 matrix	S	L	Risk Score 5x5 matrix							
1	Open	3	2	6	2	1	2	Risk of additional VAT costs falling to Wiltshire Health and Care due to new contract.	24/11/2015	CS	• Financial VAT risk covered by assurance received 24/6/16 from CCG that VAT costs incurred as a result of the structuring of LLP and contract will be met by CCG. • VAT decision/clarity being sought from HMRC	• Update 12/9/16: Liasion submitted request to HMRC in August, awaiting outcome. • Update 19/1/17: HMRC response negative on COS VAT recovery. Appeal being lodged through GWH. CCG informed. Risk scoring kept the same as, although risks due to other unforeseen are reducing as year progresses, VAT risk is being realised, and reliant on mitigation from CCG. • Update 21/3/17: HMRC appeal lodged. Risk will materialise for 2016-17, covered by CCG, while appeal is processed. • Update 20/4/17: Wording of risk adjusted to reflect VAT position is remaining issue due to new contract - other finanical risks covered in additional risks added to register.	AC and DB	Financial
7	Open	3	2	6	2	2	4	Delay in appointment of additional non executive members of the Board could have a negative impact on the quality of decision making at Board.	24/11/2015	CS	• Interim positions put in place to cover Chair and Clinical Director roles until appointments made • Recruitment of Patient Voice and Primary Care Non Executive members to broaden board pursued as quickly as possible	• Update 19/1/17: Richard Barritt appointed in patient voice non executive role, starting formally on 1 April 2017. Primary care roles - interviews on 26 January. • Update 21/3/17: Celia Grummit appointed from April. Further interview in progress. • Update 20/4/17: Recommendation for further appointment being put to Board meeting on 25 April - will complete appointments. Update 15/5/17: Final appointment made, so closure of risk recommended.	Chair	Strategic
10	Open	3	3	9	2	2	4	There is risk that in the separation of children's and adult services from what was previously one provider to three with different start dates that established safeguarding policy and procedures will not be in place and understood across all providers	27/01/2016	Strategy Group	• Review of safeguarding arrangements • Interim arrrangements put in place whilst permanent resources sourced	• Update 12/9/16: Gap identified - pursuing options to fill gap in advice. • Updated 19/1/17: Partial funding of childrens safeguarding resource agreed as part of MIU savings reinvestment with CCG • Update 15/5/17: Appointment to new post made.	Sarah Jane Peffers	Compliance
15	Open	3	2	6	2	3	6	Recruitment challenges affect pace of change.	19/05/2016	DB	• Recruitment plans include proactive recruitment events. • Develop further opportunities for rotations etc to increase attractiveness of working in community services.	• Update 11/11/16 : Risk reduced to 6 as initial response to recruitment of RSWs shows reduced risk. • Update 19/1/17: Good level of recruitment to RSWs posts, but delay to ESD due to recruitment. Risk level unchanged.	DB	Delivery of Change
16	Open	3	3	9	2	2	4	Limited change management/project management capacity limits pace or realisation of benefits.	19/05/2016	DB	• Increase project resources in core team • New project management process introduced	• Update 12/9/16: Risk score raised on 12/9 as change capacity is being stretched. • Update 21/3/17: Draft business plan includes proposed additional change resource.	DB	Delivery of Change
18	Open	2	3	6	2	2	4	External partners /commissioners question Integration/ pace of change	19/05/2016	DB	• Communications on changes • Use of new branding	• Update 19/1/17: Reworded risk to reflect current reputation risk on integration. Lack of dedicated communications resource becoming a barrier • Update 21/3/17: Draft business plan includes proposed additional comms resource. Updates 20/4/17: Preparing for publication of ratified business plan to increase communication of plans and priorities.	DB	Reputational
20	Open	3	2	6	2	2	4	There is a risk that the transfer of the community estate from GWH to NHSPS, could destabilise the existing arrangements for EFM support for WHC delivered services, jeapordising service delivery and compliance with regulations.	28/04/2016	VH	• Work with the CCG to flag EFM issues.	• Updated 19/1/17: Specific detailed risks described in Board paper 24/1/17 • Update 21/3/17: Timeline for transfer slipped allowing more time to prepare. CCG not supporting transfer until EFM issues have been resolved. Risk score reduced to reflect this. Risk reworded to focus on EFM risk only. • Update 20/4/17: Likley timeline for transfer for transfer for most properies now 1 July. Interim arrangement agreed between CCG and GWH to continue provision of EFM services which mitigates immediate risk.	VH	Compliance
21	Open	2	2	4	2	1	2	Knock on consequence of transfer of community estate is disruption/lack of capacity to administer medical records, leading to information governance risk	19/01/2017	VH	• Project established to redesign medical records approach • Negotiation with NHSPS to retain access to receptionist resource • Extraction of financial value and resource related to medical records from wider estates costs to support	• Updated 19/1/17: Risk described in Board paper 24/1/17 • Update 21/3/17: Timeline for transfer slipped allowing more time to prepare. Risk score reduced to reflect this. • Update 20/4/17: Update as for Risk 20.	VH	Compliance
21	Open	2	2	4	2	1	2	There is a risk that the transfer of the community estate from GWH to NHSPS, could increase costs for the LLP, due to rents from NHSPS being higher/ multiple additional costs being uncovered.	21/03/2017	DB	• Estates strategy will plan for shrinking use of estate wherever possible to reduce exposure. • Financial risk covered by CCG recognising risk during bid and undertook to seek additional funds if transfer increased costs to local health	• Update 21/3/17: Risk added to focus only on financial impact • Update 15/5/17: Specific aspect of risk related to phasing of transfer: CCG being reminded of commitment to cover all costs.	DB	Financial

Risk/ Issue No.	Status Open / Closed	Current risk score			Target risk score			Description of Risk	Date raised	Raised by	Mitigations	Updates	Owner	Category
		S	L	Risk Score 5x5 matrix	S	L	Risk Score 5x5 matrix							
22	Open	2	2	4	2	1	2	Risk that high agency expenditure on Ailesbury Ward and Trowbridge MIU gives rise to an overspend against the budget. This puts the financial position and saving plans at risk.	20/04/2017	DB	• Agency reduction plans being developed and implemented to support reduction in high use areas in line with the recruitment strategy. • Monitoring of costs at Board scrutiny	• Update 20/4/17: Risk added to recognise risks specific to 2017/18 financial plan, and that any impact will fall on LLP.	DB	Financial
23	Open	2	2	4	2	1	2	Risk of unfroseen cost pressures falling to LLP due to inaccuracy in coding of costs between financial ledgers used by delivery arm.	20/04/2017	DB	• Quarterly I&E and Balance Sheet reconciliations between the two ledgers to be carried out and regular analysis of service lines to ensure costs are accurately captured • Financial reporting provides monthly position in both LLP and delivery arm	• Update 20/4/17: Risk added to recognise risks specific to 2017/18 financial plan, and that any impact will fall on LLP.	DB	Financial

low Risk	1-3	1
Moderate Risks	4-7	2
High Risks	8-15	29
Extreme Risks	>16	3
Total		35
Risks Opened in Month		3
Risks Closed in Month		0
12 and above risks		16

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1032	Incident	Finance	Estates And Facilities GWH	05/11/2013	Vacant property at 53 Rowden Hill, Chippenham or 1 & 2 The Lodge, Melksham. Risk to safety of pedestrians if the building is accessed. Trust would be liable if any harm came to pedestrian	Safety	Environment (Safe)	Fire al syster patrol

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1567	Incident	Wiltshire Health An	MIU Trowbridge - V	01/06/2016	Due to the staffing levels currently on both MIU's there is greater pressure on staff leading to increased sickness levels and some increased staff turnover	Safety	Staff Capacity	Action retent stakel future New s being imple

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1568	Business Planning	Wiltshire Health And Care	Locality Management	28/04/2016	There is a risk that the transfer of the community estate from GWH to NHSPS, could destabilise the existing arrangements for EFM support for WHC delivered services.	Finance	Budget	Regul WHC/ EFM i descri EFM Meeti NHSF

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type
1641	Other - Please Explain In The Quality review and staff member feedback	Wiltshire Health And Care	Continence Service - WHC	28/11/2016	Not providing consistent level of timely safe care to the children & young persons element of the continence service due to only 1.0 WTE (1 person) covering all of children's and young persons continence service across the whole of Wiltshire; therefore the service is not robust or sustainable. This leads to the impact of increased RTT and risk of reputation to the service as there is no cover for the service when the 1 post holder is on leave.	Safety	Staff Capacity

Risk Re

Risk Ref	Source of Risk	Dire	Dep	Date	Risk description including the effect of the risk	Risl	Ris

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1650	Staff Or Patient Survey	Wiltshire Health And Care	Continence Service - WHC	16/12/2016	Due to commissioning of Children's services not including Children's and Young people's continence, there is a lack of shared information and co-ordination of a child's/ young person's care. This is leading to the lack of sharing of information about often very complex patients, therefore leading to risk around their holistic care management, and potential safeguarding issues.	Safety	Patient Safety	Clinic other childr clinica appro ensur perso

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1786	Trend Analysis	Wiltshire Health And Care	Operations Management	28/02/2017	Recruitment and Retention challenges in teams/ wards; MIUs, Salisbury City Community team and Longleat and Ailesbury ward Delivery of care is affected, appointments cancelled or re-scheduled, targets not met. Care delivery becomes task orientated and not person centred Staff morale is reduced Sickness increases Turnover increases	Well-Led	Staffing Levels	HR m Bi-Mo workf sub-g Assur Qualit 1/4 sc Assur

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1805	Trend Analysis Pattern of reports via IR1 system	Unscheduled Care	Patient Transport Services	14/03/2017	Arriva transport is not meeting the deadlines for pick ups and collections of patients from inpatient wards and outpatient areas.	Responsive	Transfers	

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1814	Incident Repeated incidents relating to delays in transport provision	Unscheduled Care	Patient Transport Services	20/03/2017	Delays in admissions, discharges, transfers and planned hospital attendances due to gaps in the provided service by Arriva	Responsive	Discharge Planning	

Risk Ref	Source of Risk				Risk description including the effect of the risk			

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1836	Other - Please Explain In The Ongoing project to roll out the Allocate software		Matron Management	05/04/2017	If system administrator is not available, there may be issues with rostering staff, which could lead to unsafe staffing levels and reduced service delivery due to clinical staff time being redeployed to manual rostering tasks.	Well-Led	Business Continuity	Appo who h contir syste manu know they a guide admir user (Busin syste know

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1842	Risk Assessment	Wiltshire Health And Care	Wiltshire Health & Care All Se	01/04/2017	Peoples long term care needs are met by Home First, rather than help to live at home and, adult social care, therefore Home First is not able to discharge people from hospital in a timely way.	Effectiveness	Pathways Of Care	Regu recrui posts

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1843	Incident	Wiltshire Health And Care	Wiltshire Health & Care All Se	11/04/2017	Missed visits by nursing team for people being supported by Home First	Safety	Safe Handovers	Staff a so tha becau First. devel(on sta lists

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1846	Other - Please Explain In The LD staff raising concerns that clients in crisis do not have a suitable commissioned placement in which to be admitted to manage their needs whilst they are in crisis	Wiltshire Health And Care	CTPLD South And East - WHC	01/02/2017	LD clients being managed in inappropriate environments	Safety	Environment (Safe)	CTPL it's ca mana

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1847	Trend Analysis	Wiltshire Health And Care	Wiltshire Health & Care All Se	03/04/2017	Reduced capacity in small services due to vacancy and or long term leave combined with difficulty in recruitment of specialist staff can cause reduced responsiveness of the services and long waits, as well as additional pressures on remaining staff	Responsive	Access And Flow	Workt each likelih suppc

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1851	Other - Please Explain In The Unable to view and amend risk added to risk register that I had received a review alert for. When adding risks the drop down menus do not cover the services related to the risk.	Wiltshire Health And Care	Wiltshire Health & Care All Se	20/04/2017	Risks not allocated correctly in risk register and unable to view risks for updates, actions and reviews	Safety	General Incidents	

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1853	Trend Analysis	Wiltshire Health An	MSK Physiotherapy	20/03/2017	Delays to patient care due to extended waits in WON service in South, impact on acute RTT and community RTT. This is due to service receiving 100% more demand than it has capacity to manage in its contracted capacity, with some current vacancy and	Responsive	Access And Flow	Band suppc identif the st Recru but im any va

sickness in the spinal ESP posts at
the present time.
Reputational risk due to long wait
times in WON service in South

d Care

/ - WHC

Risk Re

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	
1863	Other - Please Explain In The Policies and Procedures group	Wiltshire Health And Care	Wiltshire Health & Care All Se	08/05/2017	Inability to deliver services due to PGD's not being reviewed and ratified before the expiry date	Safety	Medicines (Safe)	Supp GWH E&T r Key c PGDs

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curre		
	Consequence	Likelihood	Score					Consequence	Likelihood	
alarm system & intruder alarm m to Rowden and security ls to both properties.	1	1	1	Need to establish the immediate future of these properties.	01/06/2016	This property will transfer to NHS Property Services by march 2017. ----------- Discussions continue between Trust, CCG, DoH regarding future ownership & potential sale of this property. ----------- Awaiting view on sale process from Wiltshire CCG. ----------- There can be no progress here until the Board make a decision on the future of this property ----------- Board workshop on community estate scheduled for mid-May now cancelled. It will probably take a minimum of 18 months to sell this property, should that be the route chosen, following a decision to dispose of the property. Until such time it will remain at risk of vandalism and arson. ----------- No further action is available until the Board makes a decision on the	2. Action Closed	4	3

future of this property -
possibly via a Board
workshop in Mid-May

Another report (17 pages)
has been prepared for the
Board which recommends
the sale of this property.
This follows on from a
number of reports
prepared since May 2013;
the property transferred to
GWH ownership in April
2013. No further action is
available until a Board
decision is made - this
Grade 2 listed property
continues to be at risk

Fact finding task to take place to understand the current situation.	31/12/2016	Maintenance Manager completed site visit to assess current security arrangements. All in order.	2. Action Closed

HOw many
incidents are
reported for this
site?
is the signage
appropriate to
warn off
intruders?
how do we know
that the alarms
are working?
Can we increase
security
monitoring as per
weak controls?

This property will transfer
to NHS Property Services
by March 2017. Safety
measures in place and
unlikely to change
between now and transfer.

This property will transfer
to NHS Property Services
by march 2017. Existing
risk assessment is
currently be reviewed, but
only minimal changes (if
any) are likely.

Currently gathering data.

egister Report

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curre	
	Consequence	Likelihood	Score					Consequence	Likelihood
n plan addressing recruitment, tion, banding, CCG and holder communication, and e direction.	3	2	6					3	4

skill mix and staff shift pattern
developed alongside staff. For
mentation end of Nov 16

| Existing Controls | Target | | | Actions required to mitigate risk | Due Date | Progress against actions | Action Outcome | Curre | |
	Consequence	Likelihood	Score					Consequence	Likelihood
lar ongoing meetings - /GWH workstream included in corporate service iption costs agreed for 2016/17 ings between WHC and >S are being planned	2	3	6	WHC having regular meetings with GWH Estates team and NHSPS.	21/08/2017	Ongoing meetings throughout mobilisation period. CS/VH to have handover meeting. Next meeting of Estates Working Group at beginning of August	1. Action Required	3	4

| Existing Controls | Target | | | Actions required to mitigate risk | Due Date | Progress against actions | Action Outcome | Curre | |
	Consequence	Likelihood	Score					Consequence	Likelihood
	3	2	6					3	4

| Existing Controls | Target | | Actions required to mitigate risk | Due Date | Progress against actions | Actior | Curre | |
	Co						Co	

nsequence	Likelihood	Score					Outcome	nsequence	Likelihood
ian and managerial liaison with agencies managing specific en and young people to share al intervention detail as priate around an individual, to e the safety of the child/young n.	4	1	4	To raise the risks around the current children's and young people's continence service with the CCG demonstrating the impact of the gaps in commissioning. Paper shared with CCG w/c 12/12/16	31/03/2017		1. Action Required	4	4

egister Report

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curre	
	Consequence	Likelihood	Score					Consequence	Likelihood
etrics tabulated monthly onthly review at WHC orce and development roup rance report reviewed by ty Assurance Committee crutiny by WHC board rance report	3	1	3	Development of Workforce strategy	08/05/2017			4	3
				Development of quality dashboard to triangulate metrics	08/05/2017				
				Workforce plans for each hot spot area	08/05/2017				
				Improve processes and procedures in recruitment to vacant posts to	08/05/2017				

vacant posts to
ensure
vacancies are
kept to a
minimum

Trainee Nurse Associate Pilot

12/09/2017

egister Report

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curre	
	Consequence	Likelihood	Score					Consequence	Likelihood
	2	3	6	Completion of IR1s by all staff to highlight issues and monitor trends and to inform feedback to CCG and arriva.	01/08/2017		1. Action Required	3	4

egister Report

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curre	
	Consequence	Likelihood	Score					Consequence	Likelihood
	3	3	9					3	4

egister Report

Existing Controls	Target	Actions required to	Due Da	Progress against actions	A	Curre

	Consequence	Likelihood	Score	Actions required to mitigate risk	Due Date		ction Outcome	Consequence	Likelihood
inted operational champions, have had some training and nue to receive training from em administrator and software ifacturers to increase their rledge and the level of support are able to provide. User es are available and system nistrator is creating a specific guide for her role. HR ness Manager will shadow em administrator to gain rledge of role.	2	3	6	Provision of further in-depth training and support to operational champions	31/12/2017			4	3
				Software supplier to provide x4 day training course to system administrator and operational champions	31/07/2017				

egister Report

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curr	
	Consequence	Likelihood	Score					Consequence	Likelihood
ilar meetings with all partners; itment to continue until all RSQ are filled	3	2	6	To recruit to all available RSW posts	01/06/2017			3	4
				Establish implementation group and partners meeting	30/09/2017				

egister Report

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curr	
	Consequence	Likelihood	Score					Consequence	Likelihood

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curre
	Consequence	Likelihood	Score					Consequence · Likelihood

advised how to use SystmOne at missed visits do not occur use of implementation of Home SystmOne team have oped an interim solution based aff double checking caseload	4	1	4	On advise of safeguarding lead email sent to CQC (Alison Giles) advising her of the risk and asking fro advice re potentail for a safeguarding enquirey	30/04/2017			4 4
				Develop resilience and a sustainable solution	30/04/2017	HM written and circulated new guidance on Safeguards for scheduling	2. Action Closed	
				Staff to be made aware of the issue.	30/04/2017	E-mail to all teams advising of process to reduce likelihood of missed visits	2. Action Closed	

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Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curre
	Consequence	Likelihood	Score					Consequence · Likelihood
.D re prioritising and focusing ipacity on clients in crisis to ge the risk to individual clients	3	3	9	WHC to continue to flag to WCCG via service development and performance meetings plus via current audit being undertaken by Norah Fry unit Bristol Uni the gaps in provision leading to this risk	30/09/2017			4 4

egister Report

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outc	Curre
	Conseque	Likeliho	Score					Conseq · Likeliho

Existing Controls (partial)	Consequence	Likelihood	Score	Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Consequence	Likelihood
force plans completed for service to reduce the nood of vacancy and assess ort from other services	2	3	6	Implement workforce plans	30/06/2017			3	4

Existing Controls	**Target**			**Actions required to mitigate risk**	**Due Da te**	**Progress against actions**	**Action Outcome**	**Curre**	
	Consequence	Likelihood	Score					Consequence	Likelihood
	2	1	2					3	4

Existing Controls	**Target**			**Actions required to mitigate risk**	**Due Da te**	**Progress against actions**	**Action Outcome**	**Curre**	
	Consequence	Likelihood	Score					Consequence	Likelihood
7 staff from MSK service orting triage of new referrals, to fy those who can be diverted to andard physiotherapy service. iitment to vacancies underway, ipact on small service from acancy is large.	3	2	6	Continue to recruit to small amount of available vacancy in WON service, and highlight with recruitment team urgency of the	30/06/2017			3	4

recruitment.

Support triage for WON service with band 7 from routine MSK physiotherapy service.	30/06/2017
Prepare paper for WHC internal quality meeting to describe current issues and risks and propose actions.	28/04/2017

egister Report

Existing Controls	Target			Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Curre	
	Consequence	Likelihood	Score					Consequence	Likelihood
ort from Chief pharmacist at l to sign off final copies manager supporting process clinicians assign to review	1	1	1	Gabrielle Tilley to advise on clinician within WHC who can support the review process	15/05/2017	E-mail sent to Gabrielle Tilley to advise on potential names. This will be discussed at QAC on the 16/05/2017 to ensure support is given by the Head of Ops	1. Action Required	3	4
				Expand current SLA arrangements with RUH to provide substantive support to medicines governance arrangements for WHC	31/05/2017	In progress meeting to be held with Sarah Greenland Contracts manager ------------ Initial conversations held with Chief Pharmacist at RUH and Sarah Greenland, GWH Contracts Manager. Sarah Greenland to write the revised SLA	1. Action Required		
				To appoint interim pharmacist	19/05/2017	Interviewed candidate, expediting the recruitment process to be able for the person to start ASAP.	1. Action Required		

nt		Risk Owner/Manager
score	Next Review Date	
12	14/06/2017	Rupert Turk

ent score	Next Review Date	Risk Owner/Manager
12	06/08/2017	Susan Evans

Risk Owner/Manager	Next Review Date	...ent score
Victoria Hamilton	24/05/2017	12

Risk Owner/Manager	Next Review Date	...ent score
Susan Evans	19/05/2017	12

Risk Ow...	Next R...	...ent

Risk Owner/Manager	Next Review Date	Score
Susan Evans	07/06/2017	16
Hanna Mansell	30/05/2017	12

ent			
	score	Next Review Date	Risk Owner/Manager
	12	24/05/2017	Gillian Withington

ent			
	score	Next Review Date	Risk Owner/Manager
	12	23/07/2017	Gillian Withington

ent	Ne	Risk

	Risk Owner/Manager	Next Review Date	score
	Hanna Mansell	05/05/2017	12

ent	Risk Owner/Manager	Next Review Date	score
	Maddy Ferrari	12/05/2017	12

ent	Risk Owner/Manager	Next Review Date	score

ent	Risk Owner/Manager	
score	Next Review Date	
16	20/05/2017	Susan Evans

| | 16 | 21/05/2017 | Maddy Ferrari |

ent	Risk Owner/Ma
score	Next Review

...ent		Risk Owner/Manager
score	Next Review Date	
12	24/05/2017	Susan Evans

...ent		Risk Owner/Manager
score	Next Review Date	
12	24/05/2017	Sarah-Jane Peffers

...ent		Risk Owner/Manager
score	Next Review Date	
12		Susan Evans

ent	Risk Owner/Manager	Next Review Date	score
	Sarah-Jane Peffers	19/05/2017	12

Update on Accountable Care Kings Fund Programme

VERBAL ONLY

Workforce Strategy

2017 – 2020

Introduction

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

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

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

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

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

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

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

Our Vision

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

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

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

Our Values

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

Building and Strengthening Partnerships

- Effective Communication
  - Leadership
- Involvement and Team-working

Quality Care for All

- Compassion
  - Patient Centred
- Culture of Learning

Adapting in a Changing Community

- Service Development
  - Wellbeing
- Proactive Approach

Demonstrating Integrity in All We Do

- Open and Honest
  - Professionalism
    - Respect

Our Priorities

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

Broadening Skills	Establish a flexible and collaborative approach to workforce	Design the workforce for the future	• Work collaboratively with STP partners on whole system. • Develop and embed a workforce strategy • Improve workforce planning to provide a longer term view • Grow the supply of flexible workforce • Review safer staffing models in community hospital settings • Upgrade our e-roster system
		Implement values and behaviours	• Implement values and behaviours • Support the health and wellbeing of staff as measured in CQUIN
		Develop career pathways	• Utilise the Apprenticeship Levy system • Participate in the Trainee Nursing Associate programme • Continue support for existing development opportunities • Provide opportunities for staff across our partnership to work and train across a range of services and settings • Encourage newly qualified staff to seek community careers • Ensure leaders are equipped with development 'tool kit'.

Our Challenges

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

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

Our Workforce

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

Vacancy %

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

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

(data taken from ESR staff in post 31/12/16)
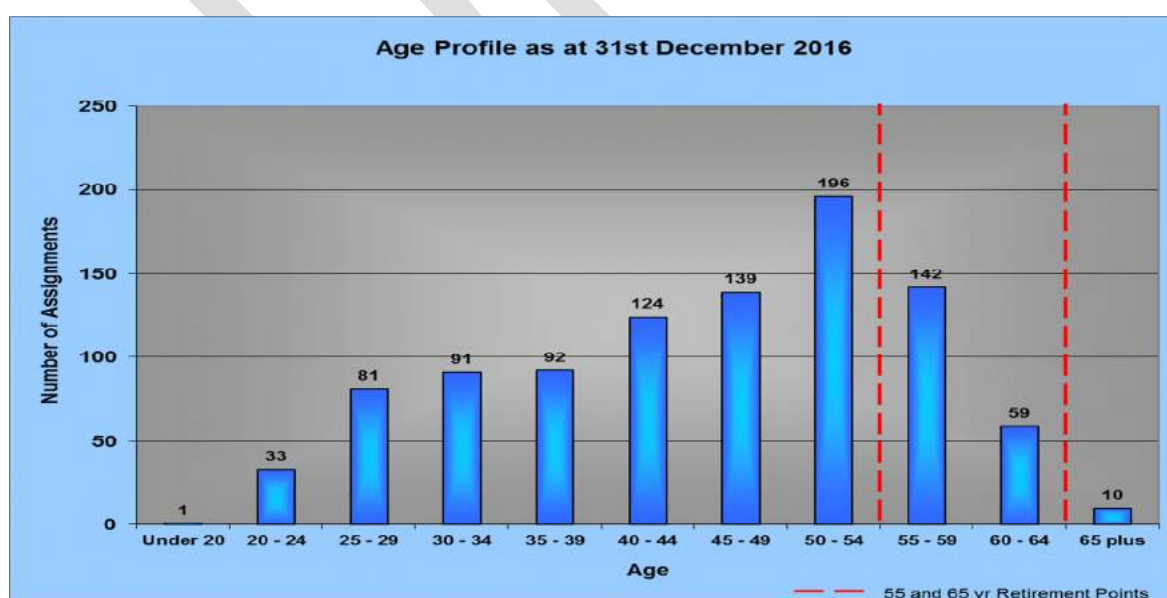
Age profiling data available from ESR shows, 21.8% of Wiltshire Health and Care staff are within the age profile where they are applicable for retirement, with a further cohort of 20.25% reaching this age group in

the next 1 – 4 years. Registered and unregistered nursing are the staff group areas which contain the highest risk in relation to the number of staff who are eligible to retire. This represents a significant challenge for Wiltshire Health and Care's workforce and evidences further the requirement for this strategy to strengthen workforce planning, succession planning and development pathways for new and existing staff.

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

% of Staff 55+
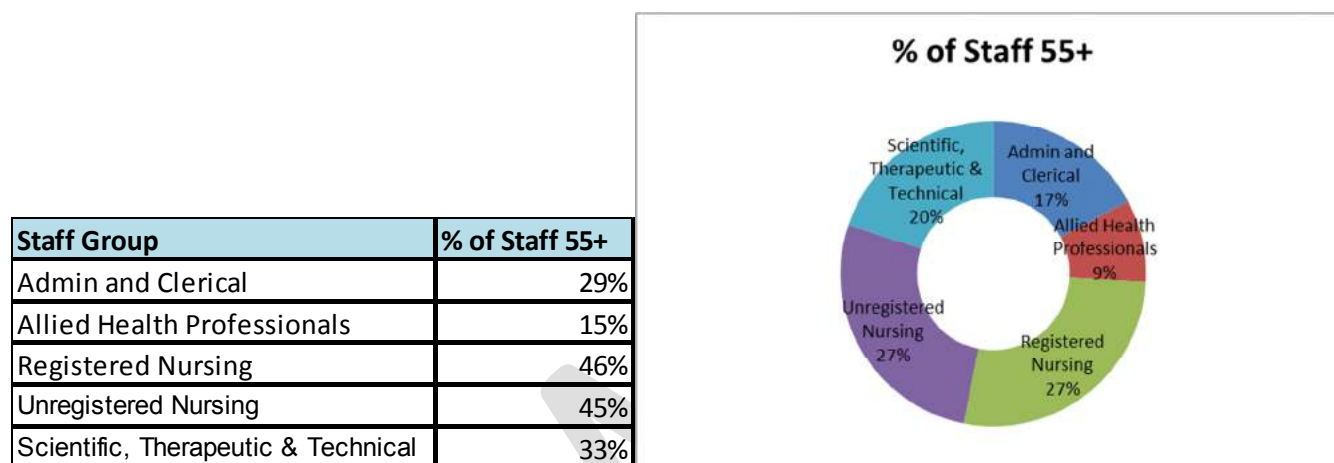
Our Commitment

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

1. We will have a performance culture:
Wiltshire Health and Care are committed to staff at all levels, to develop not just the service but them as individuals. This will be supported by clear expectations of staff through service design and effective workforce planning. This will be achieved by:
- Managers being empowered and having the training and 'tool kits' to manage the performance of their teams effectively, displaying management and leadership in line with Wiltshire Health and Care core values.
- A robust process for recognising high achievers in line with the Recruitment and Retention strategy, and for addressing under-performance.
- The delivery of a robust supervision and appraisal process and all staff understanding their accountability, responsibilities and their objectives and having the capability and aptitude to deliver them.
- Development of a culture where staff take ownership and feel proud of their own contribution to the performance of Wiltshire Health and Care.

2. We will have a sustainable workforce:

All services will:

- Develop workforce plans with regular review, which will include an evaluation of staffing skill-mix. Effective workforce plans will enable service design and decision making
- Place apprenticeships as the bedrock of development pathways for all staff groups.

- Recognise the value that a flexible workforce can bring and reduce the reliance on agency staffing. This will be incorporated into workforce modelling. Actively work within its Recruitment and Retention Strategy.
- Incorporate development pathways for all key roles, registered and unregistered, in line with the Recruitment and Retention Strategy.
- Create a culture of consultation with staff in relation to workforce and service design.
- Ensure volunteers and work experience will be embedded as part of the workforce.

3. We will have a healthy workforce by:

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

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

Wiltshire Health and Care will;

- Develop an effective talent management system, which will Build a culture of high engagement and deliver effective succession planning
- Continue to deliver and develop career development pathways which build on the current success with; Extended Scope Practitioners. Emergency Practitioners, Advanced Nurse Practitioners, Clinical Leads and District Nursing (including the completion of the Specialist Practitioner Qualification).
- Develop 'tool kits' to enable, our workforce to drive continuous improvement and service change.
- Recognise the value of the yearly appraisal to recognise aspiring staff and to support continual learning for all
- Value and support regular clinical supervision

5. We will live our values:

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

6. We will value our staff for their contribution:

- Staff will feel proud and valued as part of Wiltshire Health and Care.
- Our staff will want to recommend Wiltshire Health and Care as a place to work.

- Ensure that we have robust and relevant workforce plans that support implementation of new pathways to learning.
- Using the expertise within our workforce to educate and develop staff, both internally and externally.
- Staff will be actively encourage to contribute to business development

Outcome Measures

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

Expected outcomes will be:

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

Our commitment to you:

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

Carol Bode, Chair.

Signature…………………………………… Date…………………………

Douglas Blair, Managing Director.

Signature…………………………………… Date…………………………

Christopher Weiner, Clinical Director.

Signature…………………………………… Date…………………………

Sarah-Jane Peffers, Head of Quality.

Signature…………………………………… Date…………………………

Victoria Hamilton, Head of Development and Performance.

Signature…………………………………… Date…………………………

Maddy Ferrari, Head of Operations.

Signature…………………………………… Date…………………………

Susan Evans, Head of Operations – Specialist Services.

Signature…………………………………… Date…………………………

Annika Carroll, Head of Finance.

Signature…………………………………… Date…………………………

Hanna Mansell, HR Business Partner.

Signature…………………………………… Date…………………………

Linked documents:
Quality Schedule
Business Plan
Recruitment and Retention Strategy (in development)
Health and Wellbeing Strategy (in development)

Wiltshire Health and Care Board

For decision

Subject:	**Workforce Strategy**
Date of Meeting:	**16 May 2017**
Author:	**Sarah-Jane Peffers**

1. Purpose

The purpose of the paper is to present the workforce strategy to enable the board to agree the content of the strategy and support its implementation.

2. Background

The document sets out the workforce strategy for WHC for 2017-2020. The workforce strategy aims to:

- Support staff to achieve truly integrated working both internally and externally in health and social care.

- Retain, reward, recruit staff with the right aptitude and build teams with the right skills.

- Recognise the direction of travel of the STP.

- Link the workforce strategy with WHC's priorities and with the STP 5 year programme of change.

- Build a workforce that embraces and delivers WHC's Values and Behaviours.

- Provides outcome measures to enable WHC to recognise the benefits of an embedded workforce strategy.

3. Discussion

- Links with WHC Business plan

- Links with WHC Values and Behaviours

- Links with STP plan

- Outcome measures are appropriate and offer assurance

4. Recommendation

4.1   The Board is invited to:

        (a)   Agree the content and implementation of the strategy.

Impacts and Links

Impacts	
Quality Impact	Click here to enter text
Equality Impact	Click here to enter text
Financial implications	Click here to enter text
Impact on operational delivery of services	Click here to enter text
Regulatory/ legal implications	Click here to enter text
Links	
Link to business plan/ 5 year programme of change	Click here to enter text
Links to known risks	Click here to enter text
Identification of new risks	Click here to enter text

Wiltshire Health and Care Division

Staff Survey Summary Report

PICKER INSTITUTE EUROPE

29 January 2017

Picker

Picker Institute Europe

Picker is an international charity dedicated to ensuring the highest quality health and social care for all, always. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

Your Staff Survey Summary Report

- The results presented here are from the 2016 National Staff Survey, carried out by Picker on behalf of your organisation.
- We have designed this tool to give you an easy, visual summary of your results for questions relating to the same area of the survey. It should help to highlight key areas for concern and improvement and show themes within each area.
- **Normally the first half of the report would show your locality's historical changes, however we do not have data for this locality from last year. If you believe there should be data available, please email us to discuss.**
- The second half of the report shows your locality's performance against the organisation average, comparing your positive score with the overall organisation average positive score.
- To best understand the charts, think of a dart board. The closer to the centre ("the bullseye") the better. The nearer you are to the outer edge, the worse you are doing on that question. Dots inside the black line represent improvements / above average performance. Dots outside the black line are where things have gotten worse / are below average.
- Where fewer than 11 staff have answered a particular question, the positive score comparison will not be shown and the question will be **marked on the black line to ensure staff confidentiality**. Please be aware of this when reviewing these reports and refer to your full locality report for clarification.
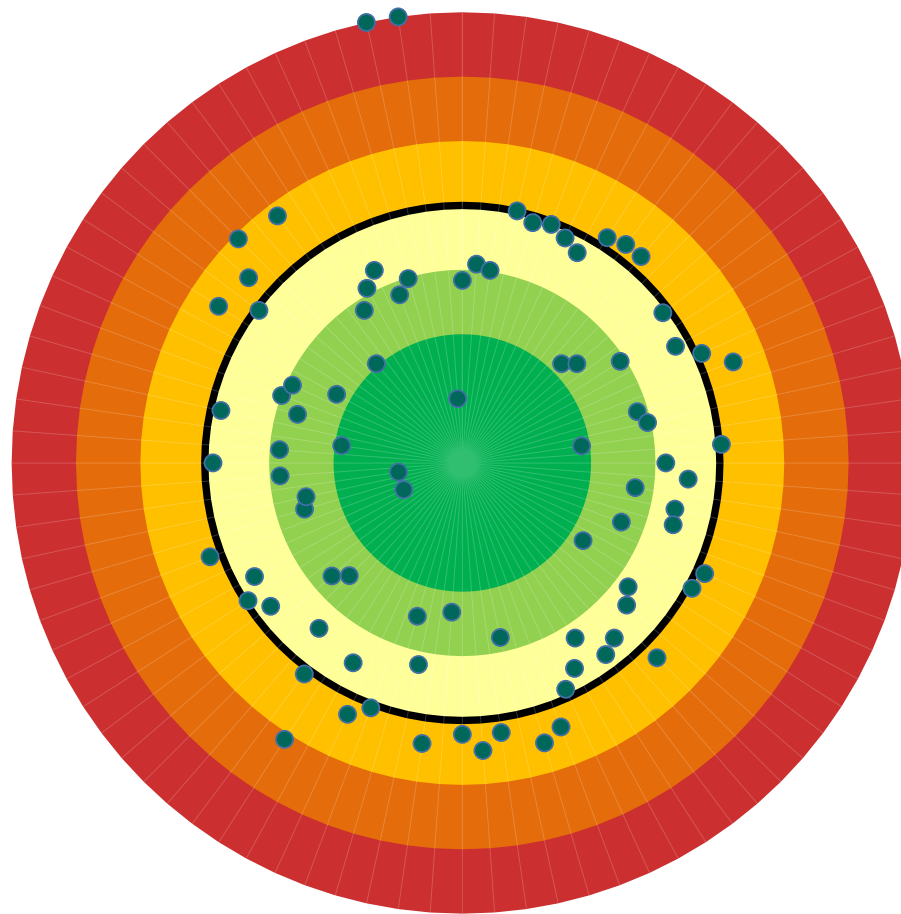
Each dot indicates a score on a question
The thick black line shows the base line, 0% change/difference
In the 1st half of the report, this would normally be where there has been no change since 2015 on a question
In the 2nd half, this shows where the locality performance is the same as the organisation average for that question

	Worsened by more than 8% since last year / More than 8% worse than the organisation average
	Worsened by 4%-8% since last year / Between 4-8% worse than the organisation average
	Worsened by 0%-4% since last year / Between 0-4% worse than the organisation average
	Improved by 0%-4% since last year / Between 0-4% better than the organisation average
	Improved by up to 4%-8% since last year / Between 4-8% better than the organisation average
	Improved by more than 8% since last year / More than 8% better than the organisation average

 This score is considerably improved/better than average

 This score is considerably worse than average/last year

Please NB that some scores may not fit in the circle, i.e. if the change/difference is too great, this is indicated by being on the far edge of the dark red circle or close to the 'bulls eye' in the centre of the dart board. Be aware of this when considering your data and refer to your full report for exact figures.

Comparisons with overall organisation average

Differences from the organisation average - All Questions

Training

18a+ Had training, learning or development in the last 12 months

18b+ Training helped me do my job more effectively

19+ Had mandatory training in the last 12 months

18d+ Training helped me deliver a better patient / service user experience

18c+ Training helped me stay up-to-date with prof. requirements

Management

7a Immediate manager encourages team working

7b Immediate manager can be counted upon to help with difficult tasks

7c Immediate manager gives clear feedback on my work

7d Immediate manager asks for my opinion before making decisions that affect my work

7e Immediate manager supportive in personal crisis

7f Immediate manager takes a positive interest in my health & well-being

7g Immediate manager values my work

8a I know who senior managers are

8b Communication between senior management and staff is effective

8c Senior managers try to involve staff in important decisions

8d Senior managers act on staff feedback

Bullying, Harassment and Whistleblowing

13a+ Know how to report unsafe clinical practice

13b Would feel secure raising concerns about unsafe clinical practice

13c Would feel confident that organisation would address concerns about unsafe clinical practice

14a Not experienced physical violence from patients/service users, their relatives or other members of the public

14b Not experienced physical violence from managers

14c Not experienced physical violence from other colleagues

14d+ Last experience of physical violence reported

15a Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public

15b Not experienced harassment, bullying or abuse from managers

15c Not experienced harassment, bullying or abuse from other colleagues

15d+ Last experience of harassment/bullying/abuse reported

16+ Organisation acts fairly: career progression

17a Not experienced discrimination from patients/service users, their relatives or other members of the public

17b Not experienced discrimination from manager/team leader or other colleagues

Errors, Near Misses and Incidents

11a In last month, have not seen errors/near misses/incidents that could hurt staff

11b In last month, have not seen errors/near misses/incidents that could hurt patients

11c+ Last error/near miss/incident seen that could hurt staff and/or patients/service users reported

12a+ Organisation treats staff involved in errors fairly

12b+ Organisation encourages reporting of errors

12c+ Organisation takes action to ensure errors are not repeated

12d+ Staff given feedback about changes made in response to reported errors

Health, Well-being and Safety

5h Satisfied with opportunities for flexible working patterns

9a Organisation definitely takes positive action on health and well-being

9b In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities

9c Not felt unwell due to work related stress in last 12 months

9d In last 3 months, have not come to work when not feeling well enough to perform duties

9e Not felt pressure from manager to come to work when not feeling well enough

9f Not felt pressure from colleagues to come to work when not feeling well enough

9g Not put myself under pressure to come to work when not feeling well enough

10b Don't work any additional paid hours per week for this organisation, over and above contracted hours

10c Don't work any additional unpaid hours per week for this organisation, over and above contracted hours

27b+ Disability: organisation made adequate adjustment(s) to enable me to carry out work

Patient / Service User Care

6a+ Satisfied with quality of care I give to patients/service users

6b+ Feel my role makes a difference to patients/service users

6c+ Able to provide the care I aspire to

21a Care of patients/service users is organisation's top priority

21b Organisation acts on concerns raised by patients/service users

21d If friend/relative needed treatment would be happy with standard of care provided by organisation

22a+ Patient/service user feedback collected within directorate/department

22b+ Receive regular updates on patient/service user feedback in my directorate/department

22c+ Feedback from patients/service users is used to make informed decisions within directorate/department

Appraisals and Your Job

3a Always know what work responsibilities are

3b Feel trusted to do my job

3c Able to do my job to a standard I am pleased with

20a+ Had appraisal/KSF review in last 12 months

20b Appraisal/review definitely helped me improve how I do my job

20c Clear work objectives definitely agreed during appraisal

20d Appraisal/performance review: definitely left feeling work is valued

20e Appraisal/performance review: organisational values definitely discussed

20f Appraisal/performance review: training, learning or development needs identified

20g Supported by manager to receive training, learning or development definitely identified in appraisal

Team-working and Involvement

4a Opportunities to show initiative frequent in my role

4b Able to make suggestions to improve the work of my team/dept

4c Involved in deciding changes that affect work

4d Able to make improvements happen in my area of work

4e Able to meet conflicting demands on my time at work

4f Have adequate materials, supplies and equipment to do my work

4g Enough staff at organisation to do my job properly

4h Team members have a set of shared objectives

4i Team members often meet to discuss the team's effectiveness

4j Team members have to communicate closely with each other to achieve the team's objectives

Motivation and Job Satisfaction

2a Often/always look forward to going to work

2b Often/always enthusiastic about my job

21c Would recommend organisation as place to work

2c Time often/always passes quickly when I am working

5g Satisfied with level of pay

5a Satisfied with recognition for good work

5f Satisfied with extent organisation values my work

5b Satisfied with support from immediate manager

5e Satisfied with opportunities to use skills

5c Satisfied with support from colleagues

5d Satisfied with amount of responsibility given

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Objectives	Actions	Desired Outcome Including KPI	Action due date	Person Responsible	Progress against KPI/Target	Status
To develop a Workforce Strategy which encompasses all highlighted elements of the Staff Survey Results	Recognition and implementation of all components cited in the Staff Survey. Bi-Yearly updates to be produced by Heads of Ops and Heads of Specialist Ops to reflec the key elements of the workforce strategy	**Improved Recruitment and Retention. Improved Health and Wellbeing of Staff.**	30th June 2017	HM	Due to be presented for Board sign off 23.05.2017	
	To undertake a review of the Corporate Agreement with the Academy in regards to training availability across Wiltshire and effectiveness / appropriateness of the training in a community setting	**Increased availabilty and convenience of CMT training across Wiltshire.** **Increased Mandatory Training Compliance by 1st January 2018.**	31st July 2017 1st January 2018	HM	Progress underway; HR Business Partner meeting with Head of Learning and Development	
	To undertake a review of the Training Needs Anaylsis for Role Specific Training and communicate this across teams	**Staff are only undertaking the appropriate training relevant to their current role or development.**	31st July 2017	GT	On Target	
To ensure facilitated training enables staff to complete their roles effectively	To ensure non-clinical training and development is available, including the introduction of HR training & Risk Management training, for example.	**Increased management competency and confidence in the non-clinical requirements of their role. Reduction of risk.**	31st October 2017	HM	On Target. Training materials developed, sessions to be confirmed	

	Review of CPD funding, availability, allocation and process within teams	**A fair and equitable process to enable staff development and complete agreed objectives from appraisal**	31st July 2017	HM	Reviewed through Workforce and Development group and we are aware of allocation through HEE.	
	Establish stronger partnerships with external or NHS specific training bodies, such as NHS Elect in the provision of non-clincial and leadersip training	**Increased availability of non-mandatory training and development opportunities**	30th June 2017	HM	To be included in June agenda of W&DG	
To ensure the Wiltshire Health and Care Appraisal process is fit for purpose	Creation, launch and embed of Wiltshire Health and Care Values and Behaviours	**All staff engaged in Wiltshire Health and Care Values & Behaviours**	31st March 2018	HM / RS	On target, in line with agreed project plan.	
	To streamline the appraisal / 1-1 / supervision process to compliment the introduction of the clinical supervision policy	**To ensure duplication does not occur and all staff are provided with dedicated time and support from their manager**	30th September 2017	HM	Reviewed through Workforce and Development group	
	Creation of a Wiltshire Health and Care specific appraisal programme including rebrand of documentation in line with WHC Values and Behaviours	**Improved staff experience from appraisals; ensuring it reflects our values, training needs are identified, feedback is provided and positive actions committed.**	31st March 2018	HM	Work to commence Q3	
To ensure the Senior Management Team are visiable across Wiltshire Health and Care	To ensure the 'Challenge Us' initiative is embedded across Wiltshire. Communications package to surround this.	**SMT have access and understanding of pressures within roles across Wiltshire.**	31st July 2017	HM / Comms Lead	Initiative launched Q4 16/17. Ongoing review required.	
	Review of clinical time allocation for team leaders / ward managers to increase visibility in departments	**Increased involvement and visability in day to day duties by the TL**	30th September 2017	CSM / HOS /HM	Reviewing under workforce plans	
	Open Forums to be held with WHC Board and SMT throughout 2017 / 2018	**Increased visibility of SMT and better communication**	30th June 2017	SMT / Comms Lead	Initiative launched Q4 16/17. Ongoing review required.	

To ensure our staff do not experience bullying, harassment of abuse from patients, service users, relatives, members of the public or staff alike	Communications launch of 'Freedom to Speak Up' initiative across Wiltshire.	**All staff are aware of how to raise concerns and 'zero tolerance' approach**	30th June 2017	RS / Comms Lead	Specific action plan to be developed
	Comms Strategy to understand importance of raising concerns and processes for doing so and integration of this into new starter induction. Explore options for delivering this through a multitude of communication channels. Also to explore promotion of 'Never Ok' campaign against bullying and harassment.		31st October 2017	RS / Comms Lead	Specific action plan to be developed
To ensure our staff receive feedback and organisational learning from changes made in response to reported errors	Utilise existing forums, such as Harm Free Care, to ensure learning is noted, fedback and embedded into practice	**Embedded process for learning and sharing information**	31st July 2017	CSM / CW	On target
	To ensure provision of a monthly Wiltshire Health and Care newsletter to include organisational updates and information on incident reporting, and also themes and learning / actions identified.		30th June 2017	Comms Lead	Initiative launched since Q2 16/17. Ongoing review required.
	To provide support for Team Leaders to ensure they have the appropriate resources to deliver key messages and feedback following incident reporting / investigations		31st December 2017	CSM	Commenced PSQ meeting to support CSM's to deliver required messages and some resources already available but require a more consistent approach across teams.
	Introduce a Wiltshire Health and Care Health and Wellbeing Strategy which is line with the 2017 / 2018 CQUINS	**Action plan in place to ensure regular commitments to H&W initiatives**	31st August 2017	RS / JW	Strategy group in place and draft strategy underway.

To minimise staff experience of MSK or Stress related problems as as a result of work-related activities	Utilisation of the Health and Safety forum to share ideas for enhancing staff wellbeing	**Involvement and engagement of staff in matters relating to H&W**	30th June 2017	JW	Forum in place; items to be put on agenda as required.	■
	To undertake a review of the Occupational Health provision to ensure the service is accessible across Wiltshire	**Accessible staff support services for all**	30th June 2017	HM	Review is underway.	■
To review and actively manage additional hours being worked by our existing workforce	To complete an audit of additional hours worked to understand trends and value.	Reduction in unnecessary additional hours and increase in staff work/life balance	30th November 2017	KG / CSM	Audit to be scheduled for Q3	■
To ensure feedback received from patients / service users is utilised to make informed decisions within Wiltshire Health and Care or specific departments	To ensure all teams have an opportunity to meet bi-monthly to share feedback and discuss service development opportunities	**Ensuring patient feedback is discussed and embedded into practice**	30th September 2017	CSM	Monitored as part of CSM 1-1 with Team Leaders.	■
To ensure our teams have the ability to meet the demands on their service	Recruitment and Retention strategy to be developed and targeted hotspot action plans in place	**Having the right people, in the right place, at the right time**	31st July 2017	HM	Recruitment and Retention Strategy Draft expected by 30th June 2017	■
To ensure our staff are involved and able to influence change that may affect their ways of working	Provision of a mechanism for staff to share their ideas with the Senior Management Team.	**Involvement of our staff in new ways of working and encouraging two way communication.**	30th June 2017	Comms Lead	Commenced using open forums lead by MD; ongoing review require.	■
	Consider the appropriateness of a Wiltshire Health and Care specific 'Employee Partnership Forum' or other ways of ensuring employee voice is recognised in senior decision making.		31st December 2017	HM	To be reviewed in Q3	■
To ensure our staff feel valued and their achievements recognised	Develop a Wiltshire Health and Care Employee Recognition Scheme	**Increased staff engagement**	31st December 2017	HM	To be reviewed in line with the embedding of the Values and Behaviours	■

	S - Need to be specific – target a specific area for improvement. *M – Measurable – quantify or give an indicator of progress.* *A – Achievable* *R – Realistic – state what results can realistically be achieved given available resources.* *T – Timely – when results can be achieved.*	*Need to quantify outcome. The 'so what' factor. What difference will it make?*	*Must have date not quarter.*	*One lead needs to be accountable.*	*To be added monthly & signed off.*	*Red/Amber/Green depending on progress*

DRAFT Briefing for STP Leadership Group

A Tobacco Free NHS

Introduction

The B&NES, Swindon and Wiltshire STP proactive and preventative (P&P) group have recently assessed their priorities against the Public Health England (PHE) menu of preventative interventions[i]. A key recommendation of the review was for NHS Trusts to collectively and consistently **apply smoke free grounds policy across the STP footprint**. This paper provides a brief overview of context for this recommendation and the case for taking action now on this agenda. Acknowledging the practical challenges of this recommendation it also highlights the key elements that need to be in place to ensure success in achieving this ambition and the local support available.

Context

We are aware of the good work the NHS has done in recent years to create smoke free sites. However we know that some Trusts have found it difficult to enforce the policy and reverted to providing smoking shelters on sites due to pressure from local residents, service users and staff. Many Trusts are still struggling with smoking related litter, fires on site and the poor image projected by patients, visitors and staff smoking at site entrances and within the grounds of their estate.

Back in 2013 NICE guidance on smoking cessation in secondary care (PH48)[ii] recommended '*strong leadership and management to ensure secondary care premises (including grounds, vehicles and other settings involved in delivery of secondary care services) remain smoke free – to help to promote non-smoking as the norm for people using these services'*. However a recent British Thoracic Society (BTS 2016)[iii] audit of smoking in secondary care found that only a small minority (1 in 16) of hospitals completely enforced their hospital smoke-free grounds.

Local research by Smoke Free South West (2013), reviewing the implementation of smoke free policy on four NHS sites in the South West, found evidence that smoking continued to be an issue with or without smoking shelters. The one hospital (Dorset) that did not have shelters and actively enforced their smoke free policy was free of people smoking and there was no visible litter around the site at the time of the research.

Duncan Selbie, Chief Executive of PHE recently wrote to NHS Trust CEO's asking for '*a step change to achieve a tobacco free NHS'* and he specifically asked for NHS trusts to implement completely smoke free estates, accompanied by access to quitting support for staff and patients.

Smoking – progress to date

In Wiltshire and B&NES smoking prevalence is significantly better than the England rate with an improving trend over time (14.3% and 13.7% respectively). Swindon prevalence at 18.7% is higher than the England average (16.9%) and has remained flat since 2013. All three areas have year on year declining levels of successful quitters/100,000 population, with rates worse than England average for all areas for the last 2 years. This mirrors a national decline in the use of NHS support to stop smoking and an increase in the use of E-cigarettes since 2013. National surveys also show a recent decline in the percentage of smokers who report trying to quit in the last year from 38.5% in 2013 to 30.9% in 2016. [iv]

The strong association between smoking and both physical and mental ill health means that many people who use secondary care are smokers. The BTS audit concluded that approximately 25% of patients are smokers and the support they are getting in hospital to quit or temporarily abstain is very poor.

The STP review against the menu of preventative interventions for smoking highlighted the top 5 areas currently not being addressed within secondary care locally. These were:

1. CO monitoring and recording smoking status
2. Immediate access to stop smoking medications
3. Care plan on discharge to address tobacco dependence
4. Information provided to staff on harm reduction
5. Trust providing smoke free building and grounds

Three of the actions above (1, 2, 4) will be addressed systematically via the implementation of the national NHS **CQUIN requirements on risky behaviours (alcohol and tobacco)** and physical health of those with SMI[v] which all Trusts in the STP area are being asked to sign up to achieving in the next 2 years.

CO monitoring and a care plan on discharge are not specifically part of the national CQUIN but Trusts will be required to offer referral (not just signposting) to specialist behavioural support to all smokers. Information for staff on harm reduction can be provided as part of the training of staff to implement the CQUIN.

Through implementing the CQUIN Trusts will already be investing considerable time and resource in planning and delivery of smoking cessation interventions including looking at formulary provision of medications and training for frontline staff in very brief advice. Therefore it makes sense to include cessation support provision for staff who smoke as well in this package, and to provide a conducive smoke free environment which supports them in their attempts to quit, and supporting patients to quit. Without a smoke free estate staff efforts to implement policy will be undermined.

Alongside this, the STP Clinical Leadership Group have recently given their support for exploring a **Health Optimisation Policy** which includes a voluntary delay in elective surgery referrals for smokers, to encourage them to quit smoking prior to admission. This policy has the potential to be seen as victim blaming and could exacerbate health inequalities further if it is not supported by a whole system approach.

Effective tobacco control strategies require action at a number of levels within society to influence all the factors that support and maintain unhealthy behaviours including: individual, interpersonal, organisational, community and public policy. This evidence based approach to public health recognises that changes in the social and physical environment can produce change in the individual and that support for individuals is essential for implementing environmental change.

Why go completely smoke free?

Public Expectations

YouGov Surveys by Action on Smoking and Health (ASH 2014) have shown wide spread public support in the South West for going completely smoke free on hospital grounds.[vi] Adopting this policy would greatly improve how the NHS is perceived by the public and avoid the mixed message of promoting health but 'allowing' smoking.

There will be strength in all STP area Trusts implementing this policy at the same time in terms of consistency of message to patients and public, continuity of care and the learning and support that can be shared across organisations to help with implementation.

Public Health England at both national and regional level are currently engaging with Trusts to gather information on what works to share good practice. The link below is an example of a Trust that has recently gone completely smoke free and their top five tips for success:

https://publichealthmatters.blog.gov.uk/2017/02/04/5-tips-on-how-to-go-smoke-free-from-medway-nhs-foundation-trust/

Improving workforce productivity and health and wellbeing

Many Trusts have already undertaken considerable work on improving staff health and wellbeing in recent years and have existing structures and supportive plans in place already. For example smoking cessation is a key category in the Great Western Hospital NHS Foundation Trust's Health and Wellbeing Strategy for staff. Trusts extensive experience around staff engagement will significantly help with implementing this agenda.

Going completely smoke free would improve the health and productivity of the workforce and contribute to fulfilling the recommendations of the Boorman report for NHS organisations to promote staff health and well-being[vii]. It would

also make it more likely that staff will actively support patients to abstain from smoking whilst in hospital.

Supporting staff to abstain from smoking during working hours will impact on sickness absence and time off for smoking breaks. Staff who smoke take on average 2.74 additional sick days, compared to non –smokers[viii]. If staff were not permitted to smoke at work and instead were supported through the day with nicotine replacement therapy this would have an enormous effect on the availability of staff to care for the patients.

Promoting patient health and wellbeing

Inpatient smoking cessation interventions are effective, regardless of admitting diagnosis. They lead to a reduction in wound infections, improved wound and bone healing, and longer term reduced risk of heart disease, stroke, cancer and premature death.

Contact with the NHS presents a valuable opportunity to use interventions of proven effectiveness and cost effectiveness to initiate and support stop smoking attempts or other strategies to reduce harm.

By creating a supportive environment for smokers to quit or temporarily abstain NHS Trusts are using their hugely significant impact as health care providers to improve patient health and creating a conducive environment for implementing the Make Every Contact Count (MECC) approach.

Cost savings to the health and social care system

Smoking causes almost 80,000 premature deaths a year, and contributes to 1.7m hospital admissions.

In the context of tightening health and social care budgets evidence-based tobacco control measures have a critical role to play in improving people's health and wellbeing now and therefore preventing the need for paid for care in the future.

The total annual cost to the NHS of smoking in B&NES, Wiltshire and Swindon is £29.6 million[ix] . In addition to this, current and ex-smokers who require care in later life due to smoking related illnesses cost the STP area local authorities a total of £11.7 million each year in social care costs.

What will it take to go completely smoke free?

To make this work the following needs to be in place:

- The whole of the Trust site to be smoke free including cars and car parks.
- Clear and positive signage thanking people for not smoking on site
- Both staff and patients are **actively discouraged** from smoking; this means that:

- o smoking shelters/areas must be removed
- o Staff will be unable to smoke at work, in uniform or on paid breaks.
- o Nicotine Replacement therapy will be available for both patients and staff
- o Active enforcement will be in place

To ensure effective and sustainable implementation a Trust would need to:

- Review and actively enforce its Smoke Free policy
- Ensure board level engagement with the policy and regular reports to Board on management and performance
- Identify a clinical or management champion to lead this agenda
- Communicate the policy to patients, staff, contractors, volunteers and the public
- Enable staff to undertake training in Very Brief Advice for smoking cessation
- Support staff to be smoke free in working hours through the provision of pharmacotherapy
- Keep the site clean of litter

What support is on offer?

We would be happy to work with you to support this aim and would welcome the opportunity to discuss any barriers or opportunities to progressing this work in the near future.

Public health teams across the STP are keen to work with senior leaders on this agenda and in particular can offer support with the following:

- Policy review and implementation - including E-cigarette policy
- Training for staff in smoking cessation and dealing with policy breaches
- Guidance on the evidence base/good practice/what works
- Support in developing a joined up prevention and care pathway across the system
- Support with effective design of communication for staff and visitors

Recommendations

1. ALL NHS Trusts across the STP area commit to going completely smoke free during 17/18

2. STP leadership group to identify champion to support this initiative in each Trust

3. Public Health teams from each local authority to provide support to Trusts for implementation

4. Champions form STP working group with public health leads and report to leadership team quarterly on progress

Cathy McMahon
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01225 394064

8th February 2017

i PHE (2016) Local Health and Care Planning: Menu of Preventative Interventions https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions

ii https://www.nice.org.uk/guidance/ph48

iii British Thoracic Society (2016) Smoking Cessation Audit Report; Smoking Cessation Policy and Practice in NHS Hospitals
iv Smoking in England Survey 2016 http://www.smokinginengland.info/

v https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

vi ASH (2014) Tackling Tobacco: Public Opinion in the South West

vii Boorman S NHS Health and Well-being. Final Report November 2009

viii Weng, Ali & Leonardi-Bee (2012) Smoking and absence from work. Systematic review and meta-analysis of occupational studies – key finding smokers take an extra 2.74 sick days per year compared to non smokers

ix Ash Ready Reckoner Tool (Dec 2015 update) http://ash.org.uk/category/information-and-resources/local-resources/

11th April 2017

James Scott, CEO, RUH
Nerissa Vaughan, CEO, GWH
Hayley Richards, CEO, AWP
Cara Charles-Barks, CEO, SFT
Douglas Blair, Director of Community Services, WHC
Jane Carroll, Regional Director of Operations, Virgin Care

Dear Colleague

A Tobacco Free NHS

At the STP Leadership Group meeting on the 16th March 2017 I shared with you a briefing paper from Cathy McMahon, B&NES Public Health Commissioning and Development Manager (but supported by the 3 Public Health Teams across the STP) regarding a proposal for NHS Trusts to collectively and consistently apply a smoke free grounds policy across the STP footprint. The proposal put forward was that: -

1. All NHS Trusts across the STP area commit to going completely smoke free during 2017/18
2. STP leadership group to identify a champion to support this initiative in each Trust
3. Public Health teams from each local authority provide support to Trusts in its implementation
4. Identified Champions form an STP working group with public health leads and report to the leadership team quarterly on progress

The delivery of Smoke Free sites was further advocated in the recent *Five Year Forward View Refresh* with a requirement for all Trusts to become smoke free by 2018/19.

At the STP Leadership Group meeting many of you reported that you had previously tried to implement such an approach but it was very problematic. However, STP Leadership Group members agreed to go back to their respective Boards to seek commitment to this initiative.

I am writing to ask you to confirm your Board's position in relation to this proposal by no later than the 31st May 2017 and the proposed Champion from your organisation to be part of a working group to progress this work.

We are looking for leadership roles for this project and ideally the champion would be a clinician with status in your organisation. In parallel, Cathy McMahon will be identifying support from public health colleagues in each geographical area to help organisations to prepare to be smoke free. Mental Health sites are planning early delivery and we will aim to learn from their experience and advice.

I look forward to receiving your response.

Yours sincerely

Tracey Cox
SRO Proactive and Preventative Care Workstream

Cc Nikki Millin, Accountable Officer, Swindon CCG
    Cathy McMahon, Public Health Commissioning and Development Manager

Governance

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