AGENDA
for a Meeting of the Board
Part I

Venue:	Training Room 1 - Chippenham Community Hospital
Date:	Tuesday 26 September 2017
Time:	10:00 – 11:30

WHC Board Members		
Richard Barritt	Non Executive Member	RB
Douglas Blair	Managing Director	DB
Annika Carroll	Head of Finance	AC
Sarah-Jane Peffers	Head of Quality	SJP
Cara Charles-Barks	SFT Board Representative	CC-B
Sarah Truelove	RUH Board Representative	ST
Nerissa Vaughan	GWH Board Representative	NV
Celia Grummiitt	Non Executive Member	CG
Adibah Burch	Non Executive Member	AB

In Attendance		
Lisa Hodgson	Chief Operating Officer	LH
Natasha Griffin	Administrator	NG
Apologies		
Carol Bode	Chair	CB

	Agenda Item	Lead	Paper	For Decision/ Information/ Approval
1	**Welcome, Apologies and Declarations of Interest**	RB	Verbal	Information
2	**Part I Minutes, Actions and Matters Arising**	RB	Attached	Approval
3	**MD Report**	DB	Verbal	Information
4	**Quality, Finance and Performance Report**	LH/SJP/AC	Attached	Information
5	**Risks** • Board Assurance Framework • Wiltshire Health and Care LLP Corporate Risk Register • Delivery Risks	DB DB SJP	Attached	Discussion / Information
6	**Any Other Business**			
7	**Date of Next Meeting:** • Proposal for October meeting	DB		

Welcome, Apologies and Declarations of Interest

VERBAL ONLY

MINUTES
Of a Wiltshire Health and Care
Board Meeting Part I

Venue:	Training Room 1, Community Hospital
Date:	25th July 2017
Time:	1000 hours

WHC Board Members		
Carol Bode	Chair	CB
Douglas Blair	Managing Director	DB
Chris Weiner	Clinical Director	CW
Annika Carroll	Head of Finance	AC
Sarah-Jane Peffers	Head of Quality	SJP
Nerissa Vaughan	GWH Board Representative	NV
Cara Charles-Barks	SFT Board Representative	CC-B
Sarah Truelove	RUH Board Representative	ST
Richard Barritt	Non-Executive Member	RB
Celia Grummitt	Non-Executive Member	CG
Adibah Burch	Non-Executive Member	AB
In Attendance		
Tracy Marquiss	Senior Administrator	TM

No.	Item	Action
1	**Welcome, Apologies and Declarations of Interest**	
	CB welcomed everyone to the meeting and introduced NV. NV had been appointed as the GWH representative, in place of Hilary Walker. No apologies were received. CB noted that Chris Weiner was leaving Wiltshire Health and Care and that this would be his final board meeting. She thanked him for his contribution to Wiltshire Health and Care. It was also Tracy Marquiss' last meeting supporting the Board. CB thanked TM for all her assistance. DB informed the board that plans are in place to make further permanent appointments to the LLP now that pensions status has been agreed. The plan is to advertise a Board Secretary role, an Executive PA role and a Communications role.	

	Declarations of interest – RB reported to the Board that he is working with:- • The Wellbeing Collective Training / OD for Sussex Partnership • Mind, Mental Health Charity Conference Chair • Age UK Mid Hants There are no conflicts of interest on this agenda.	
2	**Part I Minutes, Actions and Matters Arising**	
	The minutes of the previous meeting, held on 20th June 2017, were agreed as a true and accurate record and were duly signed by the Chair. The meeting considered the actions arising and noted the updates.	
3	**Chair Report**	
	Highlights to the Board had been discussed under item 1.	
4	**MD Report**	
	DB reported that: • Joint work was continuing with Wiltshire Council on developing an integrated reablement services for Wiltshire. • National guidance had been published on Urgent Treatment Centres. This now gave a framework on which to work with the CCG to develop a clear way forward for defining urgent treatment centres in Wiltshire. DB agreed to send a link to the Guidance on Urgent Treatment and circulate the Severn Urgent Care network guidance as this would be of interest to board members.	**DB**
5 **5.1**	**Quality and Safety** **Patient Story** A written patient story had been circulated to the board prior to the meeting. This had been chosen to highlight good cross agency working and the impact of the Higher Intensity Care pathway and interlinking with the additional rehabilitation support worker resource. In discussion the following points were made: • It was agreed that this was a useful patient story and it was good that the new service was starting to see some benefits. • Board members would be interested to see an analysis of the relative costs of providing a higher intensity care intervention as opposed to inpatient care. DB to update board in October. **Quality, finance and performance Report** The Board considered the quality, finance and performance report and associated dashboards. Following review and consideration of the issues highlighted to the Board, the Board discussed and noted the following items:	**DB**

	• There are frailties in the incident reporting system. SJP is scoping a new system. • Any incident that scores 4 or above goes to Harm Free Care panel for review. There were no obvious themes contained in the dashboard. • Inpatient assessment didn't hit May targets. This has been discussed with the operational teams and wards and action plans are in place. • DTOC levels are high but this has remained consistent due to awaiting package of care and residential care. • Home First rehab support worker plans need to be focussed on discharge from community wards, as well as acute discharges. Further internal work will need to be done. This will be an area of focus for the new Chief Operating Officer. The Board agreed: • That the quality dashboard should be updated with overdue incidents • Themes from learning from incidents should be shared with the board as part of reporting.	**SJP** **SJP**
6	**Risk** **Board assurance framework** – DB reported that a column had been added to link the strategic risks with items on the risk registers. **LLP risk registers –** an overall summary has been added which says how many risks have been rescored, opened and closed.	
7	**Any Other Business** There being no further Business, the meeting then closed. **Date of Next Meeting:** 26th September 2017 Training Room 1, Chippenham Community Hospital.	

BOARD
ACTION TRACKER Part I

MEETING	ACTION	LEAD	DUE	UPDATE	DATE
23.05.17	Liaise re independent Audit and Assurance Committee Chair	CC-B/ CB/DB	26.09.17	In progress. 25.07.17 –CB has made contact, further questions to answer. Hoping this will be set up by October 2017.	
23.05.17	Report back on physio waiting times	DB		Discussions with CCG on-going, no decision made on future pathway. Waiting time position unchanged. Report back when commissioning decision/s reached. 25.07.17 -No decision has been made so will bring back to September board. Verbal update to be given at September Board	
27.06.17	Links with Primary Care and out of hospital: share notes and update September Board.	CB	26.09.17	In progress	
27.06.17	Falls: Audit and Strategy; report to QAC in August and inform Board in September.	SJP`	26.09.17	Update in Board papers.	21/9/17
27.06.17	H&S, Fire and Security: Assess incidents of violence and aggression on patient to patient or patient to staff and change categories in information.	SJP	25.09.17	On-going Action.	
27.06.17	Estates fire safety: ensure that NHSPS prioritise safety and assurance; continue fire prevention and evacuation facilities improvement; make further inspections and take Fire Brigade advice.	SJP/DB	25.09.17	Ongoing. 21.09.17 – Further assurance work undertaken, but further assurance being sought from NHS Property Services before being brought back to Board.	
27.06.17	Vacancy Levels: look at creating cross pathway	DB	26.09.17	In progress	

	roles and develop cohort of staff to work flexibly.				
27.06.17	Update Mandatory Training table and identify and implement training mechanisms.	DB	22.08.17	In progress	
25.07.17	DB agreed to send a link to the Guidance on Urgent Treatment and circulate the Severn Urgent Care network guidance as this would be of interest to board members.	DB		Completed.	
25.07.17	Board members would be interested to see an analysis of the relative costs of providing a higher intensity care intervention as opposed to inpatient care. DB to update board in October.	DB			
25.07.17	That the quality dashboard should be updated with overdue incidents Themes from learning from incidents should be shared with the board as part of reporting.	DB		In progress.	

Closed actions

27.06.17	Health and Safety - Board Statement of Commitment - Sign and distribute.	DB	25.07.17	Complete	18.07.17
27.06.17	• Risk Register - BAF - increase Workforce rating to 20. • Link BAF to strategic risks. • Summarise increased/reduced risks and closed risks.	DB	25.07.17	Complete	25.07.17

MD Report

VERBAL ONLY

Wiltshire Health and Care Board	**For information**
Subject:	**Quality, performance and finance monthly report**
Date of Meeting:	**26 September 2017**
Author:	**Sarah-Jane Peffers/ Lisa Hodgson/ Annika Carroll**

1. Purpose

1.1 To provide Board with the commentary and assurance underpinning the Wiltshire Health and Care quality, performance and finance reports.

2. Issues to be highlighted to Board

2.1 The quality and performance dashboards are attached. Following review and triangulation the following issues are highlighted to the Board:

ADVISE	• **Incidents**- Top 3 incident themes in month;
	  ○ **Pressure ulcer (Cat 2),**
	  ○ **Falls found on floor**
	  ○ **staffing shortages**
	
	Quality Improvement exercise starting in September to raise awareness of incident reporting and its importance as well as improving people's confidence and competence in completing incident forms. Alongside this exercise a scoping process is being undertaken to review and evaluate alternative reporting systems.
	
	• **Serious Incidents**- Funding agreed to support accredited RCA training for all relevant staff- approximately 60 staff, this will be provided by an external provider; Sancus Solutions (SFJ Awards Level 5). Workshop arranged in October 2017 to review the current SIRI's process
	• 100% complaints compliance
	• **Sickness rate**- Increase in month and is 1% above the same time last year. All cases are being managed and 12 people expected back to work in August and September 2017. Anxiety is currently the biggest cause for long-term sickness absence (11/25 cases). STS- 1.03% and LTS- 3.5%
	• **Vacancy rate**- Improving vacancy rate, however still above the 8% target. Improvements in recruitment pipeline:

	<table><tr><td>**Pipeline Headcount:**</td><td>48</td></tr><tr><td>**Pipeline WTE:**</td><td>38.59</td></tr><tr><td>**Pipeline % Vs Vacancy:**</td><td>25.62%</td></tr><tr><td>**Pipeline + New Starters Vs Vacancy:**</td><td>43.14%</td></tr></table> • WHC is currently appointing to the recruitment administrator role and is expected to move the function into WHC by December 2017. • Recruitment and retention is a high priority for the Chief Operating Officer in relation to delivering safe service. A remedial action plan will be in place from the 1st October. • Slight improvement in turnover of 0.29% • **Falls**- see separate highlight report. In-depth report expected in October 2017. This has been delayed due to absence and difficulty in obtaining patient records. • **In-patient assessments**- target not achieved on Ailesbury ward (MUST screening), whilst there has been an improvement in the score and all other assessments being undertaken, this assessment has remained below target for 2 months. However, assessments were undertaken but just out of timeframe. This area forms part of the overall ward recovery plan. • **Frailty and Dementia Screening-** This remains low across community teams and will be an area of focus in the frailty strategy • **Public and Patient engagement plan**- a proposal has been received from Healthwatch Wiltshire. Awaiting response from the Exec team. • **CQC Inspection report**- draft report has been received and factual accuracy completed. Report expected to be ready for publication within the next 2 weeks (please refer to separate report outlining more detail). To note; CQC have recognised that the initial registration is incomplete/ inaccurate, due to their error. Awaiting a further conversation with CQC registration lead (w/c 25/09/2017).
ALERT (completed alert template to be completed for each issue)	There are no issues arising from quality on which the Board need to be alerted
ACTION (where issue cannot be described succinctly in this box, separate Board paper for decision to be attached)	There are no issues arising from quality on which the Board need to take action

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

ADVISE	**Performance Review Process** From October 2017 performance reviews will occur once a month with each service lead. Quality, performance and finance will be reviewed with each lead to enable learning across services and also remedial action planning can be undertaken in a supportive but robust way. **Longleat Ward** Whilst there is no significant deterioration of performance, a number of indicators point to Longleat ward experiencing increased pressure. A plan in development which will provide additional support. **Wiltshire Orthopaedic Network (WON) RTT** The data shows a failure to achieve RTT for the WON service. Further investigation has revealed only one patient is currently breaching. We believe the issue was one of data quality, with case not been closed. **Stroke Reviews** Stroke reviews at 6 months was 44% in July with YTD performance 38%. 12 month reviews were 22% in July with a YTD of 29%. Whilst there is a view that this may not be a true reflection, no evidence has been presented to support. Therefore a review has been commissioned to understand how we schedule reviews and the root cause as to why they are not been undertaken. The findings and outcome will be reported at October's Board.
ALERT	There are no issues arising from performance on which the Board need to be alerted
ACTION	There are no issues arising from performance on which the Board need to be alerted

2.3 There are no issues to highlight on financial performance. The attached financial report provides an overview.

3. Recommendation

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

Wiltshire Health and Care Board **For information**

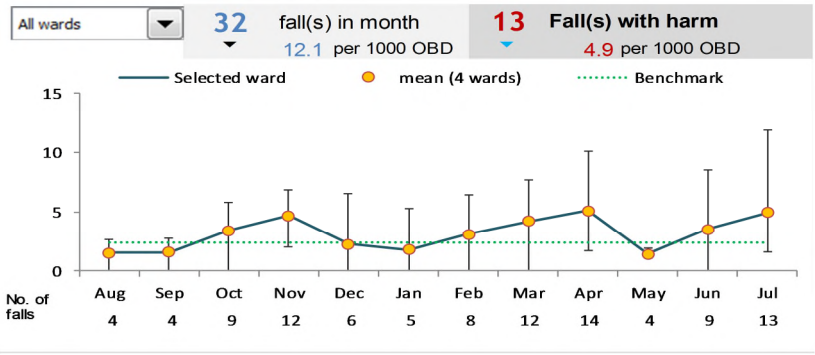
Subject:	**Highlight report- Falls**
Date of Meeting:	**26 September 2017**
Author:	**Sarah-Jane Peffers**

Purpose

To advise the board on the current position following the scrutiny of the falls incidents that occurred during April 2017. With the aim of; identify areas of good/outstanding practice which could be shared wider and highlighting areas of improvement.

Background

In April 2017 there was an unprecedented number of falls occurring in the Community Inpatient Wards.



A comprehensive review of all the falls occurring in April was commissioned and is near to completion. The full summary report will be presented in October 2017.

Highlights to date:

<u>Areas of notable practice:</u>

- Care planning- there was always a mobilisation care plan and it was always reviewed
- SWARMs in use and evidence of completion following falls.

<u>Areas for improvement:</u>

- Review of overall documentation
- A greater focus on preventative measures; including poly pharmacy, use of call bells, high low beds and sensor mats.
- Usage and importance of intentional rounding
- Application of the Mental Capacity Act
- DOLs application

- Links with other community services for example Higher Intensity Care
- Clinical reasoning and assessment skills

Next steps

The next steps are to:

- Complete the review
- Organise a quality improvement meeting
- Adopt Quality Improvement methodology to develop a plan and prioritising of actions

Recommendation

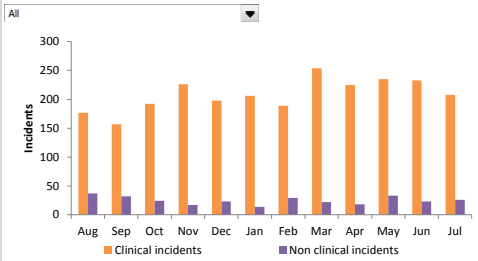
The Board is invited to**:**

- To note the evidence to date
- Note that a full report will be available in October 2017.

Quality Dashboard July 2017

Wiltshire HEALTH AND CARE

Incidents

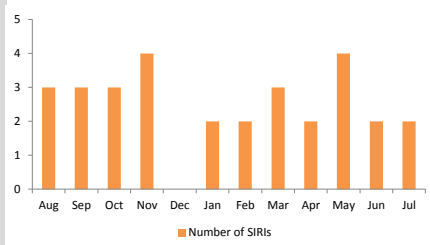


All services

Actual impact	Jul-17
1-Near Miss	5
2-None (No Harm)	131
3-Low	81
4-Moderate	18
5-Severe	1
6-Death	1

This month the number of incidents with an impact score of 4 and above has increased by 8 from June. There has been 1 death on Mulberry ward (cardiac arrest) . The Quality Governance Officer for WHC continues to have a focused approach to ensure the impact scores reflect the actual level of harm. This supports better completion of the 3 stages of the duty of

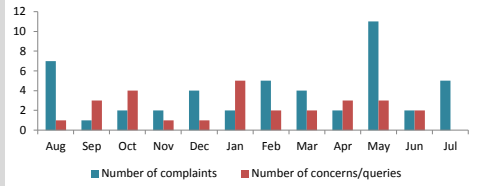
SIRIs excluding pressure ulcers



x1 Longleat Ward (Fall - Found on Floor) - On investigation this was assessed as a collapse and was unforeseeable
x1 Ailesbury Ward(Med Error - Wrong Drug - reported on STEIS) -

Complaints/Concerns

Response compliance **100%** Open ombudsman cases **0**



There were no overdue responses in July.
Incident type: Unable to get through to Podiatry; Xray not carried out at Trowbridge; Discharged with incorrect meds; Urgent request for bloods (GP

RIDDOR

Financial Year to Date

1

RIDDOR report(s)

Duty of Candour 7 in month

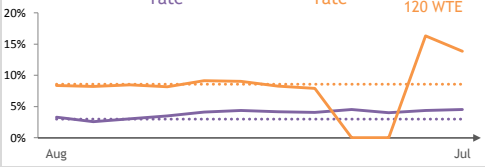
	Completed	Overdue
Verbal	86%	14%
Written	43%	57%
Report shared	100%	0%

National Mandatory Audits - 3 completed in month

	Completed	Missed
Audit uploads	100%	0

Sickness/Vacancy

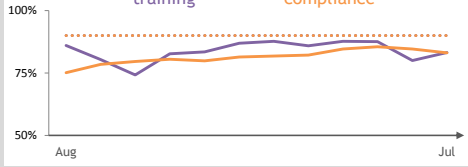
Jul-17 Sickness rate **4.53%** Vacancy rate **13.89%** 120 WTE



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

Training/Appraisals

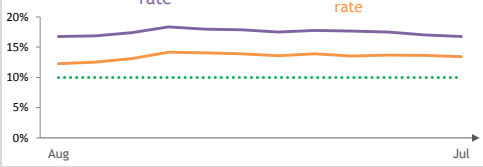
Jul-17 Mandatory training **83%** Appraisals compliance **83%**



The target of 95% is difficult to achieve. There are 92.5% of staff available to complete training due to sickness and maternity leave.

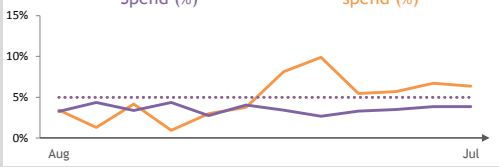
Turnover

Jul-17 Turnover rate **16.74%** Voluntary turnover rate **13.41%**



Bank/Agency spend %

Jul-17 Bank Staff Spend (%) **3.86%** Agency staff spend (%) **6.37%**



Infection Prevention & Control

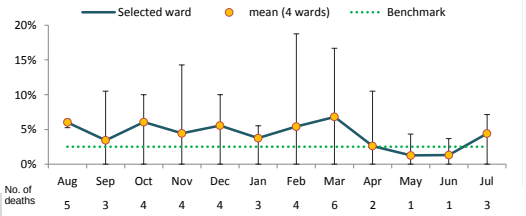
All wards

	In month	Prev 12 months
MRSA incidence	0	0
C diff incidence	0	0
E coli incidence	0	0
Bed days lost to norovirus	0	17

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

Deaths

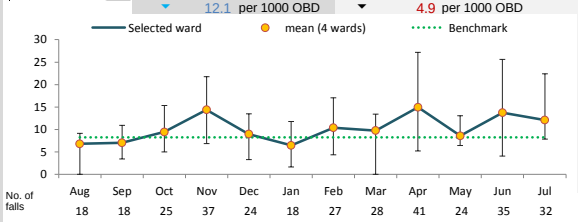
All wards — **3** death(s) in month 4.4% of discharges



All deaths reviewed at Harm Free Care Focus Group - the July deaths were scrutinised at the Mortality Review Meeting on 21/8/17. There was one unexpected death on Mulberry Ward due to cardiac arrest. Palliative care deaths are excluded from Apr 17 (in line with National benchmarking definition)

Falls

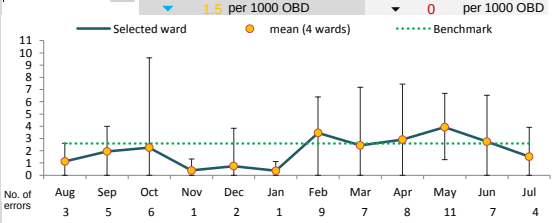
All wards — **32** fall(s) in month 12.1 per 1000 OBD — **13** Fall(s) with harm 4.9 per 1000 OBD



Of the falls reported in July, 19 were no harm; 11 were low harm and 2 were moderate harm. The 2 moderate harm falls were both unwitnessed falls on Longleat Ward with one patient being treated for a fractured ulna and radius and the other for a head laceration. The Quality team are undertaking a deep dive into the 40 falls reported in April.

Medication errors

All wards — **4** error(s) in month 1.5 per 1000 OBD — **0** Harmful error(s) 0 per 1000 OBD

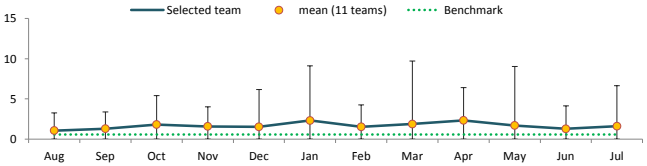


Please note: There is no benchmarking value for medication errors with harm

Of the meds errors reported in July, 5 were errors with Agent/Dose/Route/Selection, 3 were missed medication, 1 was wrong dose, 2 were wrong drug, 2 were wrong patient and 3 were missing drugs. Future dashboard development to include teams and specialist services

Avoidable Pressure Ulcers

All teams — **11** avoidable pressure ulcers acquired in month — **1.60** per 1000 caseload

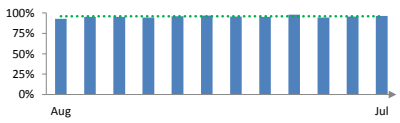


	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
No. of pressure ulcers (all)	8	9	12	10	10	15	10	13	16	12	9	11
Category III	0	1	1	1	1	2	1	1	0	0	0	2
Category IV	0	1	0	0	0	2	0	0	1	1	1	0

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

Safety Thermometer

Percentage of Harm Free Care (new harms)

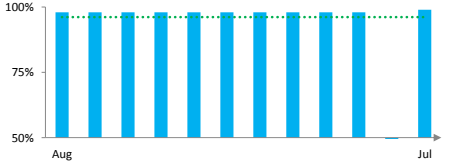


Community Wards	97.53%
Community Teams	96.20%
Wards and Teams combined	**96.60%**

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

Friends and Family Test

Show response numbers



99%

recommend score

The quality team are liaising with PALS to resolve reporting error in June.

Inpatient assessments

Ailesbury

	Jun-17	Jul-17
Early Warning Score	91%	100%
VTE assessment	91%	100%
VTE prophylaxis	100%	100%
Hospital Acquired Thrombosis	0	0
Falls assessment	83%	100%
MUST assessment	78%	83%

Ailesbury Ward- Improving status for most assessment, however, MUST assessment below target for 2 months.

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 M5, August 2017

WH&C LLP Profit and Loss Account - August 2017

	M5 (August 2017) £'000	FOT as at M5 £'000
Turnover	**18,077**	**43,385**
Staff	(104)	(334)
Contracted Services	(17,902)	(42,294)
Other Administrative Exps	(38)	(757)
Total Expenses	**(18,044)**	**(43,385)**
Profit/(Loss)	33	0

WH&C LLP Balance Sheet as at August 2017

	M5 (August 2017) £'000
Current Assets	
Debtors	17
Cash at Bank	430
Creditors	(414)
Net Current Assets	33
Net Assets	33
Profit and Loss Account	33

WH&C LLP Statement of Cashflows

	M5 (August 2017) £'000
Profit/(Loss)	33
Movements in:	
Debtors	442
Creditors	(543)
Net in/(out)flow	(68)
Opening Cash Balance	498
Closing Cash Balance	430

The LLP reports a year to date surplus of £33k as at M5, August 2017.

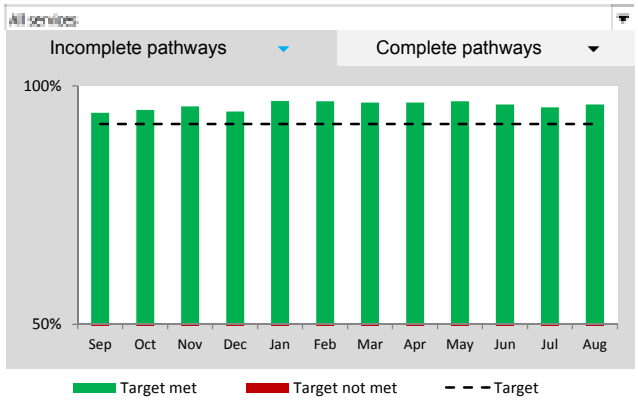
The favourable position is due to a vacancy at Clinical Director level and lower than expected clinical services recharges. Additional draw down from general reserves is expected over the next two months to cover expenditure for approved investments within the LLP and WHC (GWHFT) delivery arm.

The forecast outturn for the financial year is a breakeven position as at M5.

The turnover reflects contracted values with commissioners for 2017/18 and a provision for additional funding to cover the confirmed additional VAT liability.
The contracted services value reflects the planned values for 2017/18 and a provision for additional VAT liability.

Performance Dashboard August 2017

RTT

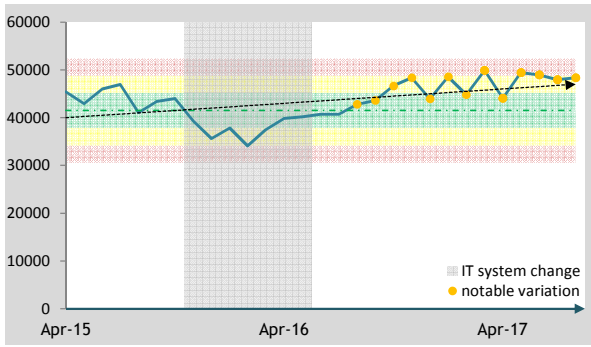


Incomplete pathways month end position

	% under 18 weeks	Breaches
Community Teams	95%	42
Continence - Adult	96%	9
LD	75%	10
Outpatient Physio	98%	94
Podiatry	100%	1
Wheelchair service	91%	15
WON	91%	60

2 areas of concern exist - Child continence services and LD service - both relate to issues previously flagged to commissioners. Some data quality issues identified in WON data - data is being updated and a verbal update will follow at CCG contract meeting.

Activity



Referrals ↑ 14% Contacts ↑ 8%

Notable movers

Bed Based Intermediate Care	↑ 98%
Diabetes	↑ 58%
Speech and Language Therapy	↑ 29%
Dietetics	↓ -15%
MIU	↓ -11%
Inpatient Therapy	↓ -9%

LD and Wheelchair services data excluded in this view of overall activity as not comparable pre and post system migration. Trend logic has been adjusted from previous years' reports. See explanatory notes for notable variation guidance.

Inpatient assessments

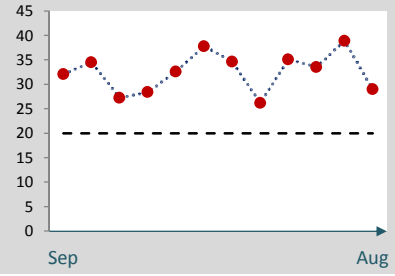
All wards

MRSA	✗	94%
VTE	✓	100%
VTE prophylaxis	✓	100%
MUST	✓	100%
PURAT	✓	97%
Falls	✓	95%
Dementia	✓	100%

Unusually poor performance for MRSA screening on Longleat wards. Strong performance in other areas.

Mean Inpatient Length of Stay

Ailesbury, Cedar, Longleat	29.0
Mulberry	37.1
Step up	23.3
Step up excluding delays	16.8



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

Discharge timings

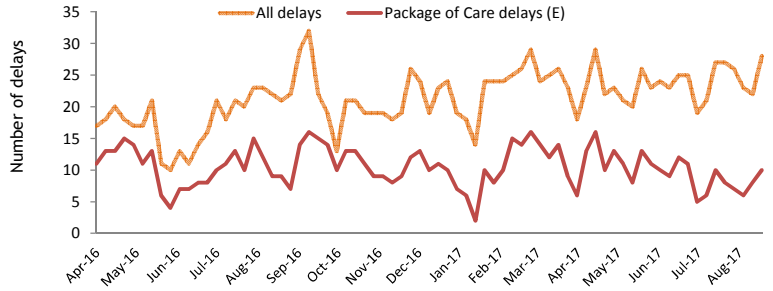
47% midday

6% weekend

excludes transfers to hospital and deaths

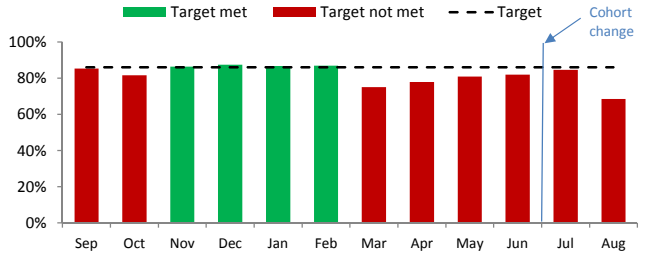
For more info see the discharge profile on the Inpatient sheet

Delayed Transfers of Care



POC (E) delays now shown separately in trend data above. We are still awaiting acute delay data for Wiltshire patients from CCG/CSU to further assess impact of Home First pathway. Following DToC counting workshop we may see increase in POC (E) delays that would previously have counted as Housing delays.

Community teams 90 day reablement



In month 68% FYTD 80%

Patients still at home 90 days after referral to team

Data quality concerns

Cohort has been adjusted to Home First. Still very small numbers in cohort - August data shows 13 out of 19 at home. Expect numbers to increase in coming months, and performance fluctuation to settle.

End of life support

In month	FYTD
85%	93%

This month

11 of 13

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

Unusual 2nd month dip in performance. Strong performance year to date

Funding reviews*

	In month	FYTD
CHC 3 month		
Completed	2	67%
Due	3	
CHC Annual		
Completed	9	75%
Due	12	
FNC		
Completed	0	N/A
Due	0	

1 CHC review delayed requesting support, 2 postponed due to patient illness. FNC data delayed.

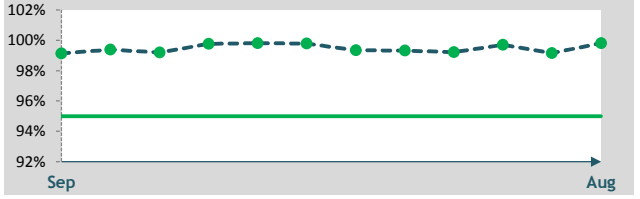
MIU waiting times

median 17 minutes

95th centile 109 minutes

MIU performance

Arrival to departure 4 hour stay	Left without being seen	Transfers to acute
100%	4%	6%



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.

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.

Wiltshire Health and Care LLP: Board Assurance Framework

Strategic Risk No.	Date created	Description of Strategic Risk	Inherent risk score			Controls in place	Residual risk score			Further action required	Target risk score			Oversight	Current linked risks
			S	L	Risk Score 5x5 matrix		S	L	Risk Score 5x5 matrix		S	L	Risk Score 5x5 matrix		
1	15/05/2017	**Capacity for change**: Change capacity and capability insufficient to match the breadth and scope of change programmes	3	3	9	• 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		2	1	2	Board and Exec Committee	LLP CORP 15,16
2	15/05/2017	**Workforce**: The availability, skills mix, competition, transferability and training of workforce does not match current and future service needs	4	5	20	• Workforce strategy • Attendance at recruitment fairs/ universities • Participation in STP wide workforce stream	4	4	16	As part of workforce strategy, workforce plans to be put in place for each service area	2	2	4	Board and Exec Committee	SERVICE 1786, 1567, 1847, 1878
3	15/05/2017	**Regulation**: Failure of governance results in lack of compliance with regulatory standards and/or legal requirements.	3	3	9	• Agreed governance structure • Scrutiny by Board and sub committees	3	2	6	Establishment of audit and assurance committee Permanent appointment of Board secretary role	3	1	3	Audit and Assurance Committee	LLP CORP 10,20
4	15/05/2017	**Reputation**: A single major failure or series or smaller failures adversely affect the Wiltshire Health and Care brand.	3	3	9	• 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	2	6	Additional communications resource for LLP, to promote positive changes and successes	3	1	3	Board Audit and Assurance Committee	LLP CORP 18
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	3	4	12	• Financial plan and savings programme in Business Plan • Contractual negotiations on growth funding on annual basis • Participation in STP infrastructure stream	3	3	9		2	1	2	Board and Exec Committee	LLP CORP 1,21,22,23 SERVICE 1885
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	3	3	9	• Participation in and contribution to STP • Involvement in development of Wiltshire Accountable Care systems	2	3	6		2	2	4	Board	
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	• Annual Members Meeting • Member Board representative role on Board	2	1	2		2	1	2	Board	
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	• Ongoing Participation in and contribution to STP • Membership of Part 2 of Wiltshire Joint Commissioning Board	2	2	4		2	2	4	Board and Exec Committee	
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	4	12	• Representation on 3 A&E Delivery Boards • Development of changes, such as HomeFirst, designed to have impact on broader system issues	3	3	9		2	2	4	Board	SERVICE 1568, 1846, 1915
10	15/05/2017	**Patient and public engagement**: Current and/or new services do not meet needs due to insufficient patient and public engagement.	3	3	9	• Sources of patient feedback • Development of Patient and Public Engagement Plan	2	3	6	Development of full patient and public engagement plan, in line with Business Plan	2	1	2	Board	

Wiltshire Health and Care LLP: Corporate Risk Register

Risks Opened in Month	**0**
Risks Closed in Month	**0**
Risk scores increased	**1**
Risk scores reduced	**0**

Severity	Likelihood
1 - Negligible	1 - Rare
2 - Minor	2 - Unlikely
3 - Moderate	3 - Possible
4 - Major	4 - Likely
5 - Catastrophic	5 - Almost certain

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

Risk/ Issue No.	Status Open / Closed	Current risk score			Direction	Target risk score			Description of Risk	Date raised	Raised by	Mitigations	Updates	Owner	Link to strategic risk
		S	L	Risk Score 5x5 matrix		S	L	Risk Score 5x5 matrix							
1	Open	3	3	9	⇧	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. • Update 20/9/17: Risk score raised to reflect HMRC outcome increases likelihood of risk.	AC and DB	Investment
15	Open	3	4	12	=	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. • Update 15/6//17: Likelihood score raised as continuing delay in relation to ESD in South and RSWs not yet fully recruited.	DB	Capacity for 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 • Appointment of Chief Operating Officer	• 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. • Update 15/6/17: Appointment of Chief Operating Officer to increase operational leadership capacity.	DB	Capacity for Change

Risk/ Issue No.	Status Open / Closed	Current risk score			Direction	Target risk score			Description of Risk	Date raised	Raised by	Mitigations	Updates	Owner	Link to strategic risk
		S	L	Risk Score 5x5 matrix		S	L	Risk Score 5x5 matrix							
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. • Update 20/4/17: Preparing for publication of ratified business plan to increase communication of plans and priorities. • Update 21/6/17: Delivery plan published on website.	DB	Reputation
20	Open	2	3	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. • GWH to continue to provide soft FM • Lead detailed checks with NHSPS and GWH to check whether any functions have been overlooked in TUPE process	• 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. • Update 15/6/17: Risk score unchanged in relation to regulation compliance but linked operational service risk has increased due to lack of robust process for transfer • Update 18/7/17: No major operational issues reported in first fortnight. Risk being kept under review.	VH	Regulation
21	Open	2	3	6	=	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. • Update 15/6/17: Risk score raised as potential for disruption but impact not as high as for Risk 20.	VH	Regulation
21	Open	3	4	12	=	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	• 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. • Update 15/6/17: Increased risk score to 12 from 4, in recognition of attempts by CCG not to honour commitment they have made • Update 18/7/17: Risk level unchanged - meetings	DB	Investment

Risk/ Issue No.	Status Open / Closed	Current risk score			Direction	Target risk score			Description of Risk	Date raised	Raised by	Mitigations	Updates	Owner	Link to strategic risk
		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	• Update 20/4/17: Risk added to recognise risks specific to 2017/18 financial plan, and that any impact will fall on LLP. • Update 18/7/17: Score kept unchanged - reduction in agency costs overall in June, but risk of overspend remains.	DB	Investment
23	Open	2	2	4	=	2	1	2	Risk of unforeseen 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	Investment
24	Open	3	1	3	New	1	1	1	Transfer of estates means LLP is tenant - consequential increase in risk of public liability claims exceeded insured risk. Risks heightened during 'Tenants at Will' period, when no lease in place to specify tenants' responsibilities.	18/07/2017	DB	• Insurance updated to reflect status as tenants in multiple buildings • Public liability limit raised to recognise increased risk	• Update 20/9/17: Risk remains asno lease yet in place with NHSPS.	DB	Regulation

Wiltshire Health and Care: Service delivery risks (score of 12+)

Wiltshire HEALTH AND CARE

Summary this month

Low Risk	1-3	3
Moderate Risks	4-7	9
High Risks	8-15	31
Extreme Risks	>16	3
Total		46

Risks Opened in Month	1
Risks Closed in Month	0
12 and above risks	9

Risk Register Report

Risk Ref	Source of Risk	Directorate	Department	Date Raised	Risk description including the effect of the risk	Risk Group	Risk Type	Existing Controls	Target Consequence	Target Likelihood	Target Score	Actions required to mitigate risk	Due Date	Progress against actions	Action Outcome	Current Consequence	Current Likelihood	Current score	Next Review Date	Risk Owner/Manager
1786	Trend Analysis	Wiltshire Health And Care	Operations Management	28/02/2017	ISSUE: Recruitment and Retention challenges in teams/ wards; MIUs, Salisbury City Community team and Longleat and Ailesbury ward RISK: Insufficient staff to deliver safe, effective service CONSEQUENCE: 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 metrics tabulated monthly Bi-Monthly review at WHC workforce and development sub-group Assurance report reviewed by Quality Assurance Committee 1/4 scrutiny by WHC board Assurance report Recruitment plan for Ailesbury and Longleat Wards Delivery within services is reviewed on a daily basis Use of agency staff	3	1	3	Improve processes and procedures in recruitment to vacant posts to ensure vacancies are kept to a minimum Trainee Nurse Associate Pilot	14/07/2017 12/09/201	Target date extended due to timing of meeting. ---------- Review with recruitment corporate lead (GWH) to understand and develop processed and procedures.	1. Action Required	4	5	20	03/07/2017	Hanna Mansell

1805	Trend Analysis Pattern of reports via IR1 system	Unscheduled Care	Patient Transport Services	14/03/2017	ISSUE: Arriva transport is not meeting the deadlines for pick ups and collections of patients from and to inpatient wards and outpatient areas. RISK: Patient safety if transport doesn't arrive. Risk to patient flow if transport doesn't arrive. CONSEQUENCE: System pressures, complaints, reputation and potential for patient harm	Responsive	Transfers	Escalate concerns to commissioners	3	5	15	Completion of IR1s by all staff to highlight issues and monitor trends and to inform feedback to CCG and Arriva.	01/08/2018	Target date amended from 1/8/17 to reflect ongoing process. ---------- Ongoing process embedded on wards	1. Action Required	4	5	20	25/08/2017	Gillian Withington
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	ISSUE: Unsuitable commissioned placements for CTPLD clients in crisis RISK: Patients health needs not being met CONSEQUENCE: Poor health and wellbeing outcomes for patients	Safety	Environment (Safe)	CTPLD are prioritising and focusing it's capacity on clients in crisis to manage 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	16	06/09/2017	Susan Evans
1567	Incident	Wiltshire Health And Care	MIU Trowbridge - WHC	01/06/2016	RISK: Inconsistent service provision on both MIU's due to low staffing levels CONSEQUENCE: There is greater pressure on staff leading to increased sickness levels and some increased staff turnover. Potential of having to close service	Well-Led	Staffing Levels	Action plan addressing recruitment, retention, banding, CCG and stakeholder communication, and future direction. New skill mix and staff shift pattern Closure of MIU when staffing levels inadequate to maintain safe, effective service	3	2	6	Delivery of action plan by service manager in conjunction with HR dept	30/03/2018			3	4	12	30/11/2017	Susan Evans
												Undertake HR process with EP staff at Chippenham to move 1.7 WTE across to Trowbridge temporarily.	03/11/2017						
1568	Risk Assessment	Wiltshire Health And Care	Locality Management	28/04/2016	RISK: Transfer of the community estate from GWH to NHSPS without the associated leases and contracts in place. CONSEQUENCE: Could destabilise the existing arrangements for EFM support for WHC delivered services.	Effectiveness	Patient Outcomes	Regular ongoing meetings - WHC/GWH workstream EFM included in corporate service description EFM costs agreed for 2016/17 Meetings between WHC and NHSPS are being planned Additional discussions with NHS PS specifically around the maintenance of South Wiltshire properties.	4	2	8	WHC having regular meetings with GWH Estates team and NHSPS.	28/09/2017	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	12	25/10/2017	Victoria Hamilton
												WHC to meet with GWH estates team to ensure that there are adequate FM	30/06/2017	Interim arrangements in place - need further clarity for South Wiltshire - see other actions	2. Action Req				

												services in place after 1 July.								sed			
												Continue to work with GWH estates and NHS PS to progress getting leases agreed and signed that contain the right levels of FM services	28/09/2017									
												Liaise with NHS PS	28/09/2017									
1847	Trend Analysis	Wiltshire Health And Care	Wiltshire Health & Care All Se	03/04/2017	RISK: Reduced capacity in small services due to vacancy and or long term leave combined with difficulty in recruitment of specialist staff CONSEQUENCE: reduced responsiveness of the services and long waits, as well as additional pressures on remaining staff	Responsive	Access And Flow	Workforce plans completed for each service to reduce the likelihood of vacancy and assess support from other services	2	3	6	Implement workforce plans	30/09/2017			3	4	12	01/10/2017	Susan Evans
1878	Incident	Wiltshire Health And Care	Wiltshire Health & Care All Se	19/05/2017	ISSUE:wards experience recruitment challenges and difficulty, plus have problems with accessing bank and agency staff. RISK - Ward staffing levels are set at minimum levels with frequent falling below that figure. Community Teams appear to be low in nursing numbers compared to required levels (Kings Fund doc) and there is variation in numbers across the teams that are not in line with weighted population numbers. CONSEQUENCE-Nursing workforce are feeling stressed and worry about delivering the level of care we aspire to.	Caring	Patient Experience	NA	3	2	6	arrange monthly conference calls between WHC leads and Julie Brown (FWT)	31/08/2017	This action has transferred to Hanna Mansell. ---------- not in place. continue to work towards this	1. Action Required	3	4	12	12/09/2017	Maddy Ferrari
												Develop and agree staffing levels of wards at routine level with cover for one to one care, including funding stream	31/08/2017									
												To agree workforce profile of community teams in line with	31/08/2017	still to be achieved	1. Action R							

											weighted population numbers and within funding available.	7			Required				
1885	Complaint Complaint from staff	Wiltshire Health And Care	Malmesbury/WB/Pur/Cricklade Co	02/06/2017	ISSUE:Network access and wi-fi is variable and is not compatible with timely and robust use of systmone RISK - Staff not able to maintain a clinical record or to schedule reliably CONSEQUENCE- Incomplete clinical record and missed visits	Safety	Patient Safety	IMT aware and are taking actions	3	1	3	Negotiate options for resolution with IMT	31/08/2017			4	3	12	12/09/2017	Maddy Ferrari
1915	Other - Please Explain In The Identified / flagged during CQC inspection	Wiltshire Health And Care	CTPLD South And East - WHC	29/06/2017	ISSUE:- On the Care First patient record system (Council system) there is not an easy method of flagging risk either relating to the patient or about the patient. RISK:Staff may be subject to aggressive behaviour (staff safety) , or identified risks are not easily identifiable to the wider MDT impacting on patient safety and treatment effectiveness. CONSEQUENCE:- Staff may attend a patient who is known to have challenging behaviour towards staff, or staff would not be aware of risks to the patient i.e. falls risk without reading through the bulk of the patient record.	Safety	Safe Information/records	Risks relating to patients eg falls risk are identified on the Care First System but all risks identified are not currently in 1 place for easy access	3	2	6	To work with the Council Care First IT team to develop an area on Care First where all risks pertaining to the patient can be held in 1 place for easy access to all relevant practitioners related to the patient. Work with the Council Care First systems team to develop a	29/09/2017 29/09/201	Work continues, but as Care fist is to be changed in coming 18-24 months, focus on updating the current system may be slow ---------- Work underway with Council IT team Progress may be slowed due to planned replacement of the Care First system within next	1. Action Required 1. Action R	3	4	12	01/10/2017	Susan Evans

Any Other Business

VERBAL ONLY