



# Quality Account

2020/21



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# Section 1:

Introduction

# Statement from the Chair of the Board

Welcome to Wiltshire Health and Care's Quality Account 2020/21, which details the quality of the NHS community services that we provide across Wiltshire. The Quality Account is one of the ways that we report on our work, not only to reflect on our achievements but also to identify the areas where we still have work to do.

This has been a year of extra-ordinary challenge for the NHS generally and also for Wiltshire Health and Care. As an organisation we have been on the front line of the NHS response to COVID-19 and our staff have risen heroically to the challenge. Remarkably, as these accounts show, as well as responding to the pandemic we have continued to make progress against our priorities in all areas. On behalf of the Board of Directors I congratulate all our staff on their efforts over the last year.

Everything we do is focussed on helping the people who live in the communities we serve to live healthy, independent lives and in the years ahead we will try to do even better at achieving that goal. We have set out how we propose to do that in our Delivery Plan and the Board is committed to supporting our staff and partners as they try to develop services in line with our strategy and key priorities.



Stephen Ladyman  
Chair of the Board  
Wiltshire Health and Care



# Statement from the Managing Director

I am pleased to publish this Quality Account for 2020/21. While inevitably some of our plans were impacted by the necessary need to focus on the pandemic, it is pleasing that there is a good range of achievement being reported. I am proud to lead a team that has been quick to respond to the unexpected in the last year and continues to bring energy and determination to the ongoing challenges of improving and adapting community services. Given the complexities of delivering healthcare services, we will not get everything right, all of the time. I am confident, however, that our teams are always striving to deliver the best quality service and this includes reflecting and learning from incidents where they occur.

Finally, by reading this document, you are demonstrating an interest in Wiltshire Health and Care and its services. I want to thank you for this interest and encourage you to get involved to help us continue to improve in the future by contacting us at:



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



01249 456565

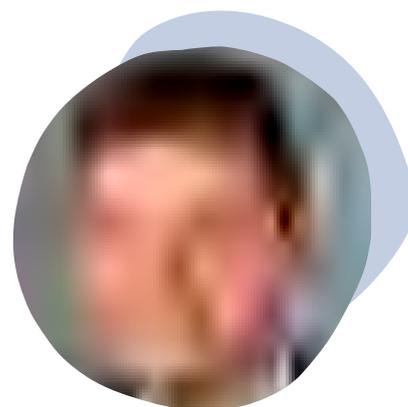


[ask.wiltshirehealthandcare@nhs.net](mailto:ask.wiltshirehealthandcare@nhs.net)



[www.wiltshirehealthandcare.nhs.uk](http://www.wiltshirehealthandcare.nhs.uk)

Douglas Blair  
Managing Director  
Wiltshire Health and Care



# About our Quality Account

Wiltshire Health and Care (WHC) is committed to providing, safe, effective, high quality care to our patients and placing their health and wellbeing at the heart of our service planning and delivery. We are delighted to report ongoing progress in every area over the past year whilst responding to the COVID-19 pandemic. All facets of WHC service delivery were affected by the COVID-19 pandemic. We are proud of how WHC were able to adapt, change and redeploy quickly to keep core services supporting our patients and carers in the midst of uncertain times of the pandemic.

Throughout 2020/21 we have ensured we continued to develop and deliver services in line with our strategy and key priorities:

## 2020-21 Quality Priorities



### 1 Further develop our Freedom to Speak Up Service

**Quality Priority** - Further develop our Freedom to Speak Up (FTSU) service to enhance staff awareness of how to raise a concern and who to contact

#### Measurable outcomes

- Trained champions in all localities who are diverse from all services
- Quarterly submissions to the national portal

#### Our outcome

Review of structure and training of Champions planned for September 2021



### 2 Quality Improvement Training and Strategy

**Quality Priority** - Quality Improvement (QI) training (Bronze level) and sharing of QI strategy, information and tools

#### Measurable outcomes

- All staff have access to QI training module (bronze)
- Dedicated QI area on WHC intranet

#### Our outcome

Training prepared and sessions commence in July 2021



### 3 Equality, Diversity and Inclusion

**Quality Priority** - Equality, Diversity and Inclusion (ED&I) – this year we will ensure that our website meets Accessibility Standards and will employ a ED&I Officer to liaise with communities and stakeholders to enhance equality of opportunity for the people we serve, so that we can implement a plan to eliminate disadvantage, promote understanding and advance equality.

#### Measurable outcomes

- Website meets Accessibility Standards
- WHC has a data set which provides an idea of the diversity of its patients.

#### Our outcome

- Website meets some Accessibility Standards pending further website development.
- WHC has a data set which provides details of the diversity of its patients. As the link between Datix [1] and NHS Spine [2] is developed, the data will become more complete.
- ED&I Officer appointed.



### 4 WHC will increase the patient and public voice within the organisation by the development and delivery of a forum

**Quality Priority** - We will host carers' strategy meetings across our sites at regular intervals throughout the year (quarterly). The aim of this is to give direction to the development of staff, patient, and carer partnerships; ensuring that the carers' voice is heard, their expertise acknowledged and we support an integrated approach to identify and assess carer health and wellbeing.

#### Measurable outcomes

- Quarterly meetings held
- Carers directly involved in the development of key priorities for WHC Carers' Strategy
- Carers Cafés held

#### Our outcome

- Carers' cafes commenced but were put on hold due to COVID-19 Pandemic.
- WHC is recruiting Carers onto the Patient and Public Involvement Group and Carer Support Wiltshire is in attendance.
- This priority will continue as part of our 2021/22 Quality Priorities.



### 5 WHC will adapt its delivery of wheelchair services in line with the recommendations to improve the experience of all service users

#### Measurable outcomes

- Development and delivery of a patient and carers experience measurement tool
- Analysis of the results to support service improvement
- WHC will develop a personalised wheelchair budget system

#### Our outcome

- Implemented wheelchair user satisfaction outcome measure (WATCH tool).
- Acted on user feedback to update our website information, patient leaflet, referral form and implemented training to speed up processes for the patient.
- Rollout of development of personal wheelchair budgets commenced.

[1] DATIX - web-based incident reporting and risk management software

[2] [NHS Spine](#) - supports the IT infrastructure for health and social care in England, joining together over 23,000 healthcare IT systems in 20,500 organisations.

With ongoing training, support, and quality improvement programmes, our teams have been proactive in working to continuously improve our services and patient care in a number of areas, including:

- Falls
- Safeguarding
- Pressure Ulcers
- Medicines Management

We have proactively sought the views and feedback from our patients and visitors and will continue to use this feedback to inform future service development, ensuring that we continue to provide the most appropriate care for our patients and community. In the 2021/22 we will focus on the following priorities:

## 2021-22 Quality Priorities

- 1** We will further develop our Quality Systems 
- 2** We will refine our clinical strategy with a focus on the deteriorating patient 
- 3** We will promote a culture of Equality, Diversity and Inclusion across our staff and patients 
- 4** We will aim for a 50% reduction in severe avoidable medicine related incidents by 2024 
- 5** We will deliver COVID-19 recovery 

At WHC we are privileged to serve our local communities. We are proud of the achievements of the last year: our responsiveness to the COVID-19 pandemic and our continued commitment to our patients, staff and community, whilst looking forward to building on those achievements in 2021/22.

# What is a Quality Account?

A Quality Account is a report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided. [3]

It is an important way for WHC to provide an overview of the quality of the services provided, recognising the areas of good and outstanding practice and identifying areas where improvements are needed. The Quality Account also provides a forward look at the quality priorities for the coming year (2021/22) and how they will be achieved and measured.

A draft of the Quality Account was circulated for comments, in line with statutory requirements, to the following stakeholder groups; Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG), Wiltshire Health Select Committee and HealthWatch Wiltshire. We invited them to review the document and provide us with comments. You can read their comments made on the draft document in section 6.

[3] [About Quality Accounts - NHS \(www.nhs.uk\)](https://www.nhs.uk)

## Who we are

WHC is a partnership, focused solely on delivering improved community services in Wiltshire and enabling people to live independent and fulfilling lives for as long as possible.

We are an NHS partnership formed by the three local Foundation Trusts which serve Wiltshire:

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

We are responsible for the delivery of adult community health services in Wiltshire (some of which also provide care and treatment to children), with our contract extended to 30 June 2023.

We have our own Board, dedicated leadership and plan. We draw on the expertise of committed professionals, along with drive and the ambition to work in partnership across Bath and North East Somerset (BANES), Swindon and Wiltshire (BSW) to care for our local population. [4]

## Our vision

Our vision is to enable people to live independent and fulfilling lives for as long as possible. This vision involves changing and improving the way in which community services support the people of Wiltshire, to create a new delivery model for these services in line with the NHS Long Term Plan. [5]

[4] [What is Wiltshire Health and Care - Wiltshire Health and Care](#)

[5] [NHS Long Term Plan » The NHS Long Term Plan](#)

# Our Services

## Community Hospitals

3 of our 6 Community Hospitals have inpatient wards

## Community Team for People with Learning Disabilities (CTPLD)

Support people over 18 years old who require support with a health need

## Community Teams

Provide holistic care to patients, carers and families. This includes supporting Home First and Crisis Response pathways.

## Continence

Provides specialist clinical assessments, advice and treatment

## Diabetes

Provides domiciliary visits and clinics for people with Type 1 and Type 2 diabetes

## Dietetics

Provides a service to help people make dietary changes to prevent and treat nutrition related disease

## Frailty expertise

Consultant practitioner in frailty and Consultant Geriatricians from local acute trusts provide specialist care to the frail and elderly population

## Intensive Rehabilitation (IR)

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

## Lymphoedema

Provides non-palliative Lymphoedema care

**Long Covid Rehabilitation Assessment Clinic**

To help people who still have symptoms related to a COVID-19 infection after 12 weeks, to identify what symptoms a person is experiencing and how this is affecting them day to day

**Integrated Community Neurology & Stroke**

Offer assessment, advice, support, management and/or rehabilitation to adults with acquired or long-term neurological conditions

**Minor Injury Units (MIU)**

Bookable service via 111, where patients can be treated for minor injuries in Chippenham and Trowbridge

**Orthotics**

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

**Podiatry**

Provides specialist and general interventions for foot health and biomechanics

**Physiotherapy**

Provides a comprehensive outpatient musculoskeletal service

**Respiratory Team**

Provide specialised support for patients with complex chronic lung disease

**Speech and Language Therapy**

Provides a wide range of expertise for communication and swallowing difficulties

**Tissue Viability**

Manages patients with complex or compromised skin integrity or leg ulcers

**Wheelchair Service**

Provides wheelchairs and specialist supportive seating

**Wiltshire Orthopaedic Interface Service**

Is a musculoskeletal (MSK) assessment service run by Advanced Orthopaedic Practitioners

# Our approach to Quality

Quality is the foundation for all decision making and actions undertaken by WHC; using an objective to ensure the delivery of safe and effective care. This is demonstrated in the Delivery Plan with quality being a key component running throughout. The provision of high-quality care is measured against the Care Quality Commission (CQC) domains:

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

The Named Executive Lead for Quality in WHC is the Director of Quality, Professions and Workforce. Since its inception in 2016, WHC has had a focused approach on developing its Quality Assurance function, to ensure effective mechanisms are in place to measure compliance against regulatory and statutory standards.

This has resulted in an increase in subject expert roles, which includes: Medicines Optimisation Pharmacist, Safeguarding Lead for Children and an increase in Infection Prevention and Control and Health and Safety support. WHC is now confident in its ‘floor to board’ governance arrangements, and has a number of Policy and Oversight Groups (POGs) to support and assure the Executive Team. Further enhancement of the clinical governance structure is provided via oversight and scrutiny by our Non-Executive Directors through the Quality Assurance Committee. The organisational chart below shows the flow of quality reporting through WHC.

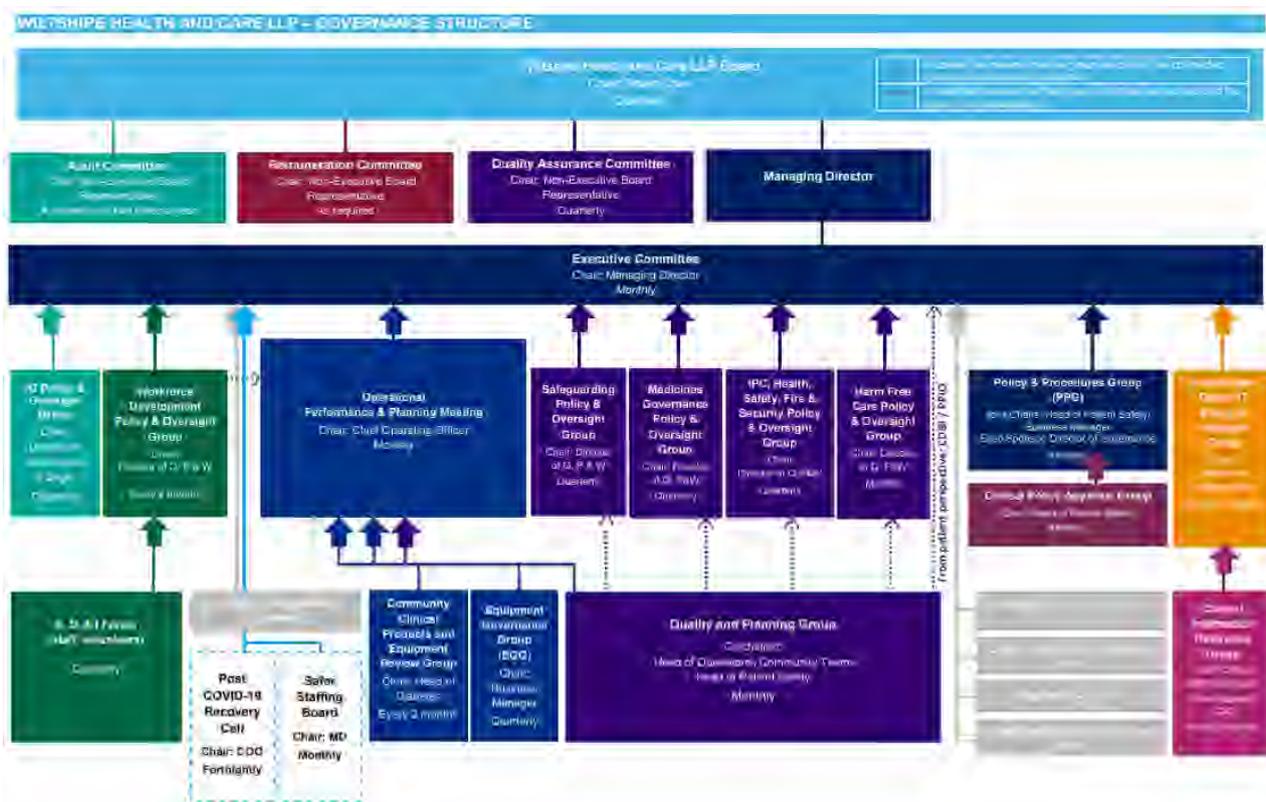


Figure 1 | WHC Governance Structure



# Section 2:

Looking back at 2020/21

# 2020/21 Quality Priorities

Our quality priorities for 2020/21 were developed by taking into account a number of key factors: the quality improvements that have been achieved since the start of WHC in July 2016, what our patients and the public are telling us and the continual process of checking against quality and performance data, alignment with WHC's Delivery Plan, best practice, clinical evidence and national guidance.

We have ensured that a 'quality focus' has been maintained throughout the COVID-19 pandemic but there has been an inevitable impact on all of our services and our progress in delivering these quality priorities.

**1** Further develop our Freedom to Speak Up Service



**2** Quality Improvement Training and Strategy



**3** Equality, Diversity and Inclusion



**4** WHC will increase the patient and public voice within the organisation by the development and delivery of a forum



**5** WHC will adapt its delivery of wheelchair services in line with the recommendations to improve the experience of all service users



01

# Further develop our Freedom to Speak Up Service

## **We said...**

Further develop our Freedom to Speak Up (FTSU) service to enhance staff awareness of how to raise a concern and who to contact

## **Our measurable outcomes...**

Trained champions in all localities who are diverse from all services

Quarterly submissions to the national portal

## **Achievement and what we will take forward...**

Review of structure and training of Champions planned for September 2021



02

# Quality Improvement Training and Strategy

## **We said...**

Quality Improvement (QI) training (Bronze level) and sharing of QI strategy, information and tools

## **Our measurable outcomes...**

All staff have access to QI training module (bronze)

Dedicated QI area on WHC intranet

## **Achievement and what we will take forward...**

Training prepared and sessions commence in July 2021



03

## Equality, Diversity and Inclusion

### **We said...**

ED&I – This year we will ensure that our website meets Accessibility Standards and we will employ an ED&I Officer to liaise with communities and stakeholders to enhance equality of opportunity for the people we serve, so that we can implement a plan to eliminate disadvantage, promote understanding and advance equality

### **Our measurable outcomes...**

Website meets Accessibility Standards

WHC has a data set which provides an idea of the diversity of its patients

### **Achievement and what we will take forward...**

The current website meets some Accessibility Standards and includes information on ED&I. Further progress is pending further website development. WHC has a data set which provides details of the diversity of its patients. As the link between DATIX [6] and NHS Spine [7], the data will become more complete. A ED&I Officer has been appointed and full activity plan is in place.



[6] DATIX - web-based incident reporting and risk management software

[7] [NHS Spine](#) - supports the IT infrastructure for health and social care in England, joining together over 23,000 healthcare IT systems in 20,500 organisations.

04

## WHC will increase the patient and public voice within the organisation by the development and delivery of a forum

### **We said...**

We will host carers' strategy meetings across our sites at regular intervals throughout the year (quarterly). The aim of this is to give direction to the development of staff, patient, and carer partnerships; ensuring that the carers' voice is heard, their expertise acknowledged and we support an integrated approach to identify and assess carer health and wellbeing.

### **Our measurable outcomes...**

Quarterly meetings held

Carers directly involved in the development of key priorities for WHC Carers' Strategy

Carers' Cafés held

### **Achievement and what we will take forward...**

Carers' cafes commenced but were put on hold due to the COVID-19 Pandemic. WHC is recruiting Carers onto the Patient and Public Involvement (PPI) Group. Carer Support Wiltshire and HealthWatch attend the PPI group. This priority will continue as part of our 2021/22 Quality Priorities.



05

## WHC will adapt its delivery of wheelchair services in line with the recommendations to improve the experience of all service users

### **We said...**

WHC will adapt its delivery of wheelchair services in line with the recommendations to improve the experience of all service users

### **Our measurable outcomes...**

Development and delivery of a patient and carers experience measurement tool.

Analysis of the results to support service improvement.

WHC will develop a personalised wheelchair budget system.

### **Achievement and what we will take forward...**

We have implemented the use of an outcome measuring tool from Bangor University, called the WATCH tool, to allow us to collect data about the satisfaction of patients in relation to the wheelchair issued to them. We listen to patients about what their needs and wishes are, and try to source the most appropriate, but cost effective options for them. We constantly review the equipment we offer to ensure it meets the needs of the maximum number of patients.



We acted on user feedback and have:

- Updated the website information and service users leaflet to be clear on the service that patients and referrers can expect.
- Updated our referral form to allow referrers to give more information about what the patient needs.
- Trained more community therapists to speed the referral process for the patient.
- Rollout of development of personal wheelchair budgets commenced.

Development of personal wheelchair budgets has been undertaken, using best practice from other wheelchair services, and this has now been implemented to achieve the right outcomes. Therapists think laterally about alternative funding that can assist service users to get the right outcomes.



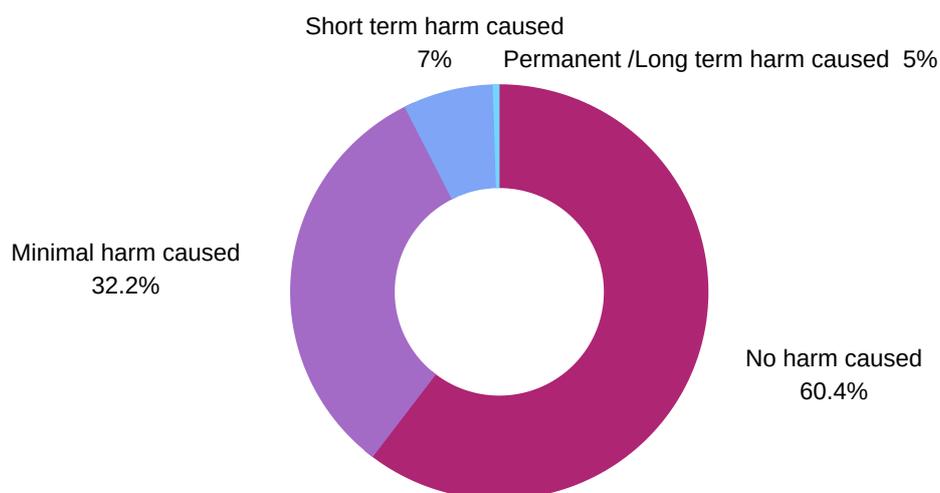
# Section 3:

Quality & Effectiveness

# Patient Safety

## Incident reporting

WHC continues to increase in incident reporting year on year, with 5899 incidents reported from April 1st 2020 to March 31st 2021, a 21% increase from the previous year. 933 of these incidents were recorded as third party[8] incidents. The majority of incidents causing no to low harm (as displayed in the graph below). Strong incident reporting numbers combined with the majority of incidents reported causing no to low harm indicates a positive safety culture.



Graph 1| Incidents report by harm caused

All incidents regardless of their level of harm are reviewed. The incidents that are assessed as requiring investigation, are reviewed and investigated by senior clinicians and experts. We aim to understand if there are areas to improve and learning from these incidents.

WHC is keen to continue to learn from reported incidents to improve care outcomes. We have Quality Improvement Projects (QIPs) underway for the key themes - Pressure Ulcers and Falls, alongside a QIP for medicines management and Safeguarding, with the ambition to prevent these becoming a top theme.

WHC utilise this data to support the prioritisation of transformation projects, for example Rapid Response Teams are in the pilot phase within the community to prevent unnecessary hospital admission and provide patients with prompt and appropriate referral pathways. Our inpatient services have appointed a discharge co-ordinator, whose key responsibility is to support patients in having a safe and timely discharge from hospital.

[8] Are incidents that originated outside WHC. When this happens, we ask the third party organisation for feedback and any action they will take to improve their services.

## Data Quality

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

**The Data Security & Protection Toolkit (DSPT)** sets out the National Data Guardian's data security standards for organisations which have access to NHS patient data and systems. Each year, WHC completes a mandatory self-assessment of its information governance arrangements via the DSPT. There are 10 categories in DSPT, containing 44 mandatory evidence requirements, plus further sections which are optional.

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

Submission is normally required by the end of March each year; for the 2019/20 submission, the deadline was extended to 30/09/2020 to reflect the coronavirus situation. WHC's submission indicated that all requirements were met (but with an action to achieve 95% staff compliance of completion of Information Governance mandatory training).

Submission of the 2020/21 DSPT is not required until 30/06/2021. The current DSPT has been audited by our internal auditors (BDO) and provided a satisfactory level of assurance with 2 actions due for completion prior to submission.

### Accuracy of data

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

### Clinical coding error rates

WHC was not subject to the Payment by Results clinical coding audit during 2020/21.

**99.7%**

NHS Number

**100%**

Primary diagnosis (ICD)

**100%**

Postcode

**89%**

Practice code

## Regulators

### Care Quality Commission

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

#### Improvements



Reviewed and improved Governance Structure with established Policy and Oversight Groups, with clearly defined Terms of Reference and reporting structure.



Improved quality reporting. This was enhanced further in April 2019 with the launch of DATIX IQ, and the introduction of the Quality, Performance and Workforce scorecard.



WHC has published its Patient and Public Involvement Plan. This was developed in conjunction with patients, carers and the wider public. WHC will be continually referring to this plan as services evolve, expand and increase.



WHC has an active recruitment pipeline. With focused recruitment campaigns, there has been significant improvement in hard to recruit to areas.



All Executive and Non- Executive board members have up to date assessments as Fit and Proper Persons.



Early Warning System roll-out across all wards and community teams.



Improved medicines governance arrangements in place with the appointment of a Medicines Optimisation Pharmacist, and corresponding Policy and Oversight Group.



WHC has invested in external Root Cause Analysis (RCA) training for a large number of its senior and middle managers. This has delivered a new RCA methodology, enhanced knowledge and skills and focused actions and lessons learned from Serious Incidents. This supports the delivery of improved pressure ulcer and falls care delivery.

# Clinical Effectiveness

## Commissioning for Quality and Innovation

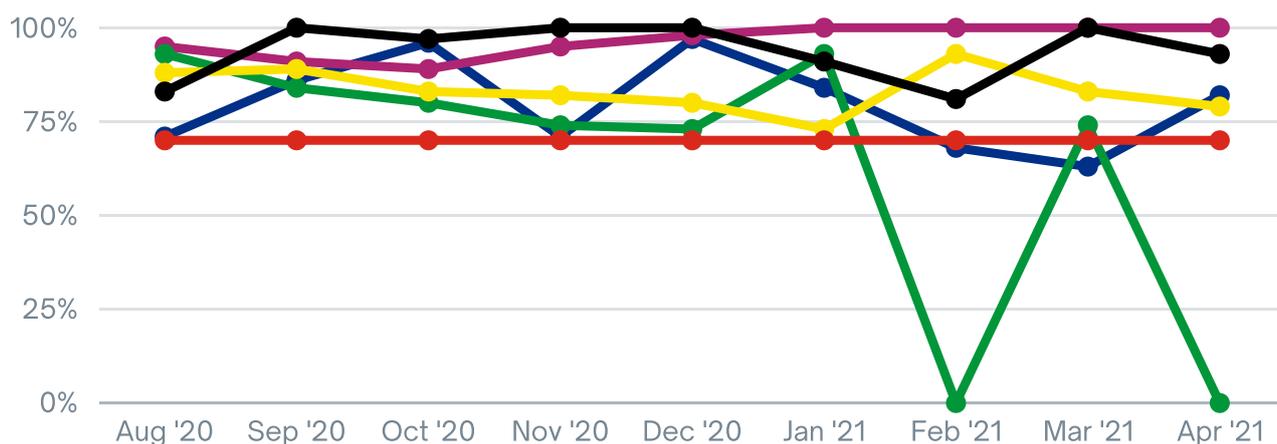
Commissioning for Quality and Innovation (CQUIN) was introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of patient care. The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for patients.

The 2020/21 reporting of CQUINs was suspended during the COVID-19 pandemic, however WHC were committed to deliver and monitor the requirements of the CQUINs throughout 2020/21. The detail of each CQUIN is provided below, along with the expected targets and WHC's achievements



### Malnutrition Screening

Achieving 70% of community hospital inpatients, aged 18+, having a nutritional screening that meets NICE Quality Standard QS24, with evidence of actions against identified risks. The requirements from this CQUIN have been monitored through the Inpatient Discharge Audit. The graph below shows overall compliance against the requirements by ward.



Ailesbury  
Cedar  
Chestnut [no data Feb/Apr]

Longleat  
Mulberry  
Target

Graph 2| Malnutrition Screening compliance



**CCG5**

### Staff Flu Vaccinations

Achieving a 90% uptake of flu vaccinations by frontline staff with patient contact. Staff flu vaccinations are a crucial lever for reducing the spread of flu during winter months, where it can have a significant impact on the health of patients, staff, their families and the overall safe running of NHS services.

Year 1 [2017/18]

**74%**

Target 70%

Year 2 [2018/19]

**84%**

Target 75%

Year 3 [2019/20]

**90%**

Target 80%

Year 4 [2020/21]

**81%**

Target 90%



**CCG11**

### Lower Leg Wounds

Achieving 50% of patients treated in the community nursing service with a wound on their lower leg have the following criteria for diagnosis and treatment met within 28 days.

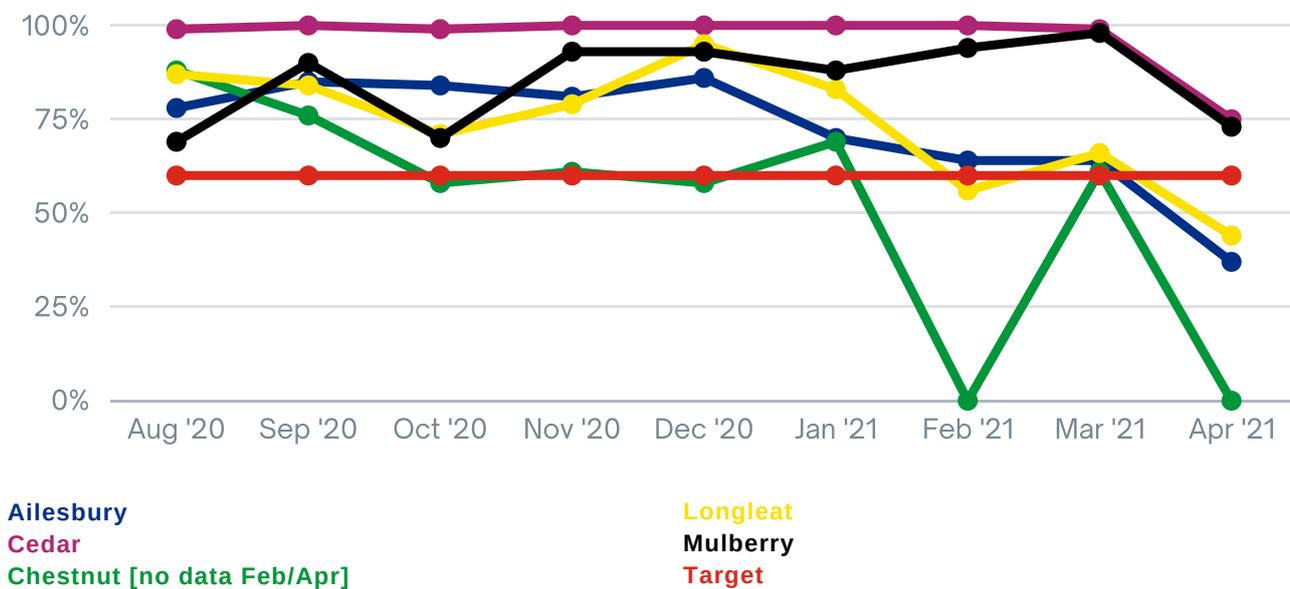
During 2020/21 WHC committed to develop improvement plans for each Community Team, this was achieved. A Pressure Ulcer Quarterly Audit is in the process of being developed to roll out in Q2 2021/22.



### Pressure Ulcer Risk

Achieving 60% of community hospital inpatients, aged 18+ having a pressure ulcer risk assessment that meets NICE guidance with evidence of actions against all identified risks.

The requirements from this CQUIN have been monitored through the Inpatient Discharge Audit. The graph below shows overall compliance against the requirements by ward



Graph 3 | Pressure Ulcer Risk

## Clinical Audit

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, process and outcome of care are selected and systematically evaluated against explicit criteria. Where indicated changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery [9].

WHC has processes in place for registering and monitoring Clinical Audits, Quality Improvement Projects and National Data Submissions. WHC, is commissioned to deliver NHS care, so has a responsibility to comply with the national audits for our services. WHC participated in 100% of the national projects which we were eligible.

The WHC clinical audit programme is prioritised into two priorities:

- Priority 1 Mandatory Audits: National Audits, Contract Audits, CQUIN Audits, National Data Submissions
- Priority 2 Internal Priorities: Organisation priorities such as Infection, Prevention & Control (IP&C) audits, local team audits, quality improvement projects, surveys

The 2020/21 87 projects were registered, on the WHC clinical audit programme. Of these 33% were closed and 67% have been carried into the new financial year because: data collection remains in progress; action plans being implemented; and start dates being deferred.

The COVID-19 pandemic has had an impact on WHC capacity to complete and engage in audits within the specified deadline dates. In 2020/21, 28 audits have been affected by the COVID-19 pandemic, as listed on the next page.

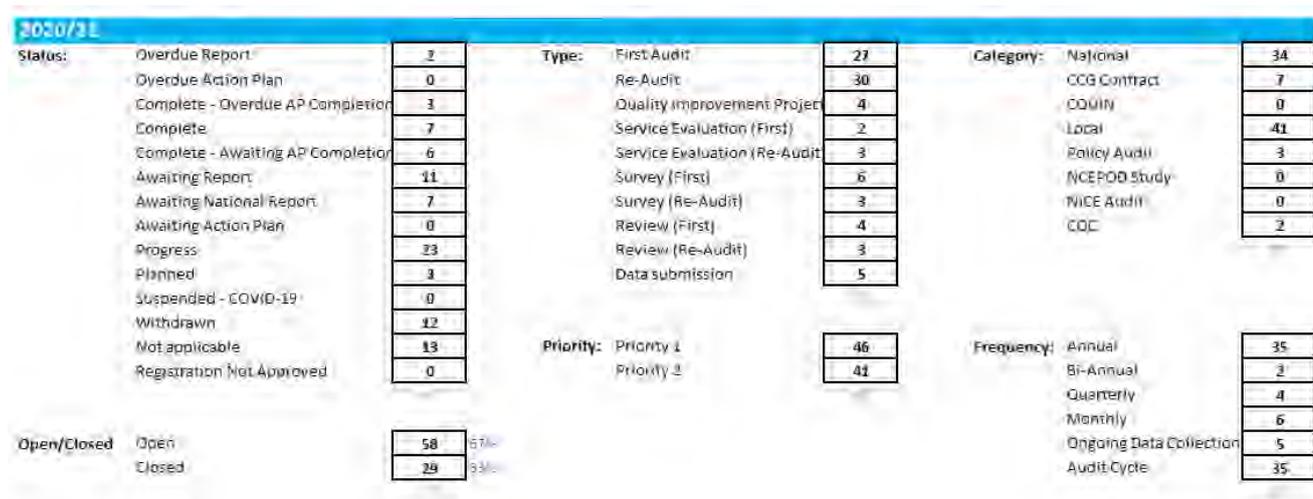


Figure 2 | 2020/21 Audit dashboard

[9] [The current accepted definition first appeared in Principles for Best Practice in Clinical Audit \(2002\) and was retained in New Principles for Best Practice in Clinical Audit \(2011\).](#)

## COVID-19 Pandemic impact

6

### Audit withdrawn

CS-159/7 - NHSB National Audit of Intermediate Care  
 CP-114/5 - NHSB National End of Life Audit  
 CS-176/8 - Electronic Discharge Summary Re-Audit  
 CS-218/12 - CQUIN Smoking & Alcohol  
 CS-265/4 - CQUIN Falls Audit  
 CS-279/1 - Risk KPI Audit

11

### Delay in commencing

CS-166/4 - Compliance with NICE CG88/NG59  
 CS-201/4 - National Parkinson's Audit  
 CS-237/2 - MUST Inpatients  
 CS-244/2 - Safeguarding Children Supervision  
 CS-246/2 - Missed Medications (Inpatient Wards)  
 CS-247/2 - Missed Visits (Community Teams)  
 CS-257/3 - NHSB Community Services Project 2020  
 CS-263/2 - Cauda Equina Syndrome Pathway  
 CS-270/1 - Safer Nursing Acuity Project  
 CS-273/2 - NHSB Community Benchmarking  
 CS-277/1 - Controlled Drug Self-assessment 2019

8

### Delay completion

CS-243/2 - Continence Service Pathway  
 CS-256/1 - Infection Control Audit  
 CS-257/2 - NHSB Community Services Project  
 CS-260/1 - NHSB Community Hospital Project  
 CS-266/1 - Inpatient Service User Survey  
 CS-273/1 - NHSB Community Benchmarking Data  
 CS-284/1 - Food Is A Must - Care Home Survey  
 CS-315/2 - Carer Survey Community Teams 2019/20

3

### Delay in implementation of the audit plan

CS-237/1 - MUST (Inpatients 2018)  
 CS-248/1 - Opiates Audit 2018  
 CS-263/1 - Cauda Equina Syndrome Pathway

## Examples of completed audits...

### MIU X-Ray Re-Audit

The aim of the audit was to ensure the process for x-rays in MIUs for qualified clinicians is safe and effective.

#### Key Assurances

- Audit markers added to list on X-ray folder to ensure staff complete requests correctly and completely.
- Audit markers added to X-ray review folder to ensure safe follow up
- Daily sign off sheet now includes daily checking of reports for X-ray completed that day to verify treatment given
- To audit 20 X-rays a month in each unit to ensure three monthly report of 60 X-rays checked.
- Allocate senior staff to ensure referral standards are upheld

#### Key Areas for development:

- Completeness of referral information
- Some staff already completed on line X-ray interpretation course.
- All staff to maintain personal audit of X-rays requested and outcome for own development and assurance

### Continence Pathway/Documentation Re-Audit

The audit's objectives were to audit the key pathways which are in line with the relevant NICE guidelines and to audit the documentation within the patient records. The re-audit demonstrated full compliance with the documentation of the different pathways in the Continence Service.

## Research

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, process and outcome of care are selected and systematically evaluated against explicit criteria. Where indicated changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery [10].

### BOOST Research Study

The aim of the trial was to study the physiotherapy treatment of back and leg pain or symptoms due to lumbar spinal stenosis (also called neurogenic claudication). There was little research to identify what type of physiotherapy is best for people with symptoms due to lumbar spinal stenosis. Therefore, the study focused on testing two different approaches to physiotherapy (1:1 or group) which was designed to help older adults with symptoms of lumbar spinal stenosis to stay mobile and remain independent. WHC recruited 20 patients, who all completed the treatment phase of the trial and were re-interviewed at the six and twelve months. The research study has now closed, and the outcome of this study is expected to be published early Autumn 2021.

### Cauda Equina Syndrome

This research project was undertaken by a Clinical Specialist Physiotherapist and Spinal Advanced Physiotherapy Practitioner as part of an educational qualification. The aim of this project is to explore physiotherapists' experiences of managing persons with suspected Cauda Equina Syndrome (CES). Semi-structured interviews were conducted with musculoskeletal outpatient physiotherapists. Five interlinking themes emerged; the themes of worry in relation to risk management, and communication difficulties seemed to represent significant challenges. The remaining themes were described as antidotes to these challenges: Lightening the load with teamwork and shared responsibility, the usefulness of a clear pathway, and perception of improved confidence and competence with experience and training. Recommendations were made to facilitate the physiotherapy management of this group of patients in order to maintain patient safety. The research is now published in Musculoskeletal Care Journal:

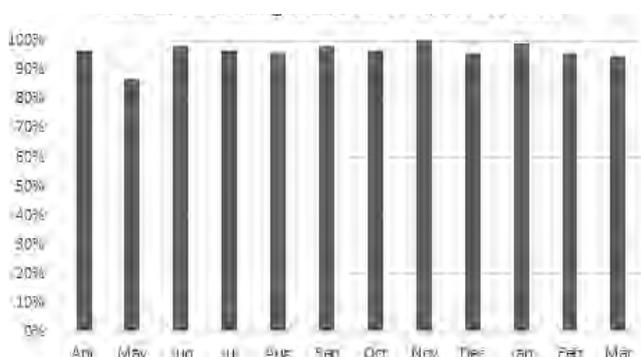
<https://onlinelibrary.wiley.com/doi/epdf/10.1002/msc.1504>

[10] [The current accepted definition first appeared in Principles for Best Practice in Clinical Audit \(2002\) and was retained in New Principles for Best Practice in Clinical Audit \(2011\).](#)

## Dementia Care

Dementia is a global concern but it is most often seen in wealthier countries, where people are likely to live into very old age. The Alzheimer's Society (2014) reports there are over 850,000 people living with dementia in the UK today. Of these, approximately, 42,000 are people with young onset dementia, which affects people under the age of 65. As a person's age increases, so does the risk of them developing dementia. It is estimated that the number of people living with dementia in the UK by 2025 will rise to over one million. Rates of diagnosis are improving but many people with dementia are thought to still be undiagnosed. [11]

All inpatients should be screened within 72 hours of admission. Dementia screening compliance for the inpatient wards are shown in the graph below.



WHC is working along side BANES, Swindon, Wiltshire to support the ambition of providing good 'managing challenging behaviour' training to their support staff. This will be combined with the Enhanced Care protocol which is hoped that the teams are supported with more practical strategies.

Graph 4 | 2020/21 Inpatient Ward Dementia Compliance

The Community Teams are working hard to evidence that staff are; (i) asking dementia questions; and (ii) following up on initial assessment of all patients.

The figure below displays the number of over 75s screened for dementia (using the 6-CIT assessment tool) and those who required an onward referral to the patient's GP.



Figure 3 | 2020/21 Community Team Dementia Data

[11] [What is dementia? - Dementia UK](#)

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

1

People with dementia are assured respect, dignity and appropriate care.

2

Agreed assessment, admission and discharge processes are in place, with care plans specific to meet the individual needs of people with dementia and their carer/s.

3

People with dementia or suspected cognitive impairment who are admitted to hospital and their carers/families have access to a specialist mental health liaison service.

4

The hospital and ward environment is dementia-friendly, minimising the number of ward and unit moves within the hospital setting and between hospitals.

5

The nutrition and hydration needs of people with dementia are well met.

6

The hospital and wards promote the contribution of volunteers to the well-being of people with dementia in hospital.

7

The hospital and wards ensure quality of care at the end of life.

8

Appropriate training and workforce development are in place to promote and enhance the care of people with dementia in general and community hospitals, and their carers/families.

## End of Life Care & Learning from Deaths

WHC have inpatient facilities on three hospital sites, patients can be admitted to these wards requiring 'step up' or 'step down' care following treatment and diagnosis. There are a large proportion of patients who choose the inpatient service as their chosen place to die. All wards pride themselves on their End of Life Care and regularly receive extremely positive feedback. The 11 Community Teams have large caseloads, with End of Life Care being a key component of the care they deliver. They feel privileged to be providing care at the end of people's lives and where possible support them at home to do so. They work closely with their inpatient colleagues to facilitate admission where required. End of Life Care is about caring for people as they near the end of their lives. This period can extend over months, weeks, or days.

"To all of you for all the care and kindness you gave to my mum.... She was where she wanted to be and she said she felt safe with you so I'm very appreciative of all you did to make her feel that way. With a huge thanks to all."

"My sister and I would like to say a big thank you to all the staff that looked after my aunt who died with you. She had been in and out of a few different hospitals recently but your care and thoughtfulness made such a difference for her last few days of life, It is such a difficult time for you all at the moment so a specially big big thank you!"

"Just wanted to say a huge thank you for looking after our Dad and Grandad over the last few weeks. We couldn't have wished for better care for him and we are so very grateful."

"Thank you for looking after our father we were very happy with care and support received"

"From all her friends we would like to say thank you"

"It was so important to us that we were able to visit any time"

"Thank you so much for the wonderful care"

"As a family we are all very grateful for all the support "

Figure 8 | End of Life Care feedback

**End of Life Inpatient Wards** - During 2020/21 there were a total of 49 deaths across the inpatient wards, which remains low and within 'normal variation' levels for our type of organisation as displayed in the dashboard below. The 21% mortality rate in April 2020 was due to a combination of COVID-19 Pandemic effect and reduced bed occupancy (43 admissions in April 2020 around half of the normal admissions to our inpatient units).

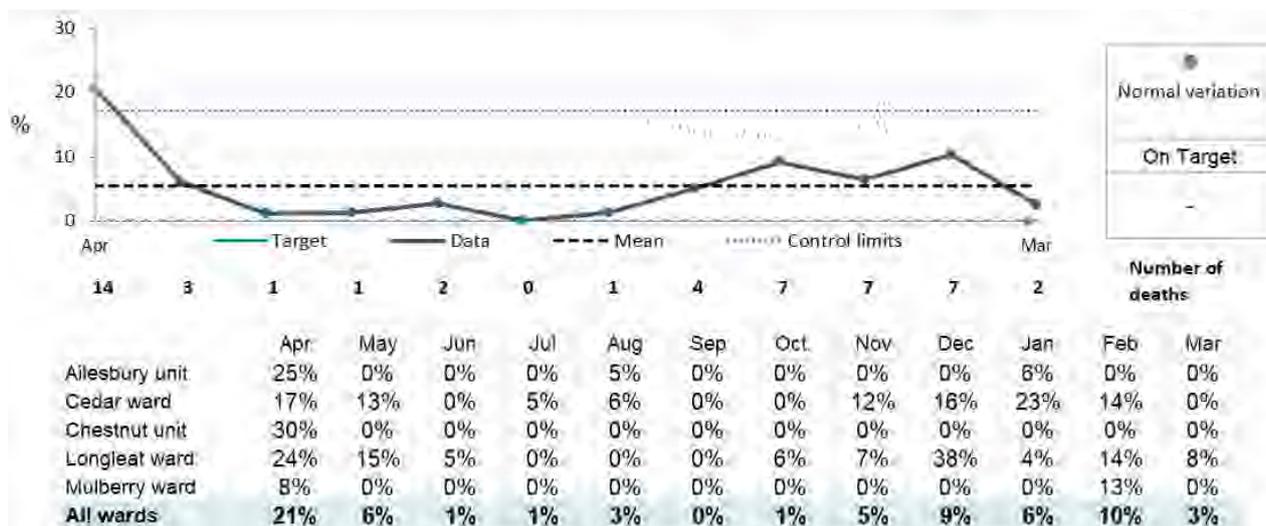


Figure 4 | March 2021 Dashboard - Inpatient Mortality

**End of Life performance Community Teams** - is displayed in the dashboard below, with consistent numbers of patients receiving our support throughout the COVID-19 pandemic. This consistent pattern, assures our community that those people requiring our interventions in End of Life received community team support as needed.



Figure 5 | March 2021 Dashboard - Community Teams Mortality

## Key achievements during 2020/21



Staff were supported to be able to deal with the extra complicated and traumatic deaths of COVID-19 through use of debrief, clinical supervision and Multidisciplinary Team (MDT) working.



MDT meetings were undertaken via Teams or Zoom and many felt this benefitted the process as GP's were able to do this remotely from their surgery consulting room rather than travelling to base.



Continued Nurse Verification of Expected Death initiative in both the Community Teams and Inpatient Wards.



Worked collaboratively with General Practice and Primary Care Networks to deliver syringe driver training sessions to Practice Nurses so they could help with End of Life patients care at home.



Further Syringe Driver training of "train the trainer" was undertaken for roll out to teams and inpatient wards to ensure consistency of approach.



"Verification of Expected Death" Training delivered collaboratively to Dorothy House Hospice.



Medication Action Learning sets to learn from medication errors / near misses around End of Life medication, both organisation wide and bespoke to teams.



Working across BSW to standardise community medicines administration charts for End of Life care.



Reviewing and refreshing inpatient nurse training on syringe drivers and how to use.



Working with BSW on the "Respect" roll out.



Finalising and ratification of the policy for "Informal Carers giving subcutaneous injections for patients with palliative care needs in the community setting".

## Learning Disabilities Mortality Review project

WHC is actively involved in the Learning Disabilities Mortality Review (LeDeR) programme which is delivered by the University of Bristol and commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England.

WHC currently do not have a reviewer, but the Team Manager CTPLD/Lead Nurse in Learning Disabilities for WHC attends the Quality Assurance Panel to evaluate the reviews. WHC is awaiting the publication of the 2020 annual report. There is a transition from the current notification and review system to a new web-based platform, and that the University of Bristol's contract with the LeDeR Programme is due to come to a planned end on 31 May 2021.

## Quality Improvement Plans

WHC continued to improve the services it delivers with Quality Improvement Plans (QIP) focusing on Falls and Pressure Ulcers and under development for Medicines Optimisation and Safeguarding.

### Falls

NICE Clinical Guideline CG161 "Falls in older people: assessing risk and prevention and Quality Standard QS86 Falls in Older people" - provides guidance on assessment of falls risk and interventions to prevent falls in people aged 65 and over. It aims to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality [12].

WHC's objectives in relation to falls are:

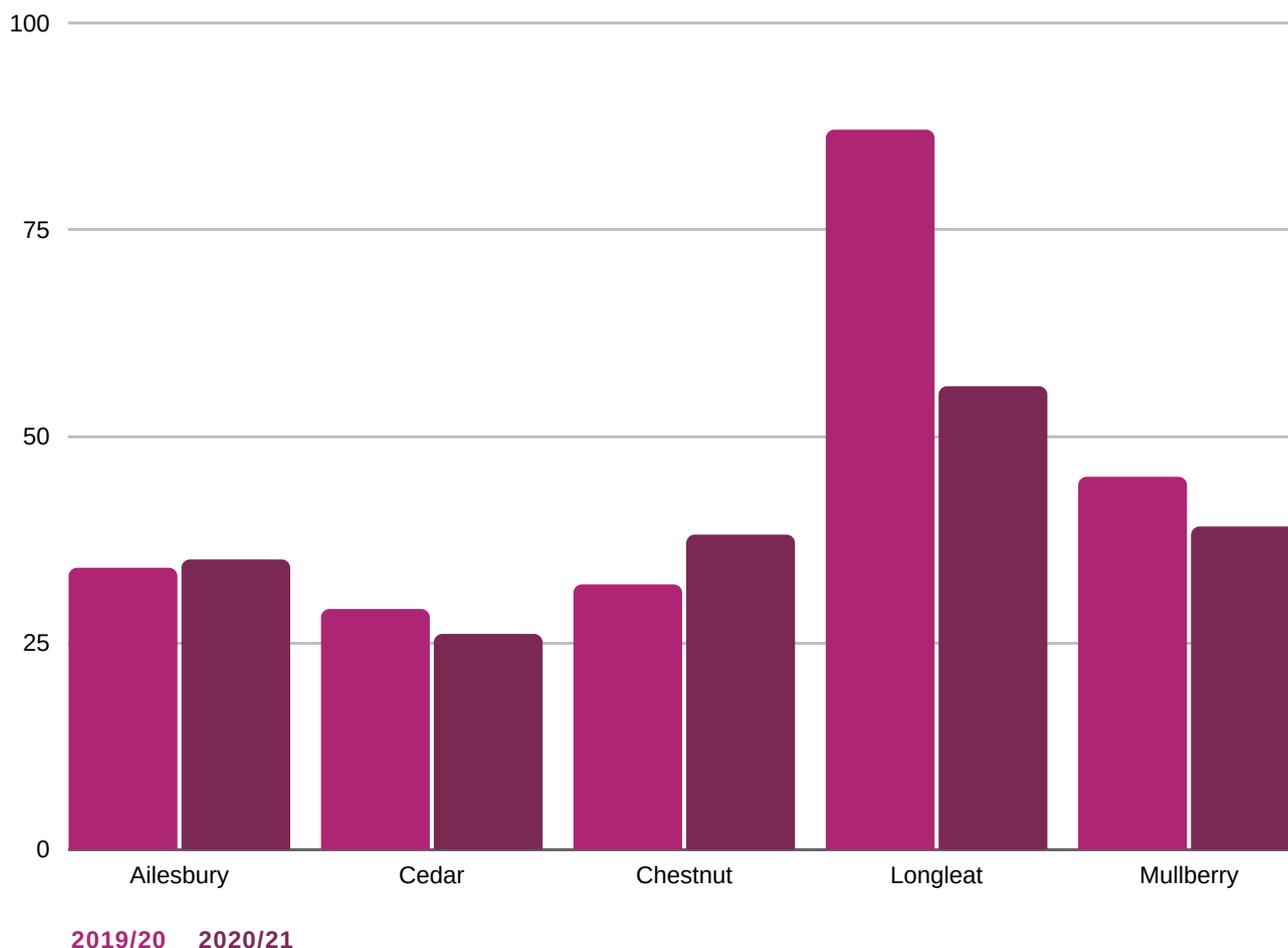
- To reduce the number of inpatient falls
- To reduce the number of falls with harm
- To promote best Falls Prevention practice across all of WHC

To achieve these objectives WHC have committed to the following key outcomes:

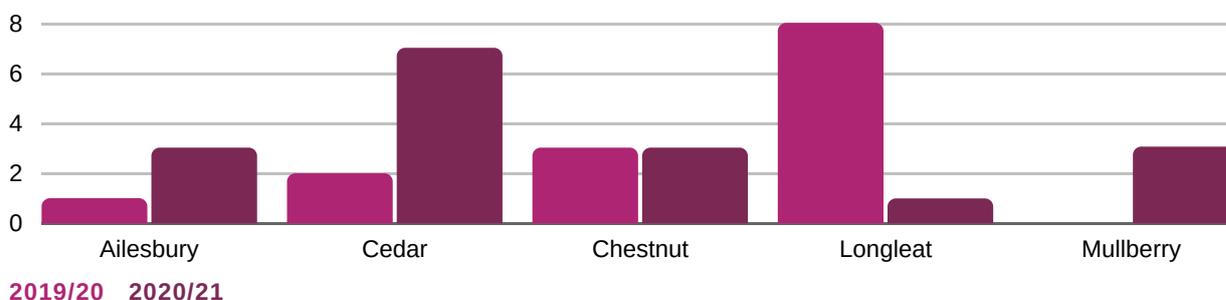
- Patients who are assessed to be 'at risk' shall have an appropriate and timely, multifactorial risk assessment; prompt preventative measures enacted; and will report they feel safe in our care
- Patients shall receive personalised care, which will instil confidence that they will receive services and support to reduce the risk of falls
- We promote a learning culture when incidents occur
- We use the "3 high impact actions" to move away from falls being seen as a nursing problem, or purely a patient safety issue, to a multi-professional focus on falls prevention, delivering quality improvement initiatives to reduce the number of falls with harm
- We utilise all staff/disciplines to develop a preventative approach to our falls care. This is being addressed with our Falls Champions across WHC.

[12] <https://www.nice.org.uk/guidance/qs86> and [www.nice.org.uk/guidance/cg161](https://www.nice.org.uk/guidance/cg161)

During 2020/21 there was a total of 194 falls of which, 9% (n=17) were falls that caused moderate or severe harm. Although there has been a decrease in the total number of falls which has been significant, WHC have recognised that over the last year, in particular during April and May 2021, our bed occupancy has not been comparable with the previous year due to the COVID-19 pandemic. The graphs 5 and 6, identify the total number of falls for 2019/20 and 2020/21 and falls with harm.

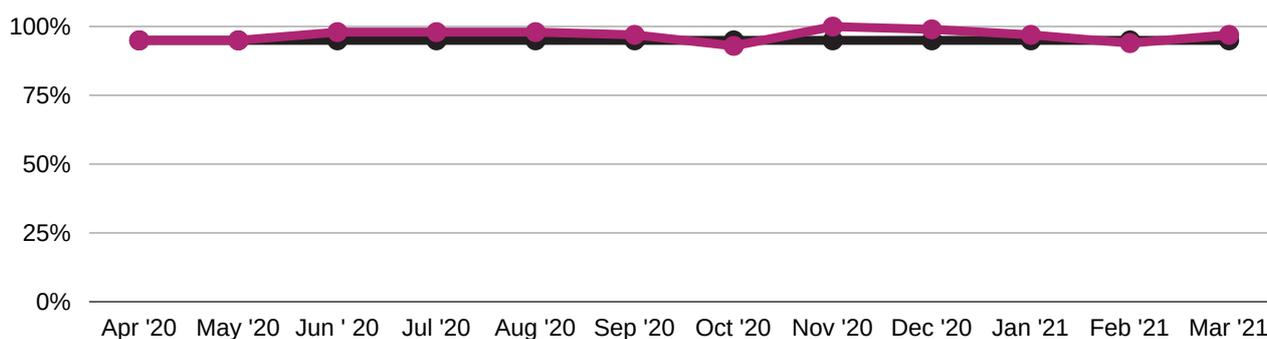


Graph 5 | Total falls by year - Inpatient Wards



Graph 6 | Falls by year causing harm - Inpatient Wards

The falls risk assessment was developed by WHC in line with the NICE Guidelines and should be completed within four hours of admission to ensure comprehensive and integrated preventative actions are implemented. The target for assessment of falls risk is for 95% of patients to be assessed within four hours of admission. On average the Inpatient Wards achieved 97% overall across 2020/21.



**Inpatient performance [all wards] Target**

Graph 7 | Compliance falls risk assessment - Inpatient Wards

A 2017 comprehensive review of falls across the inpatient wards in WHC resulted in an action plan with an aim to reduce the number of falls. WHC progressed these actions but remained above the national benchmark (Mar21 National Mean: 6.73, WHC Mean 7.03) [13] for community inpatient wards. In 2020 a QIP was developed, in doing so we are using a co-creating change model with the clinicians on the wards. We believe that these changes are more likely to result in a reduction in falls in our inpatient wards.

**Falls QIP Actions delivered**



Established a WHC ‘Falls Fighter Working Group’ and ‘Falls Champions’ across all WHC clinical services.



A falls workbook has been developed for each member of staff to complete, where involvement is mandatory.



Pharmacy and Safeguarding teams have dedicated time to attend the Inpatient Wards Falls workshops for advice and education, as part of the scenario-based training.

[13] <https://www.nice.org.uk/guidance/gs86> and <https://www.nice.org.uk/guidance/cg161>



Longleat Ward continue to use “Baywatch”. Consideration will be given to how we can implement a change to staff allocation to ensure oversight in other areas on all the wards.



Falls Fighter badges are delivered to all Falls Champions to help visibly signpost our patients and staff to who they can seek falls advice from in each clinical setting.



We have provided a “How to” Lying and standing Blood pressure poster to ensure correct technique and measurement is adopted consistently across all wards.



WHC has falls section on the staff intranet page

### Falls QIP Actions in progress



The Inpatient Wards are implementing Falls Stations that ensures all paperwork is available for falls prevention and post fall care.



A falls Patient Safety poster has been developed for display in the Falls Station to share monthly dashboard data (falls rates and improvements) which will be available to the team, patients and public.



We are reviewing our 'Slips, Trips and Fall' module, on Training Tracker, to ensure it is up to date, reflects NICE Guidelines and the 3 High Impact Actions to prevent falls.



Inpatient Falls Audit continues identifying areas of focus. The results from this audit are now feeding into the Falls Quality Improvement Project dashboard for further monitoring.



Mapping underway of current specialist and outpatient services in WHC to identify information displayed referencing falls risk and patient information leaflets.



Post Fall medical assessment proforma has been developed and is currently awaiting ratification



The comprehensive geriatric assessment is under review to incorporate a Falls prevention section to review risks such as balance and medications

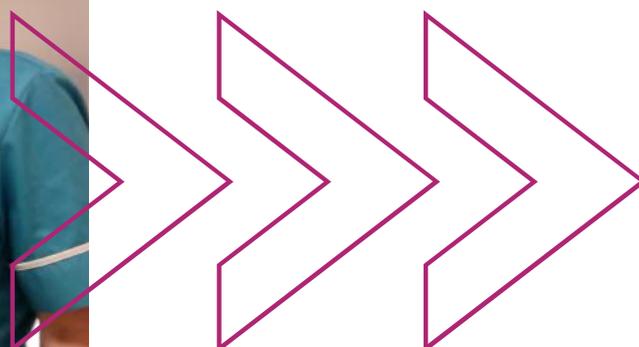


For those patients independently attending outpatient areas, WHC to create a poster for display in all waiting areas to raise awareness and encourage patients to share information relating to any falls history or balance/mobility problems, to ensure measurement of risk and appropriate onward referral.

## Falls QIP next steps...



1. Continue the falls workshops on all inpatient wards
2. Observational study within Falls Workshops of “time to care” measured the direct and indirect care of Registered Nurses and Health Care assistants on duty
3. To map out the consistency of follow up Falls referrals
4. Continued growth of the falls prevention movement across WHC, supported by ‘Falls Fighter Working Group’ that will become part of the wider Frailty strategy

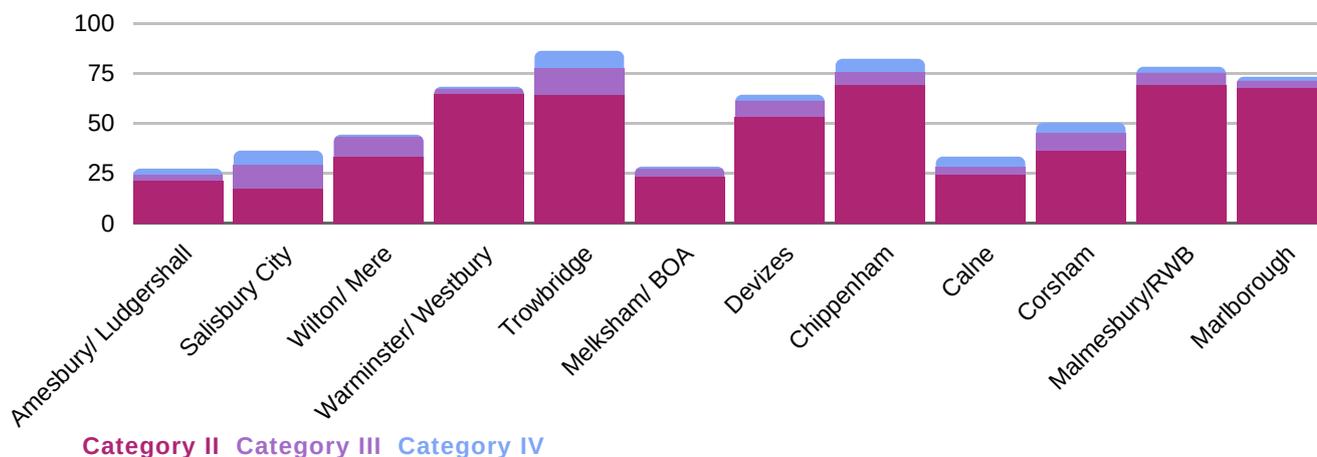


## Pressure Ulcers

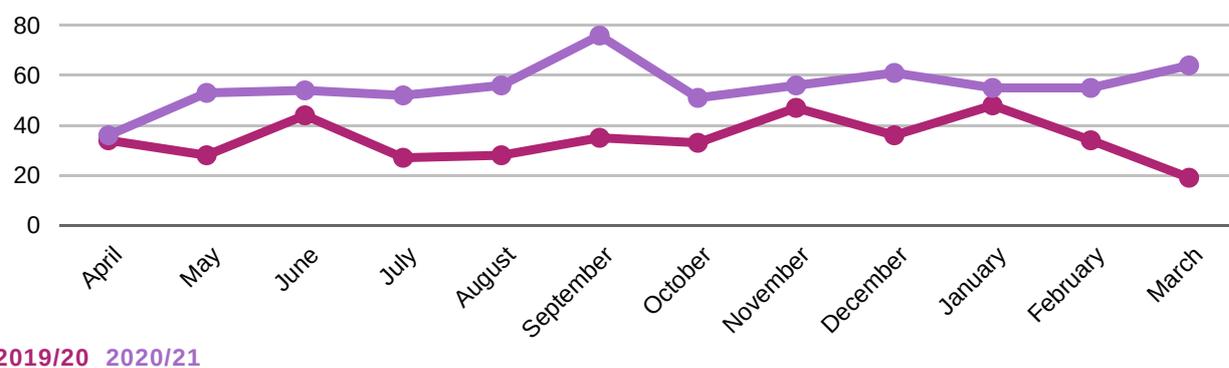
NICE Clinical Guideline 179: Pressure ulcers: prevention and management document aims to reduce the number of pressure ulcers in people admitted to secondary or tertiary care or receiving NHS care in other settings, such as primary and community care and emergency departments [14]. The graph below shows the total number of community acquired Pressure Ulcers during 2020/21 for the Community Teams [15].

A total of 669 community acquired pressure ulcers were reported in 2020/21; 540 Category II, 82 Category III and 47 Category IV, as demonstrated in graph 8. There has been a clear increase in the number of pressure ulcers throughout 2020/21 compared to a total of 413 community acquired pressure ulcers in 2019/20, as reflected in graph 9. 2020/21 has seen an overall increase in the number of patients on caseload within the community teams; with the overall pressure ulcer incidence based on caseload numbers rising to 0.8% compared to 0.5% in 2019/20.

These numbers can be seen to reflect the reduced access of community staff to patient's homes during the early part of the pandemic (March and April) with an increase in the following months when individuals began to access health care more readily and care provided by WHC staff increased.



Graph 8 | Total community acquired Pressure Ulcers- Community Teams



Graph 9 | Total acquired Pressure Ulcers - Community Teams

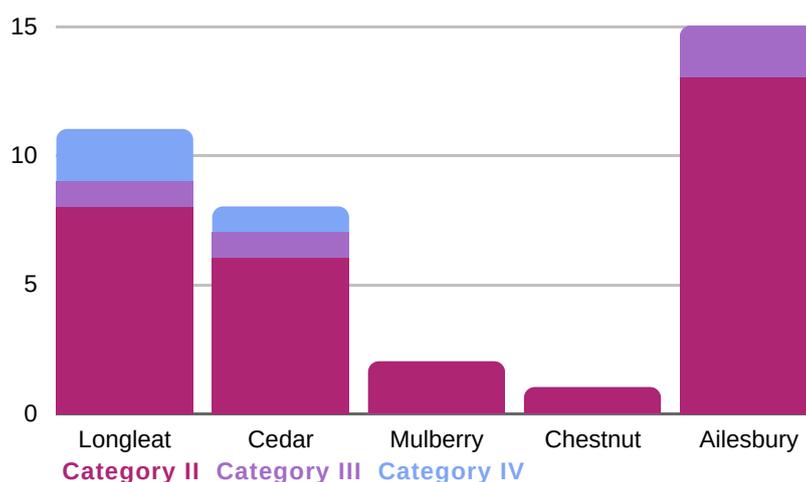
[14] [NICE: Clinical Guideline 179 \(2014\)](#)

[15] Mar21 WHC Dashboard

The inpatient wards have seen an increase in the severity of the pressure ulcers recorded (total number of 37) with an increase in Category III or IV incidence.



Graph 10 | Total acquired Pressure Ulcers - Inpatient Wards 2019/20



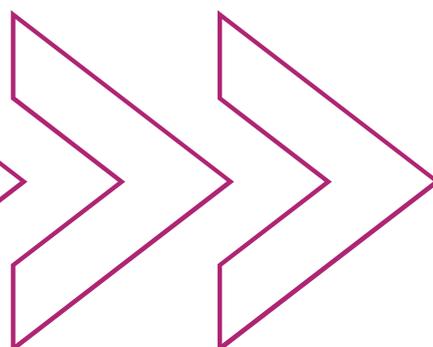
Graph 11 | Total acquired Pressure Ulcers - Inpatient Wards 2020/21

**Considerations for increase in pressure ulcers:**

1. Patients in the community teams and hospital wards have become more complex and de-conditioned with earlier discharges from hospital
2. The teams and the patient numbers increase during periods of additional work, i.e. vaccines.
3. Shielding of large amounts of community clinicians (returning from May 2021), staff vacancies, skill mix, and rotation posts are also thought to have an impact.
4. Reduced education supporting existing and newly appointed staff has been considered a key impact in pressure area management.

## Pressure Ulcer QIP next steps...

1. Pressure Ulcer Patient Information Leaflet rollout to Community Wards in June 2021. Followed by a review with service users and clinicians in July 2021.
2. SSKIN Tool Bundle Review resulted in an agreed 'SSKIN Shared Treatment Plan'. A questionnaire for Allied Health Care Agencies & Residential Care Homes is under development. Patient & Informal carer focus group to be considered once the initial 'Shared Treatment Plan' developed
3. BSW Moisture Associated Skin Damage Pathway collaboration currently in the final stages. Launch planned for June/July 2021.
4. Wiltshire wide 'Stop the Pressure Day' will resume November 2021
  - a. Study Day collaboration with other services to be the focus – Wheelchair Services, Continence, Dietetics, Podiatry.
  - b. Local 'Drop In' for Community Hospital sites if able (COVID-19).
5. Planned recording of education on Pressure Area Care for ease of access for Residential Care Homes, Community and Ward staff. 'Live' Q&A session with Tissue Viability following scheduled viewing of the recording is under development.
6. Focus Cat III and Cat IV pressure ulceration in End of Life patients through collaboration with the Hospice.



## Infection Prevention and Control

WHC strive at all times to achieve the best outcome for patients. Leading the way in community care and ensuring best practice is normal practice forms part of the WHC vision statements. Promoting and maintaining Infection Prevention & Control (IP&C) best practice at all times is a vital part of the WHC patient safety agenda; thus contributing to the WHC vision of enabling people to live independent and fulfilling lives for as long as possible.

2020/2021 was a year like no other. Due to the impact of the COVID-19 pandemic, the demands on the IP&C service were relentless. Initially the territory was very new and unknown and decisions were made using the best possible information available, which at times was limited. As national information became available this was more helpful; however the pace at which the guidelines changed and the requirement for immediate dissemination to the teams posed further significant challenges. Our Consultant Microbiologist and IP&C team members, worked tirelessly. Additional capacity was sought to support Personal Protective Equipment (PPE) guidance and redeployed colleagues came on board at the end of April 2020.

WHC has an established, corporate level, IP&C Policy and Oversight Group providing an essential IP&C governance and scrutiny conduit for the organisation.

### Performance

WHC responded to the evolving national and local COVID-19 picture. Cedar Ward was designated as a COVID19 cohort ward twice throughout the year. With increased admissions, particularly during the wave in winter 2020/21, across the inpatient service, IP&C supported the monitoring of COVID-19 admission screening through a Visual Bed board and being an integral part of daily Inpatient and WHC COVID-19 calls. All patients were reviewed for positive / negative results, symptomatic patients were tracked, and contacts traced if positive results or on-going symptoms in the index patient occurred.

Considerable time has and continues to be spent ensuring the frequently updated Public Health England guidance is reviewed, interpreted for local implementation and issued or re-issued where required, IP&C specialist advice is crucial in this process including the transformation to the new normal business as usual practice. Additionally, risk assessments and product reviews for PPE use or re-use has been undertaken in conjunction with key specialists i.e. Health and Safety, Service users and PPE Champions (WHC redeployed staff).

In September, as redeployed staff began returning to their substantive posts, the PPE Champions also stepped back to return to their permanent organisational responsibilities. Surveillance work surrounding COVID-19 increased, which included regular screening, at Days 1 of admission and then subsequently days 3, 5, 7 and 10 and then every 5 days providing IP&C for assurance. By the end of the year, policy updates were prioritised based on importance, seasonal pressure and expiry.

IP&C continues to be involved in the review and dissemination of new and updated COVID-19 guidance. IP&C work alongside key specialists to ensure we have effective, compliant PPE, hand sanitizers and decontamination wipes and facilitate the dissemination of other key supportive guidance / risk assessments. IP&C support continues to be provided with the Recovery Programme for Service Delivery ensuring the IP&C / COVID-19 principles are implemented to ensure safe care for service users, staff and visitors to our sites. In recognition for the IP&C's tireless commitment and their support in the COVID-19 response they were awarded the WHC Shining Stars in June 2020.



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### **National Infection, Prevention and Control Board Assurance Framework**

The framework document is to assure Board Members, Directors of Infection Prevention and Control (DIPC), Medical Directors and Directors of Nursing by assessing the measures taken in line with current guidance. It is used to provide evidence and also as an improvement tool to optimise actions and interventions. The IP&C service reviewed this document and developed a WHC IP&C Board



Elements assessed



Red rating

Assurance Framework (BAF) in May 2020, a review of progress was undertaken in March 2021 to effectively self-assess our compliance with Public Health England, COVID-19 related infection prevention and control guidance and to identify risks.



Amber rating



Green rating

### Outcome of March 2021 Review

200 elements were assessed as part of the IP&C BAF review. Of these: Red rating – 0; Amber rating – 24. The Quality Team are working to develop a full action plan that will be tracked in the IP&C POG to mitigate, tolerate or control these gaps; Green rating – 174 elements; and Not applicable – 2 elements.

Key issues identified:

- Capacity to monitor IP&C performance and develop new supporting guidance/training impacted by IP&C capacity (thus investment by WHC Executive in Nov. 2020) and staff capacity across the organisation due to

pressures of COVID-19 pandemic, this is being mitigated via reminders in key meetings and COVID-19 secure audits to prompt improved performance and highlight key areas of concern.

- FIT test data is being tightened up and improvements to centralised data holding being scoped.
- Board oversight will be improved by shared learning refresh that is underway and implementation of the National IP&C Behaviours Project feedback .
- Triage at front door is an accepted risk due to environmental limitations of the Trowbridge site.
- Ventilation of Savernake unit.

Red and Amber elements for which action plans will be established and monitored through the IP&C Policy Oversight Group to mitigate, tolerate or control these gaps.

### **The IP&C work programme 2020/21**

2020/21 has been dominated by the COVID-19 response. Therefore the majority of planned activity did not take place. A review of priorities for 2021/22 is discussed in the following section. Key work streams/priorities planned or already undertaken for 2021/22:

- Local, internal restructure of roles and responsibilities to support the appointment of the IP&C Lead role, which will also encompass Health Safety Fire and Security
- Ratification of all of IP&C related policies

## IP&C next steps...

1. To learn and improve - Ensuring compliance with the IP&C Code of Practice and other guidance
2. Right information in the right format and available at the right time, by developing a toolkit – access to information to manage IP&C hazards and risks for all staff in one place i.e. policies, guidance, assessment tools, forms for completion.
3. Appropriate skill mix: To achieve skills and resources to meet the needs of the service Right Skills
4. Review bespoke training requirements for individual services.
5. Antimicrobial Stewardship: This will form a key part of the next year's priorities with an emphasis on: Improving awareness of Antimicrobial Stewardship across all WHC services; Prescribing habits of antimicrobials: Improve adherence to formulary guidance; Improved adherence to "Start Smart then Focus" [16] and target guidance in relation to the use of antimicrobials.
6. Proactive IP&C initiatives to support WHC include: Meetings to ensure joint work streams are shared / managed through delivery programmes; Community-based IP&C Link worker meeting three times a year with a variety of speakers; and IP&C focused Quality visits, to support best IP&C practice in clinical teams.



## Safeguarding Children

### Domestic Abuse (DA)

WHC has ensured routine questioning has been introduced in the Minor Injury Units (MIU) as per NICE guidelines. This included identifying a 'safe' space and documentation of patient's response via SystemOne [17]. MIU are now sharing relevant information at the Multi-Agency Risk Assessment Conference (MARAC) on a weekly basis.

The practice influencer forum members have provided 11 teams with a 'raising awareness of domestic abuse' teaching session. Practice influencers have also benefitted from a session on coercion and control by the DA reduction officer for Wiltshire Council. DASH training delivered to Practice Influencers.

### Management of self-harm in children and young people who present to MIU

Training by Oxford Health for both MIU's was well received and promotion of the HarmLESS assessment, ensuring compliance with NICE CG16.

### Training and supervision

Achievements in both of these areas has

improved compliance over the course of 2020/21, with sessions being conducted via Microsoft Teams or self-directed

### THINK child/THINK family

Following audit against QS179 – a THINK child poster was developed for display in all clinical areas and a care plan was developed for the children subject to a child protection plan.

A Serious Case Review for Child A was published as the mother of Child A was known to a WHC service. This case highlighted the need for practitioners to "THINK family" in considering the needs of children and vulnerable adults in families where our services may be involved.

### Child missed appointments

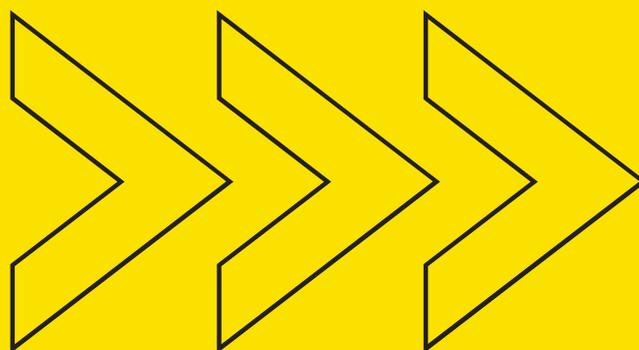
An audit against policy standards showed non-compliance against the policy requirements, managers were encouraged to share the flowchart widely with colleagues. An alert triangle has been developed and is being trialled in physiotherapy. All Levels of children's safeguarding training include content on what to do if children are not brought to their appointment.

[17] SystemOne is a centrally hosted clinical computer system used by healthcare professionals in the UK. The system is being deployed as one of the accredited systems in the government's programme of modernising IT in the NHS.



## Safeguarding Children next steps...

1. Implementation of the female genital mutilation information sharing scheme (FGM-IS) via SystemOne. Delayed due to COVID-19 pandemic, awaiting sign off from NHS digital.
2. Explore further ways of prompting staff to consider whether any safeguarding action is required when children do not attend appointments, within SystemOne.
3. Continue to pursue flexibility around delivery of both safeguarding teaching and supervision via online learning platforms and MS Teams.
4. Further embedding in practice the management of self-harm in children and young people who present to MIU.
5. Data analysis of % of patients asked the safety question and impact on referrals to Domestic Abuse and Safeguarding Services.
6. Carry out focus group with relevant services to explore where a THINK family approach can be incorporated in working practice.



## Safeguarding Adults

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

- **Legal compliance with the duties laid out in sections 42-46 of The Care Act (2014)**
- **CQC Outcome 7 – safeguarding the people who use the service from abuse.**
- **Legal compliance with The Mental Capacity Act (MCA) (2005) including section 4(a) MCA 2005, the Deprivation of Liberty (DoLS) Safeguards**

**WHC ensure colleagues are appropriately trained to safeguard adults through:**

- Levels 1 and 2 safeguarding adults training delivered via our online learning portal.
- Level 3 safeguarding adults training delivered via the online portal as well as half day face-to-face learning.
- Mental Capacity Act training (including the DoLS delivered via the online portal). This is supplemented with a face-to-face session on the Introduction to Community Practice Course.

- Case study, guest speakers, research, literature and legislative reviews at the bi-monthly Practice Influencers Forum.
- Bespoke case based training/support from Safeguarding Adults available at individual, team and ward level
- Review and streamlining of all Safeguarding systems including implementation of a 'single point of contact' for Safeguarding and DoLS to enable more fluid internal and external safeguarding activity and compliance with legal frameworks. By building on and establishing effective working partnerships with Multi-Agency Safeguarding Hub and Wiltshire Council (WC) DoLS Team.

### **Additional Work/Achievements:**

- Safeguarding Lead (Adults) has designed and is due to deliver in 2021 a Mental Capacity in Practice Course which has been accredited by Oxford Brookes University. This course is available to all health care colleagues within the region.
- Wiltshire Safeguarding Adults Board has issued a county wide Self Neglect Protocol that has been implemented across WHC



# Safeguarding Adults next steps...

1. We will prepare to transition from DoLS to Liberty Protection Safeguards (LPS).
2. Collaborative work with BSW Clinical Commissioning Group to develop and implement an inclusive Primary and Community Health Safeguarding/MCA workshop/learning events programme.
3. Support WHC leadership team to fulfil the requirements of the transformation agenda in relation to Safeguarding Adults and associated compliance with legal frameworks and guidance.



## Learning & Development

During 2020/21 WHC committed and actively engaged in a number of learning and development projects and initiatives. Some of these were coordinated across BANES, Swindon and Wiltshire (BSW) Local Workforce Action Board (LWAB). These projects helped to ensure that staff and services were supported to be skilled appropriately not only across our services but across the system – placing the patient experience and outcomes at the centre.

### During 2020/21

Due to the COVID-19 pandemic, some essential training usually undertaken face to face such as Adult Basic Life Support (ABLS), Fire and manual handling moved to on line training to ensure staff and patient safety and to enable those who were shielding to keep up to date. This was a temporary measure until we could resume classroom teaching.

WHC provided essential training to new recruits, delivering both mandatory and essential training to new staff who were recruited to assist with patient care on the wards. We provided essential upskilling for existing staff to enable them to care for patients with more complex or severe health needs. These were all undertaken following risk assessments.

Since the initial easing of lock down restrictions late last summer, WHC have

introduced face to face sessions for practical skills training essential for delivery of safe patient care, again with risk assessment, social distancing and PPE wearing. WHC has had a thorough review of all training, training materials, content and delivery.

Student placements were affected due to the pandemic and some Universities withdrew their students from all placement activity. Others were able to support a number of students to undertake paid placements under the emergency NMC rules, and some worked for us on the bank.

Recent initiatives are the use of Apprenticeship pathways to enable five of our Nursing Associates and Associate Practitioners to commence a shortened program to upskill to Registered General Nurse level whilst within our employment, working with a new provider with staff using virtual learning with them.

In the past few months, WHC have recruited a significant number of Healthcare Support Workers who are now undertaking their Apprenticeship L3 Senior Healthcare Support Worker. WHC have also begun a new Apprenticeship programme for the new Advanced Clinical Practitioners in the community teams.

Compliance with and engagement with the Care Certificate has increased. WHC have developed a more structured and robust Preceptorship programme which will be shared with our BSW partners during 2021/22. The Return to Practice Nurse programme was recruited to and we have 3 nurses in the process of becoming re-registered. We are hoping to reinstate our leadership programmes at the necessary different levels.

The Training department has been working with the Inpatient Wards to develop and establish a programme for 'live action' role play scenario training for staff. This currently involves three scenarios working around A&LS for an unresponsive patient and the relevant COVID-19 PPE, an unwitnessed fall and a head injury. These are designed to support practical application of clinical skills, are part of the falls improvement work stream and also encourage use of the relevant clinical guidelines.

## Staff Survey

The NHS Staff Survey is an important source of information about what it is like to work in the health service in England. The NHS Staff Survey results are used by organisations to support local improvements in staff experience and well-being and are also examined by external organisations such as the Care Quality Commission (CQC) and NHS Improvement.

The annual staff survey was live for a period of eight weeks, between 5th October and 29th November 2020, in line with national guidelines. WHC send the survey to all colleagues unlike other NHS organisations who only use a random selection. The survey was promoted through internal communications. The survey questions aligned to the national question set, with the addition of questions on values and behaviours and COVID-19 working conditions.

### Summary of findings:

- **Engagement:**
  - The response rate from all staff has increased year on year, in 2019 it was 33.95% (n=404) [2018 it was 24.74% (n=284)]
  - The national response rate reduced in year however it remains significantly higher, at 47%. The response rate for community Trusts was also significantly higher at 58%.

The average change per question for the 2020 Staff Survey equates to a positive increase of 1.46%. This is compared to an average change per question of 1.01% (increase) in 2019. The Inpatient / MIU return had the lowest engagement response with 97.50% questions scoring below the WHC average response. Community Services had 83% of questions scoring above the WHC average. Specialist Services had 60% of questions scoring above the WHC average.

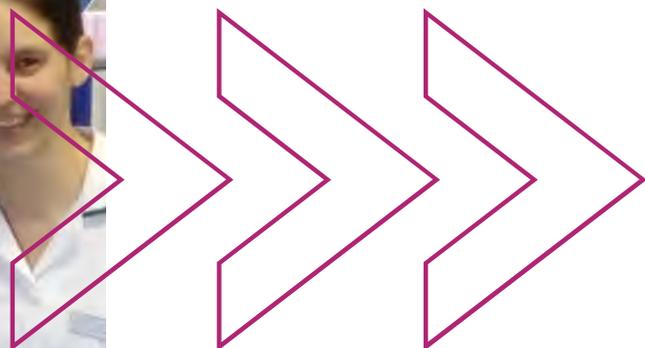
- **Management** - Of the 11 questions asked about relationships and perception pertaining to line management and senior management, 9 of the 11 question responses had positively increased in 2020 compared to 2019.
- **Additional hours** - There is a slight decrease in the number of staff working additional unpaid hours, with a slight increase in staff working additional paid hours. The ratio between part-time and full-time employment remains stable.
- **Wellbeing** - There is a positive perception surrounding health and wellbeing at work.
- **Violence & Harassment** - There has been a positive reduction in the number of staff experiencing physical violence or harassment, bullying and intimidation from management, colleagues and patients and the reporting of such instances.
- **Patient care and safety** - The response to perception around patient care and safety have reduced in comparison to the 2019 results and are down in comparison to Community Benchmarking data however still remain positive in relation to the national position.
- **Retention** - Compared to 2019, fewer staff are considering leaving the organisation in the next 12 months, however instances still remain high in registered staff.
- **Organisational values** - 96% of staff on average advised they were aware of WHC Values, which were launched in 2017. This is an increase of 2% from 2019 however perception around colleagues displaying these behaviours has decreased by more than 5% in year.
- **Appraisals & Training** - The responses provided in relation to appraisal and training opportunities have largely increased in satisfaction, with the exception of appraisal compliance and the link to identified training. Unfortunately there is no benchmarking data available for comparison on this question due to a change in the survey questions nationally and therefore can only be compared to previous year.

# Staff survey next steps...

The trends within the results of the 2020 Staff Survey and benchmarking against other community providers identifies that whilst there has been improvement in some areas, and positive experiences shared, there are some key areas for focus for 2021 (linked to areas where WHC performed significantly lower than National average):

1. Health & Wellbeing (4e - I am able to meet all the conflicting demands on my time at work and 4i - The team I work in often meets to discuss the team's effectiveness)
2. Health & Safety (12d - The last time your experience physical violence at work, did you or a colleague report it?)
3. Incident Reporting (17a - My organisation treats staff who are involved in an error, near miss or incident fairly)
4. Quality Care & Patient Experience (7a - I am satisfied with the quality of care I give to patients / service users)

These four areas and the delivery mechanism of the 2021 staff survey will be reviewed in Q1 of 2021/2022 and actions required will be linked to deliverables in the refreshed 2021/22 WHC Delivery Plan



## Freedom to speak up

Our colleagues are encouraged to speak up and raise any concerns about working at WHC. The WHC Freedom To Speak Up (FTSU) policy is in line with NHS Improvement policy: [Freedom to speak up: whistleblowing policy for the NHS](#)

This policy's purpose is to making raising concerns the norm in NHS organisations, and to standardise how NHS organisations support staff when concerns are raised. We know that speaking up saves lives, so we want all our staff to feel confident, safe and supported to say something if they have a concern.

WHC has one Guardian and an executive sponsor guardian. These guardians are responsible for providing confidential advice and support to staff in relation to any concerns about patient safety. They can also offer advice and support to ensure that when concerns are raised, they are handled professionally and result in a clear outcome.

The policy was renewed and updated early 2021. A champion model with training and a new campaign will be launched 2021/22. A quarterly report on FTSU incidents is taken to the Quality Assurance Committee. Any actions that are deemed required will be undertaken with the priority deemed most appropriate in the circumstances – which may be immediately.

In 2020/21 WHC had 13 concerns raised: Workforce/ HR issues (n=6), Equality, Diversity and Inclusion (n=3), Well-being (n=1), Infection, Prevention and Control (n=2) and Enquiry to the role (n=1).

All concerns were investigated as appropriate, some required signposting and/or advice and guidance. The learning and action that was taken includes:

- Staff experience presentation at Board.
- Changes to working environments and flow to adhere to IP&C guidance during COVID.
- Letters to staff on well-being and diversity.
- Changes to training tracker content and support to those with protected characteristics.
- The use of external bank HR investigators.
- Awareness of additional resources and support that bank and agency staff require.



# Section 4:

Service user experience

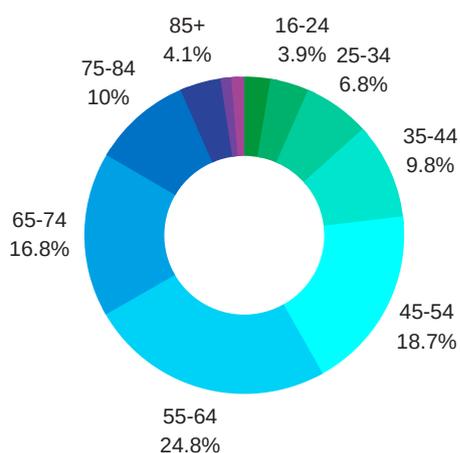
## Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and colleagues helps identify what is working well, what can be improved and how. The FFT asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

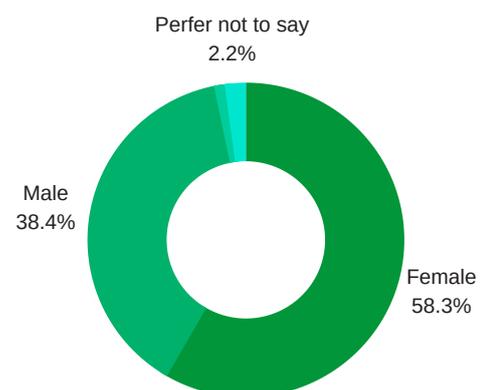
In 2020 the administration of the Friends and Family test was brought in house to WHC. During the outbreak of the

COVID-19 pandemic there was a national directive to cease collecting and reporting the FFT to ensure that additional focus could be placed on preparing for the impact of COVID-19. During this period a new online survey was developed to support collecting responses, via a QR code, from the FFT. Additionally, an opportunity was identified with the introduction of virtual appointments for patients. At the end of these appointments, patients are able to complete the FFT online.

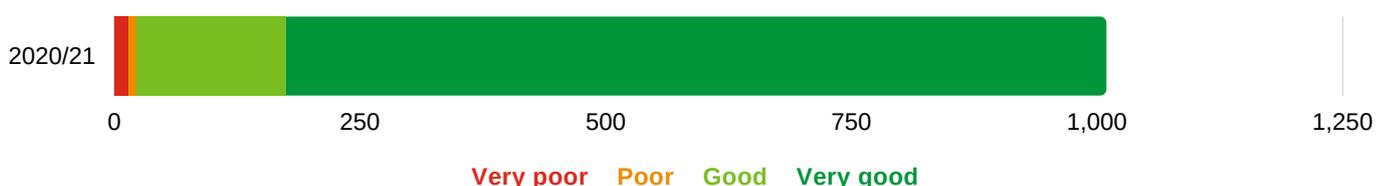
Data collected in 2020/21 is displayed below and on the next page, indicates positive feedback across our patient cohorts.



Graph 12 | Age ranges of respondents



Graph 13 | Gender of Respondents



Graph 14 | Responses to "Overall how good was your experience?"





# Section 5:

Looking forward - Quality  
Priorities 2021/22

# 2021/22 Quality Priorities

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

**1** We will further develop our Quality Systems



**2** We will refine our clinical strategy with a focus on the deteriorating patient



**3** We will promote a culture of Equality, Diversity and Inclusion across our staff and patients



**4** We will aim for a 50% reduction in severe avoidable medicine related incidents by 2024



**5** We will deliver COVID-19 recovery

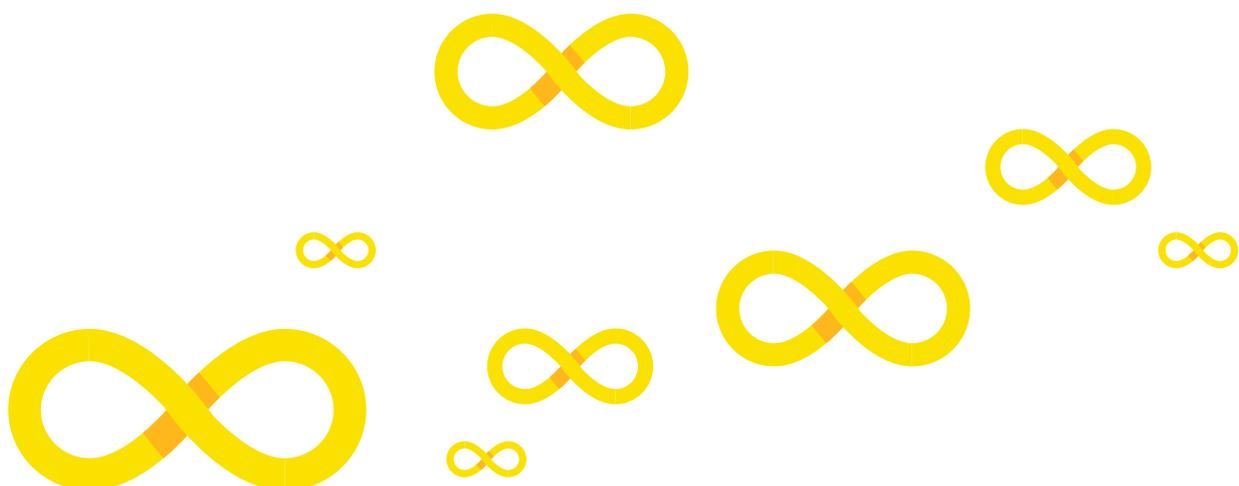


01

# We will further develop our Quality Systems

## Our measurable outcomes...

1. Our electronic quality system is refined, including the "blue print" of the system; locations and services updates as organisational structures change; capture and non-capture modules are designed effectively; development of "how to... guides"; leavers and new starters access is managed in a timely fashion; and automation of local and national reporting.
2. Re-introduction of DATIX champions and development of a working group
3. Expansion of our solid foundation of 'shared learning' in WHC
4. Embed the CQC new approach to oversight, known as the "Transitional Monitoring Approach" into WHC's business as usual

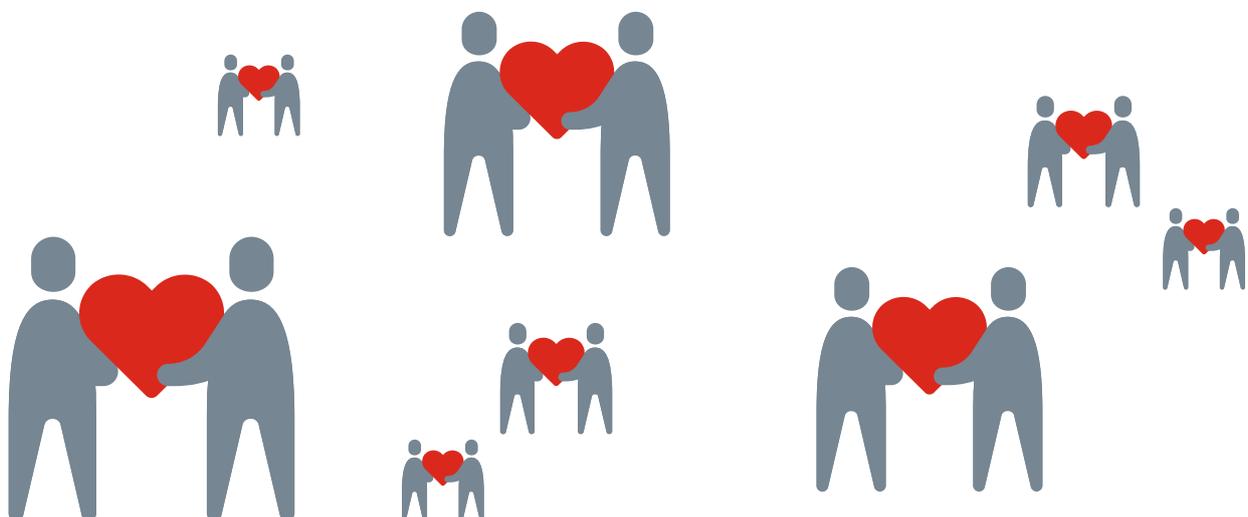


02

# We will refine our clinical strategy with a focus on the deteriorating patient

## Our measurable outcomes...

1. Monitoring accuracy and correct escalation process
2. Audit in-patient transfers to Acute providers and evidence appropriate escalation of patient needs
3. Published organogram of professional lines of accountability throughout WHC

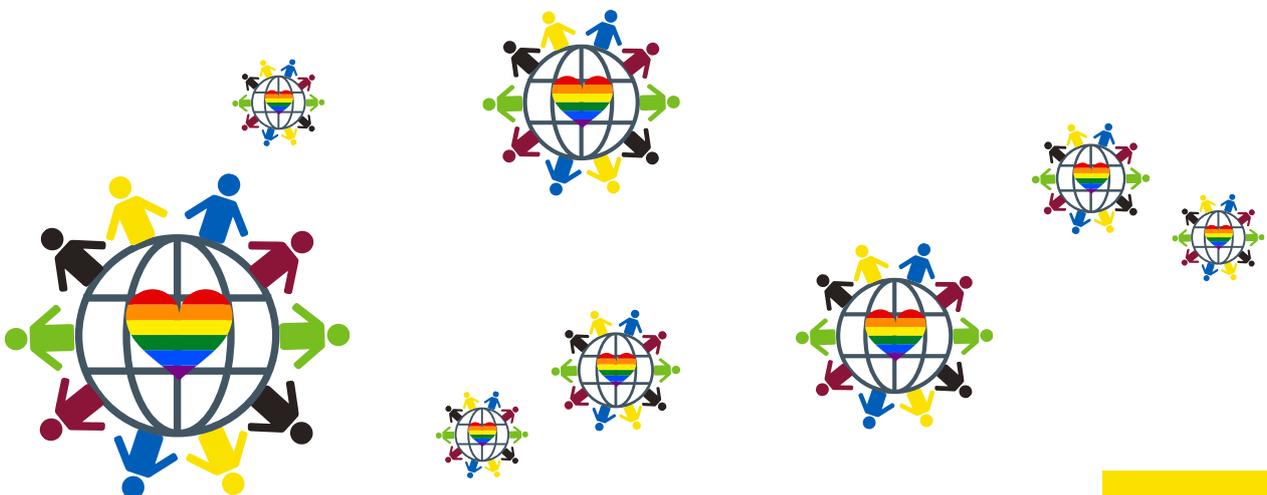


03

# We will promote a culture of Equality, Diversity and Inclusion across our staff and patients

## Our measurable outcomes...

1. Charitable funds focus for 2021/22 on dementia friendly environments in WHC
2. Development of a plan to identify and reduce health inequalities
3. Continue our patient centred approach to ensure patients are empowered to live healthy and independent lives
4. Understand our patient demographics to ensure that our services are inclusive and accessible to all
5. Continue to build a shared understanding of what good patient and public involvement looks like with staff and stakeholders, involving broad representation of community members
6. Use our Patient and Public Involvement Group to involve patients and the public in developing our services



04

# We will aim for a 50% reduction in severe avoidable medicine related incidents by 2024

## Our measurable outcomes...

1. Evidence shared learning from medicines-safety incidents
2. Reduce incidence of missed medication incidents on in-patient units
3. Implement a BSW-wide End of Life community prescription chart
4. Complete CQC Controlled Drugs self-assessment
5. Explore and scope opportunities to utilise the pharmacy skills set across WHC to improve medicines optimisation

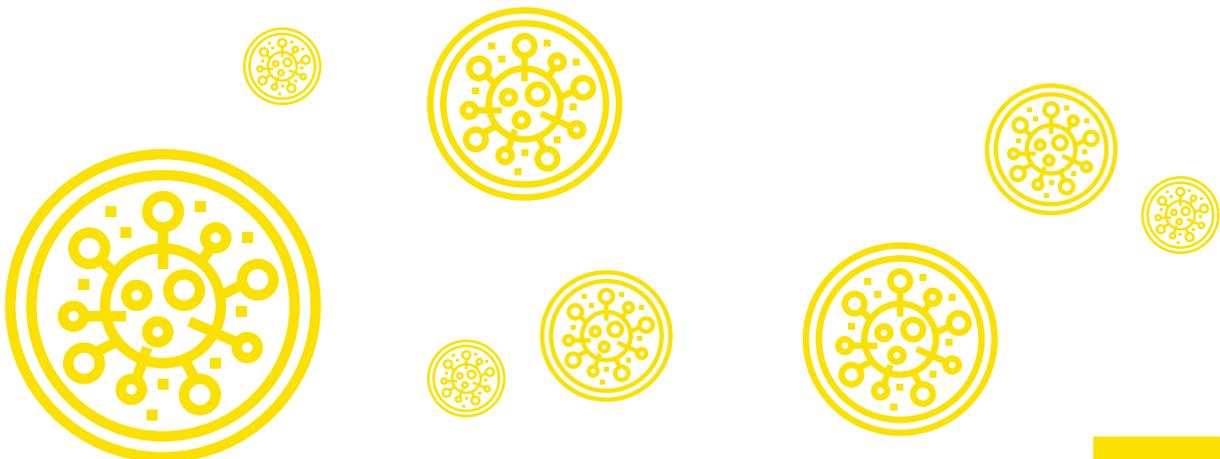


05

# We will deliver COVID-19 recovery

## Our measurable outcomes...

- 1.Reduction in pressure ulcers across WHC
- 2.Monitoring and management of long-COVID patient needs
- 3.Review of Infection, Prevention and Control delivery at WHC against standards and regulatory requirements to establish gap and action plans (as needed)
- 4.Improve Anti-microbial Stewardship across WHC
- 5.Establish mechanisms for consistent and timely advice from the Infection, Prevention and Control team





# Section 6:

Formal statements

## **Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group** Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group response to Wiltshire Health and Care Quality Account 2020/21



Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) on Wiltshire Health and Care 2020/21 Quality Account.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG welcome the opportunity to review and comment on the Wiltshire Health and Care (WHC) Quality Account for 2020/2021. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via Quality and Performance dashboard reporting. The CCG supports WHC's identified quality priorities for 2021/22.

It is the view of the CCG that the Quality Account reflects WHC on-going commitment to quality improvement and addressing key issues in a focused and innovative way. The CCG recognises that the reporting of CQUINS was suspended in year due to the COVID pandemic however welcomes WHC commitment to deliver and monitor the requirements of CQUINS throughout 2020/21. WHC has outlined achievements for 2020/21:

- Further development of the organisation's Freedom to Speak Up Service to enhance staff awareness ensuring trained champions in all localities.
- Ongoing progress in Quality Improvement Training and Strategy with increased access to training and a dedicated QI area on the WHC intranet.
- Improving compliance to Accessibility Standards and Equality, Diversity and Inclusion (ED&I) with regards to the WHC website and appointment of an ED&I officer.
- Adapting its delivery of wheelchair services in line with the recommendations to improve the experience of all service users, by implementing WATCH tool to support the collecting of patient satisfaction data and analysis of the results to support service improvement.

- Improving patient safety culture, through an increase in reporting of 21% on the previous year; learning from incidents to improve care resulting in Quality Improvement Projects in areas such as pressure ulcers; falls and medicines management.
- End of Life Care & Learning from Deaths by supporting staff to be able to deal with the extra complicated and traumatic deaths of COVID-19 through use of debrief, clinical supervision and MDT working. As well as working collaboratively with General Practice to deliver syringe driver training to Practice Nurses so they could help with End of Life patients at home.

The CCG welcomes continued focus on:

- Further development of WHC Quality Systems.
- Refinement of clinical strategy with a focus on the deteriorating patient.
- Promoting a culture of Equality, Diversity and Inclusion across staff and patients.
- Reducing by 50% the number of severe avoidable medicine related incidents by 2024.
- Deliver COVID-19 recovery through, monitoring and managing long-COVID patients' needs; review of Infection Prevention and Control delivery and improvements.
- Reducing the number of falls resulting in harm through the use of Quality Improvement Projects (QIP).
- Pressure ulcer prevention and management through the use of QIP. In particular reducing category 3 and 4 pressure ulcers in End of Life patients.

The CCG would also like to acknowledge the work in supporting staff, noting WHC improvement in recruitment in hard to recruit areas whilst recognising further recruitment is needed. In addition, the CCG would like to highlight the continued work of WHC in relation to its response to and recovery from the COVID-19 pandemic and the impact this has had on staff.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG, is committed to sustaining strong working relationships with WHC and together with wider stakeholders, aims to continue collaborative working that can support achievement of the identified priorities for 2020/21 across the whole health and social care system.

Yours sincerely



Gill May  
Director of Nursing and Quality

## Statement from Healthwatch (Wiltshire)

### Healthwatch Wiltshire response to Wiltshire Health and Care Quality Account 2020/21



Healthwatch Wiltshire welcomes the opportunity to comment on Wiltshire Health and Care's quality account for 2020/21. Healthwatch Wiltshire exists to promote the voice of patients and the wider public with respect to health and social care services.

We commend the work undertaken so far in terms of equality, diversity and inclusion and are pleased that website development is underway to ensure the new website meets accessibility standards. We would be happy to support with any testing of the new website in the future.

We were pleased that increasing patient and public voice was a priority area for the last year and recognise work planned in terms of hearing the carer voice, which has been on hold due to the Covid pandemic. We are pleased that this priority will continue in to 2021/22.

Healthwatch Wiltshire commends work around the wheelchair service and use of the tool that gathers patient feedback on the wheelchair issued. We are also pleased that actions have been taken to improve the service in line with patient feedback such as updated leaflet, website and referral form.

We are pleased that you have published your public and patient involvement plan and that this will be referred to on an ongoing basis. We are delighted to be involved in the regular public and patient involvement meetings and look forward to supporting this ongoing work.

Healthwatch Wiltshire notes in the information provided about the CQUINs (Commissioning for Quality and Innovation) and asks if there is an explanation for the lack of data for Jan and April for Chestnut? [18]

Healthwatch Wiltshire commends your work on end of life care and learning from deaths. We were pleased to see that you have included the patient voice with the use of quotes from patients and their families in this section of the quality accounts.

[18] There were restricted admissions into Chestnut Unit that resulted in zero data being collected in March & April 2021

We recognise that despite a number of actions being completed to try and reduce the risk of falls, the numbers have remained above the national benchmark. We are encouraged that further work is being done in this area and look forward to hearing more about this programme shortly.

We note the increase in pressure ulcers over the past year and the reasons identified for this. We are pleased that there is a series of actions in place to reduce these going forwards.

We are pleased that you continued to gather feedback from patients and their families throughout the pandemic and devised new ways to do this, for example at the end of a virtual appointment.

Healthwatch Wiltshire recognise the significant challenges you have faced due to the Covid-19 pandemic and the changes that have had to rapidly be put into effect. We appreciate the commitment and dedication of staff working at this critical time. This has been reflected in comments we have received from local people.

Healthwatch Wiltshire welcomes the quality priorities for the forthcoming year and looks forward to following your progress. We remain committed to continuing to work with Wiltshire Health and Care, engaging with patients and sharing their views.

## Statement from Wiltshire Health Select Committee

### Statement from Wiltshire Council – Health Select Committee

**Wiltshire Council**

Wiltshire Health and Care (WHC)

Statement from Wiltshire Council – Health Select Committee, dated 15 June 2021

The Wiltshire Health Select Committee welcomes the opportunity to comment on the quality account. The 2021 election period and subsequent time before the Health Select Committee membership was finalised has meant that this review has been accelerated to meet the account deadline.

As in previous years, the quality accounts have been presented in an engaging and easy to read format. Thank you once more for including an executive summary, it was extremely helpful to have a summary of the priorities identified for the previous year and the subsequent outcomes.

The tremendous challenges in responding to the COVID-19 pandemic whilst simultaneously maintaining service delivery was noted, as were the achievements and opportunities documented within the account.

The focus on training was particularly pleasing and although it had not been possible to complete during 2020/21, it was welcomed that dates had been scheduled for Quality Improvement Training in July 2021 and for Staff Champions in September 2021. The decision to continue to deliver and monitor the requirements of Commissioning for Quality and Innovation (CQUINs) was commendable. In respect of priority 5 relating to wheelchair services, it was positive to see the utilisation of the new WATCH tool. The committee will be interested in how this source of intelligence helps to further improve service delivery. The impact of the pandemic towards delivery of priority 4 (Increasing the patient and public voice) was noted and as initiatives like 'carer cafes' commence, it will be key to see how the service evolves to support carers.

As the country continues to progress along its road map out of the pandemic, the committee is particularly interested in understanding the plans in place for Wiltshire Health and Care as it moves from a 'response' mode to one of 'recovery'. 2020/21 has presented unique challenges for organisations and with that in mind we intend to invite Wiltshire Health and Care to brief the Health Select Committee in the autumn on its COVID-19 recovery plans. At the meeting an update on those priority activities that have been suspended or delayed from 2020/21 would be extremely welcomed.

Cllr Johnny Kidney,  
Chairman of the Health Select Committee, Wiltshire Council

# Contact us

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



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## Patient Advice and Liaison Service (PALS)



0300 1237797



[PALS.wiltshirehealthandcare@nhs.net](mailto:PALS.wiltshirehealthandcare@nhs.net)

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## COVID secure

Please note that all of the photos in this document were taken pre-COVID-19 pandemic

