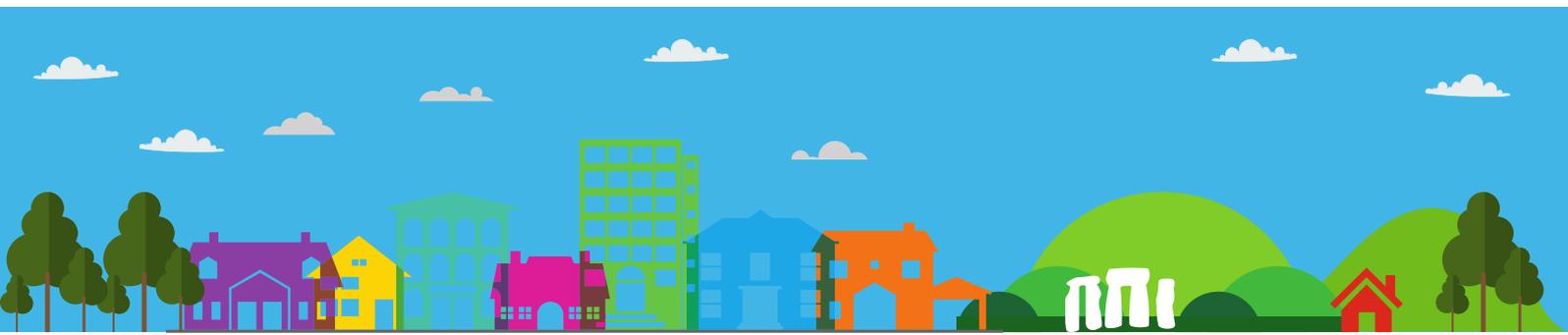




Quality Accounts



2021/22



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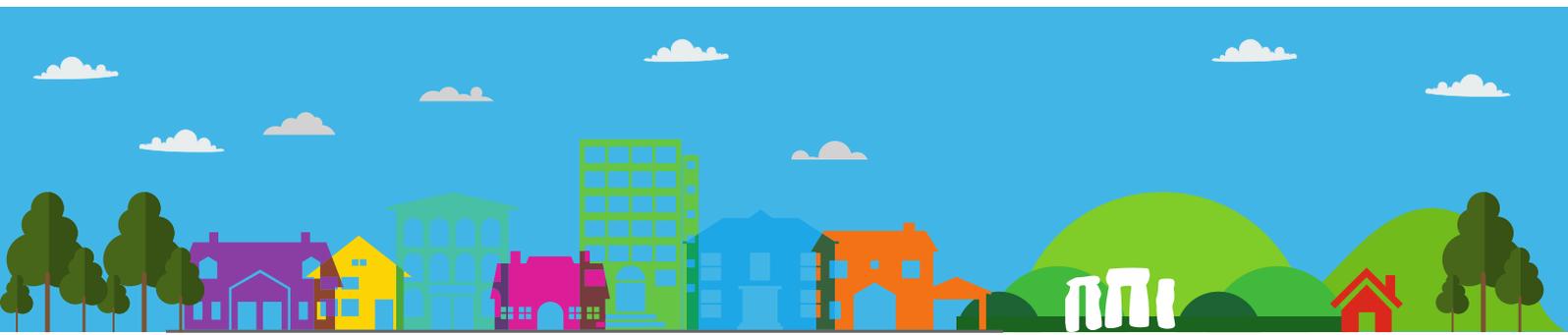
Any enquiries regarding this publication should be sent to us at ask.wiltshirehealthandcare@nhs.net



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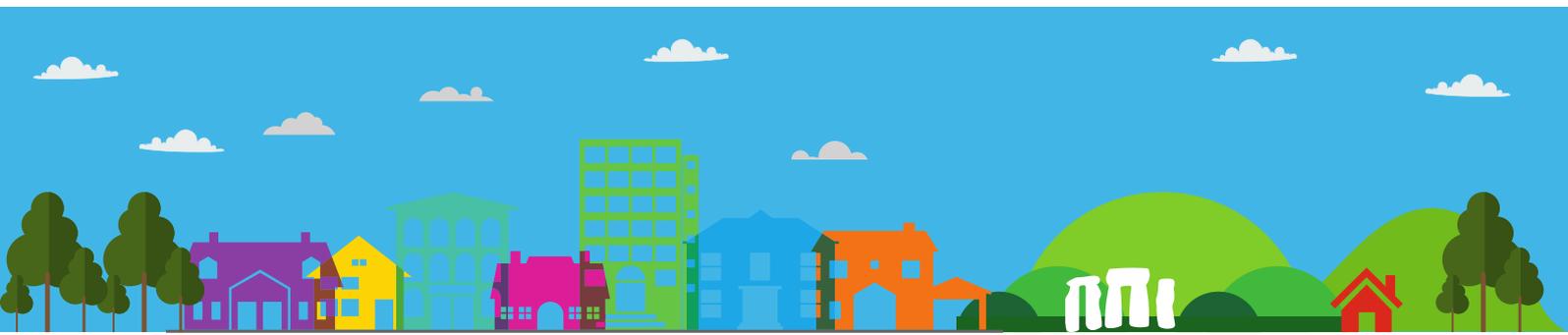
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Section 1

Introduction



Statement from the Chair of the Board

Welcome to Wiltshire Health and Care's Quality Account 2021/22, 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 in which our staff have had to overcome extra-ordinary challenges. Wiltshire Health and Care has played a pivotal role in helping the NHS cope with the pandemic across the County, from supporting the vaccination programme and delivering a long-COVID service to supporting the discharge of patients from the acute hospitals to our community hospitals or to their own homes. And while doing this important work we have also delivered against the wide range of quality priorities that we set for ourselves at the start of the year.

For the coming year we have renewed our delivery plan with its focus on helping the people who live in our communities to live healthy, independent lives and we will stand shoulder to shoulder with our colleagues across the BSW area as we deal with the aftermath of the pandemic and the challenges ahead.



Stephen Ladyman
Chair of the Board
Wiltshire Health and Care



Statement from the Managing Director

It is my pleasure to introduce the 2021-22 Quality Account for Wiltshire Health and Care. This document summarises a wide range of activities, priorities, and achievements in the last year. We have been continually improving our clinical governance approach and processes as well as delivering quality improvements for Wiltshire Health and Care services.

I am pleased that we can provide positive examples of progress being made - particularly considering the exceptional pressures that teams across Wiltshire Health and Care have been operating under during the last two years. The fact that we have continued to make improvements, as well as respond quickly to a changing landscape, is a testament to the commitment, hard work and sense of duty that exists across all services and locations. I want to thank the entire team for this.

If you are reading this Quality Account and want to find out more or get involved in changing and improving Wiltshire Health and Care services, please visit www.wiltshirehealthandcare.nhs.uk for more details about how to do so.



Douglas Blair
Managing Director
Wiltshire Health and Care



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 receives, and patient feedback about the care provided. [1] It is an important way for Wiltshire Health and Care to provide an overview of the quality of the services provided, recognising the areas of good and outstanding practice and identifying areas where improvements are needed. The Quality Account also provides a forward look at the quality priorities for the coming year (2022/23) 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

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

About our Quality Account

Wiltshire Health and Care 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 continued to deliver our services throughout the second year of the COVID-19 pandemic which affected all facets of Wiltshire Health and Care service delivery. We are proud of how Wiltshire Health and Care was able to adapt and change quickly to keep core services supporting our patients, carers and each other in the midst of uncertain times of the pandemic.

Throughout 2021/22 we made sure we continued to develop and deliver services in line with our strategy and key 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

Who are we?

Wiltshire Health and Care is an NHS 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 formed by the three local Foundation Trusts which serve Wiltshire: Great Western Hospitals NHS Foundation Trust; Royal United Hospitals Bath NHS Foundation Trust; and Salisbury NHS Foundation Trust.

We 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 due to run until 31 March 2024. We have our own Board, dedicated leadership, and delivery 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, Swindon, and Wiltshire (BSW) to care for our local population[2].

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[3].

[2] [What is WHC - WHC](#)

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

Our Services

Wiltshire Health and Care is operationally organised into three areas: (i) Inpatient Services and Minor Injury Units, (ii) Core and Community teams, and (iii) Long term conditions and musculoskeletal. Each of these areas are explained below and the services that sit within them listed.

Inpatient services and Minor Injury Units

Providing urgent injury and inpatient services across the county of Wiltshire.

Flow hub	Team providing single point of referral for all discharge pathways one to three by working in collaboration with health and social care colleagues.
Inpatient wards	Providing adults with care, treatment and rehabilitation services in our four wards.
Minor Injury Units	Providing minor injury treatments for patients in Chippenham and Trowbridge



Core Community Teams

These teams support patients in the community with their health and rehabilitation needs.

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 related to continence.
Frailty Expertise	Consultant practitioner in frailty and Consultant Geriatricians from local acute trusts provide specialist care to the frail and elderly population.
Intensive Rehabilitation	Work with the relevant providers of step down bed based care to provide holistic assessment and treatment for people who have complex rehabilitation needs.
Lymphoedema	Provides non-palliative Lymphoedema care
Tissue Viability	Manages patients with complex or compromised skin integrity or leg ulcers
Urgent Crisis Response	A two-hour response, typically required when a patient is at risk of admission or re-admission to hospital due to a 'crisis' and they are likely to attend an Emergency Department within the next 2 to 24 hours

Long term conditions and MSK

Services that support patients to receive specialist long term condition support and expertise, plus musculoskeletal interventions, treatment, and support.

Community Fracture Clinic	This clinic provides the complete follow up service, and patients will be assessed by a specialist orthopaedic clinician. The service allows you to be seen at your local community hospital or receive a telephone consultation
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
First contact physiotherapy	Provides patients with direct access to musculoskeletal physiotherapy at their local GP practice. They can help patients with musculoskeletal issues such as back, neck and joint pain by assessing and diagnosing issues, giving expert advice on how best to manage their conditions; and referring them onto specialist services if necessary.
Heart Failure and Cardiac Diagnostics	Our community specialist team can assess Wiltshire residents who have suspected heart failure, providing heart scans called echocardiograms.
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
Orthotics	Provides functional orthoses that support a person's activity of daily living

Wiltshire Health and Care Quality Account 2021/22

Podiatry	Provides specialist and general interventions for foot health and biomechanics
Physiotherapy	Provides a comprehensive outpatient musculoskeletal service
Respiratory	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
Wiltshire Wheelchair Service	Provides wheelchairs and specialist supportive seating
Wiltshire Orthopaedic Interface Service	Is a musculoskeletal assessment service run by Advanced Orthopaedic Practitioners



Our approach to Quality

Quality is the foundation for all decision making and actions undertaken by Wiltshire Health and Care, fulfilling our objective to ensure the delivery of safe and effective care. The Named Executive Lead for Quality in Wiltshire Health and Care is the Director of Quality, Professions and Workforce. The provision of high-quality care is measured against the Care Quality Commission domains:



Since its inception in 2016, Wiltshire Health and Care 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. Wiltshire Health and Care has developed its 'floor to board' governance arrangements over the years and uses Policy and Oversight Groups to support and assure the Executive Team. Further enhancement of the clinical governance structure is provided via oversight and scrutiny by



Safe

People are protected from abuse and avoidable harm



Effective

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence based where possible



Caring

Staff involve and treat people with compassion, kindness, dignity, and respect



Responsive

Services are organised so they meet people's needs



Well Led

Leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Wiltshire Health and Care Quality Account 2021/22

our Non-Executive Directors through the Quality Assurance Committee. The organisational chart below shows the flow of quality reporting through Wiltshire Health and Care.

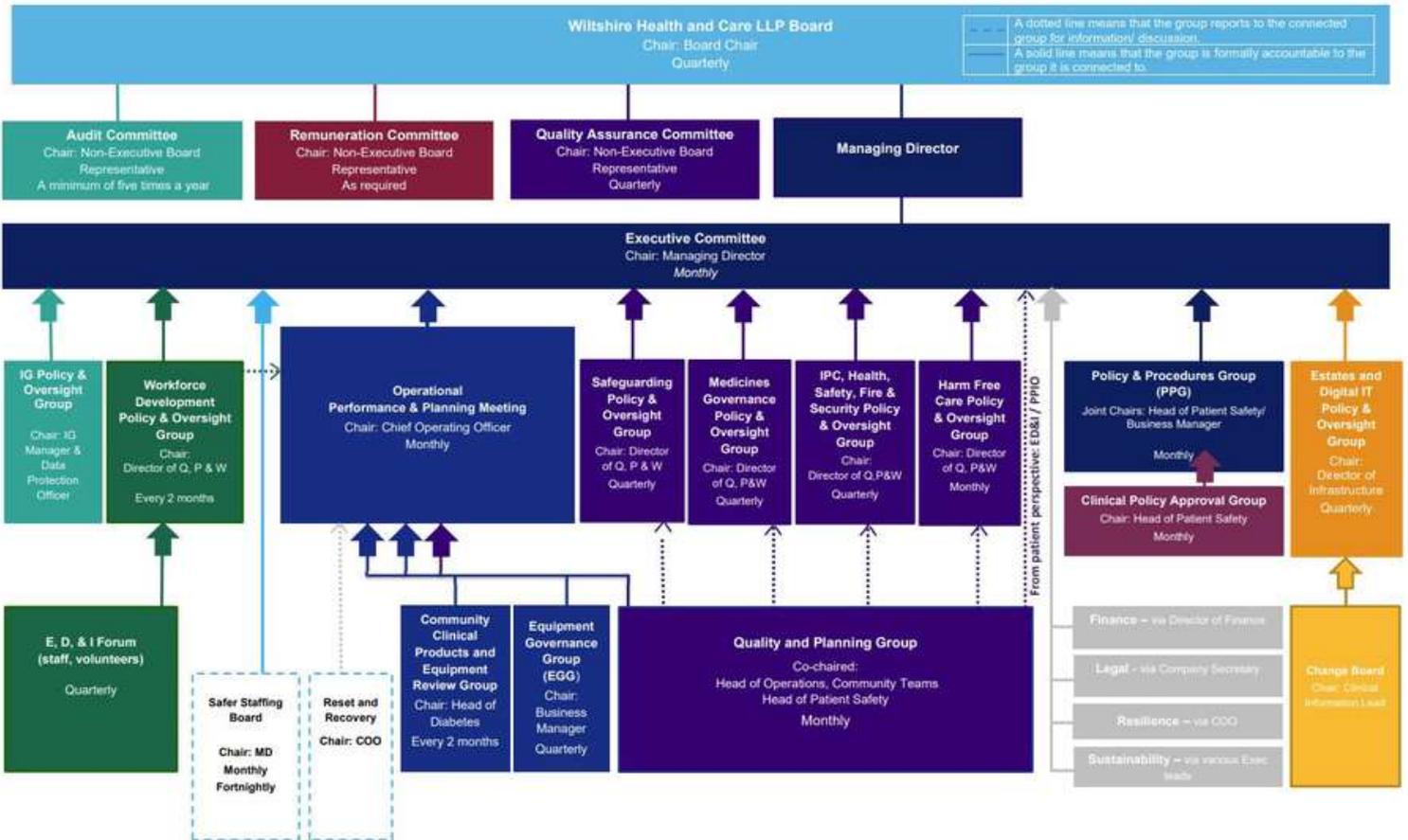
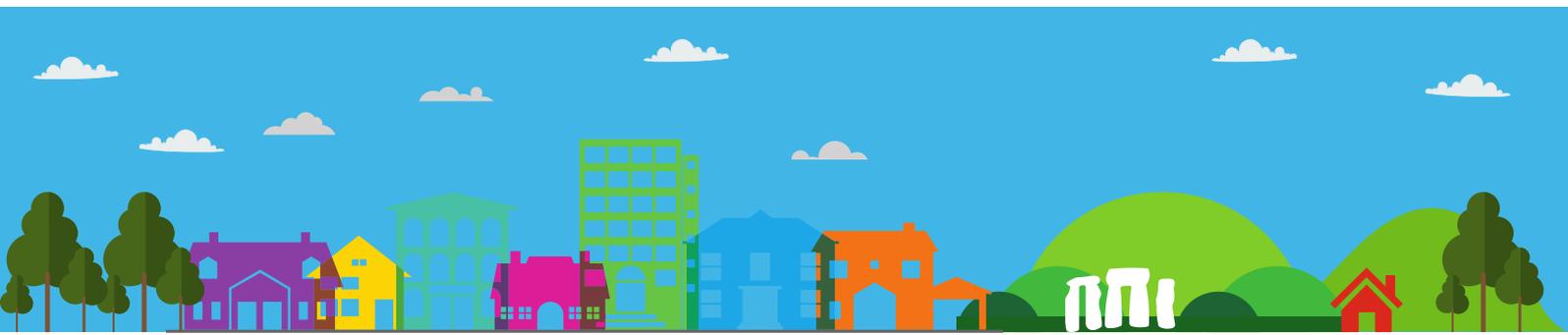


Figure 1 WHC Governance Structure

Section 2 Looking back at 2021/22 Priorities



2021/22 Quality Priorities

Our quality priorities for 2021/22 were developed by considering several key factors: the quality improvements that have been achieved since the start of Wiltshire Health and Care in July 2016, what our patients and the public are telling us, alignment with our Delivery Plan and the continual process of checking against quality and performance data, best practice, clinical evidence, and national guidance. Our priorities were:

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

Quality Priority one - We will further develop our Quality Systems

Detailed objectives	Updates
<p>Our electronic quality system is refined, including the "blueprint" 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.</p>	<p>A blueprint of the system has been developed and will continuously be updated in line with any system changes. Wiltshire Health and Care have adopted the RLDatix CCS2[4] coding to enhance consistency and reliability by users, with the goal being to collect actionable data and facilitate learning. The incident reporting and investigation forms have been re-designed to capture relevant information and to support a more detailed investigation.</p>

[4] [file_63.pdf \(healthmatrixcorp.com\)](#)

Detailed objectives	Updates
<p>Re-introduction of RLDatix champions and development of a working group.</p>	<p>The re-launch of RLDatix champions will be carried into 2022/23 and RLDatix changes will form part of the Change Request Board.</p>
<p>Expansion of our solid foundation of 'shared learning' in Wiltshire Health and Care.</p>	<p>Wiltshire Health and Care has continued priority meetings during 2021/22 despite COVID-19 pressures. This has enabled us to present and disseminate key learning from a range of quality indicators, investigations internal and serious incidents, incident investigations, feedback, and audits.</p>
<p>Embed the Care Quality Commission new approach to oversight, known as the "Transitional Monitoring Approach" into Wiltshire Health and Care's business as usual.</p>	<p>Regular Engagement meetings continue to take place throughout the year between Wiltshire Health and Care and a representative from Care Quality Commission. Ad hoc information has been requested by Care Quality Commission and has been provided by Wiltshire Health and Care within a prompt time frame, this is consistently logged for ease of reference.</p>

Quality Priority two - We will refine our clinical strategy with a focus on the deteriorating patient

Detailed objectives	Updates
<p>Monitoring accuracy and correct escalation process</p>	<p>Bespoke National Early Warning Score (NEWS2) training for individual members of staff across the inpatient wards has been completed. NEWS2 charts across the inpatient wards have been audited, with formatting changes to improve compliance and accuracy. NEWS2 continues to be part of Community Team and Minor Injury Unit assessments. During 2022/23 Wiltshire Health and Care are appraising the national Restore2 model developed for care homes, to determine whether this would be appropriate to roll out across the inpatient wards.</p>
<p>Audit for inpatient transfers to Acute providers and evidence appropriate escalation of patient needs</p>	<p>Wiltshire Health and Care were able to establish a process to ensure feedback when required relating to discharges from other organisations, this is being piloted using our electronic incident reporting system to support.</p>
<p>Published organogram of professional lines of accountability throughout Wiltshire Health and Care</p>	<p>The lines of professional accountability have been mapped throughout Wiltshire Health and Care and shared through our Executive Committee. They will be refined further during 2022/23.</p>

Quality Priority three - We will promote a culture of Equality, Diversity and Inclusion across our staff and patients

Detailed objectives	Updates
<p>Charitable funds focus for 2021/22 on dementia friendly environments in Wiltshire Health and Care.</p>	<p>Within the inpatient setting we continue to be committed to improving the care of patients with dementia and improving their experience of hospital and care settings. There is an acknowledgement that all our patient facing environments need to be more dementia friendly and charitable funds have been allocated to support with an initiative to make these improvements. Works have taken place on our Cedar Ward and are planned as part of our refurbishment of Longleat Ward. Agreement has been reached on consistent use of orientation clocks and toilet signage in all patient areas across Wiltshire Health and Care. Work is ongoing to purchase and install these clocks and signs.</p>
<p>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.</p>	<p>The Wiltshire Health and Care Engagement Strategy has been developed and is currently out for consultation. This will be agreed and rolled out by Q2 2022/23.</p>

Detailed objectives	Updates
<p>Work to identify and reduce health inequalities.</p>	<p>The Community Team for People with Learning Disability have undertaken some fantastic work in supporting the vaccination programme to ensure that people with a learning disability do not face health inequalities and are supported with reasonable adjustments to enable their COVID-19 vaccination. Since the beginning of the vaccination programme, this team supported over 250 people to have their COVID-19 vaccinations. Support provided by the team has varied from undertaking Mental Capacity Assessments and providing accessible information, to supporting the COVID-19 vaccination centres.</p>
<p>Continue our patient centred approach to ensure patients are empowered to live healthy and independent lives.</p>	<p>Wiltshire Health and Care strives to ensure our care is always patient centred to empower healthy and independent living. An example of this from the Wheelchair Services; a young patient with Motor Neurone Disease requiring a powered wheelchair for indoor and outdoor use, as their mobility had significantly deteriorated, was assessed, and provided with a bespoke wheelchair within 7 weeks, which enabled them to continue work and live independently.</p>

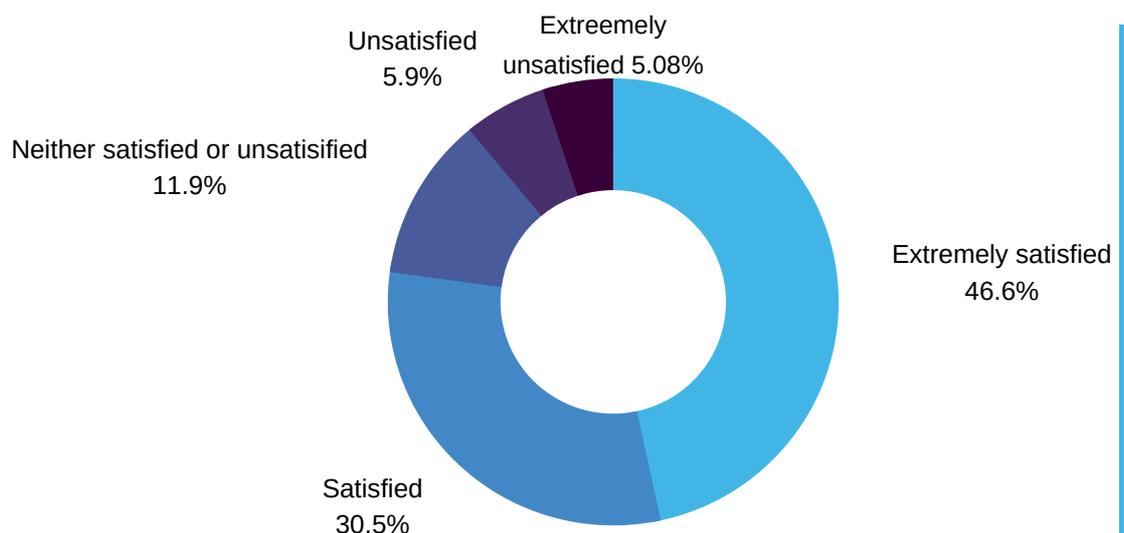
Quality Priority four - We will aim for a 50% reduction in severe avoidable medicine related incidents by 2024

Detailed objectives	Updates
<p>Evidence shared learning from medicines-safety incidents.</p>	<p>In 2021/22 we have:</p> <ul style="list-style-type: none"> • Developed of Action Learning and bespoke learning sessions for teams where learning from individual incidents is shared by Medicines Optimisation Pharmacist and the Education department to practitioners attending the sessions. • In our Non-Medical Prescribing sub-group has added a standing agenda item for adverse drug reactions and yellow card reports. Any internal adverse drug reaction incidents are also shared in this forum. • Our Medicines team have initiated a Bath and North East Somerset, Swindon, and Wiltshire wide community services provider group to discuss medication incidents and learning.
<p>Reduce incidence of missed medication incidents on inpatient units.</p>	<p>Our Medicines Team continue to work closely with clinical and operational leadership on in-patient wards to assess the current position on missed medications. An action plan will be developed from this. Senior clinical leadership on in-patients is designing a daily checklist to include a missed medicines checklist for use after each medicines administration round.</p>

Detailed objectives	Updates
<p>Implement a Bath and North East Somerset, Swindon, and Wiltshire wide End of Life community prescription chart.</p>	<p>The Education and Training Lead will be proposing this to the End-of-Life group for further discussion. Wiltshire Health and Care is now an outlier in this as Bath and North East Somerset and Swindon are both using the chart.</p>
<p>Complete Care Quality Commission Controlled Drugs self-assessment.</p>	<p>This work is in progress. Medicines Optimisation Pharmacists have been meeting regularly in 2021/22 on this assessment.</p>
<p>Explore and scope opportunities to utilise the pharmacy skills set across Wiltshire Health and Care to improve medicines optimisation.</p>	<p>Medicines Optimisation Pharmacists are working with partners within Bath and North East Somerset, Swindon, and Wiltshire and further afield to scope opportunities to utilise pharmacy skills available within the region to improve medicines optimisation within Wiltshire Health and Care.</p>

Quality Priority five - We will deliver COVID-19 recovery

Detailed objectives	Updates
<p>Reduction in pressure ulcers across Wiltshire Health and Care.</p>	<p>The Pressure Ulcer Quality Improvement Plan has been embedded into the work of all Community Teams. There has been a reduction in pressure ulcer related Serious Incidents over the last 3 years which can be directly attributed to the Pressure Ulcer Improvement Plan and improved processes of reporting, investigating, post incident reviews and peer reviews. This is supported through continued and evolving education for Wiltshire Health and Care colleagues that includes virtual Pressure Ulcer Updates</p>
<p>Monitoring and management of Long COVID patient needs.</p>	<p>Wiltshire Health and Care has received 1569 referrals and, of those, over 1400 have been assessed by our Allied Health Professional team, then discharged with advice, or referred to one of the three Bath and North East Somerset, Swindon, and Wiltshire rehabilitation hubs. In the recent patient satisfaction survey 76.61% were satisfied with our service.</p>



Graph 1 - Satisfaction Survey Question "How satisfied are you with the service": Long COVID Service - Nov-Dec21

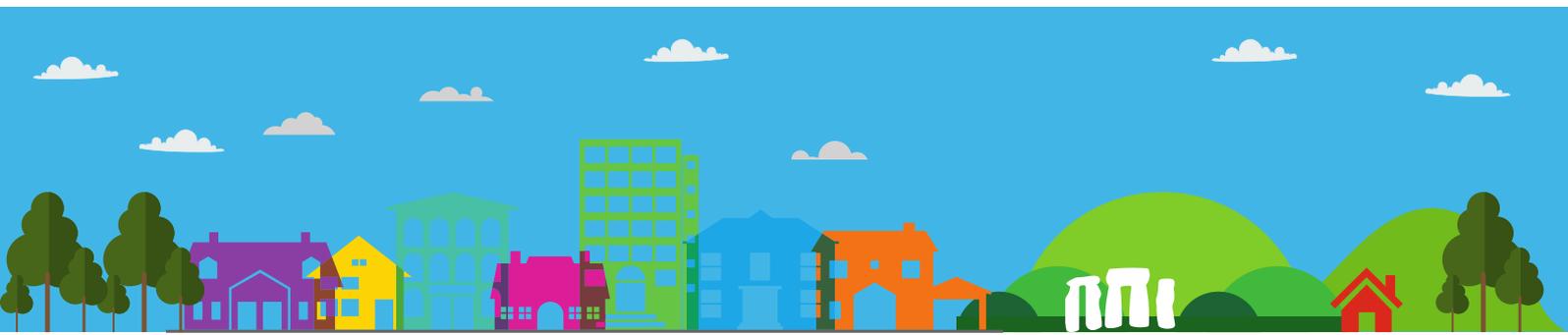
	<p>The service has discussed 286 cases at Multi-disciplinary Team and made under 20 referrals into secondary care,</p>
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	<p>showing efficiency for patient care and cost effectiveness. Wiltshire Health and Care has created a rehabilitation pathway that is consistent across Bath and North East Somerset, Swindon, and Wiltshire, including one to one Occupational Therapy, breathlessness management and healthy futures a group based self-management programme. The service has linked with Active Health, English National Opera breathe programme, social connectors, Improving Access to Psychological Therapies, employment advisors across Bath and North East Somerset, Swindon, and Wiltshire.</p> <p>Service evaluations and audits are planned for 2022/23, the service is a patient identification site for the Oxford University trial of the role of the brain and brainstem in breathlessness and Wiltshire Health and Care will be a trial site for the LISTEN^[5] trial run by Cardiff University, evaluating 1:1 intervention over 10-week period.</p>
<p>Review of Infection, Prevention and Control delivery at Wiltshire Health and Care against standards and regulatory requirements to establish gap and action plans (as needed)</p>	<p>Wiltshire Health and Care continues to monitor and amend local guidance to align as far as possible with national guidance with local risk-based assessment. Wiltshire Health and Care are also an active member of the Bath and North East Somerset, Swindon and Wiltshire Regional Infection, Prevention and Control network to share best practice and agree a system approach. COVID-19 management guidance continues to evolve and change frequently.</p>
<p>Improve Anti-microbial Stewardship across Wiltshire Health and Care</p>	<p>Wiltshire Health and Care has worked in partnership with Bath and North East Somerset, Swindon, and Wiltshire colleagues to develop strategy for Antimicrobial Stewardship. Recruitment into a Pharmacy role is still outstanding – this role will lead on pharmacy Antimicrobial Stewardship and related improvement projects once recruited. Wiltshire Health</p>

[5] LISTEN - Centre for Trials Research - Cardiff University

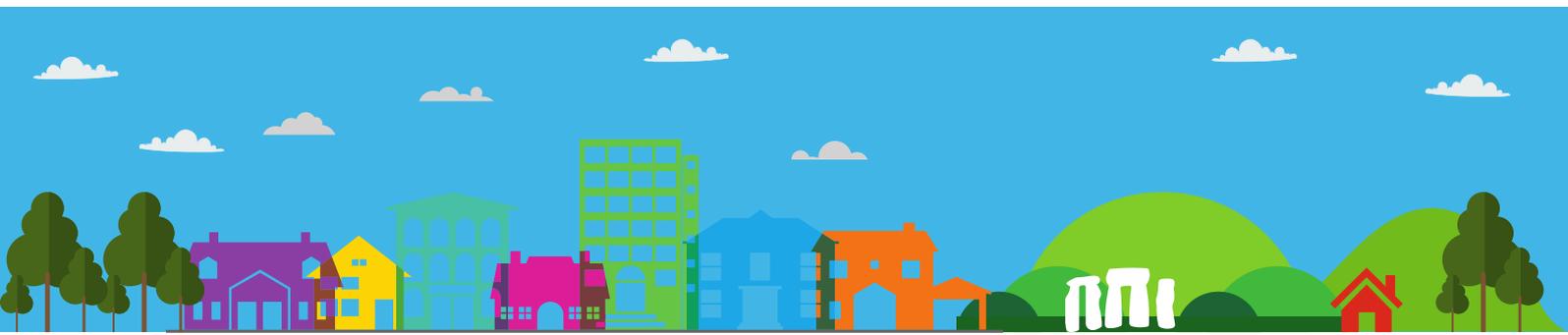
	<p>and Care are part of the Clostridium difficile South West Collaborative and Hydration Collaborative. During 2021/22 an Antimicrobial Stewardship audit has been developed, ready for rollout during 2022/23. The Medicines Optimisation Pharmacist is a member of the Bath and North East Somerset, Swindon, and Wiltshire Antimicrobial Stewardship committee. Wiltshire Health and Care has a Multi Drug Resistant Organism Standard Operating Procedure available to staff and this has been discussed and shared with Inpatients colleagues.</p>
<p>Establish mechanisms for consistent and timely advice from the Infection, Prevention and Control team</p>	<p>The Wiltshire Health and Care COVID-19 Call Group continue to meet weekly to ensure changes to advice and guidance are shared in a timely way with colleagues utilising the intranet Coronavirus page. The Communications and Engagement Lead attends this meeting weekly to ensure organisation wide communications are co-ordinated – Infection, Prevention and Control Services update relevant protocols in partnership with operational colleagues.</p>

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Section 3

Quality and Effectiveness



Patient Safety

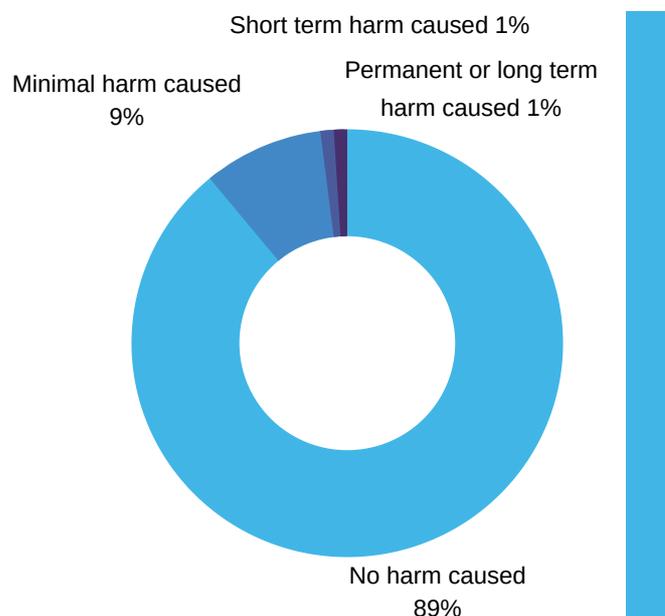
Incident Reporting

Team members use RLDatix, incident reporting software, to report and manage incidents. Through this year improvement work has occurred to enhance the incident management process and optimise the RLDatix database. Wiltshire Health and Care continues to maintain a proactive safety culture with 5896 incidents reported during 2021/22. Of these:

- 647 were patient safety incidents, of which ninety-eight percent of patient were no to low harm (as displayed in the Graph 2).
- 1182 of these incidents were recorded as incidents that originated outside Wiltshire Health and Care services. When this happens, we ask the third-party organisation for feedback and any action they will take to improve their services.

All incidents regardless of their level of harm or source 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.

“98% no to low harm”



Graph 2 - Harm profile of incidents reported: WHC – 2021/22

Authors

Caroline Wylie, Head of Patient Safety and Quality
Tom Blowers, Risk and Complaints Manager

Incident Themes

One of the key roles for Community Teams is to care for patients with complex co-morbidities. Consequently, the top reported themes (see Figure 2) are aligned with our core business. However, Wiltshire Health and Care are working hard to reduce these numbers where possible, particularly where pressure related damage and falls occur in our care. Improvement plans are in place for these areas. All infection, prevention and control related incidents are also reported, including staff affected. The safeguarding reporting includes alerts escalated to the local authority, which enables Wiltshire Health and Care to track outcomes.

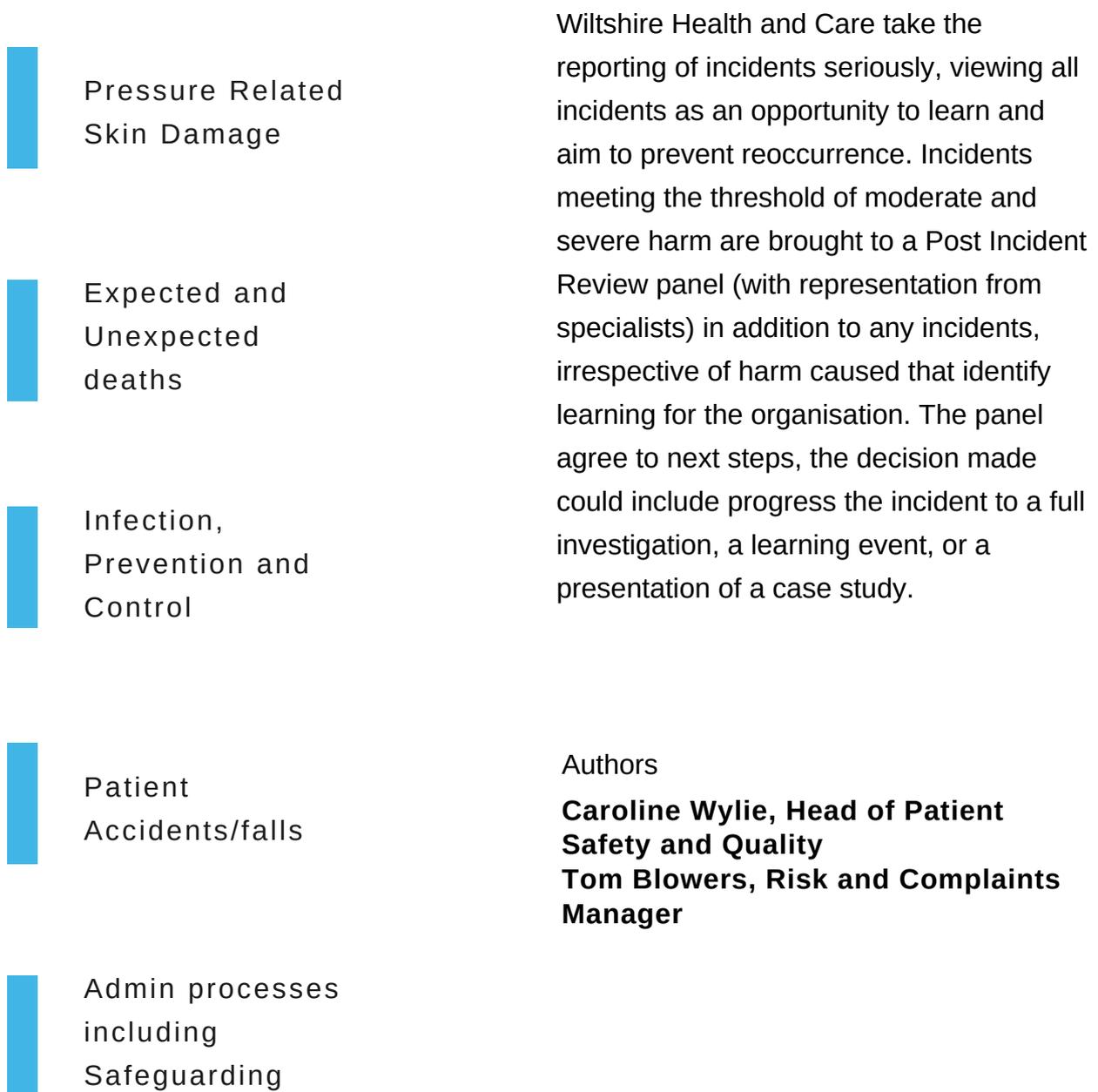


Figure 2 - Top Incident themes

Data Quality

Organisations need to collect accurate data so they can define the quality of the services they provide. This section is designed to give an indication of the quality and accuracy of the information Wiltshire Health and Care collects.

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.

- NHS number: 99.97%
- Postcode: 100%
- Practice code: 99.62%
- Diagnosis (inpatients): 98%

NHS number, Postcode and Practice Code completeness has high compliance which means we can access shared data where applicable, also in our correspondence and communication a patient is clearly identified which reduces the chance of the data being recorded on the wrong record therefore there is improved patient safety and quality.

Clinical coding error rates

Wiltshire Health and Care was not subject to the Payment by Results clinical coding audit during 2020/21.

Author

Jane Cheeseborough, Advanced Information Analyst

Data Security and Protection Toolkit

The Data Security and Protection Toolkit sets out the National Data Guardian's data security standards for organisations which have access to NHS patient data and systems. Each year, Wiltshire Health and Care completes a mandatory self-assessment of its information governance arrangements via the toolkit. There are 10 categories in the toolkit, containing 43 mandatory evidence requirements, plus a further 42 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

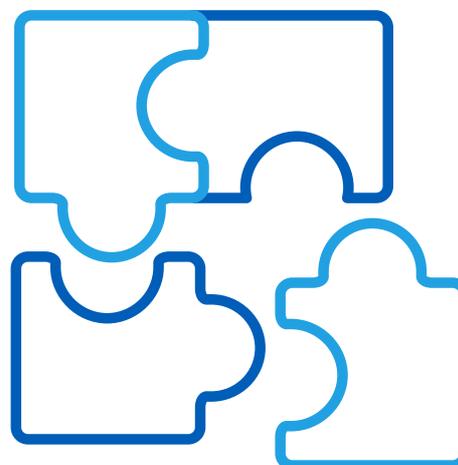
NHS Digital have implemented a permanent change to the submission of the Data Security and Protection Toolkit, Wiltshire Health and Care is now required to complete an annual submission by the 30th of June, which covers the period 1st July – 30th June.

Wiltshire Health and Care submitted the 2020/21 Data Security and Protection

Toolkit on the 9th of June 2021 to a "Standards Met", with a locally calculated compliance level of 93%. There is no longer any requirement for the Wiltshire Health and Care Data Security and Protection Toolkit to be audited. Wiltshire Health and Care did commission a General Data Protection Regulation (GDPR) compliance audit in October 2021 by our internal auditors (BDO) and provided a satisfactory level of assurance with three actions identified, all of which have been completed.

Author

Steve Lobb, Information Governance Manager & Data Protection Officer



Regulators

Care Quality Commission

The Care Quality Commission is responsible for ensuring health and social care services meet essential standards of quality and safety. Healthcare providers must register their service with the Care Quality Commission, or they will not be allowed to operate. Wiltshire Health and Care is a registered provider with the Care Quality Commission.

Last rated
9 October 2017



Figure 3 - Wiltshire Health and Care: Care Quality Commission Inspection Rating - 2017

Care Quality Commission rating and what it means for Wiltshire Health and Care - In October 2017, Wiltshire Health and Care received an overall ‘Good’ rating from Care Quality Commission. Since then, Wiltshire Health and Care has continued to improve and develop its approach. As part of the Care Quality Commission’s new strategy[6],

[6] [Our monitoring approach: what to expect | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/about-us/monitoring-approach)

Wiltshire Health and Care Quality Account 2021/22

the Commission are developing a new regulatory model that aims to put data and insight front and centre of how they will work with providers in the future. Their aims and ambition intend to be more dynamic and flexible in how they regulate and provides up to date and high-quality information and ratings. The Quality Team continue to work closely with the Care Quality Commission Relationship Manager and provide requested assurance to queries and whistleblowing in a timely fashion.

Author

Caroline Wylie, Head of Patient Safety and Quality

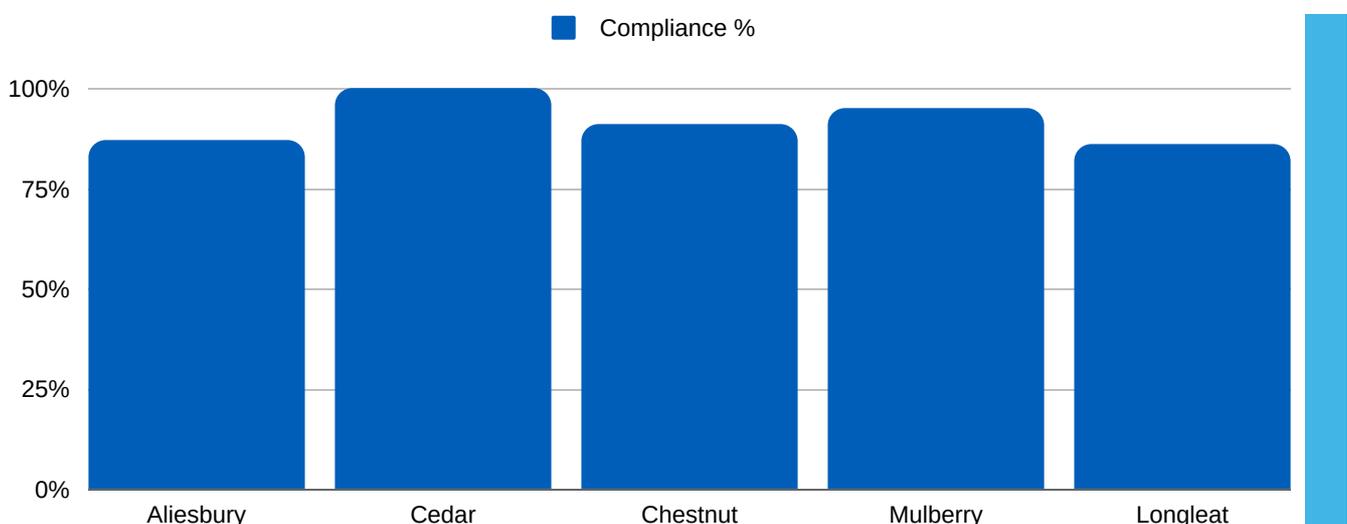
Clinical Effectiveness

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 reporting of CQUINs was suspended during the COVID-19 pandemic (during 2020/21 and 2021/22) however Wiltshire Health and Care was committed to continuing to monitor the requirements. The detail of each CQUIN is provided below, along with the expected targets and Wiltshire Health and Care 's achievements. These CQUINs will be reinstated during 2022/23.

CCG3 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. Our overall performance was 92%, the graph below shows overall compliance (average across the year) against the requirements by ward.



Graph 3 - Malnutrition screening compliance [Average]: Inpatients – 2021/22

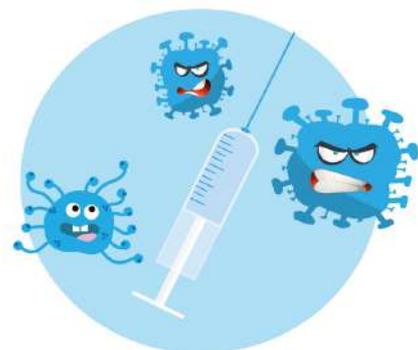
CCG5 Staff Flu Vaccinations

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. Wiltshire Health and Care performance is outlined in Table 1, year on year our performance has changed due to the COVID-19 pandemic disrupting tracking and the increasing size of our workforce.

Year	One - 2017/18	Two - 2018/19	Three - 2019/20	Four - 2020/21	Five - 2021/22
Number of frontline staff	698 : 939	770 : 918	960 : 1066	814 : 1006	930 : 1240
% compliance	75%	84%	90%	81%	75%
Target	70%	75%	80%	90%	90%

Table 1 - Wiltshire Health and Care: Frontline Staff Influenza Vaccine performance - 2017/22

There is a Wiltshire Health and Care Vaccination steering group that regularly meets to review, plan and track actions that include staff influenza vaccine programmes. In 2021/22 Wiltshire Health and Care successfully piloted FluTrack[7] which has reduced wasted paper and potential for transcription errors, and duplication while increasing the ease of influenza vaccination process for staff (including our peer vaccinators).



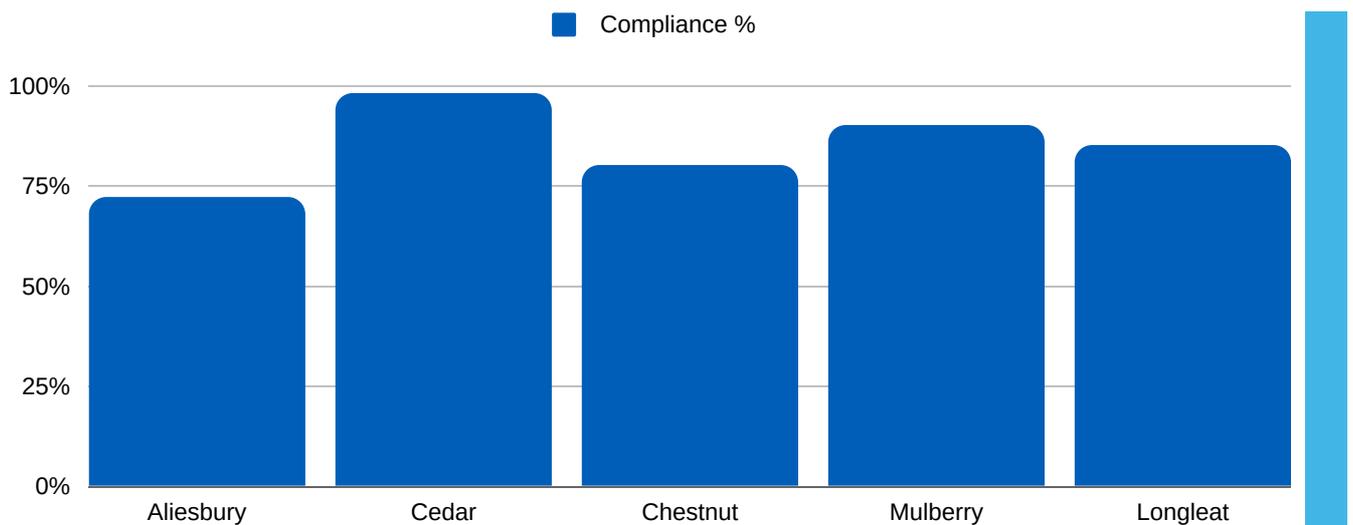
[7] [VaccinationTrack — Quantum Health Solutions \(qh-solutions.com\)](https://www.quantumhealth.com/vaccination-track)

CCG11 Lower Leg Wounds

Achieving 50% of patients treated in the community nursing service with a wound on their lower leg have their diagnosis and treatment needs met within 28 days. During 2020/21 Wiltshire Health and Care committed to develop improvement plans for each Community Team, which was achieved. A Pressure Ulcer Quarterly Audit is in the process of being developed to roll out in 2022/23, there is no performance data before this audit commences.

CCG12 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. Our overall performance was 85%, the graph below displays compliance (average across the year) by ward.



Graph 4 - Pressure Ulcer Risk Audit – 2021/22

Author

Kayleigh Gullis, Clinical Governance Lead

Clinical Effectiveness Programme

Wiltshire Health and Care has processes in place for registering and monitoring Clinical Audits, Quality Improvement Projects, Service Evaluations, Engagement Surveys and National Data Submissions. Wiltshire Health and Care is commissioned to deliver NHS care, so has a responsibility to comply with the national audits for our services. Wiltshire Health and Care participated in 100% of the national projects for which we were eligible. The Wiltshire Health and Care clinical audit programme is prioritised into two priorities:

Priority 1 Mandatory Audits: National Audits, Contract Audits, CQUIN Audits, National Data Submissions

The National Clinical Audit and Patient Outcomes Programme are commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership. The programme comprises more than 30 national audits related to some of the most commonly occurring conditions. Each year, Wiltshire Health and Care review this programme to identify which audits are relevant. Wiltshire Health and Care registered to participate in the following national audits during 2021/22.

- National Audit of Inpatient Falls - National recommendations from this audit have been included in the Falls Quality Improvement Project
- National Diabetes Core Audit - National report awaiting publication
- National Diabetes Footcare Audit - National report awaiting publication
- Pulmonary Rehabilitation Audit - National report awaiting publication
- National Audit of Care at the End of Life - Results and national recommendations being reviewed
- National Audit of Dementia - Withdrawn as the 2021/22 audit was aimed at acute hospitals
- Sentinel Stroke National Audit Programme
 - Post-acute results reviewed, and recommendations developed
 - Clinical audit national report awaiting publication, Wiltshire Health and Care monitor results throughout the year through a localised stroke dashboard

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The reports of two national clinical audits were reviewed in 2021/22 and Wiltshire Health and Care intends to take the following actions to improve the quality of healthcare provided:

- Continue to complete the monthly inpatient falls audit to monitor compliance against Wiltshire Health and Care policy and NICE guidelines (National Audit of Inpatient Falls)
- Promote the Falls Working Group to ensure all services are represented and teams nominate 'Falls Fighters' in their services (National Audit of Inpatient Falls)
- Wiltshire Health and Care's Integrated Community Neuro and Stroke Service has undergone a period of service development over the last year in many aspects and is working towards delivering a need led service with integration where appropriate between ESD and community neuro, working towards providing a seamless transition.
- Wiltshire Health and Care is part of a trial for neuropsychology input. Central to the model are staff forums for the neuropsychologist to advise staff on approaches to intervention, and support and address any issues to progress. (SSNAP post-acute audit)
- The Stroke Specific Education Framework[8] is used and will continue to be reviewed for all staff in the team. A stroke specific training course is available for all staff through partner hospitals. (SSNAP post-acute audit)

Priority 2 Internal Priorities: Organisation priorities such as Infection, Prevention and Control audits, local team audits, quality improvement projects, surveys

The reports of 31 local audits were reviewed in 2021/22 and Wiltshire Health and Care intends to take the following actions (sample from the completed audits) to improve the quality of healthcare provided:

- **Annual Sharps Audit 2021:** The aim of the audit is to assess the effectiveness and safety of the sharps management system across Wiltshire Health and Care. 21 departments were visited during the audit and 66 sharps containers were sighted. The audit achieved 99% compliance. Three departments did not achieve full compliance due to the containers with temporary closure not in use when left unattended or during movement - these departments have been requested to repeat the audit for on a weekly basis for a minimum of three audits or continue until 100% compliance is achieved.

[8] <https://stroke-education.org.uk/>

Wiltshire Health and Care Quality Account 2021/22

- **First Contact Physiotherapy Patient Satisfaction:** The aim of this audit was to evaluate patient satisfaction levels of the First Contact Physiotherapy service in Wiltshire on a quarterly basis. 1720 surveys were received between April and September 2021. **Key Assurances include:** Most patients have rated the First Contact Physiotherapy clinicians as 'excellent' or 'outstanding', demonstrating high satisfaction levels in the service provided. This is in all measured aspects of the patient/ First Contact Physiotherapy consultation from making the patient feel at ease and being allowed to tell their story, to clear First Contact Physiotherapy explanations and discussion of treatment options. 78% of patients rate their First Contact Physiotherapy consultation as being excellent or outstanding. Most comments are very positive about the First Contact Physiotherapy service as a whole and the individual clinicians. **Improvements include:** Clinicians continue to send the survey to all patients at the end of clinic via SMS and on rehab my patient plans. Particularly in areas where fewer survey results are being collected; Longer appointment times have been implemented which will allow clinicians more time to focus on elements such as talking slowly to the patient, explaining things clearly and reducing the feeling of being rushed; and Clinicians to ensure they are fully utilising face to face appointments considering patient choice.
- **RLDatix Satisfaction Survey:** The aim of this survey is to determine staff satisfaction with the incident Management system, RLDatix. 40 members of staff completed the survey which went live for 3 weeks (30th April 2021 to 21st May 2021). **Key Assurances include:** 45% of staff find it easy/very easy to report a compliment; 47% of staff find it easy/very easy to report a concern; Most staff are confident to identify that an incident is third party; 77% of staff are confident in recognising a safeguarding concern; 85% of staff are confident in recognising an infection control incident; 57% of staff are confident in identifying when a post incident review report is required; and 70% of staff are confident in identifying when an incident requires Duty of Candour. **Improvements include:** ensuring the areas of development are included in the RLDatix Quality Improvement Project, which includes: Development of how to guides to support further training; Re-design of the incident forms to support reporting and incident management; Roll out of the new national coding to support choosing of more accurate categories; Removal of questions from the incident forms that can be built into background queries; Development of the investigation module to support internal investigations and serious incidents; and Consideration of patient experience and safeguarding module.

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- Nutrition and Dietetics Documentation Audit:** This audit aims to check patient records written up by dietitians are in line with the record keeping standards. **Key Assurances include:** all abbreviations follow the protocol; Dietetic plan of action is in each one, highlighting the summary of the consultation; and all notes were documented on SystmOne within 48 hours after the consultation. **Improvements include:** adding patients consent to the record: In the short term the team are documenting that we have obtained consent in the patient notes; and in the long term, work is underway with the SystmOne team to update the consultation templates to show consent was given which will act as a prompt for clinicians to ensure they document this.

Clinical Effectiveness Programme Summary

During 2021/22, 134 projects were registered on the programme. Of these:

- 12% (n=16) were fully completed including implementation of improvement plans,
- 11% (n=15) completed with actions plans in progress,
- 37% (n=49) remain in progress,
- 20% (n=27) carried into 2022/23 as planned,
- 15% (n=20) withdrawn during the year
- 5% (n=7) were assessed as not applicable to Wiltshire Health and Care (national projects).

2021/22												
Status:	Overdue Report	4	3%	Type:	First Audit	30	22%	Category:	National	30	22%	
	Overdue Action Plan	0	0%		Re-Audit	36	26%		CCG Contract	3	2%	
	Complete - Overdue AP Completion	8	6%		Quality Improvement Project	13	9%		CQUIN Audit	1	1%	
	Complete	26	19%		Service Evaluation (First)	2	1%		Local	77	56%	
	Complete - Awaiting AP Completion	6	4%		Service Evaluation (Re-Audit)	4	3%		Policy Audit	4	3%	
	Awaiting Report	12	9%		Engagement (First)	23	17%		NCEPOD Study	1	1%	
	Awaiting External Report	7	5%		Engagement (Re-Audit)	6	4%		NICE Audit	2	1%	
	Awaiting Action Plan	0	0%		Review (First)	6	4%		CQC Project	1	1%	
	Progress	24	18%		Review (Re-Audit)	9	7%		Information Governance	11	8%	
	Planned	23	17%		Research	3	2%		Comms/Engagement	4	3%	
	Suspended - COVID-19	0	0%		Data submission	5	4%		Research Project	3	2%	
	Withdrawn	20	15%				137					137
	Not applicable	7	5%									
	Registration Not Approved	0	0%									
			137									
Open/Closed	Open	84	61%	Priority:	Priority 1	44	32%	Frequency:	Annual	40	29%	
	Closed	53	39%		Priority 2	93	68%		Bi-Annual	3	2%	
		137				137			Quarterly	3	2%	
Service:	Core Teams	0	0%	Engagement Projects		41	30%		Monthly	6	4%	
	MSK/LTC	0	0%						Ongoing Data Collection	16	12%	
	Inpatients/MIU/Flow	0	0%						Project Cycle	69	50%	
	Quality	0	0%								137	
	Corporate Services	0	0%									

Figure 4 - Clinical Effectiveness dashboard

Withdrawn audits

The COVID-19 pandemic had an impact on Wiltshire Health and Care capacity to complete and engage in audits within the specified deadline dates. In 2021/22, six audits have been affected by the COVID-19 pandemic, with start dates being deferred or audits being withdrawn, as listed below.

- CS-166/4 Compliance with NICE CG88/NG59 for Persistent Low Back Pain Re-Audit
- CS-201/4 National Parkinson's Audit 2021/22
- CS-246/2 Missed Medications within the Inpatient Wards Re-Audit 2021
- CS-247/2 Missed Visits within the Community Teams Re-Audit 2021
- CS-263/2 Cauda Equina Syndrome Pathway for Physiotherapists 2021/22
- CS-277/1 Controlled Drug Self-assessment 2019

These included National Audits/CQUINs being withdrawn by NHSE. Where audits were withdrawn due to capacity constraints, they have been added to the 22/23 audit programme. Other audits withdrawn were due to the criteria and standards being included in other audits which will be audited in 22/23.

Author

Kayleigh Gullis, Clinical Governance Lead



Research

Clinical research is a central part of the NHS, as it's through research that the NHS can offer new treatments and improve people's health. Organisations that take part in clinical research are actively working to improve the drugs and treatments offered to their patients. This section of the Quality Account demonstrates the number of patients who were recruited to take part in clinical research and being treated by the healthcare provider. Participation in clinical research gives patients access to the latest drugs and treatments in development.

Better Outcomes for Older people with Spinal Trouble Research Study

The aim of the Better Outcomes for Older people with Spinal Trouble (BOOST) 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. Wiltshire Health and Care recruited 20 patients, who all completed the treatment phase of the trial and were re-interviewed at the 6 and 12 months. The research study has now closed, the outcome of this study was delayed due to COVID-19. Wiltshire Health and Care are currently awaiting the final publication.

FibromyALgia Self-management Programme in a Community setting with a nested qualitative study Research Study

A feasibility Randomised Controlled Trial of a Fibromyalgia Self-management Programme in a Community setting with a nested qualitative study (FALCON). Fibromyalgia is a condition associated with widespread musculoskeletal pain, fatigue, and sleep problems. Treatment guidelines recommend non-pharmacological interventions and the development of self-management skills.

The Fibromyalgia Self-Management Programme consists of one 2.5-hour weekly session over six successive weeks and includes education about fibromyalgia, goal

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setting, pacing, sleep hygiene and nutritional advice. The Fibromyalgia Self-Management Programme is currently provided in a secondary care hospital setting and co-delivered by a multidisciplinary team. Delivery in a primary and community care setting has the potential to improve the accessibility of the programme to people with fibromyalgia. This feasibility study aimed to determine the practicality and acceptability of conducting a future definitive randomised controlled trial of the Fibromyalgia Self-Management Programme in a community setting.

The study opened for participant recruitment in May 2019 and was officially closed in April 2021 (across all sites 74 participants were recruited). The research team has submitted a research paper to BioMed Central Ltd musculoskeletal disorders in August 2021 and is awaiting a response from the reviewers. Additionally, we secured Royal United Hospital Bath Research Capability Funding in March 2020 to support writing a funding application for a fellowship that aims to develop the intervention further.

COVID-19 impact on continence care - EPICCC-19 Research Study

This research aimed to explore perspectives of the impact on continence care of COVID-19. Because due to the COVID-19 pandemic, the services that provide care to adults and children with bladder and bowel problems have been changed: for example, telephone consultations rather than face-to-face, in some cases, services stopped altogether. Wiltshire Health and Care Continence Service participated in this study. The study sought to (i) understand the changes that have been made to continence services because of COVID-19; and (ii) identify those who have been worst affected by changes to services, so we know who will require more, or different, support for continence care in the future. The study collected data by asking professionals working in continence services about what advantages and disadvantages for continence care that they have seen from these changes. A write-up of the survey has been submitted to BMC Health Services Research Journal in December 2021, and is currently undergoing peer review..

Social Cognitive Performance Following Oxfordshire Community Stroke Project Classification

The Oxfordshire Community Stroke Project (OCSP) uses a simple and reliable criterion used to subdivide first ever acute ischaemic strokes into four mutually exclusive categories based on the location of cerebral infarct and presenting clinical symptoms. It has demonstrated prognostic value in predicting mortality, cognitive and functional outcomes. The Social Cognitive Performance Following Oxford Community Stroke Project Classification study intended to extend existing research demonstrating the prognostic value of the OCSP to the realm of social cognition, including implications for rehabilitation as a novel component of the research. OCSP was used to investigate group differences in empathy, emotion perception and Theory of Mind, using the Awareness of Social Inference Test - Short version (TASIT-S). Wiltshire Health and Care recruited 4 patients into the study. Individual assessment of participants took 40 minutes, and conducted remotely using an online video calling platform, through which TASIT-S screen was shared. Recruitment has now been completed and analysis of results is currently underway.

Authors

Claire Paling, Spinal Advanced Physiotherapy Practitioner

Carol Langley-Johnson, Head of Operations Long Term Conditions & MSK

Karen Redgrove, Head of Continence

Gemma Lithgo, Neuro therapy clinical lead and physiotherapist.

Kayleigh Gullis, Clinical Governance Lead

Dementia Care

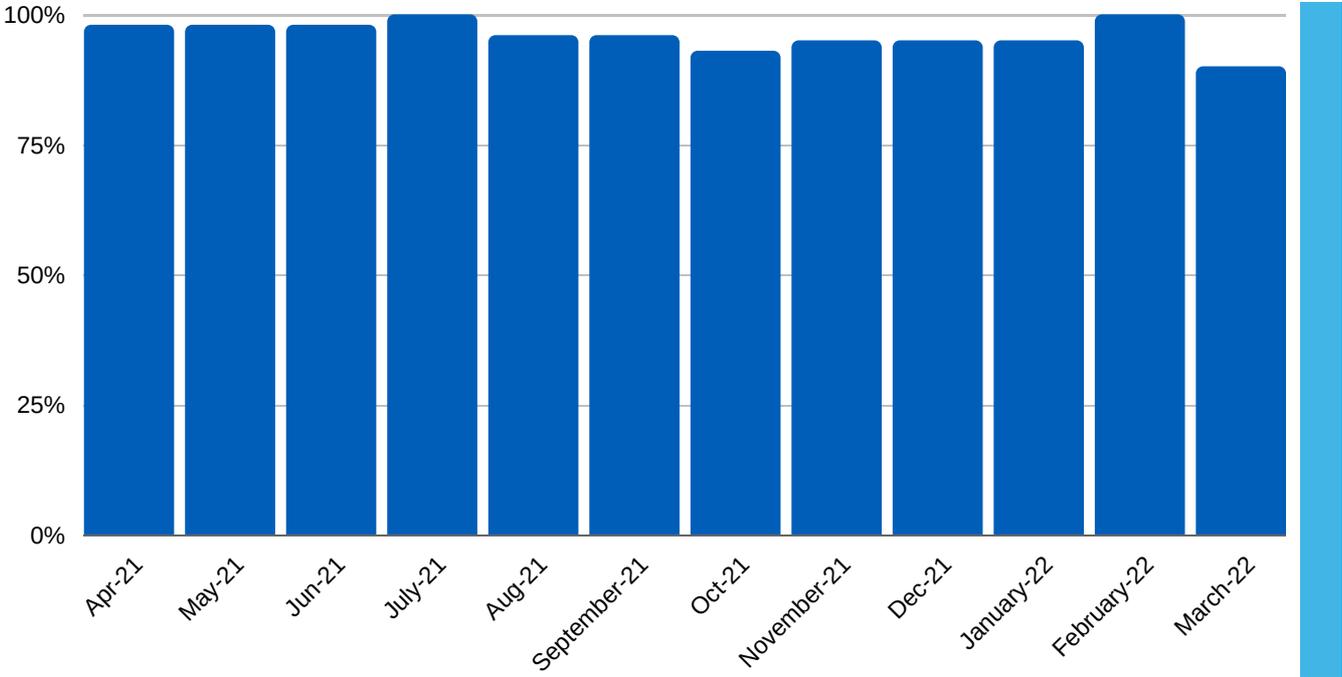
As a person's age increases, so does their risk of developing dementia. In December 2019, 4.3% of people aged 65 years and over in the UK had a dementia diagnosis and the number of people under 65 living with a dementia diagnosis was 3.2 per 100,000. Responding to this need the Prime Minister's challenge on dementia was launched in 2015^[9]. This challenge aims to transform dementia care by: Improving diagnosis, assessment and care for people living with dementia; Ensuring that all people living with dementia have equal access to diagnosis; Providing all NHS staff with training on dementia appropriate to their role; and ensuring that every person diagnosed with dementia receives meaningful care.

Across Bath, Swindon and Wiltshire, organisations have the ambition of providing good 'managing challenging behaviour' training to support staff, accompanied by evidence-based guidance. Within Wiltshire Health and Care, the 'managing challenging behaviour' policy has recently been under review and a working group continue to look at how we can proactively, positively, compassionately, safely, and constructively manage the behaviour of those with dementia (mostly), delirium (sometimes) and LD (occasionally). This links into the joint working within Bath, Swindon, and Wiltshire system to ensure best practice when meeting needs and reducing distress when caring for people with a dementia or delirium diagnosis. In combination with the Enhanced Care Protocol used on our inpatient wards to support staffing levels to increase as patients' acuity of care increases, it is hoped that staff are supported with more practical strategies to help identify, assess, understand, prevent, and manage clinically related challenging behaviour, by preventing or minimising a person's distress and meeting their needs.

^[9] [Prime Minister's challenge on dementia 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/prime-minister-s-challenge-on-dementia-2020)

Inpatients

Wiltshire Health and Care has processes in place to screen for both dementia and delirium within 72 hours of inpatient admission and appropriate guidance to follow according to the dementia/delirium assessment tool. Graph 5 displays inpatient ward combined compliance. Although the aim is for 100% compliance, patients not screened include those that are acutely unwell and so return to acute providers shortly after arrival and younger patients. If either of the screening questions are answered positively then an appropriate clinical work up for either dementia or delirium or both should occur as indicated and any on-going follow up arrangements/recommendations should then be communicated to primary care on discharge.



Graph 5 - Dementia and Delirium 72-hour screen: Inpatients total performance – 2021/22

Community Teams

The community teams continue to work hard to ensure that relevant dementia screening questions are asked on initial assessment of all patients and appropriate follow up action is taken. Figure 5 displays the number of over 75s screened for dementia (using the 6-Cognitive Impairment Test assessment tool) and those who required an onward referral to the patient's General Practitioner for further investigation and assessment. Despite the ongoing challenges within the teams, they remain committed to improving access to diagnosis and the number of patients screened continues to increase with the average number of patients screened increased year on year with 68.3% (2020/21) to 72.4% (2020/21).

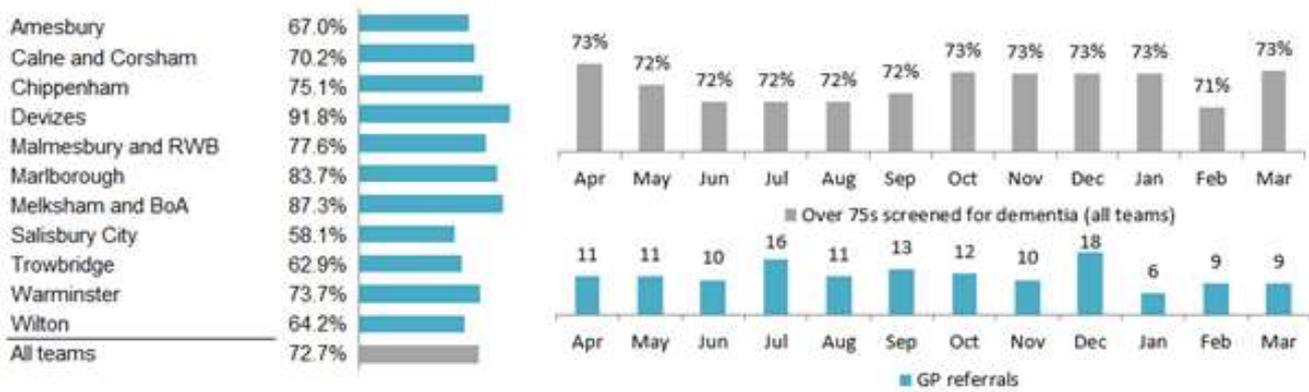


Figure 5 - Wiltshire Health and Care Dashboard excerpt: Community Team dementia screening – 2021/22

Eight Regional Quality Standards

Wiltshire Health and Care has committed to an annual work programme based on the 8 regional quality standards that underpin standard 8 of the national dementia strategies[10]. This programme aims to improve the care and experience for patients with dementia and their carers in all settings.

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

All patients, irrespective of their diagnosis, are treated as individuals and should have a personalised care plan which has been developed in partnership with them to address their own needs and to accommodate, wherever possible, their wishes and preferences.

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.

Wiltshire Health and Care works closely with colleagues from other agencies across the Bath, Swindon, and Wiltshire system, including the local authority. This system working aims to plan and facilitate discharge, a role of value in supporting this the inpatient Discharge Coordinator role – an innovation as part of the COVID-19 pandemic response, because of its success has been made permanent. The Adult Safeguarding Lead supports the inpatient wards with advice and input where needed and wards can refer for Independent Mental Capacity Advocate support when needed. The wards actively encourage patients and their loved ones to provide information such as the 'This is me' document to enable ward staff to provide personalised support.

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.

Wiltshire Health and Care has a pathway to refer patients to Avon and Wiltshire Mental Health Partnership NHS Trust Care Home Liaison Team to support inpatients who have a diagnosis of dementia, which is a valuable resource. However, there can be issues in accessing this support if patients do not have a definitive diagnosis of

[10] [Living well with dementia: A National Dementia Strategy \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/90121/living_well_with_dementia.pdf)

dementia. We continue to work closely with partners in Avon and Wiltshire Mental Health Partnership NHS Trust and the Clinical Commissioning Group to ensure that referral pathways meet the needs of all patients and communication channels are in place to escalate concerns regarding individual patients.

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

Within the inpatient setting we continue to be committed to improving the care of patients with dementia and improving their experience of hospital and care settings. There is an acknowledgement that all our patient facing environments need to be more dementia friendly and charitable funds have been allocated to support with an initiative to make these improvements. Works have taken place on our Cedar Ward and are planned as part of our refurbishment of Longleat Ward. Agreement has been reached on consistent use of orientation clocks and toilet signage in all patient areas across Wiltshire Health and Care. Work is ongoing to purchase and install these clocks and signs.

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

Wiltshire Health and Care continue to operate a protected mealtime policy – which allows patients to eat in a quiet environment and without interruption from any non-essential intervention. It is recognised that individuals with dementia will respond in different ways to different environments. In recognising this, Wiltshire Health and Care's protected mealtime policy permits open visiting at mealtimes for relatives/carers of patients with dementia to enable them to have company when eating and to support feeding mirroring their usual routine. Unfortunately, this was not possible during the pandemic however, as restrictions have eased, this has once more been an option.

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

Wiltshire Health and Care is partnered with Carer's Support Wiltshire who, pre-pandemic, were an active presence on all the wards to provide support and signposting for carers. Their safe return is currently being reviewed and phased, as is

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that of our volunteers who play a crucial role in supporting inpatients who are living with dementia. We also work closely with other voluntary sector organisations locally including the Alzheimer's Society and Age UK.

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

End of life care within Wiltshire Health and Care is recognised as being of an extremely high standard, frequently receiving compliments from carers who express gratitude for meeting their loved one's individual needs with respect. Wiltshire Health and Care has an ongoing training programme to ensure that registered nursing staff are competent and confident to set up and use syringe drivers and use pain assessment tools such as the Abbey Pain Scale[11].

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

Dementia awareness is a mandatory element of Wiltshire Health and Care training, and we are committed in ensuring that we maintain an excellent level of compliance. In addition, Wiltshire Health and Care has an established programme of training to enhance staff knowledge – the Wiltshire Health and Care 'Introduction to Community'. This programme is a mandatory 3-day course for all new staff which includes sessions on topics specifically related to dementia, delirium, mental health and working with carers. The 'Introduction to Mental Health' module for all clinical facing staff, covers three areas – Depression, Delirium and Dementia and their differential diagnosis and approach. Additional training is also available for staff around related topics such as mental capacity and safeguarding with blended learning options that include face to face, online and Microsoft Teams based training.

As part of our commitment to carers, we have provided enhanced 2-day carer awareness sessions to our inpatient wards and created carer champions on all three sites. These carer champions are an invaluable role which advocates for carers and helps drive forward the 'think carer' agenda across our services.

Author

Rachel Taylor, Consultant Nurse Practitioner in Frailty

[11] [Abbey Pain Scale - Hammond Care Dementia Support \(demsupport.org\)](https://www.hammondcare.org.uk/dementia-support)

End of Life Care and Learning from Deaths

Wiltshire Health and Care is committed to implementing the recommendations from National Guidance on Learning from Deaths[12] and ensures that systems are in place to review any relevant death in our care, trends, and significant causes and to share findings and learnings from mortality reviews and the Learning Disabilities Mortality Review Programme.

Inpatients

Wiltshire Health and Care has 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. During 2021/22 there were a total of 37 deaths across the inpatient wards, which remains low and within the “normal variation” levels for our organisation as displayed in the dashboard below (see Figure 6). All deaths that occur in Wiltshire Health and Care inpatient wards are reported to the Care Quality Commission and are reviewed by the Senior Sisters or a designated deputy using the subject judgement review methodology and documented via the Mortality Module on RLDatix.

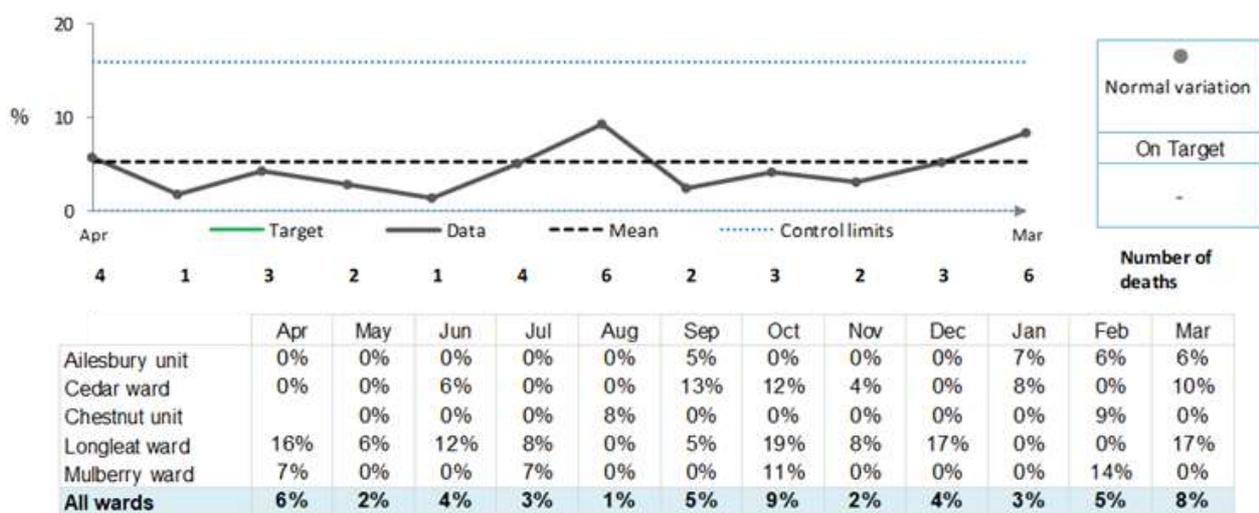


Figure 6 - Wiltshire Health and Care Dashboard excerpt: Mortality rate inpatient wards – 2021/22

[12] NHS England » National Guidance on Learning from Deaths

These reviews have identified the following key areas of good practice and improve practice include improved standard of documentation; excellent documentation of family discussions demonstrating the time taken to communicate effectively and ensure family understood care and treatment plans and intentions; and improved use of ReSPECT[13] and care plans in a timely manner resulting in improved communication between disciplines. To support clinicians in caring for patients at end of life, Wiltshire Health and Care have amended the Care of the Dying and Deceased Policy. Teams also follow the Resuscitation Policy and currently utilise Treatment and Escalation Plans and The Deteriorating Patient Policy.

The wards have received some positive feedback from loved ones of those patients' who have died. The theme from the thankyou cards has been recognition of the care, kindness and support provided by all members of the team. Visiting opportunities have remained challenging as wards have been in periods of outbreak, however ward staff have ensured that families/loved ones of patients who are at the end of their life have been supported to visit when required,

“recognition of the care, kindness and support provided by all members of the team”

to guidelines. Longleat Ward has adopted 'Comfort Packs' to ensure the team gather and reflect a patient's wishes in health care planning. Simple approaches have also been adopted to ensure staff have a visual prompt where patients are receiving End of Life Care. This approach is to be rolled out to all wards.

Wiltshire Health and Care, working with the newly formed ReSPECT steering group and End of Life Group has rolled out communication, information, and training packs about ReSPECT to clinical staff during. This is an opportunity to support clinical staff with conversations about death and dying. Wiltshire Health and Care clinicians with Special Interest End of Life Group continue to meet quarterly to share and disseminate information, identify training needs, review case studies and themes from incidents across the teams. This group will play an active role in the roll out of ReSPECT.

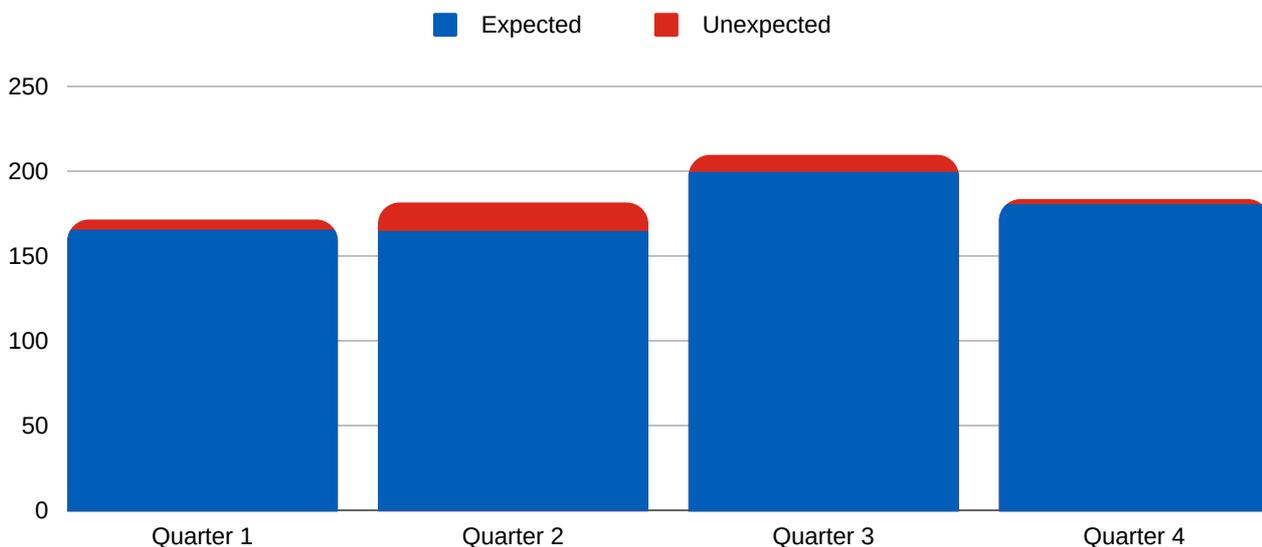
Community Teams

The Community Teams have large caseloads, with end-of-life care being a key component of the care they deliver. They work closely with patients and their families to support people, wherever possible, to receive their care in their preferred place and work closely with their inpatient colleagues to facilitate admission where required.



Figure 7 - Wiltshire Health and Care Dashboard excerpt - End of Life performance: Community Teams - 2021/22

End of life performance is displayed in Figure 7. Historically community teams underreported the support provided to our palliative patients. In 2021/22 the number of patients on an end-of-life register has increased from 187 (2020/21) to 311 (2021/22) reflecting improved reporting by Wiltshire Health and Care teams.



Graph 6 - Expected and Unexpected deaths: Community Teams- 2021/22

Graph 6 displays all expected and unexpected deaths reported by the Community Teams during 2021/22. Expected deaths in the community are not usually identified for formal review however it is currently standard practice for the community teams to

include patient deaths as case studies for their Multidisciplinary Team reflective work to ensure ongoing learning. Unexpected deaths are subject to robust scrutiny which involves an in-depth review by community team managers, monitoring by the Quality Team, the enquiry which occurs through this report and further investigation where necessary via the Post Incident Review process. During the COVID-19 pandemic the community teams have reported an increase in the number of patients being admitted onto the caseload who have not been previously known to the team, that require intense end of life care support, who have subsequently died in our care. Following an initial proposal by a Specialist Practitioner in the Warminster Community Team, the End-of-Life Group have commissioned a bereavement card that can be sent out to family and or friends of our patients following their death.

Community Team for People with Learning Disabilities and Learning Disabilities Mortality Review Project

The Community Team for People with Learning Disabilities supports people who have a learning disability, are over 18 years old and need support to live or to manage their lives. They work closely with other teams including community teams and palliative care. Additionally, Wiltshire Health and Care deliver several other community-based services including those for people living with long term conditions such as diabetes and respiratory conditions. Following the transfer of the Learning Disabilities Mortality Review Project program from the University of Bristol to NHS England and Improvement, the team continues to be involved in learning from the deaths of people with a learning disability. Their Team Manager and Clinical Lead attends the Clinical Commissioning Group Learning Disabilities Mortality Review Project program Quality Assurance Panel, which reviews the quality of the reviews that have taken place and collates recommendations from reviews that inform service development and improvement. In the last year, in collaboration with colleagues from Wiltshire Council and Avon and Wiltshire Mental Health Partnership NHS Trust, the team has engaged in local learning events to support shared partnership working and improve the lives of people with a learning disability across the county.

Authors

Rachel Taylor, Consultant Nurse Practitioner in Frailty
Reuben Collings, Community Team for People with Learning Disabilities
Team Manager and Clinical Lead

Quality Improvement Projects

Improving quality is about making healthcare safe, effective, patient-centred, timely, efficient, and equitable. Quality metrics are utilised to develop Quality Improvement Projects. These are registered projects within the Clinical Effectiveness Programme, those listed in Table 2 are in progress or early development stages.

Quality Improvement Project leads present updates, progress, key achievement and identify any support required from the group for their projects to our Quality and Planning meeting which is held every month with attendees from service and quality leads. Wiltshire Health and Care is keen to continue to learn from reported incidents to improve care outcomes, the section below provides details of the two key Quality Improvement Projects in relation to Falls and Pressure Ulcers.

Title	Department
Falls	Inpatient Wards
Medicines	Pharmacy
Pressure Ulcers Community Teams	Community Teams
Safeguarding Adults and Children	Quality Team
RLDatix	Quality Team
MUST	Community Teams
Records Management	Information Governance
Inpatient Wards	Inpatient Wards and Minor Injury Units
MIUs	Inpatient Wards and Minor Injury Units

Title	Department
Patient and Public Involvement	Corporate
Research	Quality Team
Podiatry	Long term conditions and MSK
Diabetes	Long term conditions and MSK

Table 2 - Wiltshire Health and Care Quality Improvement Projects - 2021/22

Falls Quality Improvement Project

NICE Clinical Guideline CG161[14] Falls in older people: assessing risk and prevention and Quality Standard QS86[15] Falls in Older people" – aims, in people aged 65 and over, to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality. Wiltshire Health and Care main objectives in relation to this guidance are to: reduce the number of inpatient falls; reduce the number of falls with harm; and promote best Falls Prevention practice across all Wiltshire Health and Care.

Key Achievements to date: Further development of the Wiltshire Health and Care wide Falls Quality Improvement Projects which is a live document, that when gaps are identified we are continuously updating the relevant improvement plan to address issues arising, documenting with progress and updates. The roll out of the new RLDatix has enabled more accurate reporting by improving the category codes capturing fall causes and subsequent actions to supporting the investigation post fall. Building on this Wiltshire Health and Care is working with RLDatix to improve the prompts and questions asked when incidents are reported to ensure best practice is followed and improve Falls investigations.

In keeping with our understanding that co-creation brings about change we now have Falls champions across all Wiltshire Health and Care clinical services, who have joined

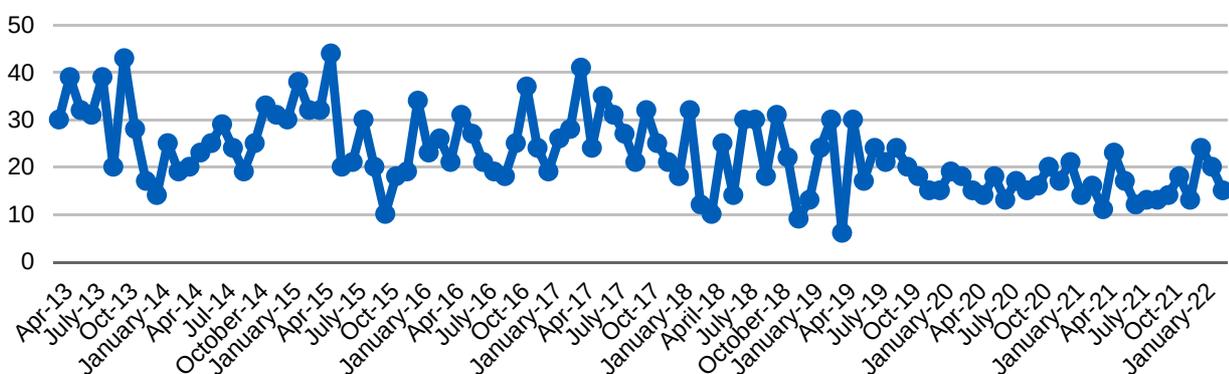
[14]<https://www.nice.org.uk/guidance/cg161>

[15]<https://www.nice.org.uk/guidance/qs86>

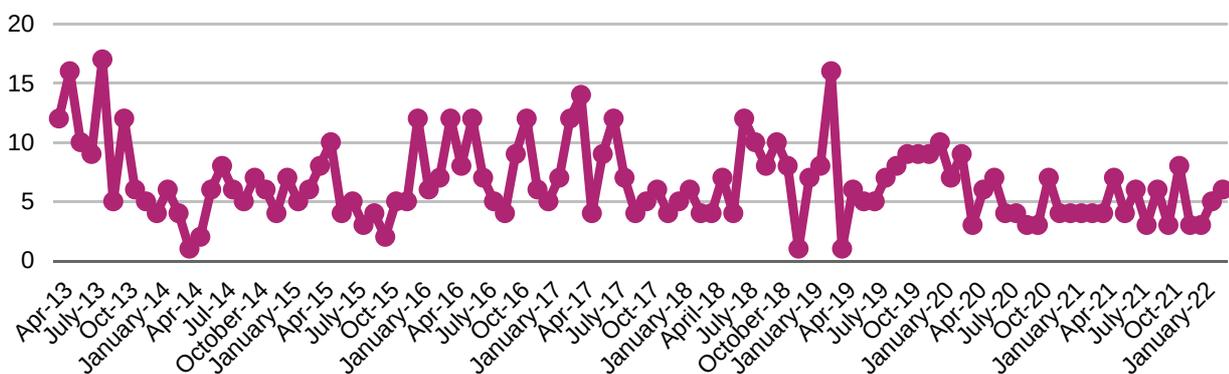
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our Falls Working group. This group identified a gap in our training and our Wiltshire Health and Care is now delivering a newly design of manual handling clinical mandatory training with specific reference to emergency handling as per Post Fall Guidance. Plus, scenario-based training session has been implemented with our Inpatients team to embed and build confidence in the post fall and head Injury guidance. Community teams have purchased a Raizer chair and Mangar Camel to support their Falls response in the Community as part of the Urgent Crisis response. They are also using the iStumble App[16] to support a safe Falls response. There is a specific Community Teams Falls Training Package being developed.

An Enhanced Care protocol remains in use on all Inpatient Wards providing Close Support for those at Risk of Falls. A Post Fall medical assessment proforma is in use (a full medical review post fall) the proforma provides an important opportunity to identify and manage injury appropriately and prevent further falls initiating any immediate remedial action with a consistent approach. Overall, the number of falls across the inpatient wards have reduced across several years - Graph 7 displays a downward trend since April 2013. While Graph 8 displays the number of falls with harm (inpatient wards) has remained consistent, averaging around 4 falls a month during 2021/22.



Graph 7 - Inpatient Falls total – 2013/22



Graph 8 - Inpatient falls with harm - 2013/22

[16] iStumble - Let's Get (lets-get.com)

Next steps...

Mapping out Wiltshire Health and Care's: (i) risk and prevention recording on SystemOne of falls and how this can be improved to ensure consistency across Wiltshire Health and Care; (ii) consistency of follow up of falls referrals; (iii) Development of a commissioned Falls Pathway; and (iv) Training Tracker review and Consistently Skilled Competent Confident workforce.

Develop a more integrated approach from our teams. Aiming to ensure falls prevention advice is consistent and evidence based and carried out by a skilled workforce whether the patient is seen in hospital, at home or in clinic. To: (i) produce an integrated falls pathway that wraps around the patient whether they are being cared for at home, in hospital or in one of our fall's clinics; (ii) provide integration of falls prevention, fracture liaison and bone health services and rehabilitation falls services; (iii) ensure that falls prevention is embedded within other frailty related pathways; and (iv) reduce emergency department attendances following a fall.

Pressure Ulcers

NICE Clinical Guideline 179: Pressure ulcers: prevention and management^[17] 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. Wiltshire Health and Care collects pressure ulcer data via the incident management system (RLDatix). This reporting system was significantly updated in December 2022 which has enabled incident reporter to document specific details of pressure ulcer incidence and potential contributing factors towards pressure ulcer injury. This data will be used for future quality monitoring, reporting and improvement plans.

Key achievements in 2021/22: The Pressure Ulcer Quality Improvement Plan has been devolved to all Community Teams; these are reviewed by the Clinical Leads within the teams and discussed with Community Service Managers at local Huddle meetings and Quality and Planning quarterly. The total number of pressure ulcer incidence (excluding third party incidents) has increased:

- Community teams – 630 2020/21 vs 1049 2021/22
- Inpatient wards – 39 2020/21 vs 59 2021/22

^[17] <https://www.nice.org.uk/guidance/cg179>

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Figure 8 - Wiltshire Health and Care Dashboard excerpt: Community Team Pressure Ulcers per 1000 caseload by category – 2021/22



Figure 9 - Wiltshire Health and Care Dashboard excerpt: Inpatient Pressure Ulcers per 1000 occupied bed days by category – 2021/22

While overall pressure ulcer incidents have increased there has been a reduction in Serious Incidents over the last 3 years (see Table 3). This can be directly attributed to the Pressure Ulcer Improvement Plan and improved processes of reporting, investigating, post incident reviews and peer reviews.

Year	Community Teams	Inpatient Wards
2019/20	11	12
2020/21	10	2
2021/22	4	3

Table 3 - Serious Incidents: Pressure Ulcers – 2019/22

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The Pressure Ulcer Safeguarding Tool is now embedded within the reporting of all multiple Category II, III and IV Pressure Ulceration. A shared pathway has been developed to support skin integrity and launched with Bath and North East Somerset, Swindon & Wiltshire colleagues. Wiltshire Health and Care has continued and is evolving education for colleagues that includes virtual Pressure Ulcer updates.

Next steps...

- Adaptation of Pressure Ulcer Information Leaflet for use across the Inpatient wards.
- Review of SystmOne templates for Tissue Viability & Lymphoedema Service.
- Sustained provision of Negative Pressure Wound Care Therapy under a new contract.
- Roll out of new Tissue Viability & Lymphoedema Audit programme for Community Teams and Community Inpatients
- Continued delivery of education throughout the year with increasing face to face provision as pandemic restrictions allow.
- Development of Competencies for Negative Wound Care Therapy and delivery of six Competency workshops with Industry Partner.
- Continued specialist support of Longleat Ward whilst re-located to St Martin's site.
- Referral and service review for Tissue Viability acknowledging the 30% increase in referrals into the service from 2019/2020.
- Re-location of Lymphoedema service into risk assessed environments across our Estates to ensure safe delivery of the service for clinicians and service users.

Authors

Anne-Marie Nuth, Service

Transformation Manager

**Claire Checkley, Tissue Viability &
Lymphoedema Lead**

**Kayleigh Gullis, Clinical Governance
Lead**



Infection Prevention and Control

Wiltshire Health and Care strives to achieve the best outcomes for patients. Leading the way in community care and ensuring best practice is normal practice forms part of the Wiltshire Health and Care vision statements. Promoting and maintain Infection Prevention and Control best practice always is a vital part of Wiltshire Health and Care patient safety agenda; thus, contributing to the Wiltshire Health and Care vision of enabling people to live independent and fulfilling lives for as long as possible. The COVID-19 pandemic has continued to create challenges and demands on Infection Prevention and Control services have continued to be high in 2021-22. Information and understanding have continued to improve as the pandemic has progressed. But the regular changes to national guidance for society in general and within our healthcare settings has continued to create pressures both in up-dating internal guidance, sharing those changes with colleagues and then ensuring changes in practice.

Reportable infections 2021/22

Wiltshire Health and Care identified one case of C.difficile infection, one case of MSSA bacteraemia, 3 influenza and 70 COVID-19 infections during 2021-22. The numbers and types of infections generally align with historical data (with the exception of COVID-19 infections).

WHC has seen several COVID-19 outbreaks both within the inpatient environment and within staff working in the community teams. The outbreak management and decision-making process is embedded within the WHC clinical and administrative activity of outbreak meetings and includes the appropriate reporting to the South-West region. The WHC DIPC is the chairperson of the Outbreak Control team and membership includes the Infection Control Doctor, Clinical team representatives, Risk Manager, and Incident Control Coordinator.

All reportable infections for 2021/22 are listed in Table 4,

Incidence of:	Previous 12 months
Influenza A	3
MRSA bacteraemia	0
MSSA bacteraemia	1
C. difficile infection	1
E. coli bacteraemia	0
Klebsiella bacteraemia	0
P. aeruginosa bacteraemia	0
COVID-19	70

Table 4 - Reportable infections 2021/22

National Infection Prevention and Control Board Assurance Framework

Wiltshire Health and Care has been using the Board Assurance Framework since 2020 to document evidence and identify areas of improvement in our working. The Board Assurance Framework was updated in December 2021 to align with the national guidance on Respiratory Infections.

- In 2021 Wiltshire Health and Care reported 200 elements assessed with ratings of: 0 red | 24 amber | 174 green rated.
- In March 2022 Wiltshire Health and Care reported of 119 new standards, 116 standards applicable, with ratings of: 0 red | 24 amber | 92 green.

Actions have been established on amber rated standards and good progress made to improve Wiltshire Health and Care's performance.

Achievements in 2021-22

Significant resources were invested in the COVID-19 response in 2021-22 but nevertheless some key targets were still attained. In May 2021 the Infection Prevention and Control Services Team became a part of the broader Safety Services umbrella as part of the Quality team. This new model of service delivery has provided opportunities for joined up working and some efficiencies. A key focus from May 2022 was to utilise Wiltshire Health and Care investment into the service and recruit into Infection Prevention and Control Specialist Practitioner roles – two new members of the team into post at the end of 2021.

The team are active members of the Bath and North East Somerset, Swindon and Wiltshire and Regional Infection Prevention and Control networks working with colleagues in partnership organisations to ensure consistency in approach, joined up working and to provide peer support. Infection Prevention and Control Services reviewed eight of their 12 policies in this busy year – Ensuring our policy and guidance was clear, up-to-date, and met best practice guidance.

Next steps...

- Review our policies and practices against the Health & Social Care Act
- New Ward Back to Basics programmes of learning to ensure all Ward staff (including new staff as part of their induction) have the skills and knowledge they need for hand hygiene and skin care, wearing appropriate personal protective equipment, donning, and doffing and equipment cleaning
- New Infection Prevention and Control Decision Maker Course for key Ward staff to develop their skills, knowledge, and confidence in management of infection risks
- Build the Infection Prevention and Control Link Worker Network, including delivery of additional training for Link Workers, so every team has a first port of call for questions and queries
- Develop the Anti-Microbial Stewardship within Wiltshire Health and Care
- Develop a service that 'works alongside' operational colleagues with increased integration into operational governance, meetings, and conversations

Author

Jo Woodward, Infection Prevention & Control and Health, Safety, Fire & Security Services Lead

Safeguarding Children

Child missed appointments.

All services that see and treat children have access to a proforma that walks staff through the risk assessment, from the Child Missed appointment policy, that they should undertake when a child is not brought to an appointment. This missed appointment is marked by a yellow alert triangle that stays on the child's clinical notes for 6 months, as an alert to other staff and services with Wiltshire Health and Care that vigilance is required for further opportunities that may present to safeguarding children. An audit has been completed during Q4 2021/22 and results are currently being analysed.

THINK family

Focus groups took place in 2021/22, which identified additional Wiltshire Health and Care services that are likely to see adults whose condition could impact on the children they care for. As a result of these 10 senior community staff and the practice influencers received THINK family training.

Management of domestic abuse in line with NICE QS116

Routine enquiry - Since Minor Injury Units have moved onto SystemOne, an electronic patient record, this service has used the system to incorporate a safety question into the clinical record. This safety question is used to capture any concerns that the adult or child may have regarding their safety at home or in the community.

Compliance has risen over the year and in Q3 2021/22 at least 80% of people are asked about their safety. The safety question is also being introduced to other Wiltshire Health and Care services that see and treat people with specific high-risk diagnosis – specifically continence and women's physiotherapy services – these services will be supported through implementation by the Safeguarding team with training and supervision.

Strategic work around Domestic Abuse - Wiltshire Health and Care has contributed to the Domestic Abuse partnership board, a multi-agency subgroup of the Wiltshire Safeguarding Vulnerable People Partnership. This has included contribution to three domestic homicide reviews, including the review of the death of Ellie Gould. The reviews are published on our intranet to support shared learning across our organisation. The

Safeguarding team plan to improve young people's understanding of domestic abuse and when/where to seek support by displaying the details of #loverespect[18] in prominent services

Training and Supervision

Update Safeguarding children training, and supervision have moved online in response to COVID-19. Falling compliance in Level 3 has been escalated to the Board with actions implemented at all levels of the organisation to support improvement in our compliance.

Management of non-mobile children in MIU

Following discussion with the Clinical Commissioning Group and Local Authority in the past year, Wiltshire Health and Care Minor Injury Units no longer see and treat babies under 1. This decision was made as the risk of missed non-accidental injury was too great, as the units do not have access to specialist medical paediatrician care.

In December 2021, Wiltshire Health and Care Minor Injury Units reverted to 'walk-ins' due to system pressures and a request to suspend the 111 appointments only system. This decision has resulted in an increase in the number of babies brought to the Minor Injury Units by parents. The patient journey of under one child brought to Wiltshire Health and Care Minor Injury Units is monitored monthly – positively staff have followed the Standard Operating Procedure and always referred onto appropriate healthcare providers.

Contextual safeguarding and risk outside the home

The Wiltshire Local Authority is a pilot site for managing risk that children and young people may experience outside of the home. Awareness of this has been raised in all levels of training and Minor Injury Units are set to introduce the HEADSS assessment[19], a tool to be used with young people to help establish what life is like for them – this includes home circumstances, school, activities, sex, drugs, and self-harm. The HEADSS assessment will be used when staff are concerned about the context in which an injury has taken place. Use of this assessment also addresses the understanding of domestic abuse in young people, which helps address the actions following the death of Ellie Gould help young people identify unhealthy aspects of their relationship.

[19] [HEADSS Assessment - TeachMePaediatrics - Home - Education](#)

Clinical Commissioning Group transition to Integrated Care Systems

The Safeguarding team has been supporting discussion on 'what safeguarding will look like across the new integrated care system. We are looking forward to working more closely with our partners across the Bath and North East Somerset, Swindon & Wiltshire area.

Next steps...

- Review use of child missed appointment proforma and ensure that staff understand the relationship with children's safeguarding, in particular neglect.
- Increase the use of routine questioning where appropriate and ensure that staff are familiar with referral pathways and risk assessments.
- Introduce the use of HEADSS in services that see and treat children to encourage a discussion of the wider risks that they experience in the community, specifically where there are concerns about a child's safety i.e., they have presented following assault.

Author

Netty Snelling, Children's Safeguarding Lead



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); Care Quality Commission Outcome 7 – safeguarding the people who use the service from abuse; and Legal compliance with The Mental Capacity Act (MCA) (2005) including section 4(a) MCA 2005, the Deprivation of Liberty (DoLS) Safeguards.

Wiltshire Health and Care ensure colleagues are appropriately trained to safeguard adults through training, forums, support outlined below:

- Level 1 Training is for all staff working in the organisation and 2 safeguarding adults training and Level 2 is directed at clinical staff who have contact with patients. This training is delivered via our online learning portal and compliance is monitored via monthly quality reporting in addition to being reported at Quality and Planning Meeting and the Safeguarding Policy and Oversight Group
- Level 3 safeguarding adults training is aimed at those staff who manage risk for a patient and or be involved in formal safeguarding inquiry. This training is delivered via the online portal as well as half day face-to-face or virtual learning and compliance is monitored via monthly quality reporting in addition to being reported at Quality and Planning Meeting and the Safeguarding Policy and Oversight Group
- Mental Capacity Act training including Deprivation of Liberty Safeguards informs staff of their obligations under the Mental Capacity Act 2005 which is delivered via the online portal. This is supplemented with a face-to-face session on the Introduction to Community Practice Course. Additional Face to Face training is available to all teams on request.
- The Practice Influencers forum meets bi-monthly by staff who have volunteered to be safeguarding champions in their teams. To ensure shared learning case study, guest speakers, research, literature, and legislative reviews are presented in this forum.
- In 2021/22 the Safeguarding Lead (Adults) has designed and delivered an Oxford Brookes University accredited Mental Capacity in Practice Course. This six-day on-line course takes practitioners through the basics of consent and use of the Mental Capacity Act. Whilst an academic course there is a strong emphasis on relating this knowledge to practice. This course is available to all health care colleagues within the region.

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- All Wiltshire Health and Care staff can access bespoke case-based training/support from the Safeguarding Adults lead, available at individual, team, and ward/service level. Additional assurance has been improved through a review and streamlining of all Safeguarding systems. This included implementation of a 'single point of contact' for Safeguarding and Deprivation of Liberty Safeguards to enable more fluid internal and external safeguarding activity and compliance with legal frameworks. Wiltshire Health and Care supplements this assurance through establishment and maintenance of effective working partnerships with Multi-Agency Safeguarding Hub and Wiltshire Council Team.
- Wiltshire Safeguarding Adults Board has issued a county wide updated Self Neglect Protocol that has been implemented across Wiltshire Health and Care.

Next steps...

- Prepare and implement the new Mental Capacity Code of Practice
- Prepare for the transition from the Deprivation of Liberty Safeguards to the Liberty Protection Safeguards
- Collaborative work with Bath and North East Somerset, Swindon, and Wiltshire Clinical Commissioning Group to develop and implement an inclusive Primary and Community Health Safeguarding/Mental Capacity Act workshop/learning events programme.
- Support Wiltshire Health and Care leadership team to fulfil the requirements of the transformation agenda in relation to Safeguarding Adults and associated compliance with legal frameworks and guidance.

Author

Sean Collins, Adult's Safeguarding Lead



Learning and Development

Wiltshire Health and Care has a Learning and Development team that constantly supports our workforce (i) to have the skills and knowledge to deliver the right care, treatments and interventions needed by our patients; and (ii) grow our future workforce including students, apprenticeships, return to practice and continuing professional development.

Apprenticeships

Wiltshire Health and Care is included in the requirement to pay an apprenticeship levy to Government. This levy is then available for use against training opportunities which can be funded from the levy. We are making good use of this apprenticeship funding, with the main uses including:

- Healthcare Support Workers Level 3 - 29 on programme
- Assistant Practitioners - 9 on programme
- Business and Administration L2 and L3 – 2 on level 3 programme
- Advanced Clinical Practitioners - 4 nurses and 2 therapists
- Registered Nurse Degree Apprenticeship top up - 5 started in May 2021 and funding agreed for 6 to start in February 2022
- Trainee Nurse Associates - 7 on programme at present 4 who have just qualified and now have their Nursing & Midwifery Council PIN and are employed in Wiltshire Health and Care teams and 6 about to qualify

In a labour market which is faced with significant competition for skillsets we require, competition from the private sector, a downturn in some courses' popularity at university, a rural location in which we operate and high turnover creating no shortage of vacancies; to recruit and retain skilled staff is a significant challenge for NHS organisations at present. The use of the apprenticeship levy takes advantage of money the organisation is required to pay, to help contribute to the skills requirements of the organisation. By utilising the apprenticeship levy Wiltshire Health and Care has been able to facilitate learning and development for several employees which provides mutual benefits such as development and free education to the learner whilst earning a salary: and development of essential skills and investment in staff in the hope of retaining them for Wiltshire Health and Care. In a market where it is more challenging to go out and hire the skillsets you require, growing your own is a beneficial supporting strategy.

Pathways

We have been working with service leads to provide pathway development for new and emerging roles and reviewing current pathways. This has led to collaboration with University of West England to:

- Develop an Apprenticeship in Advanced Clinical Practice for the new band 8a Advanced Clinical Practitioners roles, this has enabled a career pathway for senior clinicians whilst facilitating more enhanced nursing and therapy care for patients thus preventing hospital admissions, supporting early discharge, and supporting our GP partners
- Develop a Post Graduate Diploma in Professional studies for band 6 practitioners in the Over Night Nursing Service, to ensure equity with the day service band 6 nurses who hold the Specialist Practitioner Qualification.

We are working with Minor Injury Units to look at appropriate pathway development for their service. This will assist with staff retention and career development whilst developing skills for the possible expansion of the Minor Injury Unit role as part of the overarching health and care model.

Health Education England have funded individual modules for:

- Two developmental Advanced Clinical Practitioners who did not need to undertake the whole programme
- Two developmental Specialist Practitioner Qualification with back fill to be completed over 1 year which enables the nurses to complete the course and be back working in the teams in a shorter time having completed the required development and competencies for the band 6 Specialist Practitioner Qualification in community nursing. Thus, supporting the team in leadership and management at the band 6 level and 7 standalone modules to contribute to Specialist Practitioner Qualification awards taking some pressure off the financial demand for university places.
- Student Placements

This investment in funding for education including backfill is important to ensure that our staff are given the time and support to achieve essential skills and competencies that will keep our services efficient, improve quality and improve them in line with patient and system needs.

Student Placements

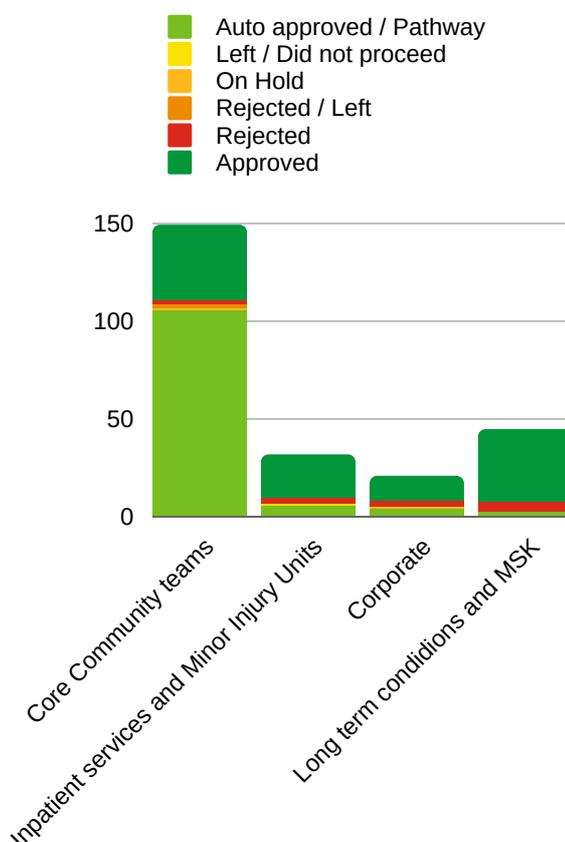
Investment in a student placement administrator has facilitated development of a data base of all student placement areas across Wiltshire Health and Care for all disciplines and review capacity of teams to accommodate students. To increase our capacity to support more student placements we have identified and created practice placement profiles, contacts and identified all students in placements. Wiltshire Health and Care is working closely with universities including, University of West of England Oxford Brookes University, Bournemouth University Solent, Southampton, Plymouth, and Winchester.

For October 2021-March 2022 we supported:

- 21 Advanced Clinical Practitioners
- 3 Assistant Practitioners
- 28 Healthcare Support Workers L3
- 7 Occupational Therapy students
- 21 Physiotherapy students
- 2 Podiatry students
- 25 TNAs
- 13 Registered Nurse Degree Apprenticeship students
- 27 Specialist Practitioners
- 46 Student Nurses
- 2 Dietetics Students
- 6 Level 5 Health Care Assistants

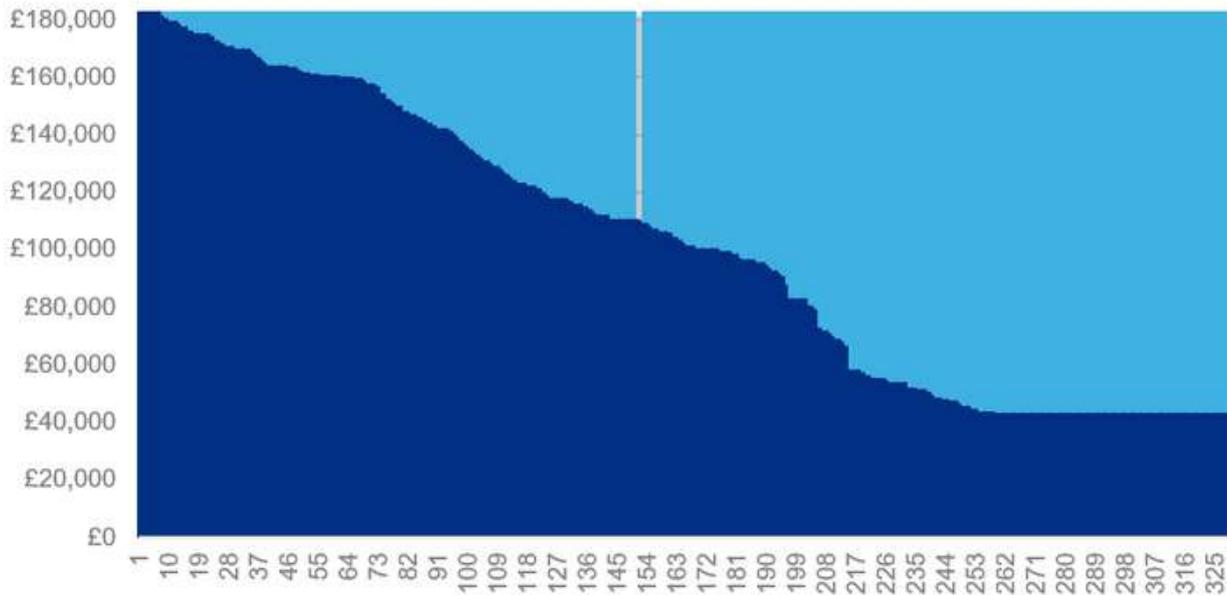
Continuing Professional Development

Most continuing professional development applications are approved by our continuing professional development panel, and many requests are related to pathway requirements for apprenticeships and advanced practice. Graph 9 displays a good spread of continuing professional development funding being used across Wiltshire Health and Care services.



Graph 9 - Continuing Professional Development Applications tracker (by department) – 2021/22

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Graph 10 Continuing Professional Development funding tracker (Budget used and remaining) - 2021/22

Graph 10 tracks spend for continuing professional development funding in 2021/22. The increased funding for 2021/22 was put to good use not just for modules, but to support role specific training such as Leadership at many different levels. We have staff attending courses at Bournemouth, Southampton, virtually at universities and training providers all over the county.

Return to Practice

Health Education England offer financial incentives to support Return to Practice for most disciplines – in 2021/22 we recruited two nurses and a musculoskeletal physiotherapist through Return to Practice.

Preceptorship

We are now part of the Bath and North East Somerset, Swindon and Wiltshire preceptorship project looking at how best to enable transfer of skill from one organisation to another. We run a programme to support all newly qualified staff, including Nurse Associates to prepare them for being a registrant.

Bath and North East Somerset, Swindon & Wiltshire Working

Wiltshire Health and Care has opened some of our skills training courses to our partners to attend, to support shared workload and reducing duplication e.g. Dorothy House to deliver their clinical skills training and plan to access some of their end-of-life care training in return. Continuing Professional Development modules can now be shared across the Bath and North East Somerset, Swindon, and Wiltshire footprint if an organisation cannot make full use of the modules. Wiltshire Health and Care has benefitted from agreement with modules such as Physical Assessment and Clinical Reasoning and Advancing Care of Long-Term Conditions.

Bespoke Training

The Education and Training Team has developed and delivered bespoke training as identified by service and incident reporting. This has included scenario training for inpatient staff to ensure staff are confident and able to manage and care for patients who have unwitnessed falls and possible head injury, cardiac arrest and Adult basic life support and the deteriorating patient. This has been well received and positively evaluated. Wiltshire Health and Care has innovated to deliver mandatory training for bank staff on a Saturday (with substantive staff being able to access this session) to ensure compliance and best use of resources. Diabetes and insulin administration training has been delivered to several Band 3 Healthcare Support Workers in community teams. These Healthcare Support Workers work with a Registered Nurse from their teams has supported teams in sharing the workload of the high number of patients requiring insulin to be administered at home.

Wiltshire Health and Care has invested in six bookable training laptops for use by bank staff and volunteers to use on site to enable completion of mandatory training through training tracker.

The Education and Development Manager has joined the Post Incident Review group to enable any learning and education needs across Wiltshire Health and Care to be identified, actioned, and delivered across the whole organisation – This change improves Wiltshire Health and Care shared learning capacity.

Next steps...

To work with the Human Resources Department in the Placement Conversion Project to identify key data on students choosing to return after placement to work as registrants. This will enable Wiltshire Health and Care to identify what has attracted these individuals to return to us and what we need to do whilst students are with us on placement to encourage them back into substantive posts

Author

**Vanessa Ongley, Wiltshire Health and Care Learning and Development Lead
Gabrielle Tilley, Education and Development Manager**



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 wellbeing and are also examined by external organisations such as the Care Quality Commission and NHS Improvement. In line with national guidelines Wiltshire Health and Care completed an annual staff survey in 2021/22 as follows:

- Data collection time - 18th October - 10th December 2021 (8 weeks)
- Sample - all colleagues[20]
- Access - the survey was promoted through internal communications and was completed electronically via a Smart Survey
- Questions - were aligned to the national question set, updated in 2021 to align to the NHS People Promise.

A summary of the survey findings is provided below on engagement, theme scores, and next steps.

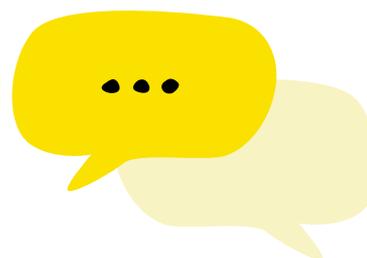
Engagement

In 2021 the survey response rate was 53.5% (n=696), a 19.5% (n=292) increase year-on-year. Engagement is measured by the positive scores attributed to questions; the overall engagement score for 2021 is 62%, a 2% reduction from 2020.

Theme Scores:

Below the overarching score of each theme is compared with the previous year (where applicable) followed by a discussion on the sub-theme for:(i) Your Job, (ii) Your Team; (iii) People in Your Organisation; (iv) Your Managers; (v) Your Health, Wellbeing & Safety at Work; (vi) Your Personal Development; and (vii) Your Organisation.

Note – trend indicators (↓ decrease | ↑ increase trend | = no change) have been used through out to indicate year on year change, those scores without indicators are new questions in 2021/22.



[20] chose to collect feedback from all our employees, unlike many NHS organisations who often use a random selection of staff

Your Job: 2020 63% vs 2021 59% (↓)

When assessing their roles, 75% (↓) of employees are enthusiastic about their job and 64% (↓) look forward to going to work. The most favourable scores were staff knowing they can make a difference to patient and service units. Whilst 77% (↓) feel empowered to make suggestions in their team, only 54% (↑) feeling involved in the change and implementation of these ideas.

Staffing levels appear to be a high cause of concern with only 25% (↓) viewing the levels as sufficient. Alongside this, a potential impact is seen in 36% (↓) of staff feeling they can meet the conflicting demands on their role and 45% (↓) deeming that they sometimes have unrealistic time pressures. Managers are open to discussions about flexible working, with 77% of staff feeling able to discuss this topic. Despite this, work life balance appears to be difficult for staff to manage, with only 58% reporting feeling they can achieve a good work-life balance.

Your Team: 2020 67% vs 2021 72% (↑)

There were several new questions included in the survey about team dynamics. Wiltshire Health and Care performed well in these questions with:

- 90% of employees enjoying working in their team

- 79% feeling valued and respected by colleagues

More teams are coming together to discuss their effectiveness (12% increase to 58%) and are working towards shared objectives (72%).

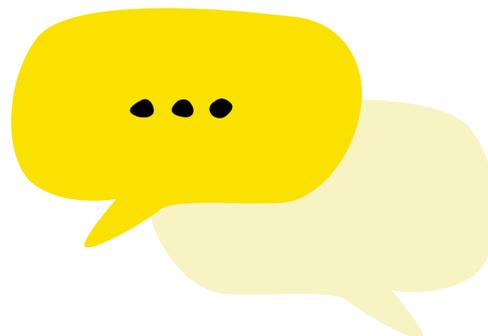
However, some teams may be seeking more freedom in how they achieve their objectives as this scored the lowest in the category (57%).

People in Your Organisation (New 2021): 2020 n/a vs 2021 75% (-)

Across the organisation, staff are kind, respectful and 77% show appreciation to one another. There is an opportunity to improve ways of working however as 58% felt that teams within the organisation work together to achieve their objectives.

Your managers: 2020 76% vs 2021 73% (↓)

Managers are rated well within the organisation, with their strongest impact in encouraging and valuing the staff's work and listening to the challenges that



employees face. This domain was stable with last years' results, 69% (=) receive clear feedback on their work. There is however an 8% reduction in the interest that managers take in their teams' health and wellbeing resulting in an overall score of 74%.

Your Health, Wellbeing & Safety at Work: 2020 76% vs 2021 72% (↓)

When asked if the organisation takes positive action on health and well-being, 59% (↑) of employees agreed. This is a 20% increase compared to 2020.

Positively, 91% (↓) of staff still do not feel external pressure from their managers to come to work, however 45% (↑) have still worked despite not feeling well enough. 67% (↑) of our staff report that they worked additional hours that are unpaid, with a majority doing up to an additional 5 hours per week.

Regarding clinical practices, 84% (↓) feel secure in reporting anything deemed unsafe, with a further 70% (↓) feeling confident that these concerns would be appropriately addressed by the organisation.

Your Personal Development: 2020 47% vs 2021 55% (↑)

81% (↓) of staff surveyed have had an appraisal in the last 12 months (against an organisational target of 85%), with 90% (↑) feeling that it gave them clear objectives in their role. At an organisational level, 70% of employees feel that they have 'challenging work'

and the chance to improve their skills and knowledge. 48% of staff reported being either impartial or unaware of their development options.

Your Organisation: 2020 67% vs 2021 65% (↓)

'Care' is seen at the heart of the organisation by 78% (↑) of respondents. A similar amount, 77% (↓), report feeling happy for friends or relatives to be cared for by Wiltshire Health and Care. Whilst 76% (↓) see the organisation acting on patient concerns and 74% feel safe to speak up about their own concerns, only 63% believe the organisation would address staff concerns.

Next steps...

The next step is to provide analysis for each Business Unit, these teams will then build and own their specific actions, with facilitation and support from the Human Resources Department where required. Key themes from this survey will be addressed by, and aligned to, actions within the 22/23 Delivery Plan for implementation and monitoring.

Author

Rachel Steward, Human Resources Business Partner



Freedom to Speak Up

Our colleagues are encouraged to speak up and raise any concerns about working at Wiltshire Health and Care – supported by our Freedom To Speak Up process that is in line with NHS Improvement policy[21]. This policy's purpose is to make raising concerns the norm and to standardise how staff are supported when concerns are raised. Because 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.

“speaking up saves lives, so we want all our staff to feel confident, safe, and supported to say something if they have a concern”

Key achievements during 2021/22

- Freedom To Speak Up information for staff has been updated and is accessible via the staff intranet
- Board training complete
- Two new Guardians recruited and trained

Freedom to speak up concerns – 2021/22

There were six (6) concerns raised in 2021/22 via our guardians. Five (5) concerns were concluded at the time of writing this report in April 2022. Concerns were raised by team members from a variety of clinical, non-clinical, and Agenda for Change banded roles. Key themes from these concerns were: discrimination, training in probation period whilst being redeployed; staffing and sickness rates; and communicating decision making within services.

Wiltshire Health and Care acknowledges that in 2021/22 our teams have been asked to work in different and new ways, and that due to national or local decision protocols, processes and decision making have frequently changed in some areas. Key learning related to the complexity of communication across a multi-site organisation and acknowledging that digital solutions are not the only solution.

[21] <https://www.england.nhs.uk/ourwork/whistleblowing/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/>

Wiltshire Health and Care Quality Account 2021/22

As we come to the end of an extremely difficult winter, we need to spend time with our staff to recognise the exceptional effort and potential moral injury caused. Sessions to pause, reflect, learn, and heal will be required to ensure our workforce feel valued, safe, and listened to.

2021/22 WHC Freedom to Speak Up guardians



Annika Caroll
Executive Sponsor Freedom
To Speak Up Guardian



Richard Barrit
Non-executive Director
Freedom To Speak Up
Guardian



Gemma Pugh
Lead Freedom To Speak Up
Guardian (Stepped down in
April 2022)



Heather Byrd
Freedom To Speak Up
Guardian



Isabelle Weir
Freedom To Speak Up
Guardian

Our guardians are responsible for providing confidential advice and support to staff to ensure concerns are handled professionally and result in a clear outcome.

Next steps...

- Recruit a replacement Lead Freedom To Speak Up Guardian (as current Lead is stepping down in April 2022)
- Establish the ambassador role definition and training
- Establish a Standard Operating Procedure or Policy to support Freedom To Speak Up investigations

Author

Gemma Pugh, Lead Freedom To Speak Up Guardian

Benchmarking

Wiltshire Health and Care is a member of the NHS Benchmarking (NHSB) Network, the in-house benchmarking service of the NHS - that delivers national and bespoke benchmarking projects to support planning and service improvement across the commissioning, acute, community and mental health sectors.[22]

Wiltshire Health and Care participated in the Community Indicator, Intermediate Care Audit, Learning Disabilities (providers), NHS England and NHS Improvement Learning Disabilities Review, and National Audit Care at End of Life - these projects are explained below.

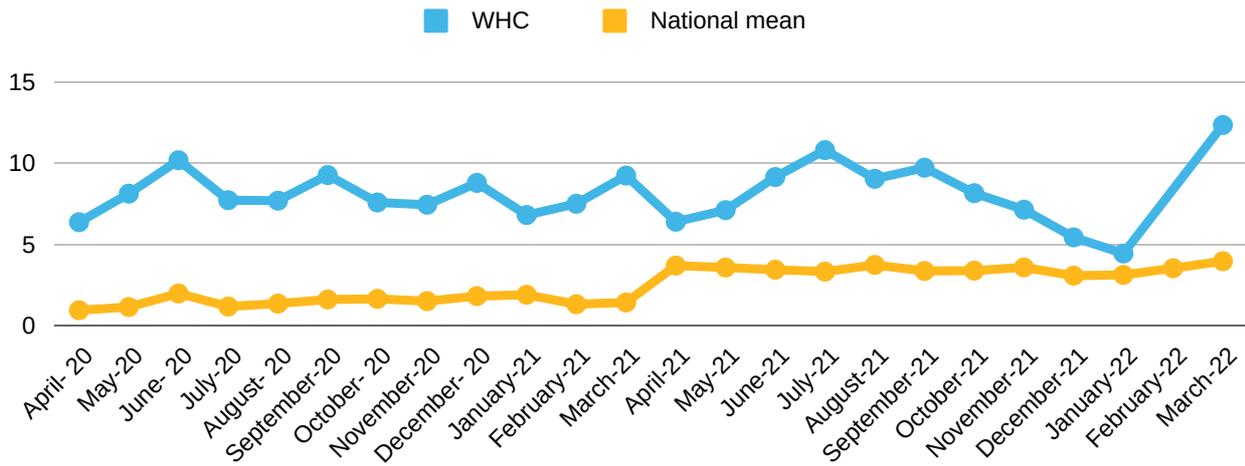
Community Indicator Project

The Community Indicator Project included over 40 metrics, collected monthly, covering patient safety and quality, access, productivity, workforce, finance, and COVID-19, to track ongoing changes in the delivery of community services, community hospitals and intermediate care. Outputs include a monthly benchmarking toolkit with Wiltshire Health and Care's position highlighted across all metrics, benchmarked with other organisations. This information has been shared and discussed as part of our governance mechanisms. Particularly it has supported decision making relating to patient safety issues of pressure ulcers, falls, and medicine management.

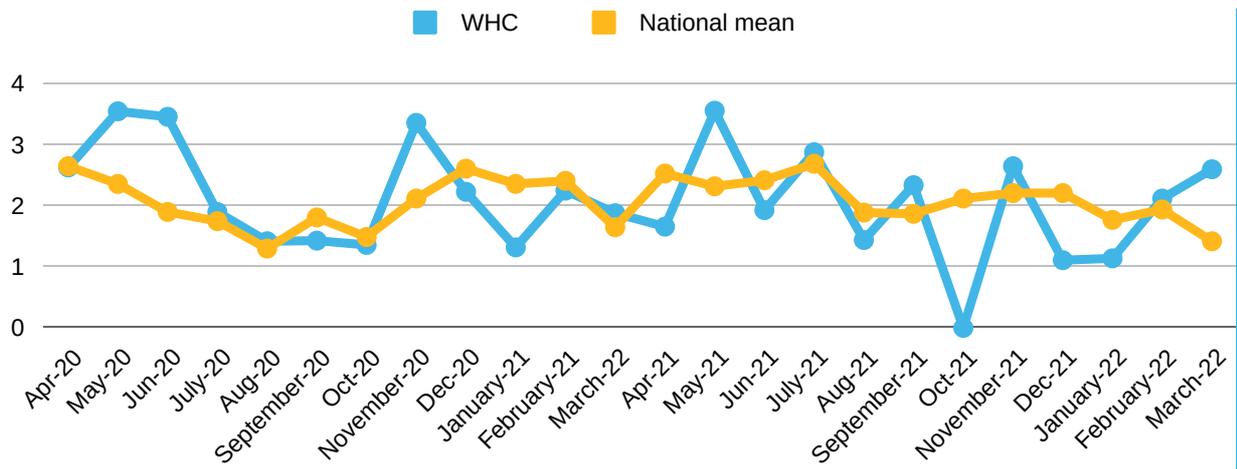
Responding to pressure ulcers acquired in our community team care (Graph 12) in 2021/22 was supported with bespoke quality improvement projects for each community team. This level of scrutiny and action has been motivated by an increase in pressure ulcers during the COVID pandemic. Wiltshire Health and Care will continue these quality improvement projects into 2022/23. Inpatient falls (Graph 13) has been an area of sustained effort with a quality improvement project continuing in 2021/22 and into 2022/23. Medication errors (Graph 14) is an area of focus for 2021/22 Quality priorities.

[22] [NHS Benchmarking Network - Raising standards through sharing excellence, providing evidence and insight.](#)

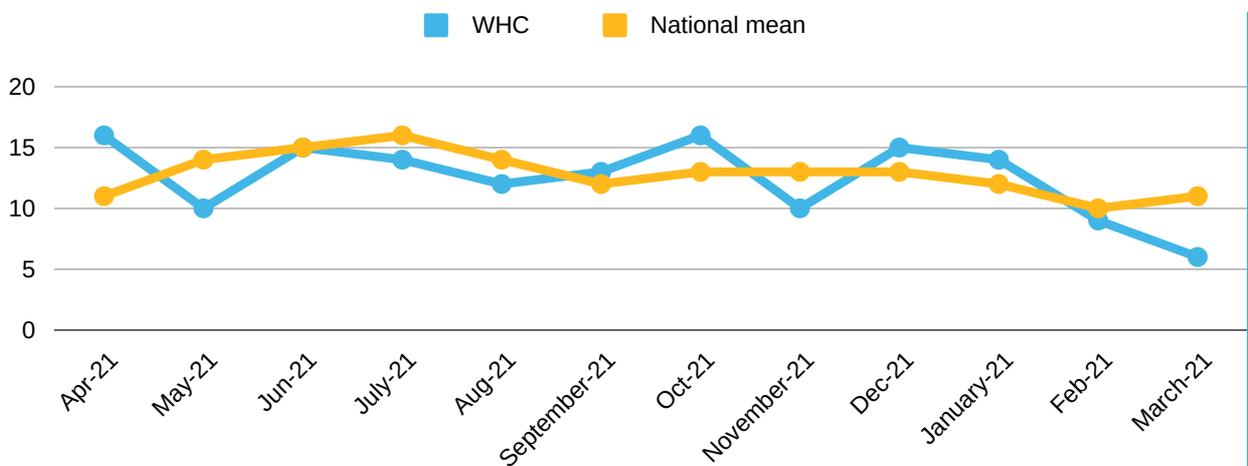
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Graph 12 - QR2b - Rate of New Grade 2, 3 and 4 Pressure Ulcers acquired whilst under care of the provider in a Community setting per 1,000 patients (on caseload) - community setting



Graph 13 - QR5 - Rate of falls (injurious) per 1,000 Occupied Bed Days - inpatient setting



Graph 14 - QR15a - Medication errors rate per 1,000 WTE budgeted staff - community setting

Community Services project

Community services represent over £10 billion of NHS expenditure and play a key role in supporting service users at home, reducing unnecessary hospital admissions, and supporting discharge. The Community Services project remains the most comprehensive dataset available on community services. Benchmarked findings outline the changes in provision over several years, enabling the effects of policy, investment, and COVID-19 to be seen clearly.

The results from this project are currently under review by the Director of Quality, Professions and Workforce and a local improvement plan will be developed as applicable a snapshot of 2021 outputs are displayed in Figures 10 and 11.



Figure 10 - Community Services project: Key findings at a glance - Respiratory



Figure 11 - Community Services project: Key findings at a glance - Community Teams

Intermediate care services audit

Intermediate care services play an important role in maximising independence for older people and reducing acute hospital admissions. This audit features an organisational level data collection for providers, capturing service models, system linkages, access, activity, workforce, finance, and quality.

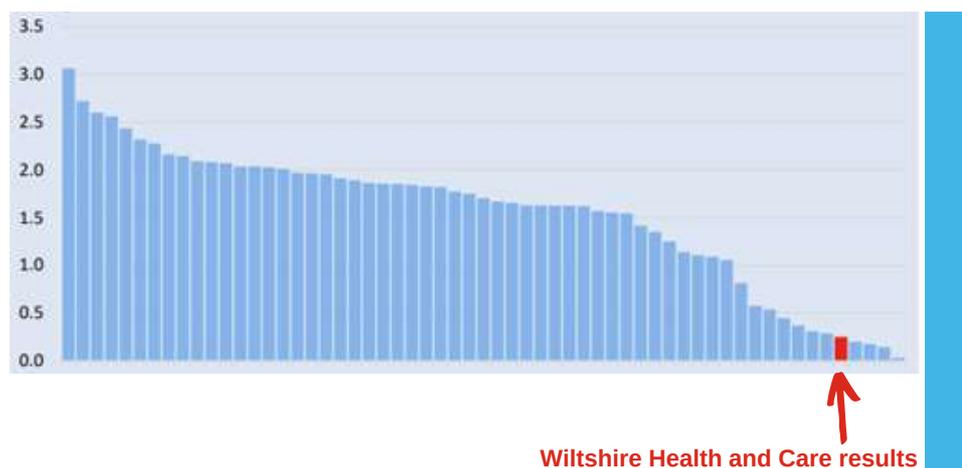


Figure 11 - Intermediate Care Audit – Clinical establishment (whole time equivalent) per total intermediate care beds provided

The results from this project were reviewed by the relevant leads within Wiltshire Health and Care. Actions from this project included:

- The Community Services Manager and Clinical Lead for Intensive Rehabilitation Service will continue to attend commissioning meetings to consider future service developments
- The Intensive Rehabilitation Service will finalise and launch the Intensive Rehabilitation Service outcome measure.

Learning Disabilities (Providers) project

The Learning Disabilities (Providers) project was open to specialist providers. Participants in this project receive a 360-degree view of their services, providing insight to support operational service improvement, and strategic development at a senior level. The project compares the main service portfolios of specialist learning disability providers and quantifies the nature and shape of services provided.

The 2020 results (snapshot Figure 12) are currently being reviewed by the Community Team People with Learning Disabilities Manager.



Figure 12 - Learning Disabilities (Providers) project: Key findings at a glance

Learning Disabilities Review

The Learning Disabilities Review was a national data collection, commissioned by NHS England and NHS Improvement (NHSE & NHSI) and run by NHSB. The data collection has been designed to fully understand the extent of organisations compliance with the NHSE & NHSI Learning Disability Improvement Standards and identify improvement opportunities. The standards review aims to collect data from several perspectives to understand the overall quality of care across Learning Disability services.

The 2021 outputs will not be available until late 2022. The 2020 outputs are being reviewed by the Community Team People with Learning Disabilities Manager.

National Audit Care at End of Life

The National Audit Care at End of Life has objectives to refine the tools for assessing compliance with national guidance on care at the end of life and to measure the experience of care at the end of life for dying people and those important to them. Deaths that occurred within the inpatient units during April and May are audited. The 2021 NHSB published outputs (below) are currently being reviewed and improvements will be implemented where appropriate.

Next steps...

Wiltshire Health and Care will continue to participate in the relevant NHS Benchmarking Projects, celebrate success and implement improvements where appropriate.

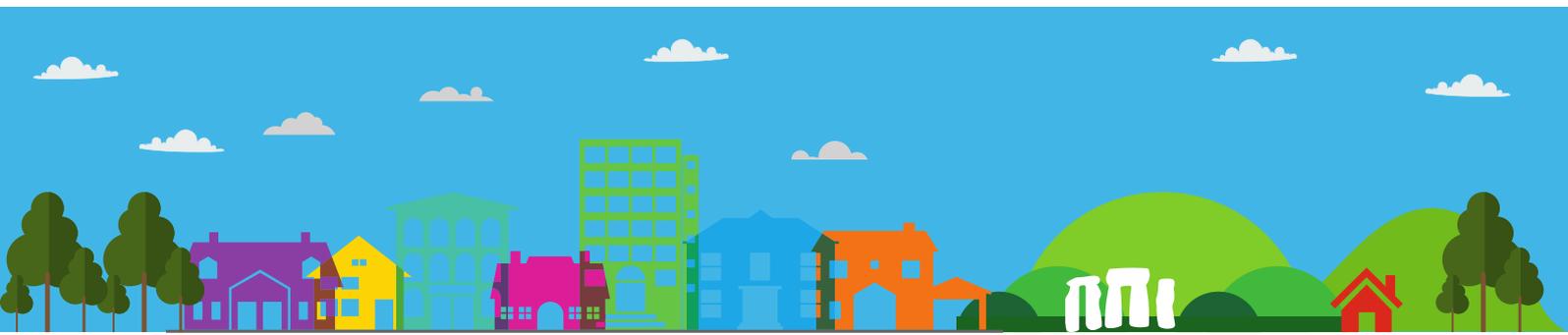
Author

Kayleigh Gullis, Clinical Governance Lead

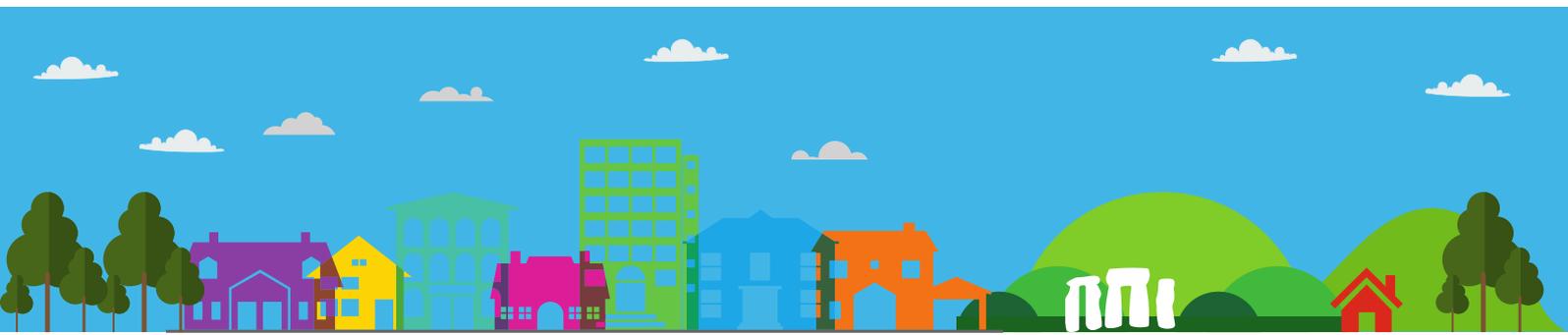


Figure 13 - National Audit of Care at the End of Life 2021: Key findings at a glance

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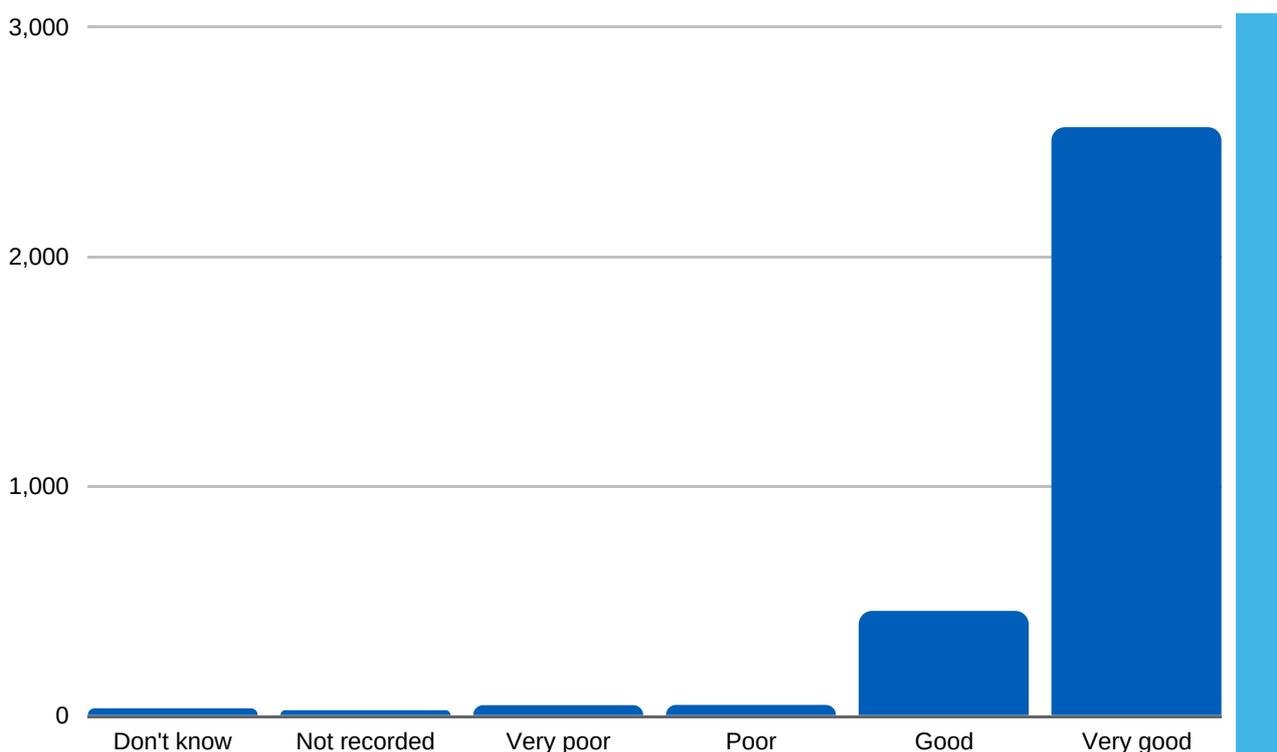
Section 4 Service User Experience



Friends and Family Test

The Friends and Family Test 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. During the year of 2021/22 an additional question 'Overall, how was your experience of our service?' and the 'Long COVID' service was launched within Wiltshire Health and Care.

The Friends and Family Test 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 Friends and Family Test provides a mechanism to highlight both good and poor patient experience. Wiltshire Health and Care has received positive Friends and Family Test responses in 2021/22 as displayed in Graph 16.

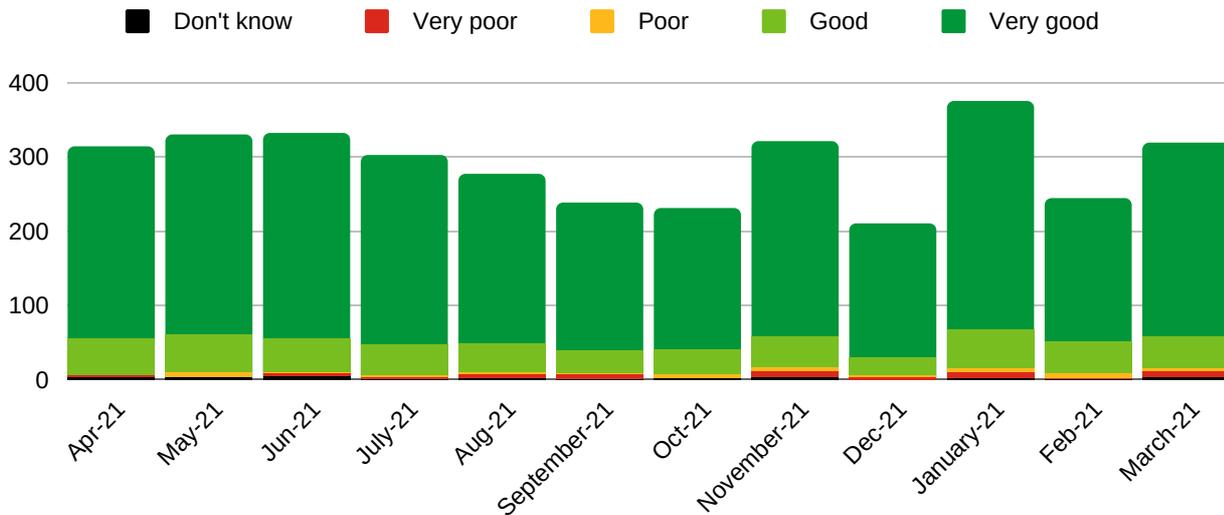


Graph 15 - Friends and Family Test Responses - 2021/22

The COVID-19 pandemic impacted on the number of responses Wiltshire Health and Care received. This decrease in responses was because, some of our services were reduced, or, paused to ensure that critical areas such as inpatient services were supported through this period. During 2021/22, Friends and Family Test responses

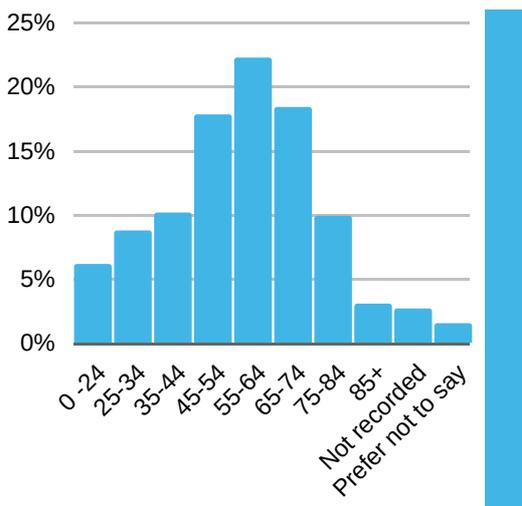
Wiltshire Health and Care Quality Account 2021/22

have been maintained at 200 to 370 and in 2022/23 we intend to expand our engagement with Patients and Carers regarding the delivery of our services.

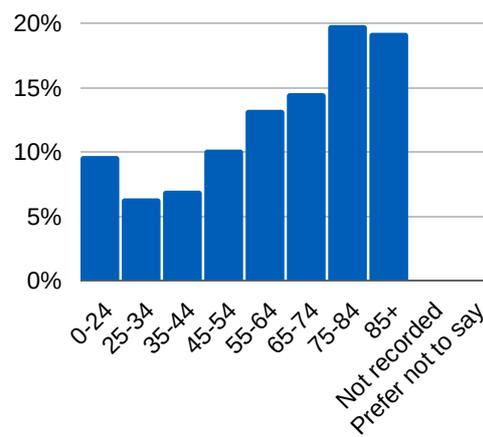


Graph 17 - Total FFT Responses - by month

The smallest percentage of respondents reported their age range between 75-85 (6%) and 0-24 (6%) year-old; with the largest percentage from 55-64 (22%) year-old group. Graph 18 displays the age of patients accessing Wiltshire Health and Care services in 2021/22 which identifies a different profile to those accessing services to those providing feedback on services (see Graph 19). This indicates a need for Wiltshire Health and Care in 2022/23 to focus on increasing Friends and Family Test response rates from patients aged 0-24 and 75+.



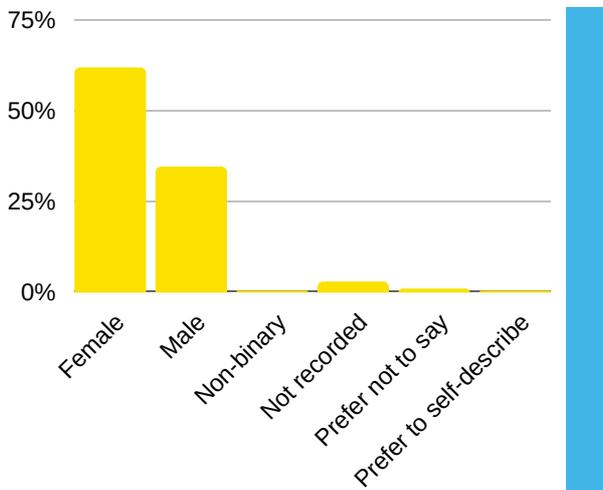
Graph 18 - Age range of respondents - 2021/22



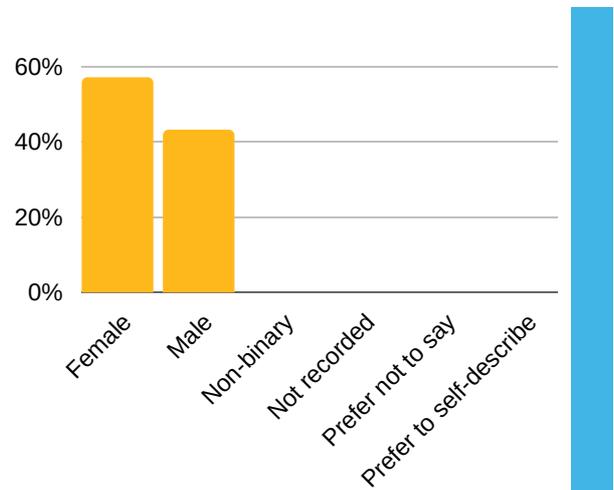
Graph 19 - Age range of patients accessing WHC services - 2021/22

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Most respondents reported 'female' gender (see Graph 20) which aligns with the demographic data of patients accessing Wiltshire Health and Care services (see Graph 21).



Graph 20 - Gender of respondents - 2021/22



Graph 21 - Gender of patients accessing WHC services
– 2021/22

Next steps...

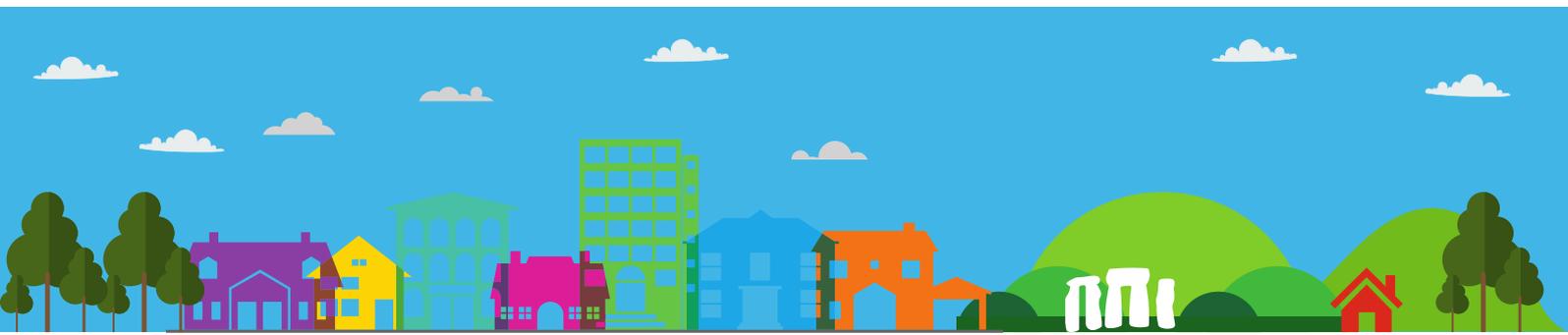
Wiltshire Health and Care will work throughout 2022/23 to improve Family and Friends Test responses from: Patients accessing our services aged 0-24; and Patients accessing our services aged 75+.

Author

**Tom Blowers, Risk and
Complaints Manager**



Section 5 Looking forward to 2022/23 Priorities



2022/23 Quality Priorities

In Wiltshire Health and Care quality is the foundation for all decision making and actions undertaken with one of our cornerstone objectives being to ensure the delivery of safe and effective care. We measure the care we provide against the Care Quality Commission domains of Safe, Effective, Caring, Responsive and Well Led. The 2022/23 Quality Priorities for Wiltshire Health and Care are an integral part of our Delivery Plan which is monitored on a quarterly basis. In 2022/23 the Quality Priorities are:

1. Further develop our quality systems: a) Improve functionality of Datix (electronic quality system); and b) Expansion of the solid foundation of 'shared learning' in WHC
2. Clinical Effectiveness: focus on delirium and frailty pathways
3. Improve Equality Diversity and Inclusion in our organisation and services
4. Reduction in severe avoidable medicine relation incidents
5. We will prepare for the Liberty Protection Safeguards
6. We will expand our engagement with Patients and Carers regarding the delivery of our services.

These priorities are supported by detailed objectives which are described below and on the following pages.

Quality Priority	Detailed objectives
<p>Further develop our quality systems: a) Improve functionality of Datix (electronic quality system); and b) Expansion of the solid foundation of 'shared learning' in WHC</p>	<ul style="list-style-type: none"> • Our Electronic quality system is refined to support (i) Internal RCA and StEIS investigations; (ii) risk management; (iii) sharing learning by Q4 2022/23. To support the NHS to further improve patient safety, Wiltshire Health and Care are preparing for the introduction of a new Patient Safety Incident Response Framework (PSIRF). This framework will outline how Wiltshire Health and Care as a provider should respond to patient safety incidents and how and

1

Quality Priority	Detailed objectives
<p>Further develop our quality systems: a) Improve functionality of Datix (electronic quality system); and b) Expansion of the solid foundation of ‘shared learning’ in WHC... continued</p>	<ul style="list-style-type: none"> • [continued] when a patient safety investigation should be conducted. Currently the ‘early adopters’ are testing the new framework, but timeframes have been subject to change due to the impact of COVID-19. Wiltshire Health and Care will continue to appraise progress and respond appropriately over 2022/23. • Embed 'aim for outstanding' toolkit by Q4 2022/23. • Respond to the Ockenden report (April 2022) learning recommendations by Q2 2022/23.
<p>Clinical Effectiveness: focus on delirium and frailty pathways</p>	<ul style="list-style-type: none"> • As part of the Urgent Crisis Response roll out, referral pathways are in place for community response to delirium and the other acute frailty syndromes. 2022/23 will focus on the embedding of these pathways. • Development of the Delirium pathway and toolkit for Community Teams and to ensure this is audited for effectiveness by Q4 2022/23. • Review the delirium pathway within the inpatient wards to ensure we are providing best care for patients who experience delirium by Q4 2022/23.
<p>Improve Equality Diversity and Inclusion in our organisation and services</p>	<p>Implement the Patient Equality, Diversity and Inclusion strategy by 2022/23.</p>

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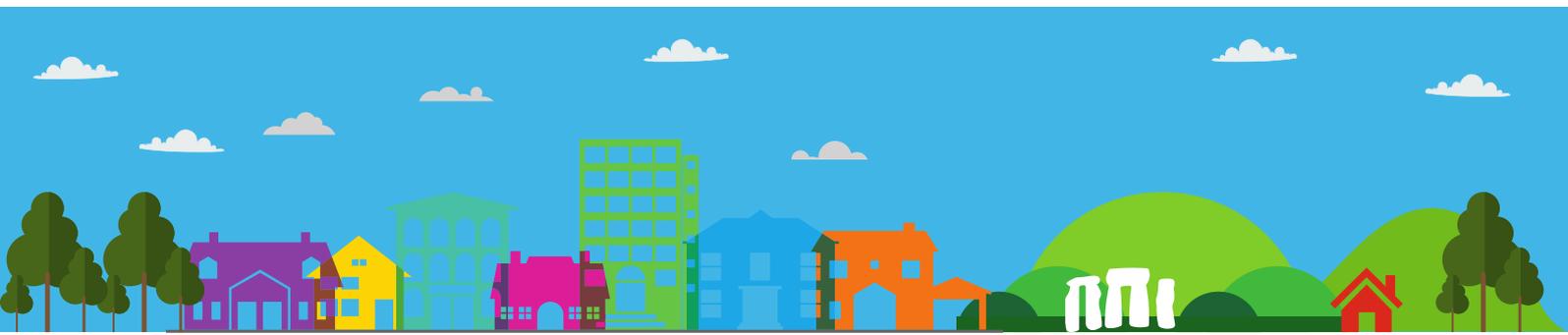
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Quality Priority	Detailed objectives
<p>Reduction in severe avoidable medicine relation incidents</p>	<ul style="list-style-type: none"> • Reduce incidence of missed medication incidents on inpatient units and missed visits within community teams – this will provide assurance that patients are receiving their medication as prescribed and at the intended time. • Complete Care Quality Commission Controlled Drugs self-assessment
<p>We will prepare for the Liberty Protection Safeguards</p>	<p>To explore and scope the implications of implementing the updated MCA guidelines and the New Liberty Protection safeguards in line with government timeline.</p>
<p>We will expand our engagement with Patients and Carers regarding the delivery of our services.</p>	<ul style="list-style-type: none"> • Develop the Patient Engagement Framework / Strategy by the end of Q2 2022/23 <ul style="list-style-type: none"> ◦ WHC will work throughout 2022/23 to improve Family and Friends Test responses from patients accessing our services aged 0-24 and 75+. • Respond to the patient experience and listening recommendations of the Ockenden (April 2022) report by Q2 2022/23.

5

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Section 6 Formal Statements



Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group



Statement from Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group on the Wiltshire Health and Care (WHC) 2021-22 Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Wiltshire Health and Care (WHC) Quality Account for 2021/2022. 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 reporting routes and is presented in the format required by NHSE/I presentation guidance.

The CCG recognises that 2021/2022 continued to be a challenging year due to the COVID-19 Pandemic and that this has impacted on services provided by WHC. The CCG would like to thank WHC for their continued contribution to supporting the wider health and social care system during the pandemic and the transition into COVID-19 recovery phase.

It is the view of the CCG that the Quality Account reflects WHC's on-going commitment to quality improvement and addressing key issues in a focused and innovative way. WHC's Quality Account has identified achievement in:

- Having a continued focus on encouraging incident reporting, developing systems for data collection and analysis, and facilitating shared learning across the organisation and to the wider system.
- Development and bespoke staff training for the National Early Warning Score tool (NEWS2), ensuring improved compliance and accuracy of recording with the aim of improving outcomes for patients.

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- Demonstrating an ongoing commitment to promoting a culture of Equality, Diversity and Inclusion, including providing considerable support to people with Learning Disabilities with accessing Covid-19 vaccinations.
- Progress against a target to reduce severe avoidable medications related incidents by 50% by 2024 including developing an action plan to reduce incidences of missed medications on inpatient wards and closer working with BSW partners to scope quality improvement opportunities.
- Implementing improved incident investigation and management processes, ensuring that learning feeds into their Pressure Ulcer Quality Improvement Plan. WHC have also provided support to people with Long Covid, linking in with community services to enable people to better self-manage their symptoms.
- Establishing a Falls Improvement Plan including introducing Falls Champions across the organisation.

The CCG supports WHC's identified quality priorities for 2022/23.

It is recognised that several the priorities described in this Quality Account align to the NHS priorities set out in the NHS Long Term Plan and Operational Planning Guidance with a crucial focus on reducing inequalities. The CCG welcomes continued engagement in the agreed service improvement plan and focus on:

- Further developing quality systems to support incident investigations, risk management and shared learning.
- Focusing on the review, development and embedding of delirium and frailty pathways including developing toolkits to support this.
- Implementation of WHC's Equality, Diversity, and Inclusion Strategy.
- Continued work in reducing severe avoidable medications incidents including working on reducing missed medication doses in inpatient settings and reducing missed visits in the community teams.
- Preparing for the implementation of the new Liberty Protection Safeguarding and updated Mental Capacity Act guidance in line with national timescales.
- Ongoing work with patients and carers, including development of a Patient Engagement Framework / Strategy and working to increase response rates for the Friends and Family Test with an aim to gain a greater level of detail around patient experience.

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The CCG would also like to highlight WHC's response to the COVID pandemic and the continued commitment and adaptability of the organisation and employees to deliver services, offer support to patients and families, and support the wider healthcare system locally.

NHS Bath and North East Somerset, Swindon and Wiltshire CCG are committed to sustaining strong working relationships with WHC and together with wider stakeholders, will continue to build on our collaborative approach to achieve shared priorities as the Integrated Care System develops in 2022/23.

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 (WHC) quality account for 2021/22. Healthwatch Wiltshire exists to promote the voice of patients and the wider public with respect to health and social care services.

We recognise that this has been a year in which WHC staff have had to continue overcoming extraordinary challenges. WHC has played a pivotal role in helping the NHS cope with the pandemic across the County, from supporting the vaccination programme and delivering a long-COVID service to supporting the discharge of patients from the acute hospitals to our community hospitals or to their own homes. Healthwatch Wiltshire is pleased to hear that 76% of Long COVID patients were satisfied with the care they received from WHC with the launch of the Long COVID service last year and to see the creation of a rehabilitation pathway with links to a wide range of therapeutic services. We note the trials to be undertaken in 2022/23 with Oxford and Cardiff Universities on aspects of Long COVID and will await the outcomes with interest.

We commend WHC for their efforts to achieve the quality objectives they set for 2021/22. This includes continuing to expand 'shared learning' during 2021/22 despite COVID-19 pressures and embedding CQC's new approach to oversight into their business as usual. We note that WHC have completed bespoke training across inpatient wards regarding deteriorating patient care and are looking at national Restore2 model developed for care home as a possible additional training option for 2022/23. We look forward to reviewing the improvements this approach is intended to deliver.

We note the work undertaken so far in terms of equality, diversity and inclusion including improvements to Cedar ward and planned works for Longleat ward to make them more dementia friendly. We are pleased to see the improvement in access to

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dementia screening by both inpatient wards and community teams. Healthwatch Wiltshire has a particular interest in dementia care and we will closely follow the impact of this improvement.

We commend the support WHC has provided to ensure that people with a learning disability did not face health inequalities and were supported with reasonable adjustments to enable their COVID-19 vaccination.

We were pleased to see a Patient and Public Involvement Group was set up and are delighted to be involved in the regular public and patient involvement group meetings. We have recently reviewed and commented on the draft WHC Engagement Strategy and look forward to supporting its further development and implementation as a priority for WHC to improve engagement with patients and carers over 2022/23. We are pleased that you have continued to gather feedback from patients and their families throughout the pandemic and that there were increased responses from Family and Friends Tests (FFT) in 2021/22, given your concern reported at meetings at the previous disappointing level of responses.

Healthwatch Wiltshire notes that CQUINs (Commissioning for Quality and Innovation) are being reinstated in 2022/23 and looks forward to hearing the results of this quality monitoring. We also note WHC's participation in national audits and that you are working on improvements for the Neuro and Stroke Service and on recommendations for promoting best Falls Prevention practice. We would like to understand how WHC plans to reduce the number of incidents (20% of total falls) originating outside WHC with third party organisations. [23]

We are pleased that as part of this audit process, WHC conducted surveys including on Patient Satisfaction with First Contact Physiotherapy which resulted positively in longer appointment times and other improvements. We await the results of the survey responses which are currently being analysed.

Healthwatch Wiltshire commends your work on end of life care and learning from deaths. We were pleased to see that WHC is working with the ReSPECT steering group and EoL Group to support and train clinical staff and the roll out of the ReSPECT programme.

[23] When a reported incident is from a 3rd Party organisation, WHC apply the third party incident process; whereby the incident is shared with the organisation for learning and an outcome response is requested.

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We recognise that despite a number of actions being completed to try and reduce the risk of falls, this continues to be an issue. 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 would like to understand the reasons identified for this [24]. We understand that there are a series of actions in place to reduce these going forwards but pressure damage continues to present challenges.

With regard to Safeguarding Children, we would question the falling level of compliance in Level 3 training and will be interested to hear what actions are being taken to improve compliance in this important area [25]. We also note that WHC MIU will no longer see or treat babies under one year and would like to understand more about where this is now being undertaken as specialist expertise is required [26]. We are pleased however to see that HEADSS assessment is being put in place for young people to help their understanding of domestic abuse and unhealthy relationships and your preparations for working collaboratively with other organisations involved in safeguarding as the new integrated care system is introduced.

Healthwatch Wiltshire recognise the significant challenges you have faced due to the COVID-19 pandemic and the frequent changes that have had to rapidly be put into effect. We appreciate the commitment and dedication of staff working at this critical time although we are concerned about the feedback from WHC's annual staff survey which shows that only 25% of respondents view staffing levels as sufficient. 45% felt that sometimes there are unrealistic time pressures and work life balance is difficult for staff to manage [27]. We are encouraged however that 90% of staff who answered the survey enjoyed working in their team. We will be interested to see how WHC manages these issues and improves the working conditions for staff.

[24] WHC consider the reporting of all categories of pressure ulcers to have improved, which in part causes increasing in numbers. As an outcome to this the number of pressure ulcers deteriorating to Category IV has reduced. However due to the impact on reduced staffing at times throughout the year, this has not happened without impact to our patients and their skin integrity.

[25] Wiltshire Health and Care acknowledge compliance as a concern. An improvement plan has been developed and supported by Executives.

[26] Wiltshire Health and Care have a standard operation procedure (SOP) which supports immediate onward referral to the appropriate services. i.e Emergency Departments. The compliance against the SOP is 100% .Each month the Safeguarding (Child) lead reviews all 'under one year old' child presentation and checks that appropriate actions have been taken. WHC have seen two babies since Dec 21 .

[27] see following page footer

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Similarly, we recognise the challenges WHC faces in recruiting and retaining staff and hope the apprenticeship funding WHC is using together with your collaboration and initiatives with various regional universities will help to address the issue of career pathways, attract and help retain staff.

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.

Catharine Symington
Interim Manager

[27] Wiltshire Health and Care recognise that it has been challenging for all staff over the last 2 years, and that there has been an impact on workforce supply and engagement. To support increased recruitment and retention Wiltshire Health and Care are revising its recruitment and retention strategy to ensure that it is tackling the workforce risks which are annotated within the organisation's 5 year workforce plan. This will include:

- development pathways (growing our own),
- increased supply from HEI's and how we support our students,
- alongside improvements in international and domestic workforce supply.

The retention plan will look at why staff are leaving both the organisation and NHS. It will aim to address the matters within the organisations span of influence, looking at how we can support the workforce to work more flexibility, supporting our workforce to remain healthy and engaged and ensure those who wish to work longer can have supportive and adapted working patterns to meet their needs.

Statement from Wiltshire Health Select Committee

The logo for Wiltshire Council, featuring the text "Wiltshire Council" in a white serif font above a white curved line, all set against a green background.

Statement from Wiltshire Council – Health Select Committee, dated 17 June 2022

The Wiltshire Health Select Committee welcomes the opportunity to comment on the quality account.

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 following high-level comments were raised when reviewing the account:

- If possible, could future accounts please include an executive summary, as seen in previous years? [28]
- Overall, the members were pleased with the progress made by WHC. The organisation is well rated by the CQC, has low complaint rates, harmful mistakes are negligible and hopefully this performance can be maintained, going forward.
- We welcome the creation of a Patient and Public Involvement Group in 2021/22 and their role in the development of an Engagement Strategy, being rolled out shortly.
- We commend the implementation of the 'Pressure Ulcer Quality Improvement Plan' and its subsequent impact on reducing pressure ulcer related serious incidents over the last 3 years. The continued education of staff on this area is commendable and the virtual pressure ulcer updates are clearly a positive initiative.

[28] Wiltshire Health and Care thank Wiltshire Council for the request to include an executive summary and will consider this for future publications.

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- Addressing health inequalities is of particular interest to the committee. We were very pleased to note the work taking place by the Community Team for People with Learning Disability in supporting the vaccination programme to ensure that people with a learning disability do not face health inequalities.
- The work of Wiltshire Health and Care to monitor and manage patient needs with long COVID Monitoring is a key area and we welcome the continued efforts to see patients as soon as possible and to ensure they are satisfied with the service.

Wiltshire's Health Select Committee looks forward to continuing to work closely with Wiltshire Health and Care, following our successful meeting in June, attended by the managing director and chair of the organisation.

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

Questions? Contact us.



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



01249 456565



ask.wiltshirehealthandcare@nhs.net



www.wiltshirehealthandcare.nhs.uk

Patient Advice and Liaison Service (PALS)



0300 1237797



PALS.wiltshirehealthandcare@nhs.net

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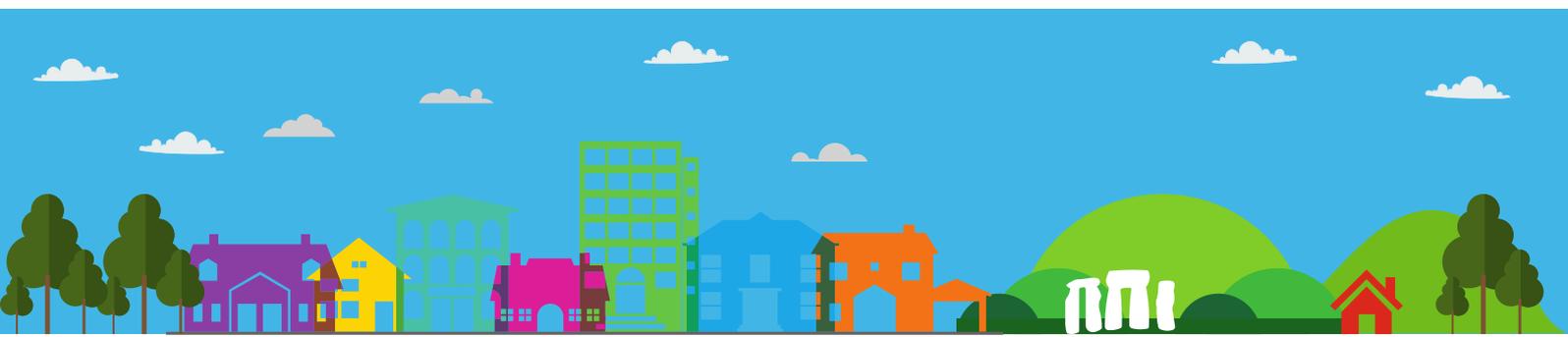
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WHC

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

Designed by Sara Quarrie





Wiltshire

HEALTH AND CARE

