NHS

2022/23

Quality Account

Prepared by
Samantha Sousa
Clinical Governance Facilitator

This publication is available at

Any enquiries regarding this publication should be sent to us at

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2022/23 Quality Account

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Section 1

Introduction

Statement from the Chair of the Board

Welcome to Wiltshire Health and Care's Quality Account 2022/23. These accounts describe our performance in delivering NHS community services 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 year the NHS has been under huge pressure, but our staff have risen to the challenge allowing us to play a key role in supporting health services across the County and delivering against the wide range of priorities that we set for ourselves at the start of the year.

For the coming year we have once again renewed our delivery plan with its focus on helping the people who live in our communities to live healthy, independent lives and we will continue to do everything we can to support all our colleagues across the Bath and North East Somerset, Swindon and Wiltshire area as we deal with the challenges ahead.

Stephen Ladyman
Chair of the Board
Wiltshire Health and Care

Wiltshire Health and Care
2022/23 Quality Account

Statement from the Managing Director

I am delighted to introduce the Quality Account for 2022/23. This account covers a period before I took up post as Managing Director from my predecessor, Douglas Blair. Under his leadership, Wiltshire Health and Care continued to make improvements to its governance and oversight of the quality of its services. This was in the context of extremely challenging conditions across the health and care system, which has not always been able to offer services of the quality that everyone expects in light of longer waiting lists and extreme pressures in relation to urgent care. The fact that services have continued to cater for the need of individuals in these circumstances is a testament to the dedication and resilience of the Wiltshire Health and Care team.

In setting the priorities for the year ahead, I am keen to see continuing development of our quality systems and improvements to patient care. We will ensure that our quality objectives are an integral part of our overarching Delivery Plan.

Shirley-Ann Carvill
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 receive, 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 (2023/24) 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 Integrated Care Board, 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.

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[1] About Quality Accounts - NHS (www.nhs.uk)

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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. Wiltshire Health and Care continued to deliver our services with integrity, as we, like the wider community, this year transitioned to living with COVID-19. We are proud of how Wiltshire Health and Care continues to adapt and change quickly to keep core services supporting our patients, carers, partnerships and each other.

Figure 1 Wiltshire Health and Care values and behaviours

2022/23 Key priorities

Throughout 2022/23 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 with a focus on improving the functionality of RLDatix and expanding the solid foundation of shared learning
2. We will refine our clinical effectiveness with a focus on delirium and frailty pathways
3. We will improve Equality, Diversity and Inclusion in our organisation and services
4. We will aim to reduce severe avoidable medicine related incidents
5. We will prepare for Liberty Protection Safeguards
6. We will expand our engagement with Patients and Carers regarding the delivery of our services

Who we are?

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.

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"[2]

[2] NHS Long Term Plan » The NHS Long Term Plan

Our Services

Wiltshire Health and Care is operationally organised into three areas:

- Inpatient Services and Minor Injury Units
- Core and Community Teams,
- 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 three hospital sites, Chippenham, Marlborough and Warminster.

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	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 additional care to provide holistic assessment.

Lymphoedema	Provides non-palliative Lymphoedema care.

Overnight Nursing Service	Provides urgent overnight community nursing support for catheter care, simple wounds and all aspects of end-of-life care – including symptom control and verification of expected death.

NHS @ Home (virtual wards)	Support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. Including either preventing avoidable admission to hospital, or supporting early discharge out of hospital.

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 2-24 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

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 / receive a telephone consultation.

Diabetes

Provide specialist and complex support and education in the community. They care for those living with all types of diabetes, including type 1, type 2, type 3c, and monogenic diabetes. They aim to optimise all aspects of diabetes management so that people can live independently.

Dietetics	Provides a service to help people make dietary changes to prevent and treat nutrition related disease.
First contact physiotherapy	Provides direct access to musculoskeletal (MSK) physiotherapy in local GP practices. They can help patients with MSK issues such as back, neck and joint pain by assessing and diagnosing issues, giving expert advice; and referring onto specialist services if necessary.
Heart Failure Service	Provides diagnostic and chronic disease management care to people living with heart failure. Including the assessment of suspected heart failure, providing heart scans called echocardiograms; and delivering evidence-based care.
Cardiac Diagnostic Service	Provides a community cardiac diagnostic service, including echocardiography, electrocardiography, and ambulatory monitoring for people with suspected heart failure.
Long COVID Rehabilitation Assessment Clinic	Help people who continue to have symptoms related to a COVID-19 infection after 12 weeks. They identify what symptoms and how these affect their day to day. They support people to learn how to manage these symptoms to improve their quality of life.

Integrated Community Neurology & Stroke

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

Orthopaedic Interface Service

Provides a musculoskeletal assessment service run by Advanced Physiotherapy Practitioners.

Orthotics

Provides functional orthoses and specialist footwear to support a person's activities of daily living, prevent wounds and support function/mobility.

Podiatry

Provides specialist and general interventions for high-risk foot health, nail surgery and musculoskeletal (Biomechanics) podiatry services.

Physiotherapy

Provides a comprehensive outpatient musculoskeletal service.

Respiratory	Provides specialised support for patients with complex chronic lung disease, including a structured education and exercise programme as Pulmonary Rehabilitation, and provides the Wiltshire Home Oxygen service for respiratory and heart failure patients.
Speech and Language Therapy	Provides a wide range of expertise for communication and swallowing difficulties.
Wiltshire Wheelchair Service	Provides specialist assessment, prescription, issue and ongoing reviews of wheeled mobility, pressure care and postural equipment, determined by eligibility. Also provides in-house delivery and ongoing repair service.

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 our Non-Executive Directors through the Quality Assurance Committee. Figure 2 shows the flow of quality reporting through Wiltshire Health and Care.

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.

Figure 2 Wiltshire Health and Care Governance Structure

Looking back at 2022/23 Priorities

Our 2022/23 Priorities

Our quality priorities for 2022/23 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:

01. We will further develop our Quality Systems with a focus on improving the functionality of RLDatix and expanding the solid foundation of shared learning

02. We will refine our clinical effectiveness with a focus on delirium and frailty pathways

03. We will improve Equality, Diversity and Inclusion in our organisation and services

04. We will aim to reduce severe avoidable medicine related incidents

05. We will prepare for Liberty Protection Safeguards

06. We will expand our engagement with Patients and Carers regarding the delivery of our services

01. We will further develop our Quality Systems with a focus on improving the functionality of RLDatix and expanding the solid foundation of shared learning

Detailed objectives:
(i) Our Electronic quality system is refined to Internal Root Cause Analysis (RCA) and Strategic Executive Information System (StEIS) investigations; (ii) risk management; (iii) Duty of Candour, sharing learning by Quarter four 2022/23.

Updates:

	Q1	Q2	Q3	Q4
Incidents reported	1379	1352	1256	1063
StEIS	2	1 (from Q1)	0	0
Internal Root Cause Analysis	6	7	10	7
Risks	20	7	11	16

Table 1 Patient Safety metrics - 2022/23

RLDatix - Our Electronic incident, risk and complaints reporting system, helps the quality team to identify learning and implement improvements.

There has been an improvement in the reviewing of incidents by all the teams in Quarter two and this continuous effort is continuing to be an area of improvement.

Actions assigned to teams during Post Incidents Review (PIR) are also logged on RLDatix and during the review process team leads are able to monitor the status of implementation and share learning.

- Between Quarter one and Quarter two there is very little improvement in recording verbal and written apology although it has been noted that verbal apology is often given at the time of the incident

- In comparison to Quarter two, there has been an overall improvement in Quarter three in that the second stage of Duty of Candour (DoC) - offering of and the documentation of the provision of verbal apologies.
- In comparison to 2021/2022 data, performance in incident investigation is significantly improved in 2022/23.
- Indicating top incident themes remain pressure related skin damage, followed by Infection Prevention and Control (IP&C) incidents [3], medication related incidents then falls and communication with similar trends. The reporting of medication incidents reduced in December for first time in a seven month period – which will be monitored closely.
- Serious investigation (SI) numbers remain low with zero incidents escalated to SI status between August 22 – December 22 (NHS Benchmarking indicates our peers reporting 0.86 SI per month).
- Figure 3 displays risks register movement, namely the opening and closing of risks during 2022/23. Specifically during Quarter one there were six risks reported about Information Governance only and the rest were spread for other areas without significant concern. In Quarter two, out of the seven risks reported two were for Minor Injury Unit. During Quarter three, the 11 new risks were spread without significant influx in one area. In Quarter four, one new risk 15+ was reported on the Board Risk register and two 12+ risks were reported on the Executive Committee risk register.

Figure 3 Risk Register Movement 2022/23

[3] In November there was a significant drop in Infection Prevention and Control (IP&C) incidents – followed by a rapid increase in December due to the Inpatient outbreaks of COVID -19, Flu and Respiratory Syncytial Virus (RSV)

Detailed objectives:
iv) Respond to the learning recommendations of the Ockenden
(April 2022) report by Quarter two 2022/23

Updates:

Delayed due to capacity – planned to achieve in Quarter one 2023/24.

02. We will refine our clinical effectiveness with a focus on delirium and frailty pathways

Detailed objectives:
i) As part of the Urgent Community 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

Updates:

Wiltshire Health and Care Urgent Community Response referral inclusion criteria includes delirium, falls and decompensation of frailty and we continue to work with stakeholders - patient, carers and health and social care partners - to ensure that these pathways are robust, reflect national and local policy, guidance and best practice and are responsive to need.

Detailed objectives:
ii) Development of the delirium pathway and toolkit for Community Teams and to ensure this is audited for effectiveness by Quarter four 2022/23

Updates:

Wiltshire Health and Care are now open to the Delivery of Service for delirium. As part of the Urgent Community Response (UCR) patients with suspected delirium are assessed and supported accordingly. Where a patient can be supported in their own home, NHS@Home can be accessed for treatment and monitoring of the patient's symptoms.

Detailed objectives:
iii) Review the delirium pathway within the inpatient wards to ensure we are providing best care for patients who experience delirium by Quarter four 2022/23

Updates:

Delayed due to capacity, being handed over to an Inpatient Advanced Clinical Practitioner to lead this action in 2023/24.

03. We will improve Equality, Diversity and Inclusion in our organisation and services

Detailed objectives:
i) Implement the Patient Equality, Diversity and Inclusion Strategy by Quarter four 2022/23

Updates:

Actions to improve Equality Diversity and Inclusion have been included in the refreshed Delivery Plan for 2023/24. An Equality Diversity and Inclusion statement confirming the commitment of our organisation is due for Board sign off in May 2023. The 'New' Managing Director requires slight adjustment to strategy therefore will need to go to Quarter one Quality Assurance Committee for approval.

Detailed objectives:
ii) Support our Equality, Diversity and Inclusion Forum to oversee improvements within Wiltshire Health and Care

Updates:

Quarterly Equality, Diversity and Inclusion Forums are in place, represented by employees across the organisation. These were reinstated in October 2022. The purpose of the forum is to (i) collaborate and develop interventions which support the inclusion and diversity of employees; (ii) advocate and be champions of inclusive practice and ways of working within Wiltshire Health and Care; and (iii) support policy and training development in order to create and promote an inclusive and diverse organisation. Any new initiatives or matters arising are raised via Workforce and Development Group. This has been maintained throughout Quarter four and this action is now complete and business as usual.

04. We will aim to reduce severe avoidable medicine related incidents

Detailed objectives:
i) 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

Updates:

A missed medication audit on inpatient wards was completed and reports were submitted to Quality Assurance Committee and to Medicines Governance Policy Oversight Group. There has been a development of an Insulin Quality Improvement Programme which will support the actions that came out of the Insulin Root Cause Analysis investigation. There has been a risk added to the risk register - Risk 338 Safe Administration and Effective Management of insulin for all services.

Detailed objectives:
ii) Complete Care Quality Commission Controlled Drugs self-assessment

Updates:

Quarter four Controlled Drugs and anti-microbial resistance audits have been completed, reports are being finalised.

05. We will prepare for Liberty Protection Safeguards

Detailed objectives:
i) To explore and scope the implications of implementing the updated Mental Capacity Act guidelines and the New Liberty Protection safeguards in line with government timeline.

Updates:

The working group has met and agreed an interim work programme. Still awaiting code and regulations.

06. We will expand our engagement with Patients and Carers regarding the delivery of our services

Detailed objectives:
i) Develop the Patient Engagement Framework / Strategy by the end of Quarter two 2022/23

Updates:

The Patient Engagement Strategy 2022 – 2025 was developed with valuable input from members of the Patient and Public Involvement Group. It was completed in September 2022 and has been approved by the Clinical Procedures Approval Group (February 23) and the Quality Assurance Committee (March 23). The Patient and Public Involvement Policy was created alongside the strategy to provide guidance on how we engage with our patients, carers, families and other stakeholders. This was approved and ratified by the Policies and Procedures Group in February 2023. The 'New' Managing Director (April 2023) requires slight adjustment to strategy therefore will need to go to Quarter one Quality Assurance Committee for approval.

Detailed objectives:
ii) Work throughout 2022/23 to improve the number of Family and Friends Test responses across all Wiltshire Health and Care services, to provide a richer picture from a more diverse population

Updates:

The Patient and Public Involvement Officer has been meeting with services that have zero/low return rates to understand barriers and opportunities to improving their return rates. A communications plan was created in September 2022 to support promoting the use of the Friends and Family Test amongst Wiltshire Health and Care staff. Since this time, Friends and Family Test return rates have been improving and the overall trend shows an upward direction. The Friends and Family Test data collection and analysis now sits with Patient and Public Involvement Officer. Data in Quarter four has improved, Quarter four returns saw a 42.5% increase on the same period last year. Overall trend continues to go upwards.

Detailed objectives:
iii) Respond to the patient experience and listening recommendations of the Ockenden (April 2022) report by Quarter two 2022/23

Updates:

Recommendations from the Ockenden Report were incorporated into the Patient and Public Involvement Strategy. Discussions with inpatient wards on using tablets and volunteers to improve return rates. Community teams being regularly reminded to ask patients and carers to complete Friends and Family Test forms.

Quality and Effectiveness

Patient Safety

Incident reporting

Throughout the year Wiltshire Health and Care has continued to improve performance with incident reporting. In comparison with benchmarked organisations the number of internal incidents Wiltshire Health and Care reported (n= 4120), the majority of which were graded as "low" or "no" harm in severity, demonstrating a good incident reporting culture.

4120

Incidents reported

97.7%

Low or no harm
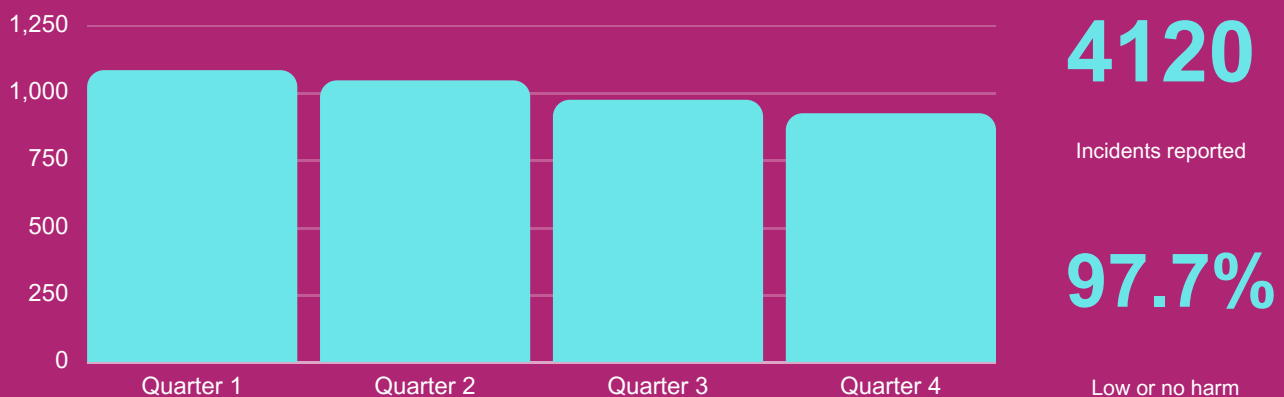
Figure 4 Incidents reported by Quarter

The incident investigation performance equally has improved since last year. Serious Incident (SI) numbers remain low with zero incidents escalated to SI status between August 22 – December 22 (NHS Benchmarking indicates our peers reporting 0.86 SI per month).

Wiltshire Health and Care is utilising different methodology to carry out proportionate investigations, an example of which includes utilising a panel of individuals from both community and inpatients services to conduct a Root Cause Analysis for incorrect administration of medications - triggered by a combination of the high volume of errors (not the level of harm), of incorrect use of Permission to Administer (P2) forms and inappropriate dosage of insulin. The outcome of this investigation has provided focus and opportunity for new work streams to reduce similar errors in the future.

Key Themes - The top incident themes consistently remain the same with pressure related skin damage being the highest reported. In the latter end of the year, there was significant improvement to timeliness of completion of internal Root Cause Analysis investigation. The themes of these Root Cause Analyses were: Incorrect diagnosis; Insufficient use of allocated time to review documentation; Insufficient training to recognise complex needs and Incorrect administration of medicines.

"The top incident themes consistently remain the same with pressure related skin damage being the highest reported."
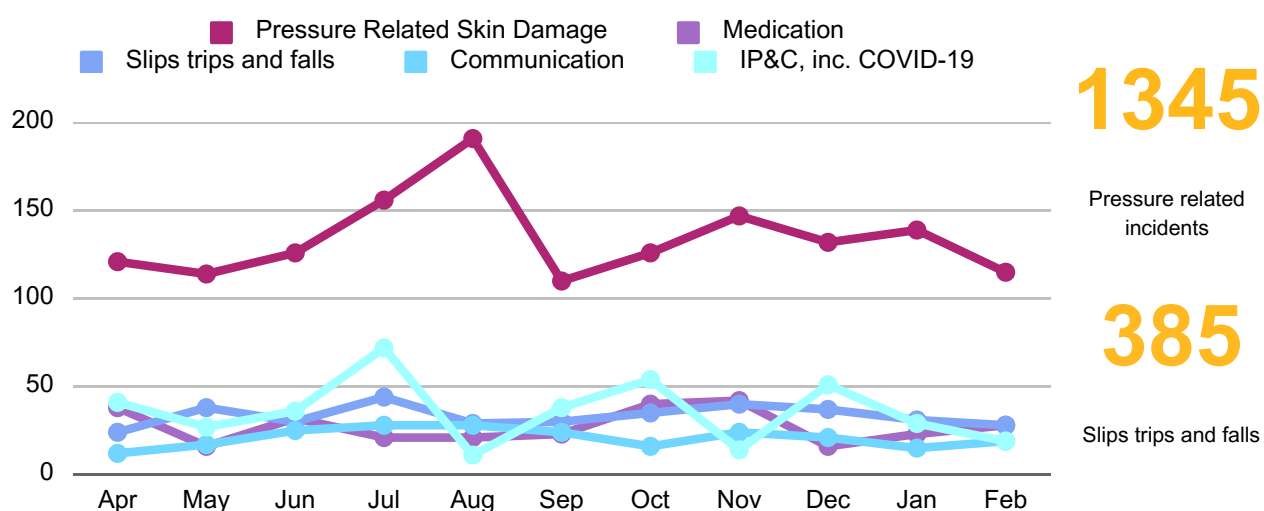
Figure 5 Top Incidents reported by theme

The increased trend in medication incident reporting identified in Figure 5 is due to insulin administration incidents. A deep dive investigation was undertaken to ascertain root causes and as a result an Insulin Incident Investigation Quality Improvement Project has been developed to reduce errors in this area.

Duty of Candour - The intention of the duty of candour legislation is to ensure that providers are open and transparent with people who use their services. Wiltshire Health and Care is committed to informing people about incidents, providing reasonable support, providing truthful information alongside an apology when things go wrong. Wiltshire Health and Care is working towards improving the recording in Patient Records of when Duty of Candour occurs and in which format i.e. verbal, written.

Identified learning and development:

- Staff receive additional Learning Disability training to recognise patients in similar situations (in the Minor Injury Units) and what interventions could be provided.
- To consider the history and value of the mechanism of injuries before applying any form of physical manipulation (Minor Injury Units).
- To improve interaction with external stakeholders / other practitioners to decrease likelihoods of failure.

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, General Practitioner (GP) practice code, and clinical coding for inpatients.

NHS number, Postcode and GP 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.

99.97%
NHS number

99.99%
Postcode

99.65%
Diagnosis (inpatients)

99.67%
GP Practice code

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 ten categories in the toolkit, containing 43 mandatory evidence requirements, plus a further 39 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 June, which covers the period 1st July 2022 – 30th June 2023.

Wiltshire Health and Care submitted the 2022/23 Data Security and Protection Toolkit on the 23rd June 2023 to a "Standards Met", with a locally calculated overall compliance level of 99%, completion of 100% of mandatory requirements and 97% of non-mandatory requirements meant Wiltshire Health and Care exceeded the 66% mandated baseline. There is no longer any requirement for the Wiltshire Health and Care's Data Security and Protection Toolkit to be audited by an external auditor.

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

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community health services for adults	Good	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Good	Good	Good
Urgent care services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Figure 6 Care Quality Commission Rating

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 [4], the Commission are developing a new regulatory model that aims to put data and insight front and centre of how they will work with

[4] Our monitoring approach: what to expect | Care Quality Commission (cqc.org.uk)

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 provide 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.

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 detail of each CQUIN is provided below, along with the expected targets and Wiltshire Health and Care's achievements.

CCG13 Malnutrition Screening in the community - Achieving 70% of community hospital inpatients, having a nutritional screening that meets The National Institute for Health and Care Excellence (NICE) Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks. Our overall performance was 71%, Figure 7 displays overall performance (average across the year) against the requirements for each ward.
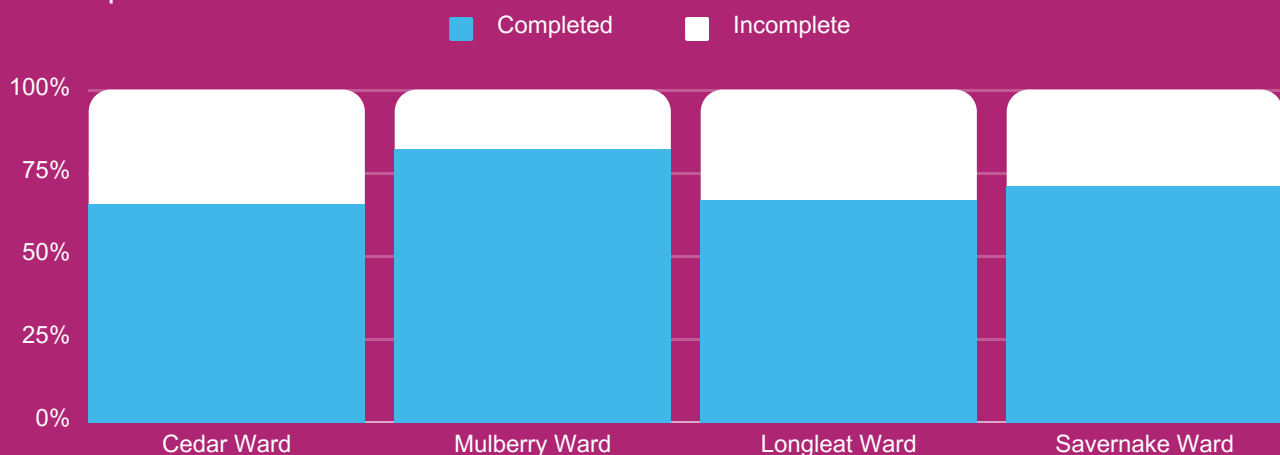

Figure 7 Overall performance (average across the year) 2022/23

Wiltshire Health and Care is working hard to achieve standardisation across all wards with this CQUIN, recognising areas of good practice and applying this across all the wards.

CCG1 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 2, year on year our performance has changed due to the COVID-19 pandemic disrupting tracking and the increasing size of our workforce.

74%
2017/18 (Target 70%)

84%
2018/19 (Target 75%)

90%
2019/20 (Target 80%)

81%
2020/21 (Target 90%)

75%
2021/22 (Target 90%)

77%
2022/23 (Target 90%)
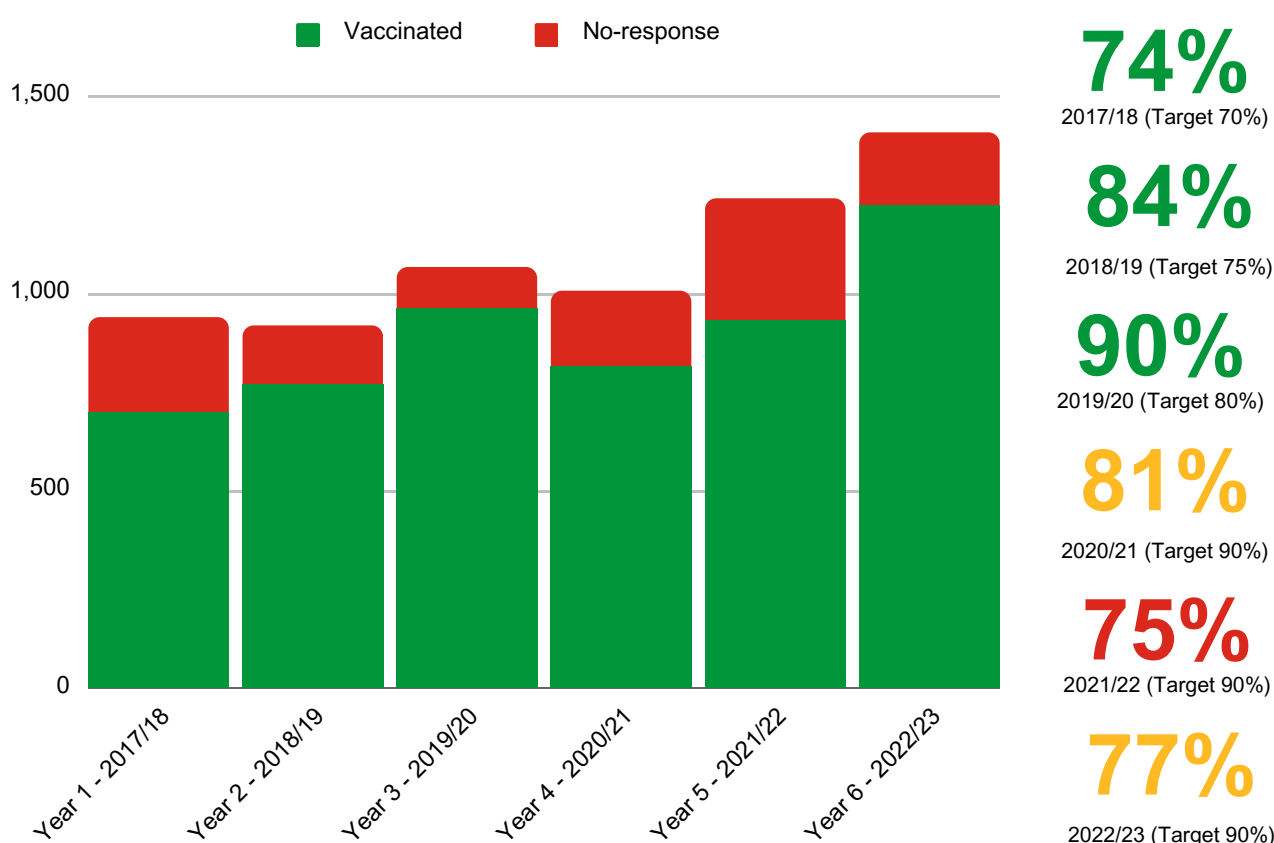
Figure 8 Wiltshire Health and Care: Frontline Staff Influenza Vaccine performance - 2017/23

Wiltshire Health and Care holds a Vaccination steering group which regularly meets to review, plan and track actions that include staff influenza vaccine programmes. In 2021/22 Wiltshire Health and Care successfully piloted FluTrack [5] 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). Wiltshire Health and Care continues to use FluTrack in 2022/23 and our performance is noted in Figure 8.

[5] VaccinationTrack — Quantum Health Solutions (qh-solutions.com)

CCG14 Assessment, diagnosis and treatment of lower leg wounds - Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.
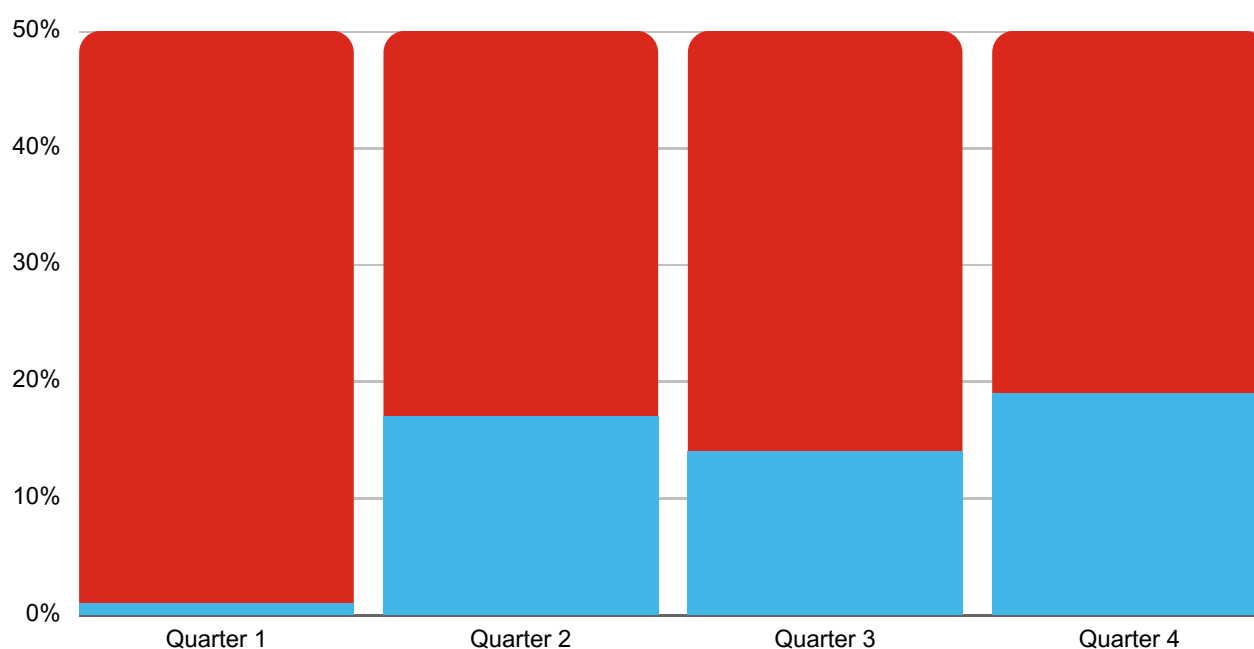
Figure 9 Quarterly Compliance for CCG14

There has been successful implementation of a quality improvement plan following the Quarter one results resulting in a 16% increase in Quarter two and further 2% increase in Quarter four. The Patient Record System 'lower limb assessment tool' was completely revised to ensure compliance with best practice and to improve clinician experience. Wiltshire Health and Care also established lower limb champions within all the community teams to support focus on the lower limb assessment and best practice.

CCG15 Assessment and documentation of 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. An audit tool was designed for the Inpatients Team to use. All discharged patients were audited in line with the CQUIN inclusion criteria on a monthly basis. Our overall performance was 54.5%. Table 3 shows overall performance (average across the year) against the requirements by ward.

Figure 10   Pressure Ulcer Risk Audit – 2022/23

Wiltshire Health and Care is working hard to achieve standardisation across all wards with this CQUIN, recognising areas of good practice and applying this across all the wards.

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, 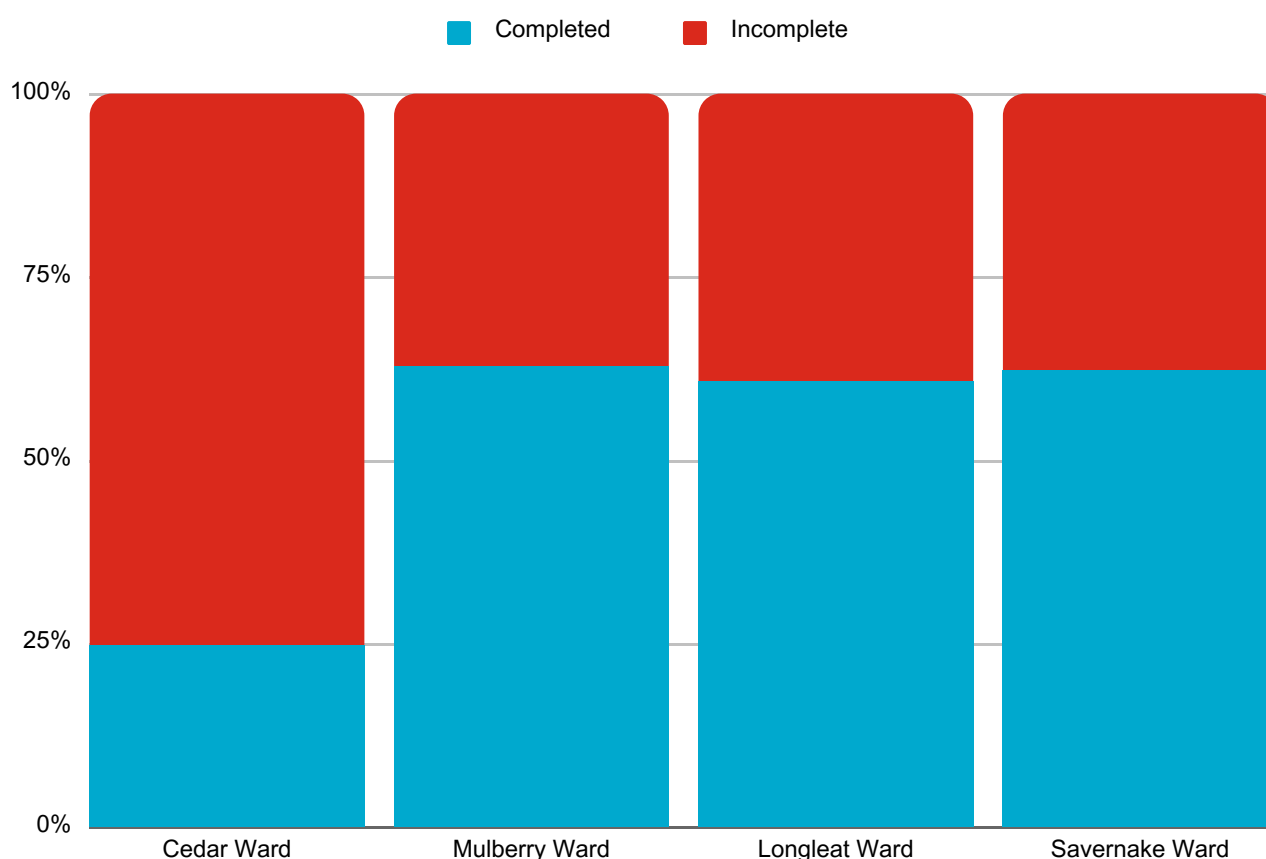so has a responsibility to comply with the national audits for our services. Wiltshire Health and Care participated in 100% of the national projects for which we were eligible.

Status:				Type:				Category:			
	Overdue Report	11	9%		First Audit	24	20%		National	25	21%
	Overdue Action Plan	0	0%		Re-Audit	36	30%		CCG Contract	5	4%
	Complete - Overdue AP Completio	2	2%		Quality Improvement Projec	0	0%		CQUIN Audit	5	4%
	Complete	25	21%		Service Evaluation (First)	6	5%		Local	64	54%
	Complete - Awaiting AP Completio	14	12%		Service Evaluation (Re-Audit	2	2%		Policy Audit	3	3%
	Awaiting Report	5	4%		Engagement (First)	24	20%		NCEPOD Study	0	0%
	Awaiting External Report	2	2%		Engagement (Re-Audit)	8	7%		NICE Audit	0	0%
	Awaiting Action Plan	0	0%		Review (First)	2	2%		CQC Project	0	0%
	Progress	37	31%		Review (Re-Audit)	5	4%		Information Governanc	9	8%
	Planned	0	0%		Research	5	4%		Comms/Engagement	1	1%
	Suspended - COVID-19	0	0%		Data submission	6	5%		Research Project	6	5%
	Withdrawn	12	10%			118				118	
	Not applicable	10	8%								
	Registration Not Approved	0	0%								
		118		Priority:	Priority 1	32	27%	Frequency:	Annual	30	25%
					Priority 2	85	71%		Bi-Annual	1	1%
Open/Closed	Open	71	60%			117			Quarterly	4	3%
	Closed	47	39%						Monthly	4	3%
		118			Engagement Projects	43	36%		Collection	4	3%
									Project Cycle	75	63%
Service:	Core Teams	25	15%							118	
	MSK/LTC	49	30%								
	Inpatients/MIU/Flow	34	21%								
	Quality	19	12%								
	Corporate Services	11	7%								

Figure 11 Clinical Effectiveness dashboard

Figure 11 displays that during 2022/23, 118 projects were registered on the programme. Of these:

- 21% (n=25) were fully completed including implementation of improvement plans,
- 12% (n=14) are completed with actions plans still in progress,
- 31% (n=37) remain in progress,
- 18% (n=20) carried into 2023/24 as planned,
- 8% (n=10) were assessed as not applicable to Wiltshire Health and Care (national projects)
- 10% (n=12) withdrawn during the year, these are: CS-159/8 NHSB National Audit of Intermediate Care 2022; CS-270/4 Safer Nursing Acuity Project 2022; CS-285/2 Orthopaedic Interface Service GP Satisfaction Survey 2022; CS-310/2 Prescribing of Rescue Buccal Midazolam in those with epilepsy; CS-380/2 Quality of Orthopaedic Interface Service patient Summaries Re-audit; CS-392/1 CQUIN Community Team MUST audit 2022; CS-397/1 CaDeT Trial – Research; CS;398/1 LISTEN research; CS-414/1 To establish the level of interest in rotational job roles in band 5 and band 6 clinicians; CS-418/1 Investigating physical activity, knee joint loading and joint health following anterior cruciate ligament reconstruction; CS-422/1 Community chronic pain management; and CS-422/2 Pilot community pain pathway within the community Primary Care Network.

Audit programme

The Wiltshire Health and Care clinical audit programme is categorised into two priorities:

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

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 2022/23.

- National Audit of Inpatient Falls - National report awaiting publication
- LeDeR Project - National report awaiting publication
- National Parkinsons Audit - National report awaiting publication
- 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 – The participation criteria was reviewed for this 5th round of audit and it is only applicable for acute hospitals, therefore we were unable to participate. We shall continue to review the inclusion criteria for the next round to assess if we are eligible to participate in 2023/24.
- Sentinel Stroke National Audit Programme (SSNAP) - Clinical audit national report awaiting publication, Wiltshire Health and Care monitor results throughout the year through a localised stroke dashboard.

The reports of two national clinical audits were reviewed in 2022/23 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).
- The Stroke Specific Education Framework [6] 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

23 local audits were undertaken and completed in 2022/23 (listed below):

- Service Specific Audits
  - Minor Injuries Unit x-ray Audit
  - Safeguarding Children Supervision
  - Safeguarding Missed Appointments (Children) Re-Audit
  - Monthly Inpatient Falls Audit
  - Children/Young People who Present to MIU with Self Harm First Re-Audit
  - Inpatient Discharge Audit - High Priority Areas
  - First Contact Physiotherapy Patient Satisfaction
  - Social Cognitive Performance Following Oxfordshire Community Stroke Project Classification
  - NEWS2 Audit Inpatient Wards
  - Missed Doses of Medications Audit Inpatient Wards
  - Risk assessing for vascular pathology of the neck
  - Paediatric Support and Supervision in Physiotherapy
  - Stroke Early Supported Discharge Team Notes Audit
- Organisational wide audits
  - Medical Records Libraries - Information Governance
  - Records Site Audit - Information Governance
  - Internal System Access - Information Governance

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[6] https://stroke-education.org.uk/)

- Shared Networks Folders - Information Governance
- NHS Mail Calendar Audit - Information Governance
- Information Governance Incident Audit
- External stakeholder engagement audit
  - First Contact Physiotherapy: Primary Care Network Satisfaction Survey
- Quality Improvement Projects
  - Quality Improvement Project - Malnutrition Universal Screening Tool (MUST)
- Staff Engagement
  - Allied Health Professional (AHP) Apprenticeship Survey
  - AHP Survey - Experiences and Insights of AHP Support Workers across Bath and North East Somerset, Swindon and Wiltshire.

Audit output

For all audits, Wiltshire Health and Care identifies areas of assurance, key learning and recommendations to improve patient care. Highlighted on the following pages is a small sample of the audits and their outcomes that were completed in 2022/23:

1. Monthly Inpatient Falls Audit
2. Missed Doses of Medications Audit Inpatient Wards

01. Monthly Inpatient Falls Audit

Aim - To ensure patients who have been assessed as at risk of falls, receive the preventative actions to reduce their risk of falls.

Objectives:
- To identify compliance with the three high impact actions for inpatient wards
- To identify if preventative measures have been put in place for patients at risk of falls
- To ensure patients have a falls assessment completed on admission
- To identify areas of good practice and areas of improvement

Learning identified
- To ensure:
  - that the patient/carer/family has been provided with a falls leaflet
  - the swarm [7] was completed following a patient fall
  - documentation has been reviewed when there has been in a change in patient condition and/or following a fall.
  - the patient has had a mobility assessment within 24 hours of admission.
  - that the patient has a baseline lying and standing blood pressure recorded.
  - the patient has a sensory check for vision and/or hearing impairment.
  - the continence assessment has been undertaken and a Continence Care Plan initiated accordingly.

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[7] https://www.england.nhs.uk/wp-content/uploads/2022/08/B1465-Swarm-huddle-v1-FINAL.pdf

Actions:

- To increase falls awareness through a bimonthly Falls Fighters Forum and introduce Falls Corners on each ward.
- Appoint Therapy Leads across the wards.
- Review, update and publish the "Enhanced Care and Meaningful Activities in Cognitively Impaired Adults Policy".
- Review and update the swarm documentation.

02. Missed Doses of Medications Audit Inpatient Wards

Aim - The aim of the audit is to identify missed administrations of medicines and the reasons these occurred, as well as documentation errors in relation to missed administrations within the medication charts in order to highlight and share areas of good practice and identify areas where improvements can be made and further opportunities to minimise risk.

Objectives:

- To identify missed or delayed administrations
- To identify documentation errors
- To identify areas of improvement

Learning identified:

- Not all missed medicine doses were recorded with a reason code and no grids should be left blank.
- Omission codes need to be applied accurately to reflect the reason why the medicine dose has been missed.
- All missed doses should also be recorded on the back of the chart.
- Further work is required to ensure that if a patient refuses a medicine, this is assessed, escalated, and addressed promptly as indicated.
- Staff need to further understand the significance of escalating omission of 'high risk' medicines.
- Further work is required to ensure that staff escalate medicines omitted for review by a prescriber.

Actions:

- The nurses designated to check medicines charts at the end of each shift should also check that the omission has been recorded on the back of the chart.
- Medicines administration refresher training sessions should continue to include the accurate recording and escalation (where indicated) of missed medicine doses.
- All nursing staff should be familiar with the Wiltshire Health and Care Safe and Secure Handling of Medicines Policy and the Wiltshire Health and Care Controlled Drugs policy. Local inductions for agency nursing staff should also include process for recording missed medicine doses.

Research

Clinical research is a central part of the NHS, as it is 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 Wiltshire Health and Care. Participation in clinical research gives patients access to the latest drugs and treatments in development.

LISTEN; co-designing and evaluating personalised self-management support for long COVID Research

We withdrew from this project after our team members were trained and it became evident that it was incompatible with offering patients a fair and equitable Long Covid service. No patients were entered into the study from Wiltshire Health and Care or BaNES, Swindon, Wiltshire Integrated Care Board (BSWICB).

Exploring the roles and relationships between healthcare professionals who provide community palliative and end of life care

This study involved speaking to a range of healthcare professionals involved in palliative and end of life care to explore the professional relationships between General Practitioners (GPs), community nurses and Specialist Palliative Care (SPC) nurses. Two members of the community team were interviewed, as part of a wider South West cohort, to explore how their community roles support patients who have a palliative diagnosis and or nearing the end of their lives. The study aimed to explore the demand on our palliative and end of life services during and after COVID and the potential impact the ongoing demand will have on future services. The study aimed to inform future service modelling for community palliative care services. The report from this research was not available at the time of writing.

Brain and Brainstem Basis of persistent symptoms in COVID-19 (BBB-COV)

This research was conducted by Oxford University, we acted as a participant recruitment site. Recruitment has now finished, they have recruited 60 people for brain stem imaging. The research team are analysing their data and will feed back in the form of presentation to our multidisciplinary team when this has been completed later this year.

Prepared by
Clare Blakeley, Community Services Manager
Jane Clarke, Long COVID Clinical Lead
Samantha Sousa, Clinical Governance Facilitator

Wiltshire Health and Care
2022/23 Quality Account

Dementia care

Dementia is an umbrella term for a group of progressive disorders which affect the brain. There are many forms of dementia but the most common are Alzheimer's disease, vascular dementia, dementia with lewy bodies, frontotemporal dementia and mixed dementia.

As a person's age increases, so too does their risk of developing dementia. As of January 2022, 439,056 people in England had a recorded dementia diagnosis; of those, 424,326 were aged 65 and over. Furthermore, it is well documented that not everyone who is living with dementia has a formal diagnosis and it is estimated that the actual number of people over 65 who are living with dementia is around 690,000.

As a response to the number of people living with dementia and the impact of this on both the individual and those that matter most to them, the Prime Minister's challenge on Dementia 2020 (Prime Minister's challenge on dementia 2020 - GOV.UK (www.gov.uk) was launched with the aims of transforming 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
- Ensuring that every person diagnosed with dementia receives meaningful care.

Wiltshire Health and Care fully supports this aim and has therefore committed to an annual work programme for improving the care and experience for patients with dementia and their carers in all settings. This is based on the 8 regional quality standards, which underpin standard 8 of the National Dementia Strategy (Living well with dementia: A National Dementia Strategy (publishing.service.gov.uk).

This ongoing work focuses on timely and effective assessment and individualised care planning; ensuring that all our clinical environments are dementia friendly; ensuring that our staff have the necessary skills, knowledge and tools to provide safe and compassionate care; and that all our patients living with dementia are assured respect, dignity and appropriate care.

Examples of Wiltshire Health and Care initiatives include recent refurbishment work on Longleat Ward at Warminster Hospital which has provided us with a great

opportunity to enhance the environment for all our patients including those with dementia and likewise, the refurbished garden and outdoor area at Chippenham Community Hospital has provided a tranquil space for patients and their families/friends to enjoy.

Wiltshire Health and Care's revised Enhanced Care and Meaningful Activities in the Cognitively Impaired Policy aims to ensure that 1:1 support for patients who require it, is meaningful, is delivered in the least restrictive manner and provides them with the support, safety and reassurance they require.

In Wiltshire Health and Care's community services, delirium is now one of the inclusion criteria for the two-hour urgent crisis response service and to support with this, a community delirium pathway has been developed along with a toolkit which includes screening and assessment templates, evidence based interventions and guidance.

Inpatients
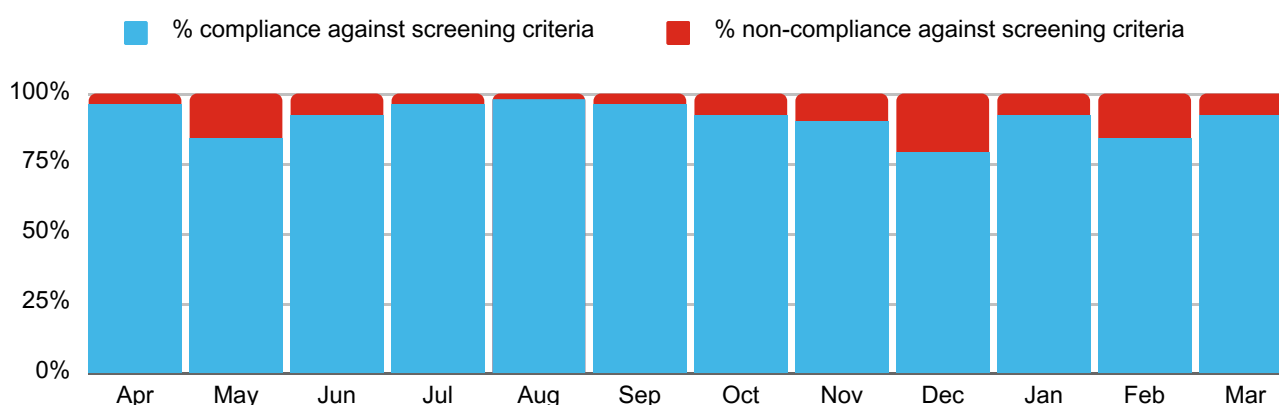
Figure 12 Dementia and Delirium 72-hour screen: Inpatients – 2022/23

Wiltshire Health and Care has processes in place to screen patients for both dementia and delirium within 72 hours of admission. Appropriate guidance is available to guide clinicians to utilise the dementia/delirium assessment tool. Figure 12 displays inpatient ward compliance with completing the assessment tool within 72 hours of admission.

Where either of the screening questions are answered positively, then an appropriate clinical plan for either dementia, delirium or both should be initiated as indicated, relevant personalised care plans developed and any on-going follow up arrangements/recommendations will be communicated to primary care on discharge.

Community Teams

The community teams continue to work to ensure that relevant dementia screening questions are asked on initial assessment of all patients aged over 75 and appropriate follow up action is taken. Figure 13 displays the number of over 75s screened for dementia (using the Six-Cognitive Impairment Test assessment tool) and those who required an onward referral to their General Practitioner for further investigation and assessment. Despite recognised 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 increasing year on year from 68.3% (2020/21) to 72.4% (2021/22) to 73.8% (2022/23).

Amesbury	71.2%
Calne and Corsham	66.1%
Chippenham	75.3%
Devizes	88.5%
Malmesbury and RWB	69.5%
Marlborough	87.0%
Melksham and BoA	84.6%
Salisbury City	60.3%
Trowbridge	65.4%
Warminster	76.4%
Wilton	74.9%
All teams	73.3%

Over 75s screened for dementia (all teams):
Apr 73%, May 73%, Jun 73%, Jul 74%, Aug 75%, Sep 75%, Oct 74%, Nov 75%, Dec 74%, Jan 73%, Feb 74%, Mar 73%

GP referrals (all teams):
Apr 6, May 13, Jun 14, Jul 11, Aug 8, Sep 8, Oct 12, Nov 9, Dec 4, Jan 12, Feb 6, Mar 18
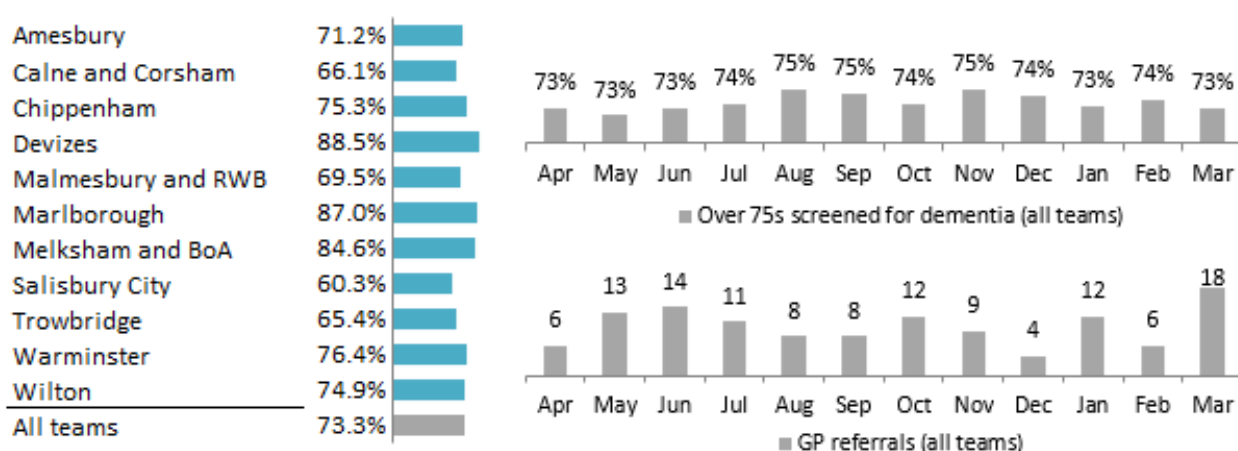
Figure 13 Percentage of over 75s screened for dementia and number of onwards GP referrals

In Figure 12 and 13 where there are areas of a reduction in compliance focussed activity has been employed to improve.

End of Life Care and Learning from Deaths

End of Life Care

End of life care is the support provided for people who are in the last months of their life. Across all our services Wiltshire Health and Care is continuously striving to ensure that the care we provide supports people to live as well as possible and to die with dignity in their preferred place.

Wiltshire Health and Care is now using ReSPECT [8] documentation across services and our 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.

Within our inpatient settings, Wiltshire Health and Care has a newly established end of life care steering group, which is currently reviewing inpatient end of life care pathways, processes, training and documentation to support the delivery of high quality, personalised care.

Learning from Deaths

Learning from the deaths of people in our care, be they expected or not, can help to improve the quality of care we provide to patients and their families, and provides us with valuable opportunities to identify where we could do more, in order to ensure a culture of safety, openness and continual learning.

Wiltshire Health and Care is committed to implementing the recommendations from National Guidance on Learning from Deaths [9] 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.

During 2022-23, Wiltshire Health and Care has also welcomed the introduction of the Medical Examiners Programme across our inpatient wards. The Medical Examiners Programme is a national statutory programme to review all deaths that

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8] https://www.resus.org.uk/respect
[9] https://www.england.nhs.uk/publication/national-guidance-on-learning-from-deaths/

do not require a referral to a coroner. The first phase was introduced in April 2020 to review all deaths in acute hospitals, the second phase is to ensure that all deaths in non-acute settings including the community, community inpatient settings and hospices are scrutinised by Medical Examiners by April 2024.

Medical Examiners are senior medical doctors who work in our acute hospital partners, are independent and have not been involved in the care of the person who has died. They scrutinise the care provided prior to the person's death, ensure accuracy of cause of patient death and also provide feedback to the deceased person's next of kin, allowing them the opportunity to ask questions and raise any concerns.

Feedback from local Medical Examiner after he had spoken with the family of a patient who had died at Savernake:

> "Very complimentary of the care at Savernake... said mum had 'perfect care' and the communication with the family was excellent"

Inpatient Wards

Wiltshire Health and Care has inpatient facilities on three hospital sites, patients are admitted to these wards requiring 'step up' or 'step down' care following treatment and diagnosis and a number of patients choose our inpatient setting as their preferred place to die.

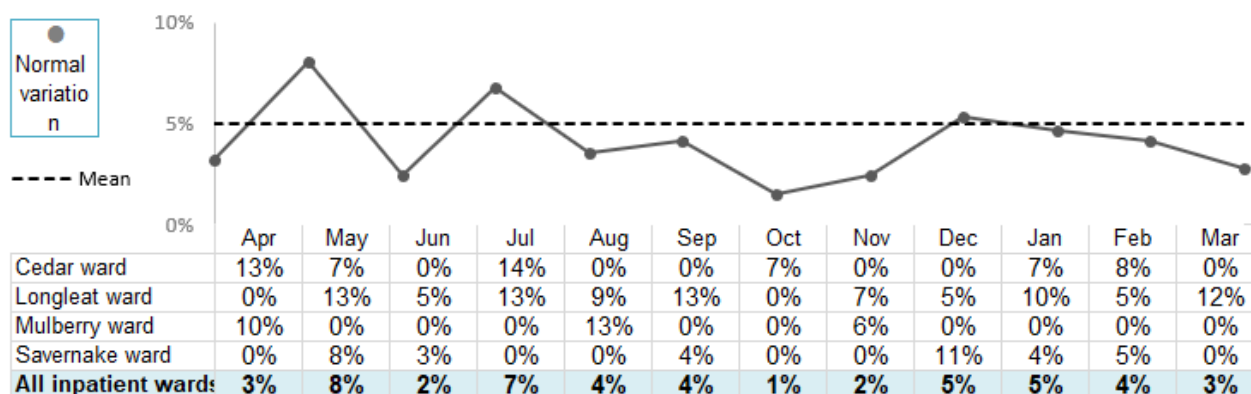|	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cedar ward	13%	7%	0%	14%	0%	0%	7%	0%	0%	7%	8%	0%
Longleat ward	0%	13%	5%	13%	9%	13%	0%	7%	5%	10%	5%	12%
Mulberry ward	10%	0%	0%	0%	13%	0%	0%	6%	0%	0%	0%	0%
Savernake ward	0%	8%	3%	0%	0%	4%	0%	0%	11%	4%	5%	0%
All inpatient wards	**3%**	**8%**	**2%**	**7%**	**4%**	**4%**	**1%**	**2%**	**5%**	**5%**	**4%**	**3%**

Figure 14 Wiltshire Health and Care Dashboard excerpt: Mortality rate inpatient wards – 2022/23

During 2022/23 there were a total of 36 deaths across the inpatient wards, which remains low and within the "normal variation" levels for our organisation as displayed in the dashboard (see Figure 14). All deaths that occur in Wiltshire Health and Care inpatient wards, whether expected or not, are reported to the Care Quality Commission and in addition to Coroner (unexpected) or Medical Examiner review (expected), are recorded and reviewed internally using the mortality module on our Incident Management System (RLDatix) and as required, are investigated further as determined via our Post Incident Review process.

Community Teams

Team	Count
Amesbury	18
Calne and Corsham	9
Chippenham	9
Devizes	4
Malmesbury and RWB	7
Marlborough	9
Melksham and BoA	19
Salisbury City	84
Trowbridge	24
Warminster	16
Wilton	28
All teams	227

227 patients currently on end of life register

105 with TEP in place

28 with anticipatory prescribing

End of Life patients dying in preferred place: Apr 86%, May 92%, Jun 95%, Jul 94%, Aug 100%, Sep 87%, Oct 89%, Nov 95%, Dec 85%, Jan 100%, Feb 90%, Mar 88%
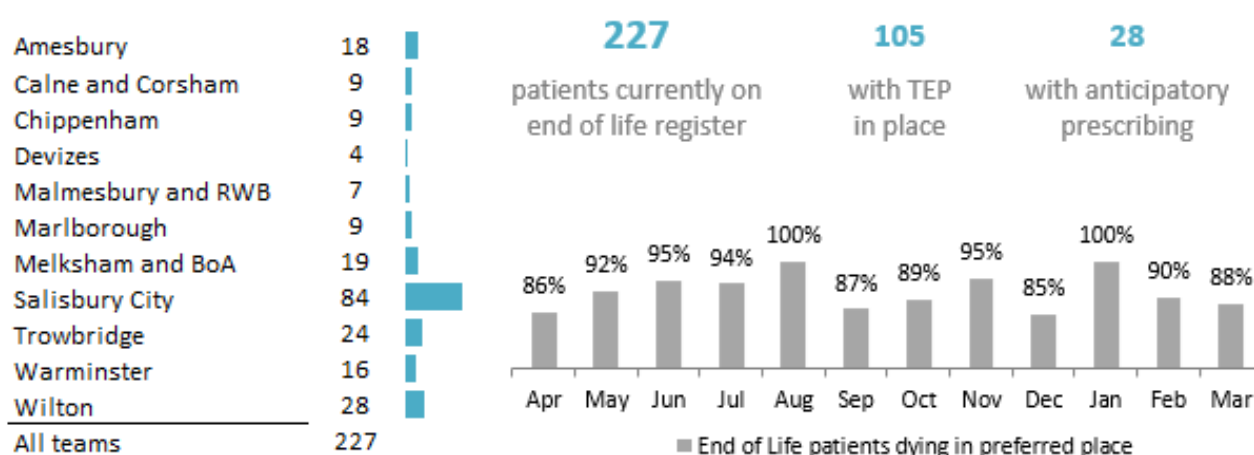
Figure 15 Wiltshire Health and Care Dashboard excerpt - End of Life performance: Community Teams - 2022/23

The Community Teams have large caseloads (Figure 15), 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.

Community Team for People with Learning Disabilities

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 healthcare needs. The service is provided as a partnership between Wiltshire Health and Care and Avon and Wiltshire Partnership (AWP) NHS Trust.

Wiltshire Health and Care continues to notify deaths to the National Learning Disability and Autism Mortality Review programme. All deaths of patients known to the organisation are reported and a reviewer allocated by the Integrated Care Board. The Head of Learning Disability Service represents Wiltshire Health and

and Care at the Learning Disability and Autism Mortality Review Quality Assurance Meeting where completed reviews across the system are presented and quality checked. Each review identifies areas of good practice and areas of learning and improvement.

Wiltshire Health and Care consider that putting learning into action is key to improving the lives and deaths of people with a learning disability and autistic people, therefore the learning disability service in conjunction with system partners has undertaken learning events to develop and improve care and support. Topics shared at these learning events have included dysphagia and aspiration pneumonia. These topics were identified as they are among the top five long-term conditions experienced by people with a learning disability and the leading cause of mortality in the region. As a result of this learning the team have also engaged with the NHS England and the West of England Academic Health Science Network to develop dysphagia guidance to improve the care for people with a learning disability.

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 Title	Department
Falls	Inpatient Wards
Medicines	Pharmacy
Pressure Ulcers Community Teams	Community Teams
Safeguarding Adults and Children	Safeguarding
RLDatix	Quality Team
Records Management	Information Governance
Inpatient Wards	Inpatient Wards
Insulin Incident Investigation	Community and Long term conditions Teams
Minor Injury Units	Minor Injury Units
Patient and Public Involvement	Corporate
Podiatry	Podiatry
Diabetes	Diebetes
Musculoskeletal Physiotherapy	Physiotherapy

Table 2 Wiltshire Health and Care Quality Improvement Projects - 2022/23

Quality Improvement Project leads present updates, progress, key achievements 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.

Falls Quality Improvement Project

NICE Clinical Guideline CG161 [10] Falls in older people: assessing risk and prevention and Quality Standard QS86 [11] 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's main objectives in relation to this guidance are to: reduce the level of harm sustained from falls; the number of inpatient and community falls; and promote best Falls Prevention practice across all Wiltshire Health and Care services.

Specialist Service Achievements in 22/23 - Within Wiltshire Health and Care there is a specialist services representative on the Falls Working Group, and information is disseminated back to the Heads of Service. Wiltshire Health and Care's patient record management system is used to document and assess individual falls risk identification. The implementation of the risk assessment tool is still a focus for completeness across the services. All Wiltshire Health and Care staff are aware of how to report a falls related incident, or near miss, and the post fall protocol has been circulated to all specialist services Head of Service.

Key Achievements to date - Further development of the Wiltshire Health and Care Falls Quality Improvement Project 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. Utilising the Incident Management System (RLDatix) has enabled more accurate reporting by improving the category codes capturing fall causes and subsequent actions to supporting the investigation post fall.

In keeping with our understanding that co-creation brings about change we now have Falls Champions across all Wiltshire Health and Care Inpatients, Community Services and Specialist Services, who have joined our Falls Working group.

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[10] https://www.nice.org.uk/guidance/cg161
[11] https://www.nice.org.uk/guidance/qs86

Inpatient Champions are now leading locally the Wiltshire Health and Care "#LittleThingsMatter" Falls Campaign. This has been co-created with the ward team representatives to highlight the 12 key areas that need focusing on to ensure that we meet our main objectives.

Community teams have purchased specialist equipment to support their falls response in the Community as part of the Urgent Crisis Response. They are also using the iStumble App [12] 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 high 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 - Figure 16 displays a downward trend in falls since April 2017 and displays the number of falls with harm (inpatient wards) has remained consistent, averaging around six falls a month during 2022/23.
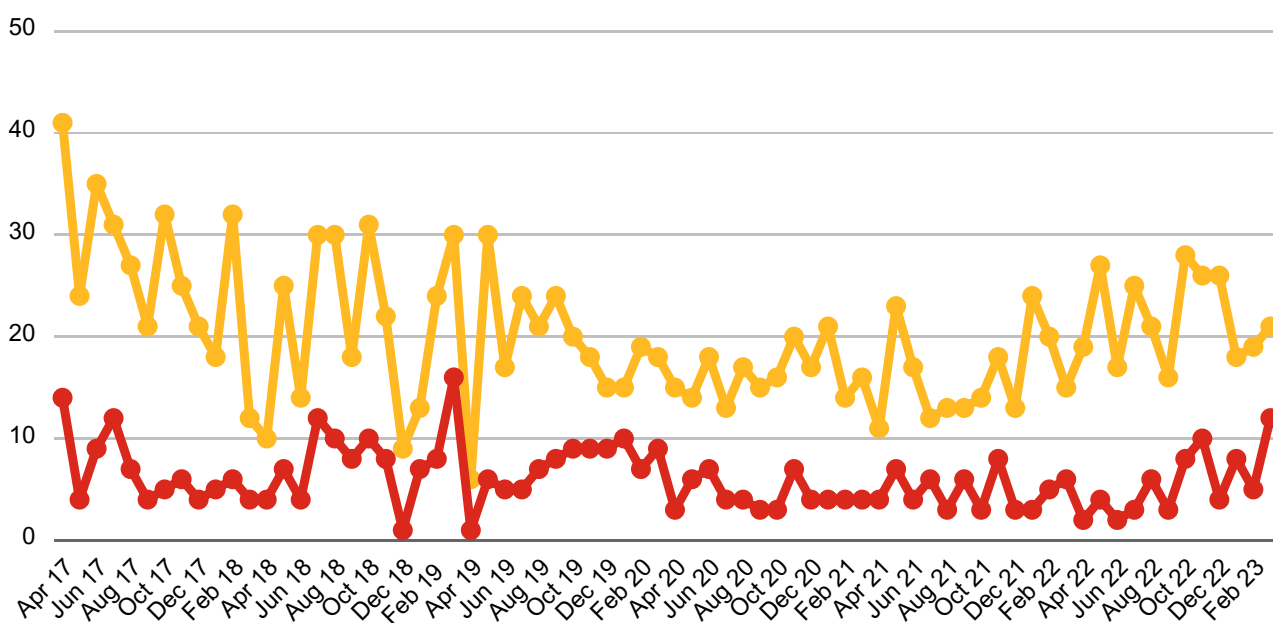

Figure 16 Falls total and Inpatient falls with harm – 2017/23

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

Next Steps…

Mapping out Wiltshire Health and Care's:

1. Risk and prevention recording in SystmOne of falls and how this can be improved to ensure consistency across Wiltshire Health and Care community settings;
2. Consistency of follow up of falls referrals;
3. Development of a commissioned Falls Pathway; (iv) iLearn falls program review and updated
4. Review of inpatient falls paperwork – initial, primary and secondary medical reviews and swarm forms.

Wiltshire Health and Care is developing a more integrated approach across the teams. Wiltshire Health and Care is aiming to ensure falls prevention advice is consistent, evidence based and carried out by a skilled workforce whether the patient is seen in hospital, at home or in clinic.

Wiltshire Health and Care has identified the following actions:

1. 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;
2. Provide integration of falls prevention, fracture liaison and bone health services and rehabilitation falls services;
3. Ensure that falls prevention is embedded within other frailty related pathways;
4. Reduce emergency department attendances following a fall.

Pressure Ulcers Quality Improvement Project

NICE Clinical Guideline 179: Pressure ulcers: prevention and management [13] 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 the 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.
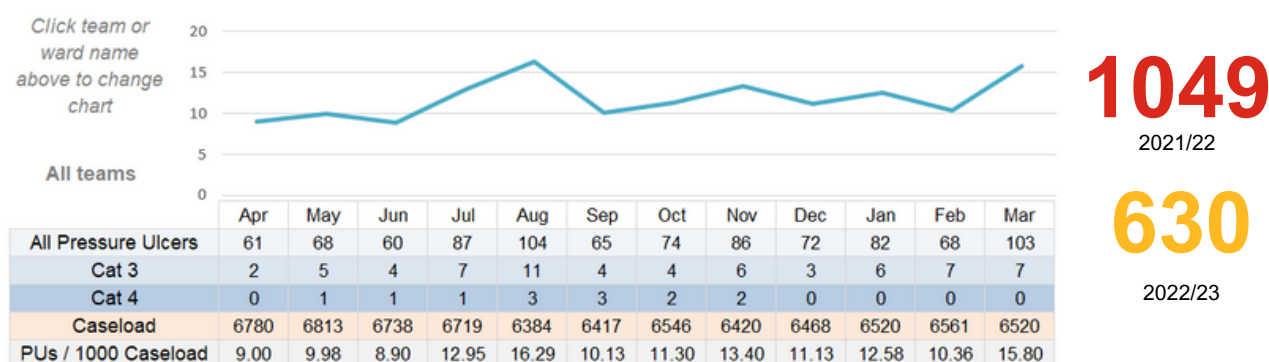
Key achievements in 2022/23

All teams	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Pressure Ulcers	61	68	60	87	104	65	74	86	72	82	68	103
Cat 3	2	5	4	7	11	4	4	6	3	6	7	7
Cat 4	0	1	1	1	3	3	2	2	0	0	0	0
Caseload	6780	6813	6738	6719	6384	6417	6546	6420	6468	6520	6561	6520
PUs / 1000 Caseload	9.00	9.98	8.90	12.95	16.29	10.13	11.30	13.40	11.13	12.58	10.36	15.80

1049 2021/22

630 2022/23

Figure 17 Wiltshire Health and Care Dashboard excerpt: Community Team Pressure Ulcers per 1000 caseload by category – 2022/23

All inpatient wards	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Pressure Ulcers	2	0	3	2	3	6	2	2	2	2	3	1
Cat 3	0	0	1	0	0	1	0	0	0	1	0	0
Cat 4	0	0	0	0	0	0	0	0	0	0	0	0
OBDs	2483	2641	2609	2722	2745	2609	2722	2676	2744	2771	2486	2790
PUs / 1000 OBDs	0.81	0.00	1.15	0.73	1.09	2.30	0.73	0.75	0.73	0.72	1.21	0.36

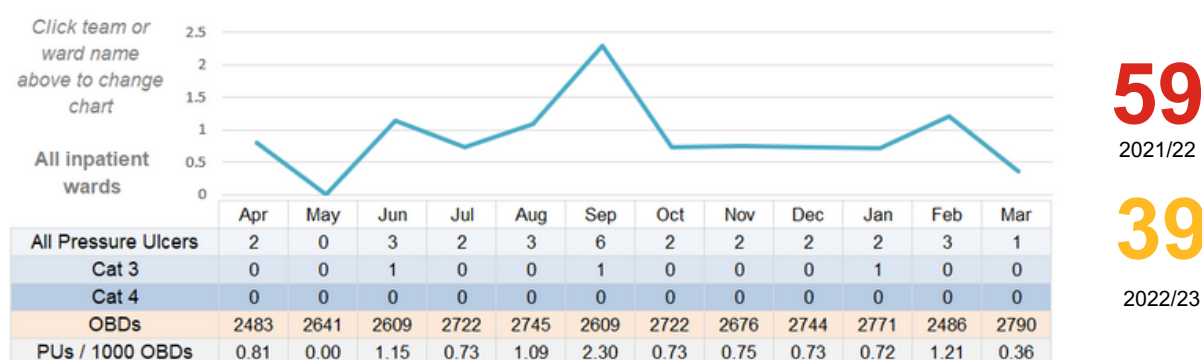**59** 2021/22

39 2022/23

Figure 18 Wiltshire Health and Care Dashboard excerpt: Inpatient Pressure Ulcers per 1000 occupied bed days by category – 2022/23

The overall incidence of reported Wiltshire Health and Care acquired pressure ulceration has decreased in the year 2022/23 compared to the numbers seen within

[13] https://www.nice.org.uk/guidance/cg179

the previous year. Four pressure related incidents were investigated as a Root Cause Analysis throughout 2022/23 and actions/learning were added to the individual teams Quality Improvement Plan and shared with the overarching quality improvement project where appropriate. Common themes and learning are now also identified through the analysis of the data provided by the comprehensive RLDatix incident reporting system for pressure ulcer incidence. Inpatient units are undertaking the CCG CQUIN 15 (Assessment and Documentation of Pressure Ulcer Risk). There has been an overall improvement in the compliance across the inpatient units ranging from 43% in Quarter One to 70% in Quarter Three with an average across the year of 54.5%. The improvements seen are as a result of the review of the documentation across all the inpatient units to improve standardised documentation and planning of preventative care.

Next Steps…

1. Continued Quality Improvement through the CQUIN - CCG 14 & 15 (2022-2024)
2. Completion of the Tissue Viability & Lymphoedema 2023 Digital Wound Care Formulary and launch a QR Code to improve access/compliance in Wiltshire healthcare settings.
3. Continued joint working with industry for a Digital Wound Support App for use within Wiltshire Nursing Homes to support clinical decision making and formulary compliance.
4. Continued working with Medicines Management Team within the Integrated Care System to develop improved access to wound care products across the Primary Care Networks and Nursing Homes to reduce wound management costs and improve formulary compliance.
5. Delivery of comprehensive Tissue Viability & Lymphoedema Education programme accessible to staff (all Wiltshire community healthcare settings).
6. Review, with service users, the Wiltshire Health and Care SSKIN [14] Bundle Care Tool.
7. Review suitability of PURPOSE-T [15] pressure ulcer assessment tool for use in community.

[14] https://www.england.nhs.uk/wp-content/uploads/2021/09/Pressure-ulcer-core-curriculum.pdf (page 7)
[15] https://societyoftissueviability.org/resources/purpose-t-a-new-generation-pressure-ulcer-risk-assessment-instrument/

Prepared by
Anne-Marie Nuth, Service Transformation Manager
Claire Checkley, Tissue Viability & Lymphoedema Lead
Samantha Sousa, Clinical Governance Facilitator

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Infection Prevention and Control

Wiltshire Health and Care puts the patient at the centre of organisational planning and activity. Wiltshire Health and Care has the vision of enabling people to live independent and fulfilling lives for as long as possible and constantly strives to achieve the best outcomes for patients.

Promoting and maintaining Infection Prevention and Control consistent best practice is a vital part of the Wiltshire Health and Care patient safety agenda. As the UK comes to terms with "living with COVID-19" Wiltshire Health and Care, in line with other healthcare organisations, has had to adapt the national, regional and local guidance to fit the needs of an organisation serving diverse groups of patients, visitors and staff. Significant amounts of time are spent in the regular review and communication of updated guidance to staff members and this process is key to successful implementation.
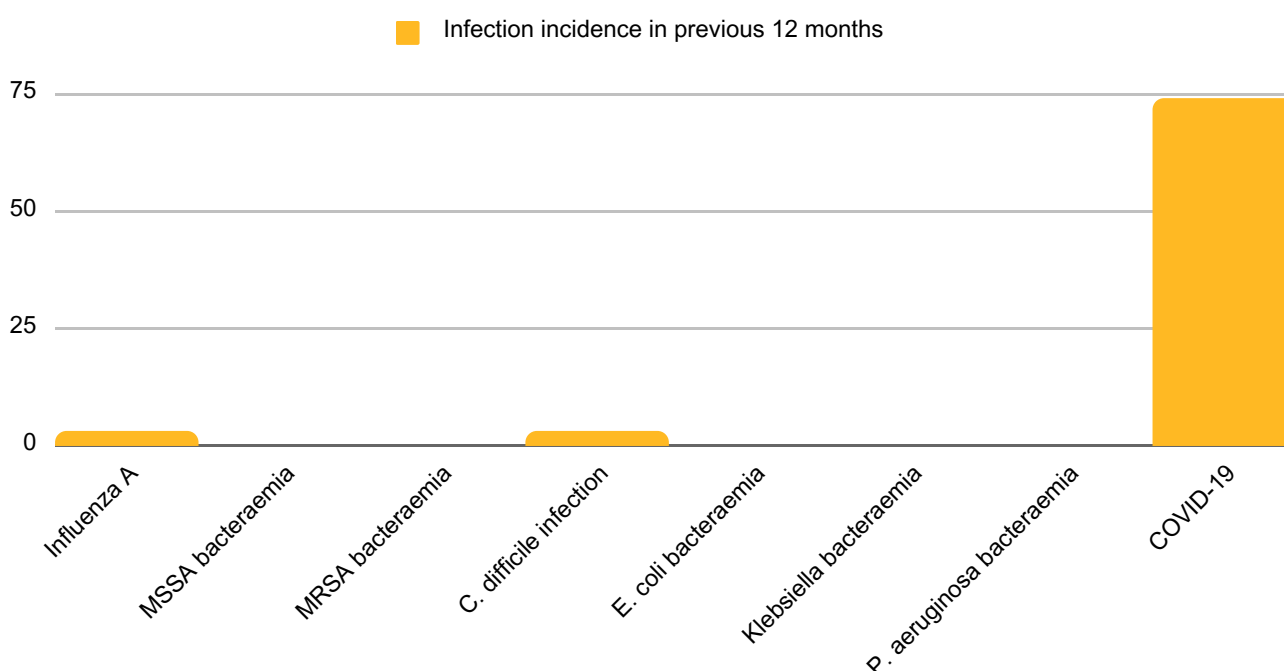
Reportable infections 2022/2023

Figure 19 Wiltshire Health and Care reportable infections - 2022/23

Wiltshire Health and Care has continued to see numerous COVID-19 outbreaks both within the inpatient environment and within staff working in the community teams. The wards have also seen other more winter seasonal infections occurring including Respiratory Syncytial Virus and Influenza.
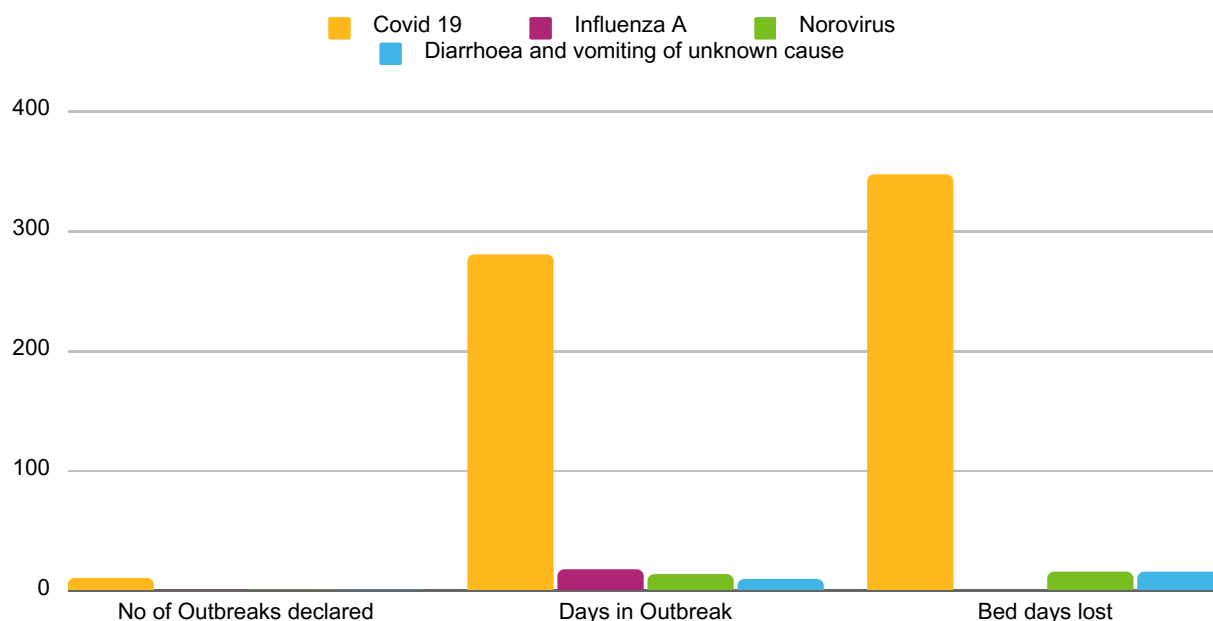
The outbreak management and decision-making process is embedded within Wiltshire Health and Care and includes the appropriate reporting to the South-West region. The Wiltshire Health and Care Director of Infection, Prevention and Control is the chairperson of the Outbreak Control team and membership includes the Infection Control Doctor, Clinical team representatives, Risk Manager, and Incident Control Coordinator.

National Infection Prevention and Control Board Assurance Framework

The Infection Prevention & Control Board Assurance framework outlines a range of standards and expectations that healthcare organisations must assess their own compliance against. The progress with the 8 amber areas is being tracked through Safety Service Policy and Oversight Group. The Infection Prevention & Control Board Assurance Framework standard review outcomes in 2022-23 were RAG rated as follows:

92
Green

8
Amber

0
Red

Areas for improvement and actions include:-

- Ensuring staff in key gatekeeper roles have the skills and knowledge to manage infection and infection risks by developing new programmes of learning
- Regular Ward Walkabout Audits to monitor compliance
- Developing robust arrangements for local decontamination of reusable equipment, compliance monitoring and audit
- Building Anti-Microbial Stewardship strategies and local systems for monitoring.

Achievements in 2022-23 - The Infection Prevention and Control team, as part of Safety Services, has had another very busy year and continues to focus on providing a service that is supportive to our operational colleagues. Team successes include:

- Meetings of the whole Safety Services team to discuss our aims, as a team, and our proposed work plans.
- Completion of the review of all the Infection Prevention and Control policies and Standard Operational Procedures (SOPs).
- Infection Prevention and Control team in attendance at the weekday inpatient meetings. An additional meeting is held on Thursdays for the inpatient teams to provide updated information and seek advice from the Infection Prevention and Control team prior to the weekend. A weekly meeting is also held with operational team representatives to discuss the implications of COVID-19 for the organisation.
- Continued involvement with the Integrated Care Board for 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.
- Involvement in regional Infection Prevention and Control focussed groups including respiratory infections, hydration, catheter-associated urinary tract infections, Clostridioides difficile, System Reducing Gram Negative Infections (Urinary Tract Infections), South West Learning Council. In addition, a team member is part of the Infection Prevention Society (IPS) sustainability National Forum.
- Two members of the team commencing an on-line modular Infection Prevention and Control course with the University of the Highlands and Islands, one at Diploma level and the other at Masters level.
- The departure of a team member to take up a promotion within Infection Prevention and Control in another organisation. This led to a skill mix review of what role was needed in the team to best serve the organisation and then to the successful recruitment of a Safety Services Operational Support Officer in November 2022. This role supports both the Safety Services and Infection Prevention and Control agendas in monitoring, audit and compliance data gathering and the post holder will be highly visible within the operational teams.

- Supporting all operational teams to assess their compliance with the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance [16]. The results of these reviews and the mitigation in place where non-compliance exists is reported at the Safety Services Policy and Oversight Group.
- Development and delivery of an Infection Prevention and Control "Decision Makers Course" for registered colleagues within the inpatient teams. The aim is to continue to deliver this course, review and reflect on its effectiveness and potentially roll out to other operational teams.
- Splitting the Infection Prevention and Control Link Workers meetings into two distinct groups; inpatients and community and specialist services. This allows the agenda to be tailored more to the learning needs of teams working in the different teams.
- Attendance, by two team members, at the National Infection Prevention Conference. This was an excellent opportunity to learn from international experts in Infection Prevention and Control. The learning was shared with the Infection Prevention and Control Link Workers.

Next Steps...

1. Work alongside the Pharmacy team to enable Wiltshire Health and Care to embrace and develop antimicrobial stewardship.
2. Review the policy and procedure format for the Infection Prevention and Control documents to make them easy to read and apply by the end-users.
3. Review arrangements for decontamination within Wiltshire Health and Care to ensure the correct governance, assurance and systems remain in place.

[16] https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance/health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

Safeguarding Children

Child missed appointments

When children are not brought to appointments clinicians should consider what the risk is and take appropriate safeguarding action. The 'was not brought' proforma guides them through this process and marks the child's record with a yellow triangle for three months to alert other services. This is now available on all SystmOne modules and staff have received training on the implication of 'was not brought' and its relation to neglect. Training will take place with administrators regarding actions to take when parents/carers frequently cancel appointments. This also reflect the findings of the final triennial review carried out by HM Government and the relevance to health services here.

Domestic Abuse

The Domestic Abuse Act 2021 recognised that children are victims of domestic abuse and should be treated as such. We know that in Wiltshire children who are referred to social care are more likely (60-70%) to have a history of domestic abuse in their families. The 'safety' question is now routinely asked in MIU of all patients regardless of age with a consistent compliance rate of 80%+. This has now been introduced to women's physiotherapy and the continence service. This reflects the recommendations of the NICE guidelines and quality statement here.

The Safeguarding lead (child) also attends the Domestic Abuse Local Partnership Board and has contributed to the MARAC review and police training. We are awaiting the publication of two domestic homicide reviews but have already started to consider widening the services that routinely ask the safety question/access to interpreters and considering the cross-sectionality of vulnerabilities when supporting victims and perpetrators.

80+%

compliance rate for all patients being routinely
asked the 'safety' question in MIU

Transition from child to adult services

The Safeguarding Policy and Oversight Group is responsible for the implementation of transition planning for young people referred from children's health services. Wiltshire Council are also working to establish better pathways for those young people who may have required protection as children who are now 18 and may not meet the criteria for adult services. This work will require collaboration across adult and child services across the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board. The HEADSS (Home life, Education, Activities/Alcohol, Diet/Drugs, Self Esteem and Sexuality, Safety and Suicide) psychosocial risk assessment tool for young people - as well as training in the Mental Capacity Act for young people will also support this.

Under 1's in Minor Injury Units

Under 1's are no longer seen in Trowbridge and Chippenham following benchmarking and also recommendation of local learning review for baby Eva here, which recognised the different response that under 1's need to ensure they are safeguarded appropriately. Wiltshire Health and Care is working with children's community services at HealthCare Resourcing Group (HCRG) to ensure that parents are aware of this change. Wiltshire Health and Care has been monitoring numbers and onward referral to the acute hospitals and a robust pathway has been developed.

Children Looked After

Children who are looked after by the local authority are recognised as being at continued risk of harm and as such should be given priority when referred to services. Staff should also consider the additional risk these children may suffer if they are not brought to appointments and present with injuries to Minor Injury Unit. All levels of training highlight these issues and Wiltshire Health and Care is obliged to collect and respond to data on a monthly basis.

Training and supervision

Increased numbers of adult practitioners have undertaken Level three children's safeguarding in 2022/23 in recognition of THINK [17] family approach. Compliance with both training and supervision have been below the 90% required, with action plans in place to address this. Training is also taking place with Dorothy House Hospice.

Quality Improvement Project

Safeguarding adults and children team have developed a Quality Improvement Project that ensures that continuous monitoring of appropriate data is undertaken and responded too. This year we have included under 1's and looked after children to the dashboard.

Practice Influencers

This forum continues to meet quarterly (alternating face to face and Microsoft Teams online meeting) and we are looking at how we capture safeguarding concerns on SystmOne, domestic abuse and self-neglect and the medication of care policy. We have invited outside speakers from Wiltshire Council and a social prescriber.

Wiltshire Safeguarding Vulnerable People Partnership

A number of local learning reviews were received and acted upon from the Wiltshire Safeguarding Vulnerable People Partnership. These included the unseen men in homes, non accidental injuries in babies under 1's and sexual abuse of children in care. The learning from these have been used in training and supervision.

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[17] https://www.england.nhs.uk/mental-health/perinatal/perinatal-mental-health-resources/involving-and-supporting-partners-and-other-family-members-in-specialist-perinatal-mental-health-services-good-practice-guide/underpinning-principles/

Next steps…

1. Supporting the growth of the team to meet the needs of expanding services. We have taken on a Band 6 practitioner for 18 months who will need a robust induction plan to be implemented.

2. More collaborative working across the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board and Wiltshire Safeguarding Vulnerable People Partnership with a focus on under 1's, contextual and transitional safeguarding and emotional and mental health and neglect.

3. Increase the number of staff undertaking Level three children's safeguarding training to encompass the THINK family approach.

4. Work with administrators to clarify the recording of children's missed appointments to ensure the data accurately reflects the risk to children.

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 Safeguards (DoLS).

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 the Multi-Agency Safeguarding Hub and Wiltshire Council Social Care Team.

Wiltshire Health and Care ensure colleagues are appropriately trained to safeguard adults through training, forums, and support outlined the the following points.
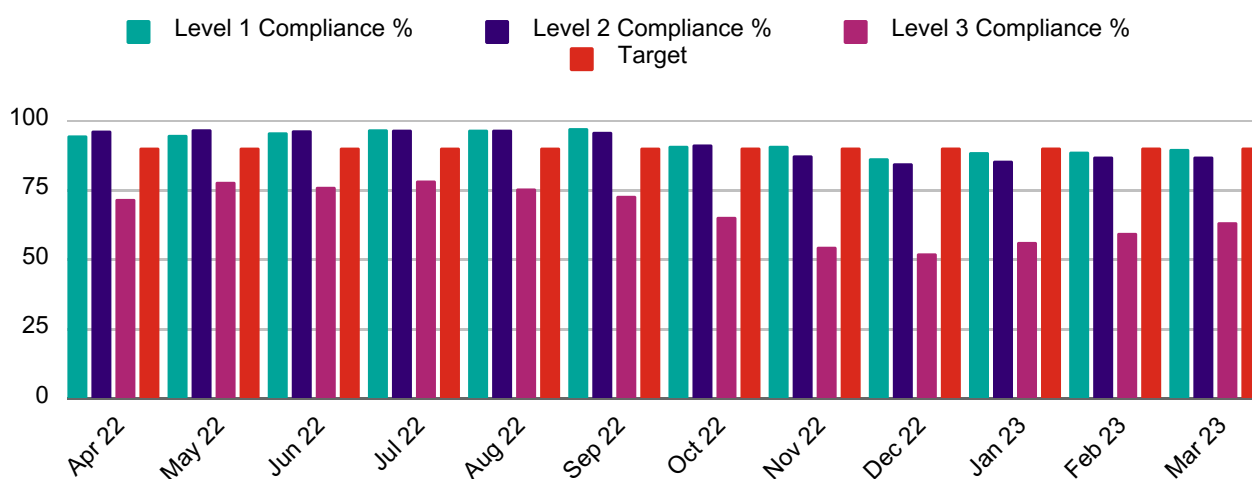

Figure 21 Wiltshire Health and Care Safeguarding Adults Training Data - 2022/23

The safeguarding team have carried out the following actions to improve Level 3 Safeguarding Adults compliance;
- Training dates are consistently available at least two months ahead. The planned dates are separated by time of day, location and delivered via MS Teams or face-to-face
- Weekly emails sent by the safeguarding administrator to individuals out of compliance with their line managers notified

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- Specific teams session have been offered to those with low compliance rates
- Practice influencers attendance is now counted (in hours) for level 3 compliance
- Bespoke Domestic Abuse training is now offered for level 3 compliance
- Via data analysis we have concluded that there is a repeating 3 yearly drop off of compliance. Plans are being considered to end staff compliance at the 2 year and 2.5 year point to resolve this long standing issue
- Introduction of iLearn enables managers and practitioners to see training compliance and need in real time data.

Training

- Level one safeguarding adults training is for all staff working in the organisation while level two safeguarding adults training is directed at clinical staff who have contact with patients. This training is delivered via our electronic learning system 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 three safeguarding adults training is aimed at those staff all band six clinicians and above who manage risk for a patient and/or are involved in formal safeguarding enquiries (Care Coordinators). Multi-Agency Safeguarding Hub referral training is delivered during these sessions. This training is delivered via the online portal as well as half a day face-to-face or virtual learning and compliance is monitored via monthly quality reporting in addition to being reported at the 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 electronic learning system. 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. Teams are shown how to correctly complete a Risk and Management Plan (RAMP) form and where to find the information when needed.
- 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 this is an academic course there is a strong emphasis on relating this knowledge to practice. This course is available to all healthcare colleagues within the region. In 2022 the same course was delivered on behalf of the Integrated Care Board to 15 professionals. The Integrated Care Board have requested it to run again in September 2023.

- **Practice Influencers -** The Practice Influencers forum meet quarterly and is attended 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. We have developed a Practice Influencer channel on teams for shared learning and information.

- **Self Neglect Protocol -** Wiltshire Safeguarding Adults Board has issued a county wide updated Self-Neglect Protocol that has been implemented across Wiltshire Health and Care.

- **Post incident Review -** Safeguarding Lead (Adult) chairs post incident review meetings twice weekly to discuss learning and actions from incidents that have taken place - including Safeguarding.

- **Harassment and violence against women and girls -** The future NHS collaboration team have provided sessions around harassment and violence against women and girls which Safeguarding Lead (Adult) attended.

Next steps…
1. Wiltshire Health and Care is reviewing the Deprivation of Liberty Safeguards legislation and adapting to the late withdrawal of the move to Liberty Protection Safeguards.
2. Wiltshire Health and Care will work to understand the revised Mental Capacity Act Code of Practice in reflection of point one above.
3. Development of Domestic Abuse training for Wiltshire Health and Care workforce to include Domestic Abuse, Stalking and Honour Based Violence (DASH) training in 2023/24.

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. Wiltshire Health and Care is making good use of this apprenticeship funding, with the main programmes displayed in Figure 22.
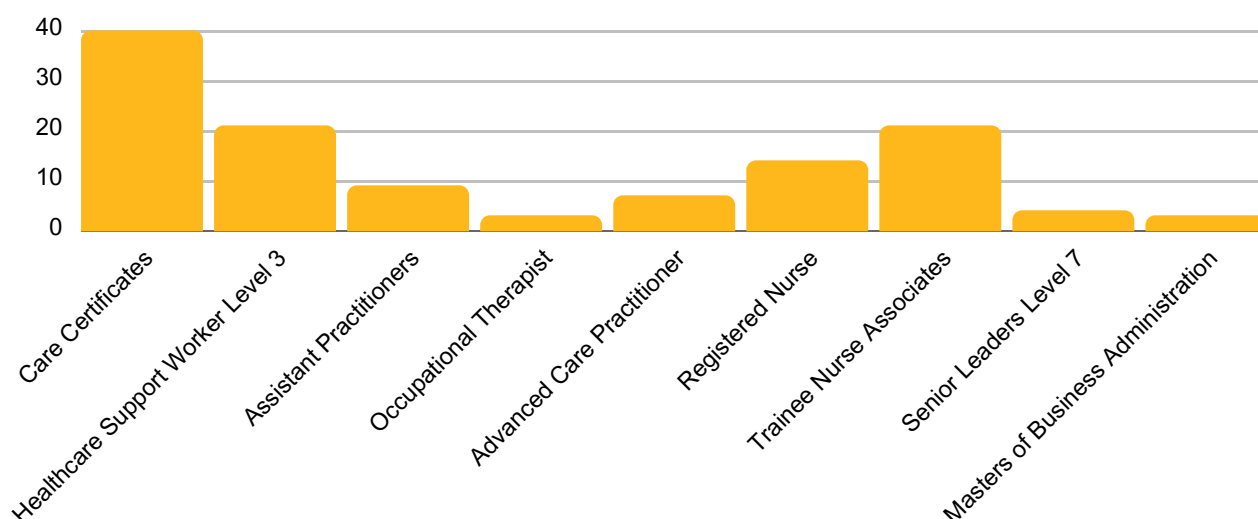

Figure 22 Wiltshire Health and Care Apprenticeship Programme - 2022/23

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 a Post Graduate Diploma in Professional studies for band six practitioners in the Over Night Nursing Service, to ensure equity with the day service band six nurses who hold the Specialist Practitioner Qualification. This is ongoing in 2022/23.

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. Minor Injury Units are exploring the use of more non-medical prescribers, which will mean less reliance on Patient Group Directions.

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.
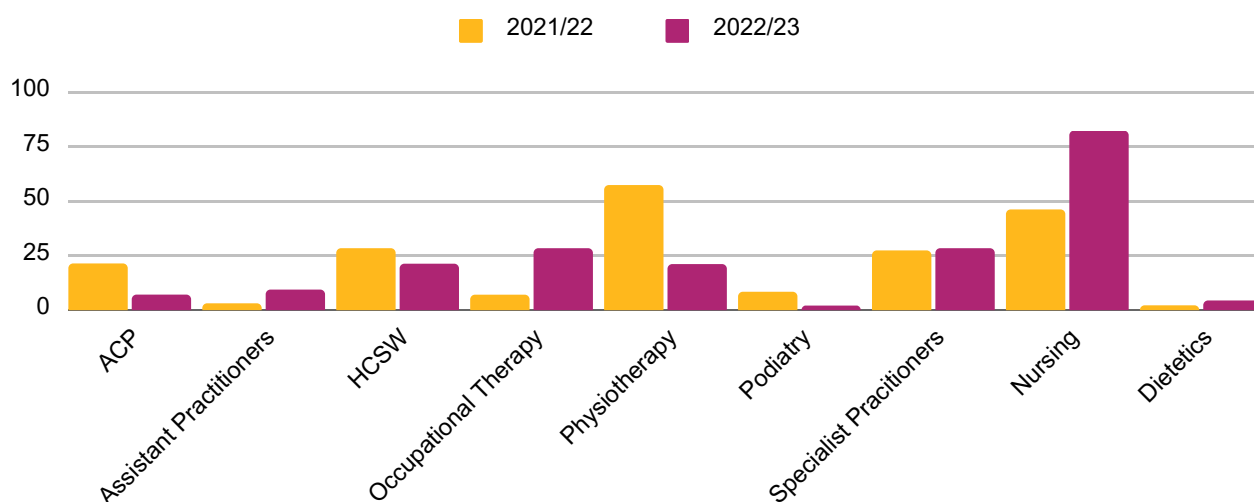

Figure 23 Wiltshire Health and Care Student Programme - 2022/23

Wiltshire Health and Care has implemented a monthly student induction and a new student survey and booklet has been developed. The team also provide pastoral support. This is in response to Health Education England / National Education and Training Survey (NETS) student feedback.

The increase in student capacity and management has only been possible due to dedicated administrator time and the support of the Consultant Practitioner (therapies). The increase in student placement will have a positive impact on income from Health Education England.

Delivery of training sessions

We scheduled 521 face to face courses last year, these were delivered at the following sites across Wiltshire: 208 in Warminster; 48 in Savernake, Marlborough; ten in Trowbridge; four in Salisbury; two in Devizes; 200 in Chippenham. Plus, many other bespoke sessions to teams developed at their service base.

Continuing professional development

The Continuing Professional Development panel meets monthly to consider funding requests for training and development. This is recognised as a tool to improve patient care as well as staff retention. These applications will be considered in line with service as well as personal development. Some new services included the cost of education in their service specifications, but otherwise the Continuing Professional Development budget is used. Health Education England may also contribute for identified pathways.
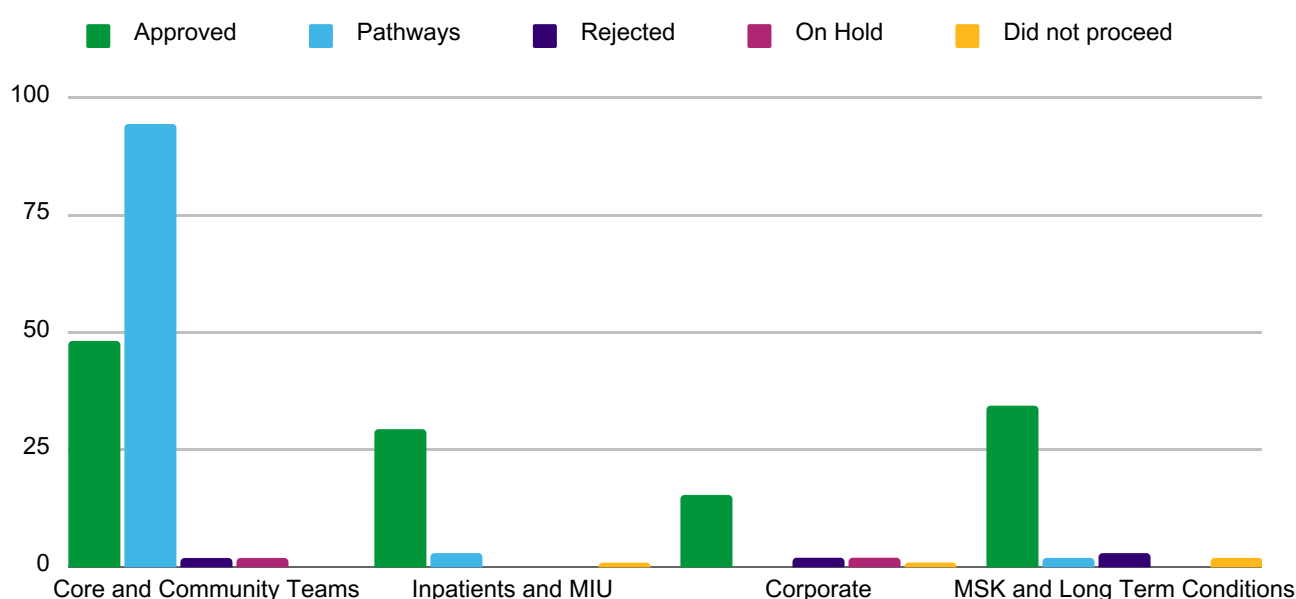

Figure 24 Continuing Professional Development Applications tracker (by department) – 2022/23

Most continuing professional development applications are approved by the continuing professional development panel, many requests are related to pathway requirements. Figure 24 displays a good spread of continuing professional development funding across Wiltshire Health and Care services, but recognises that there has been a large investment in community teams. This aligns with the new model of NHS@Home.
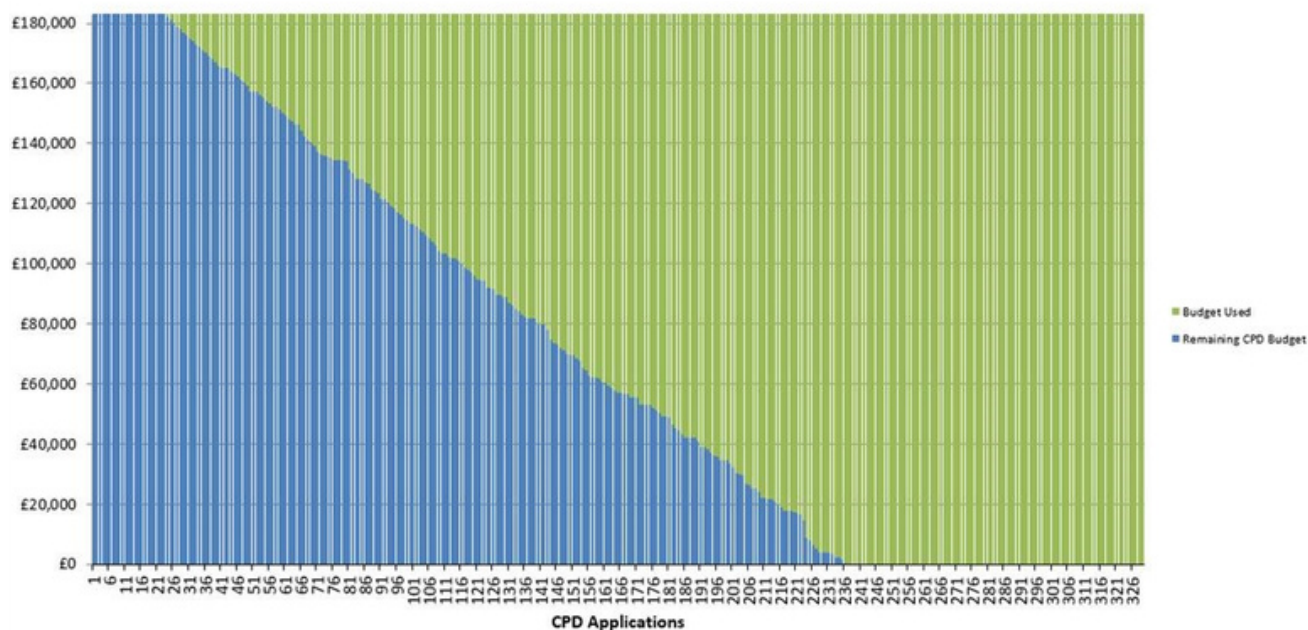
Figure 25 Continuing Professional Development funding tracker (Budget used and remaining) - 2022/23

Figure 25 displays spend for Continuing Professional Development funding in 2022/23. 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 2022/23 we recruited one nurse 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 skills from one organisation to another. We run a programme to support all newly qualified nursing and Allied Health Professionals staff, including Nurse Associates to prepare them for being a registrant. We are working with Consultant Practitioners to ensure this meets the requirements of all newly qualified professionals.

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 and children's safeguarding training and plan to access some of their end-of-life care training in return. Wiltshire Health and Care also invite nursing homes to our training when places become available; effectively using resources within the community.

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. Wiltshire Health and Care contributes to a number of Bath and North East Somerset, Swindon and Wiltshire academy workstreams, including work experience, preceptorship and apprenticeships. Virtual work experience has been developed and accessed across Bath and North East Somerset, Swindon and Wiltshire and has excellent feedback. This is chaired by our Learning and Development partner. Wiltshire Health and Care has worked with Bath and North East Somerset, Swindon and Wiltshire regarding the introduction of the Oliver McGowan [18] training, which will require online and face–to–face training.

Professional Nurse Advocates

This is a new initiative funded by NHS England as part of the Chief Nursing Officers response to COVID-19. Wiltshire Health and Care are developing a Professional Nurse Advocate strategy with the aim of providing restorative supervision across the organisation. Wiltshire Health and Care has been asked to identify 16 nurses and hope to roll this out to other professionals in time.

Graduate Nurse Rotation

Learning and development now hold a budget for four newly qualified (graduate) nurse posts and are intending to roll out to therapy.

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[18] https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism

Insulin training

The Learning and Development manager is part of the South West delegation of insulin group and aiming to roll out diabetes and insulin training to all those who administer insulin in response to patient safety incidents and is part of the Insulin Incident Investigation Quality Improvement Project.

Healthcare Support Workers

Wiltshire Health and Care's Learning and Development Manager has also contributed to South West Healthcare Support Workers workshops to improve the education and retention of Healthcare Support Workers.

New to Care

Wiltshire Health and Care has benefited from Health Education England funding to introduce people who are new to care and 18 people have benefitted from this. Now all Healthcare Support Workers will also benefit from this.

iLearn

A new learning management system is being implemented in April 2023 to improve online learning experience and reporting. This has involved reviewing and uploading all modules and updating - in conjunction with Human Resources - the Training Matrix and from April 2023 this will be used to measure compliance. This had not been reviewed for five years and was challenging. The alignment with the Core Skills Framework means that staff will be able to transfer mandatory / statutory training from other organisations.

Leadership training

An internal 'aspiring' leaders programme has been delivered to 20 staff in 22/23 and Wiltshire Health and Care is hoping to develop an 'inspiring leaders' programme in conjunction with Human Resources.

Bespoke Training

The Education and Training Team have developed and delivered bespoke training as identified by service and incident reporting. This is likely to increase in the coming year as Patient Safety Incident Response Framework (PSIRF) is introduced. 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 invested in six bookable training laptops for use by bank staff and volunteers to use on site to enable completion of mandatory training through the Learning Management System.

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's shared learning capacity and again is in line with PSIRF initiative.

Next steps:
- Embed Professional Nurse Advocates role in Wiltshire Health and Care
- Improve the availability of leadership support and training.
- Support all learners more widely.
- Review the utilisation of the apprenticeship role to address current and future gaps in workforce.
- Review the continuing professional development process to ensure equity / transparency and value for money throughout the process.
- Support the Wiltshire Health and Care Roadshow to improve staff understanding of development opportunities.
- Develop the new Learning Management System, iLearn to support recording of local training and development of staff portfolios.
- Support the roll out of the Oliver McGowan training.
- To continue working 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.

Staff Survey

Wiltshire Health and Care launched the 2022 NHS Staff Survey for a period of 8 weeks, between 10th October 2022 and 9th December 2022. Wiltshire Health and Care asked employees questions on seven themes, including their job role, personal development, their team, health, well-being and safety, management, people in the organisation and the organisation as a whole.

Organisation Highlights

63%

Engagement
(1% increase)

31%

Response rate
(22.5% decrease)

Our strengths

- More employees agree that 'Care' is seen as a top priority for Wiltshire Health and Care.
- Employees feel able to make improvements happen in the work area.
- Employees feel better able to meet all the demands on their time.
- Employees feel they have enough freedom in how they do their work.
- Employees agree they have adequate supplies/equipment to do their jobs.
- More employees said they never or rarely feel worn out at the end of a shift/working day.

Our Watch Outs

- 59% of employees feel empowered to make suggestions in their team, but only 52% feel involved in the change and implementation of these ideas.
- 75% of staff feel able to discuss flexible working with their managers, but only 57% of employees consider they can achieve a good work-life balance.
- An overall decrease in the number of employees who are considering leaving Wiltshire Health and Care in the next 12 months, but an increase in the number considering leaving the NHS to work elsewhere in healthcare.
- 58% of employees said that Wiltshire Health and Care takes positive action on Health & Wellbeing.
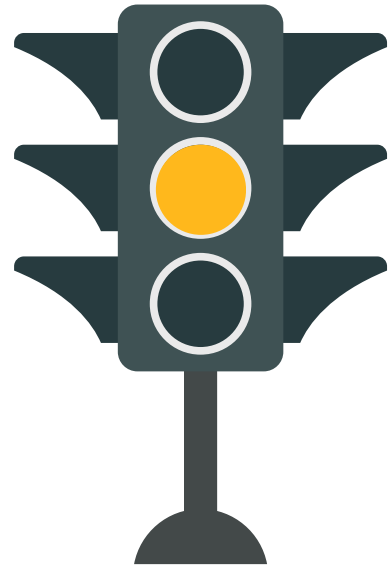
Our Opportunities for improvement

- 29% of employees are satisfied with pay.
- 4% less employees look forward to going to work compared to last year.
- Fewer employees enjoy working with their colleagues in their team.
- A decrease to 54% of employees being aware of their development options.
- 57% of employees consider that teams work together to achieve their objectives.
- 41% of employees often or always feel worn out at the end of the working day.
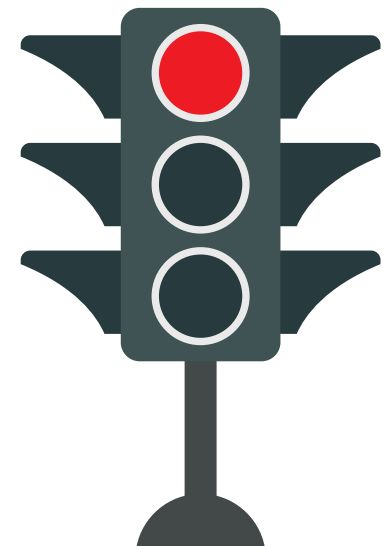
Themes

Your job

overall decrease
score 56%

92% agree they make a difference to patients / service.
72% feel enthusiastic about their jobs.
59% feel empowered to make team suggestions.
29% satisfied with pay.

People in your organisation

stable
score 75%

81% agree employees show appreciation to each other.
57% felt teams work well together to achieve objectives (decrease).

Your Team

stable
score 71%

63% increase in employees agreeing they have enough freedom in how they work.
60% agree that team disagreements are dealt with effectively (decrease).
77% feel valued within their team.

Your Health, Wellbeing & Safety

overall increase
score 58%

58% agree that Wiltshire Health and Care takes positive action on Health and wellbeing
4% decrease in the number of staff who come to work despite feeling unwell.
25% work additional unpaid hours.

Wiltshire Health and Care
2022/23 Quality Account

Your Managers

stable
score 73%

77% agree managers encourage them at work.
76% agree managers are interested in listening to employees.
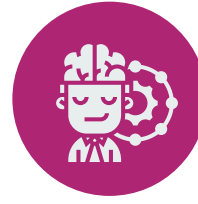
Your Personal Development

stable
score 56%

81% employees had an appraisal in last 12 months (85% target).
41% feel it gives them clear objectives in their role.
70% agree they have challenging work.

Your Organisation

stable
score 67%

Overall decrease in employees who are considering leaving Wiltshire Health and Care.
77% feel happy to recommend Wiltshire Health and Care to family/friends.
77% feel that Wiltshire Health and Care would act on patients concerns.

What are people saying?

"I appreciate the pay rise however with the cost-of-living crisis it does cost me a lot of money to do this job I adore."

"Overall, better communication is needed, both in regard to who to provide feedback to, as well as disseminating new information related to the services."

"There is good caring authentic leadership. I do feel listened to and supported."

"I would like Exec Co to be more visible on the shop floor and in particular better engagement with non-clinical staff".

"I feel flexible working is less available for band 7 and over. I feel career progression is hindered if you wish to work part time at a band 7 or over."

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 23/24 Delivery Plan for implementation and monitoring.

Freedom to Speak Up

Wiltshire Health and Care staff are encouraged to speak up and raise any concerns whilst at work with Wiltshire Health and Care. This approach is supported by our Freedom to Speak Up process that is in line with NHS Improvement policy. The aim of the policy is to enable staff to raise concerns as normal practice and to standardise how staff are supported when these concerns are raised.

Key achievements during 2022/23 include:

- Freedom to Speak Up information for staff is accessible via the staff intranet.
- Two Guardians attended the National Freedom to Speak Up Conference in London.

Gary Cleeve and Heather Byrd
Freedom to Speak Up Guardians
Wiltshire Health and Care

"Because we know that speaking up saves lives, we want all our staff to feel confident, safe, and supported to say something if they have a concern"

Freedom to speak up concerns – 2022/23

4

Concerns raised

4

Concerns concluded

Themes

- Bullying
- Morale

Next Steps...

- The Freedom to Speak Up Guardians are working with Human Resources to schedule awareness sessions at Corporate Inductions.
- Recruitment of Champions / Ambassadors throughout the organisation.
- Raising further awareness across the organisation e.g., ensure Freedom to Speak Up posters/notices are on all sites.

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

The Community Indicator Project included over 40 metrics, collected monthly, covering patient safety and quality, access, productivity, workforce and finance, 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.**
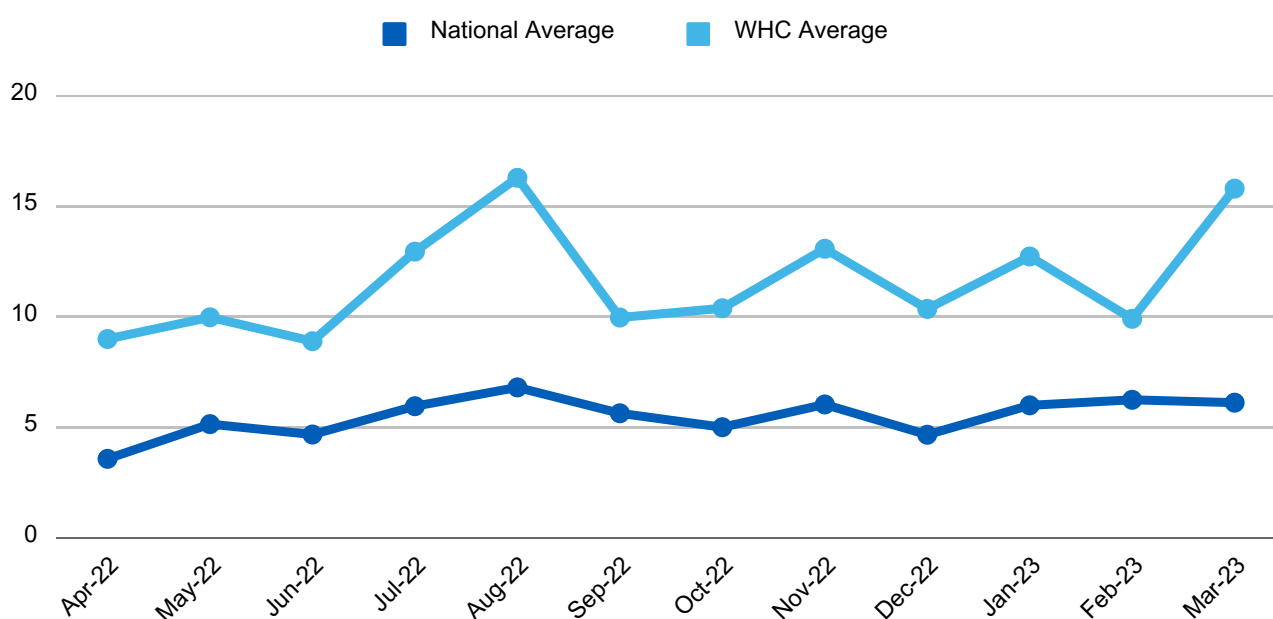
Figure 25 QR2b - Rate of New Grade 2, 3 and 4 Pressure Ulcers acquired whilst under care of the provider in a community setting per 1,000 patients (on caseload)

[19] NHS Benchmarking Network - Raising standards through sharing excellence, providing evidence and insight.
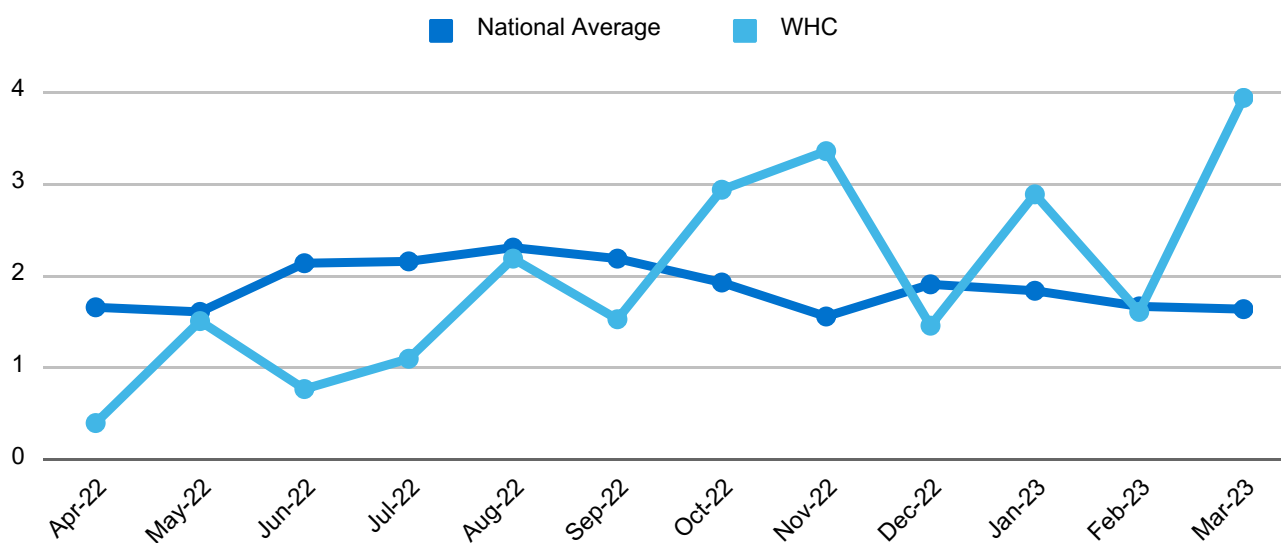
Figure 26 QR5 - Rate of falls (injurious) per 1,000 Occupied Bed Days (OBDs)

Responding to pressure ulcers acquired in our community team care (Figure 25) in 2022/23 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-19 pandemic. Wiltshire Health and Care will continue these quality improvement projects into 2023/24. Inpatient falls (Figure 26) has been an area of sustained effort with a quality improvement project continuing in 2021/22 and into 2022/23. Medication errors (Figure 27) is an area of focus for 2022/23 Quality priorities.

National Average ■ WHC Average ■
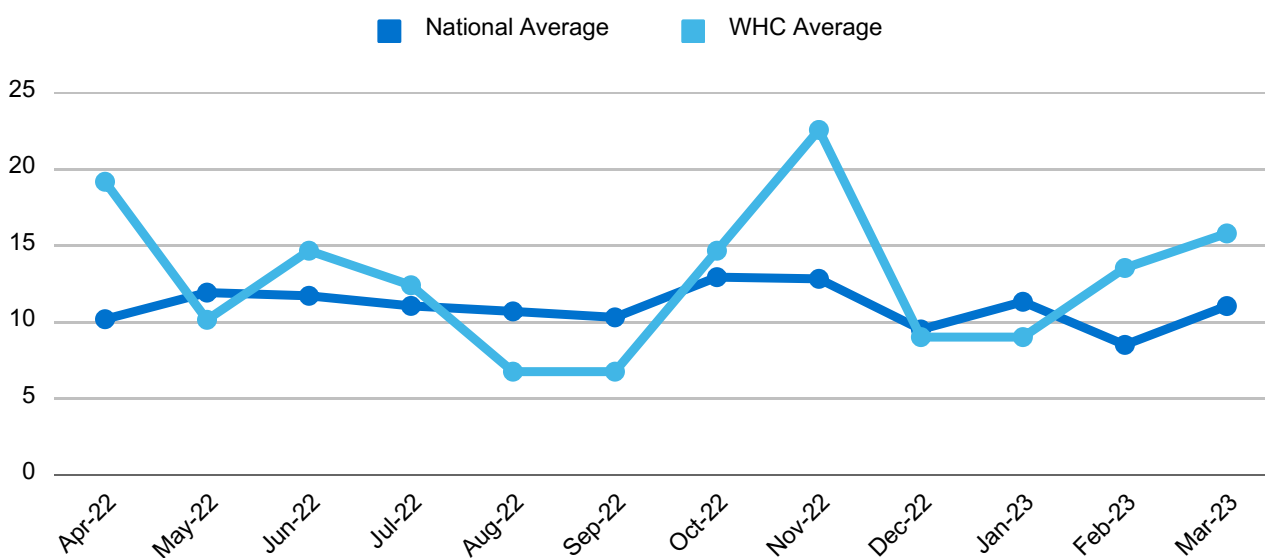
Figure 27 QR15a - Medication errors rate per 1,000 WTE budgeted staff - in a community setting

2022 NHS Benchmarking Snapshots

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. A snapshot of 2022 outputs are displayed below.

5,949.7
CS215: 6,299.7
Number of referrals received per 100,000 population

94.4%
CS215:...
Referral acceptance rate (%)

1.2%
CS215:...
Did not attend rate (%)

58,537
CS215: 55,798
Total contacts per 100,000 population

29.0
CS215: 52.0
Average length of a face-to-face contact (minutes)

25.8
CS215: 18.8
Total contacts per unique service user

41.6
CS215: 51.4
Clinical WTE per 100,000 population

23.4
CS215: 19.8
Average caseload per clinical WTE

11.9%
CS215: 5.5%
Clinical staff vacancy rate (%)

Figure 28 Community Services project outputs - Community/District Nursing
The bold figure represents the sample average

409.1
CS215: 259.7
Number of referrals received
per 100,000 population

90.2%
CS215:...
Referral acceptance rate (%)

44.2
CS215: 20.0
Average waiting time (days)

1,985.4
CS215: 1,297.0
Total contacts per 100,000
population

52.8
CS215: 67.0
Average length of a face-to-
face contact (minutes)

6.5
CS215: 6.3
Total contacts per unique
service user

2.5
CS215: 1.2
Clinical WTE per 100,000
population

91.9
CS215: 77.9
Average caseload per clinical
WTE

7.1%
CS215: -12.0%
Clinical staff vacancy rate (%)

Figure 29   Community Services project outputs - Respiratory Community Services
The bold figure represents the sample average

Wiltshire Health and Care has a smaller (on average) clinical workforce than peer respiratory services. Effective case management supports throughput and reduced waiting times for patients, resulting in smaller caseloads per whole time equivalent (WTE).

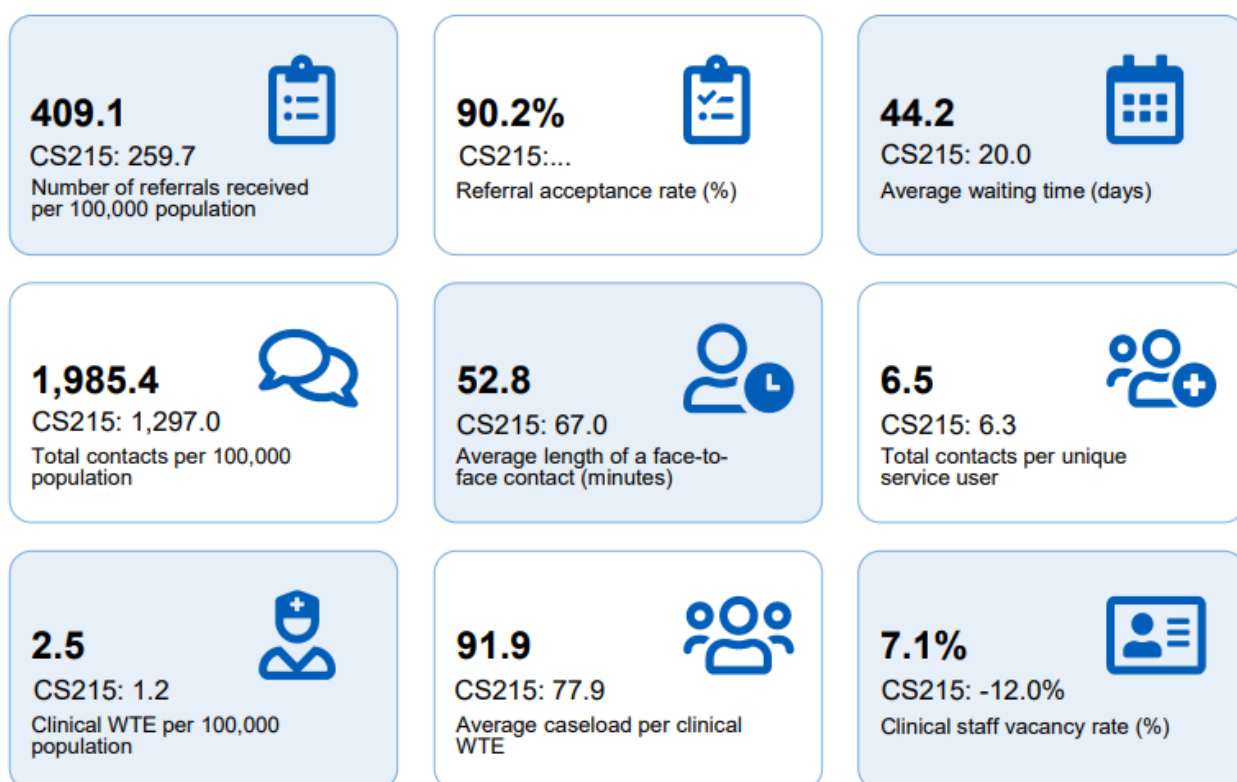|		
4,204.8 CS215: 6,381.6 Number of referrals received per 100,000 population	**95.4%** CS215:... Referral acceptance rate (%)	**44.4** CS215: 41.0 Average waiting time (days)
7,635.9 CS215: 14,265.9 Total contacts per 100,000 population	**36.9** CS215: 37.0 Average length of a face-to-face contact (minutes)	**2.9** CS215: 3.3 Total contacts per unique service user
7.2 CS215: 16.1 Clinical WTE per 100,000 population	**283.6** CS215: 119.0 Average caseload per clinical WTE	**13.9%** CS215: 19.6% Clinical staff vacancy rate (%)

Figure 30   Community Services project outputs - Musculoskeletal Service
The bold figure represents the sample average

Wiltshire Health and Care has a proportionate (on average) clinical workforce to the demands of the service (both are greater than peer services). The high vacancy rate is predominently impacted by vacancies within the First Contact Physiotherapy workforce, which does not directly impact the waiting times. A key message is that the service has been able to maintain lower waiting times than peers, with good case management supporting improved throughput, patient care and caseload per whole time equivalent (WTE).

402.7
CS215: 299.0
Number of referrals received per 100,000 population

92.4%
CS215:...
Referral acceptance rate (%)

35.3
CS215: 26.0
Average waiting time (days)

1,168.6
CS215: 568.7
Total contacts per 100,000 population

51.3
CS215: 46.0
Average length of a face-to-face contact (minutes)

3.5
CS215: 2.8
Total contacts per unique service user

2.1
CS215: 1.5
Clinical WTE per 100,000 population

71.8
CS215: 38.9
Average caseload per clinical WTE

9.6%
CS215: 15.8%
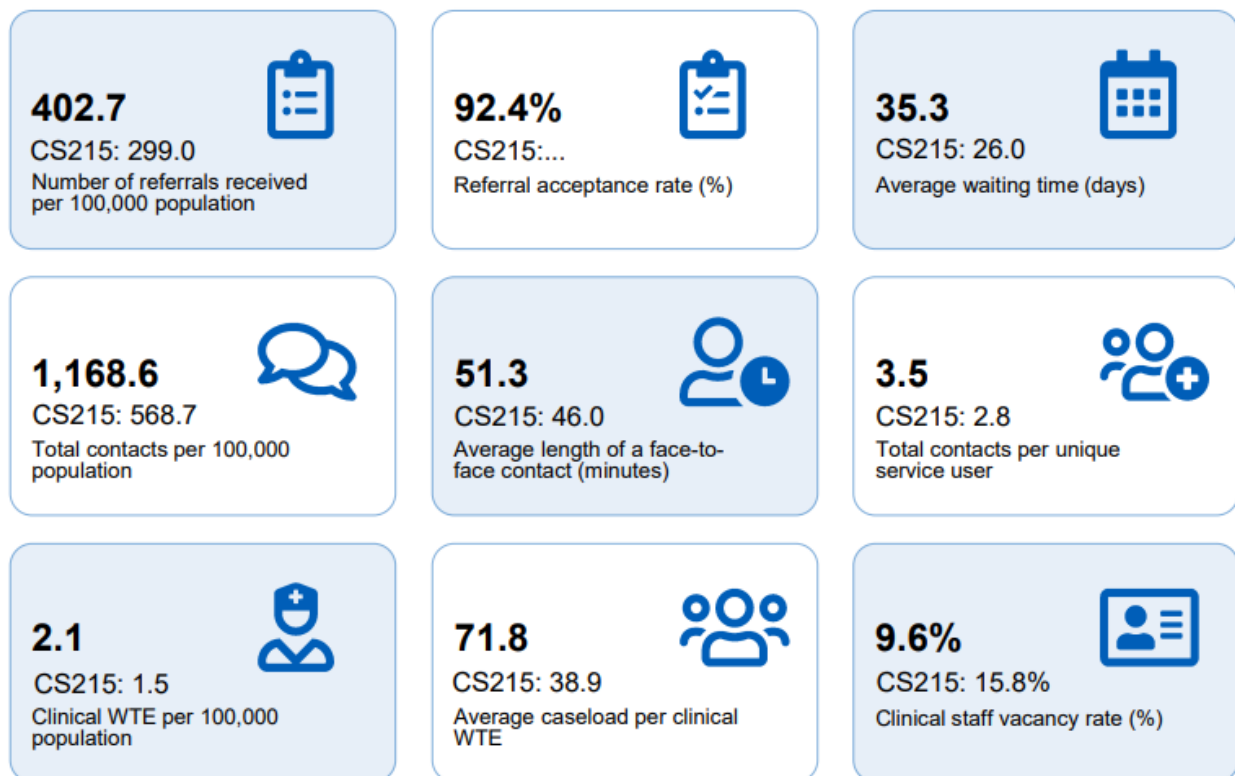Clinical staff vacancy rate (%)

Figure 31   Community Services project outputs - Adult Speech and Language Therapy Service
The bold figure represents the sample average

Wiltshire Health and Care has a smaller clinical workforce to peers. Effective case management supports throughput and reduced waiting time, and ensuring every contact is optimised (lower contacts per patient).

673.3	89.3%	33.9
CS215: 668.0	CS215:...	CS215: 34.0
Number of referrals received per 100,000 population	Referral acceptance rate (%)	Average waiting time (days)

1,576.1	40.9	4.1
CS215: 1,824.8	CS215: 33.0	CS215: 2.5
Total contacts per 100,000 population	Average length of a face-to-face contact (minutes)	Total contacts per unique service user

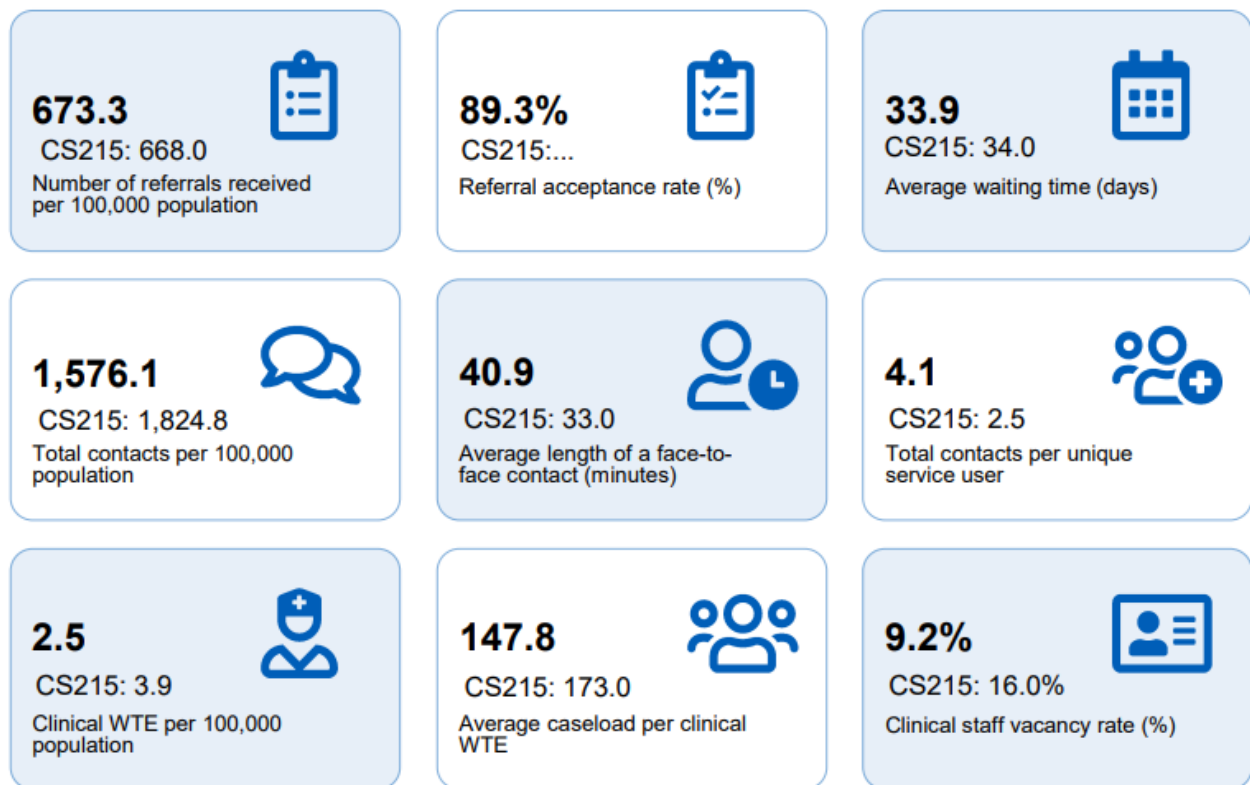| 2.5	147.8	9.2%
CS215: 3.9	CS215: 173.0	CS215: 16.0%
Clinical WTE per 100,000 population	Average caseload per clinical WTE	Clinical staff vacancy rate (%)

Figure 32   Community Services project outputs - Adult Dietetics Service
The bold figure represents the sample average

Wiltshire Health and Care has staff holding larger caseloads compared to peers. Waiting times have been maintained and every contact is optimised, allowing waiting times to be maintained.

1,117.8
CS215: 1,207.4
Number of referrals received per 100,000 population

91.4%
CS215:...
Referral acceptance rate (%)

48.8
CS215: 39.0
Average waiting time (days)

5,693.2
CS215: 4,336.9
Total contacts per 100,000 population

34.3
CS215: 31.0
Average length of a face-to-face contact (minutes)

3.7
CS215: 3.2
Total contacts per unique service user

4.6
CS215: 3.8
Clinical WTE per 100,000 population

345.9
CS215: 365.3
Average caseload per clinical WTE

14.6%
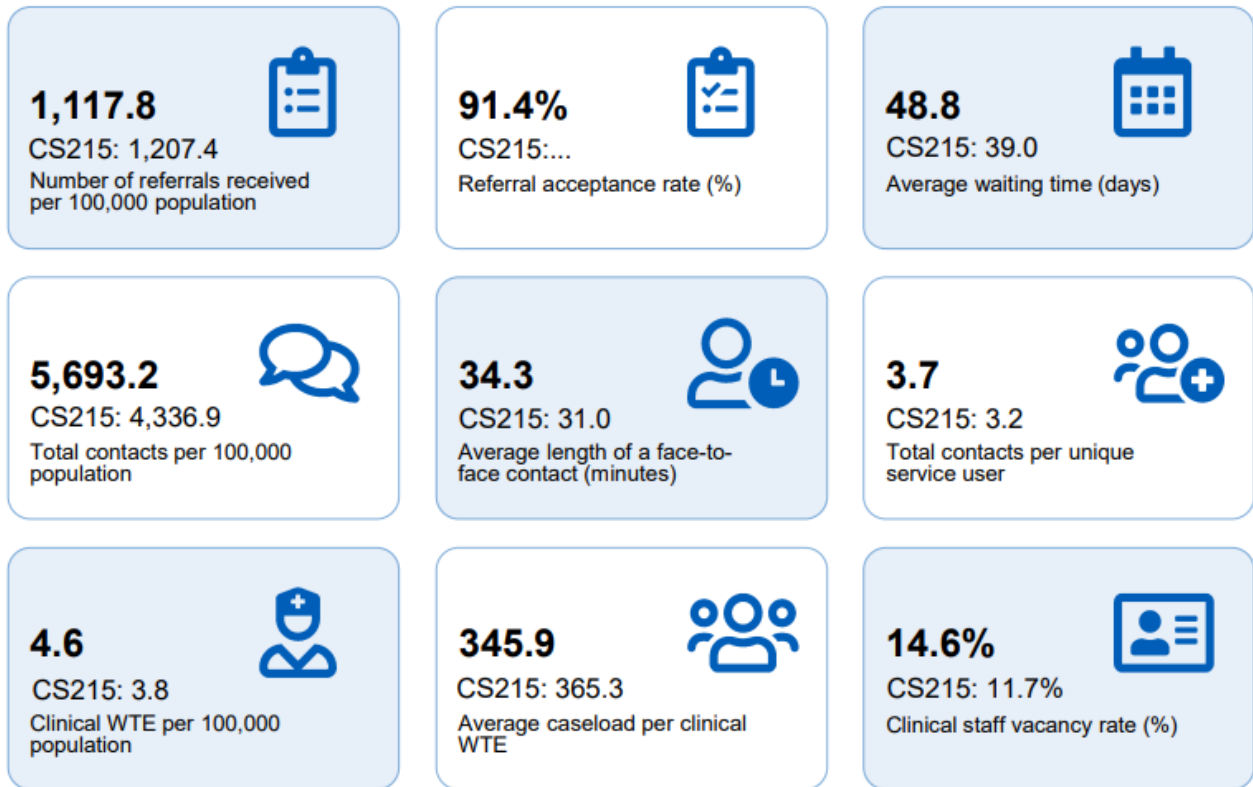CS215: 11.7%
Clinical staff vacancy rate (%)

Figure 33   Community Services project outputs - Podiatry Service Service
The bold figure represents the sample average

Wiltshire Health and Care has a smaller clinical workforce to peers, with staff holding larger caseloads. Waiting times have been maintained and every contact is optimised, allowing waiting times to be maintained.

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 2022 results snapshot can be seen below (Figures 34 and 35)
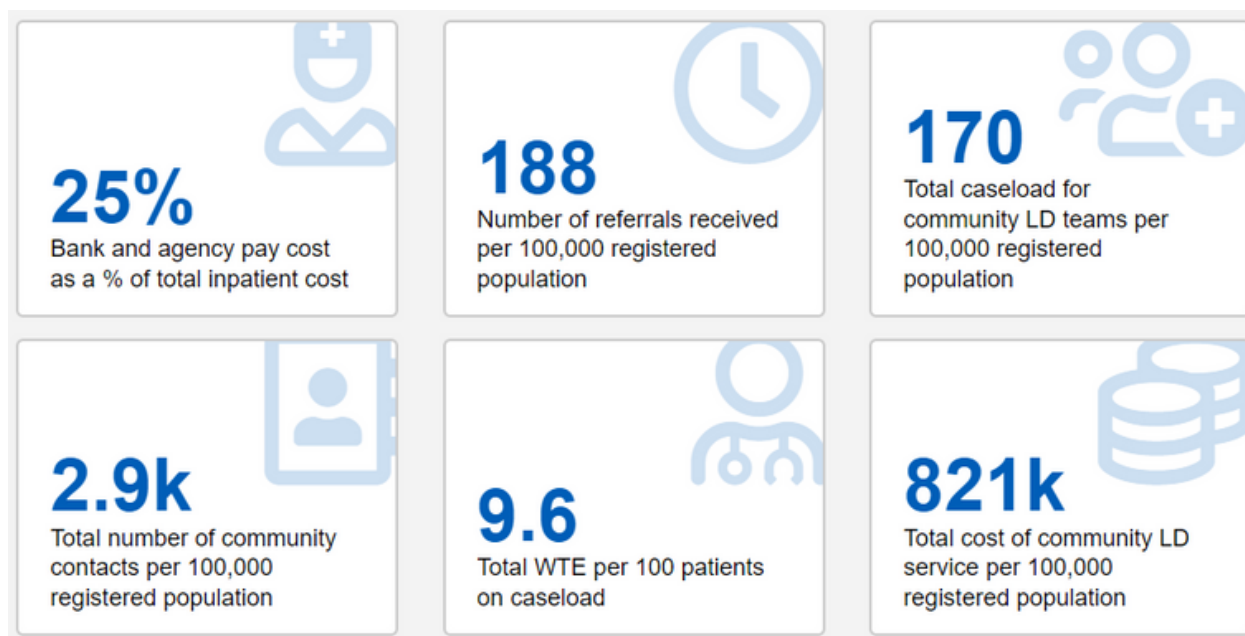

25%
Bank and agency pay cost as a % of total inpatient cost

188
Number of referrals received per 100,000 registered population

170
Total caseload for community LD teams per 100,000 registered population

2.9k
Total number of community contacts per 100,000 registered population

9.6
Total WTE per 100 patients on caseload

821k
Total cost of community LD service per 100,000 registered population

Figure 34   Learning Disabilities (Providers) project - National results

n/a
Bank and agency pay cost as a % of total inpatient cost

361
Number of referrals received per 100,000 registered population

218
Total caseload for community LD teams per 100,000 registered population

1.1k
Total number of community contacts per 100,000 registered population

4.0
Total WTE per 100 patients on caseload

370k
Total cost of community LD service per 100,000 registered population
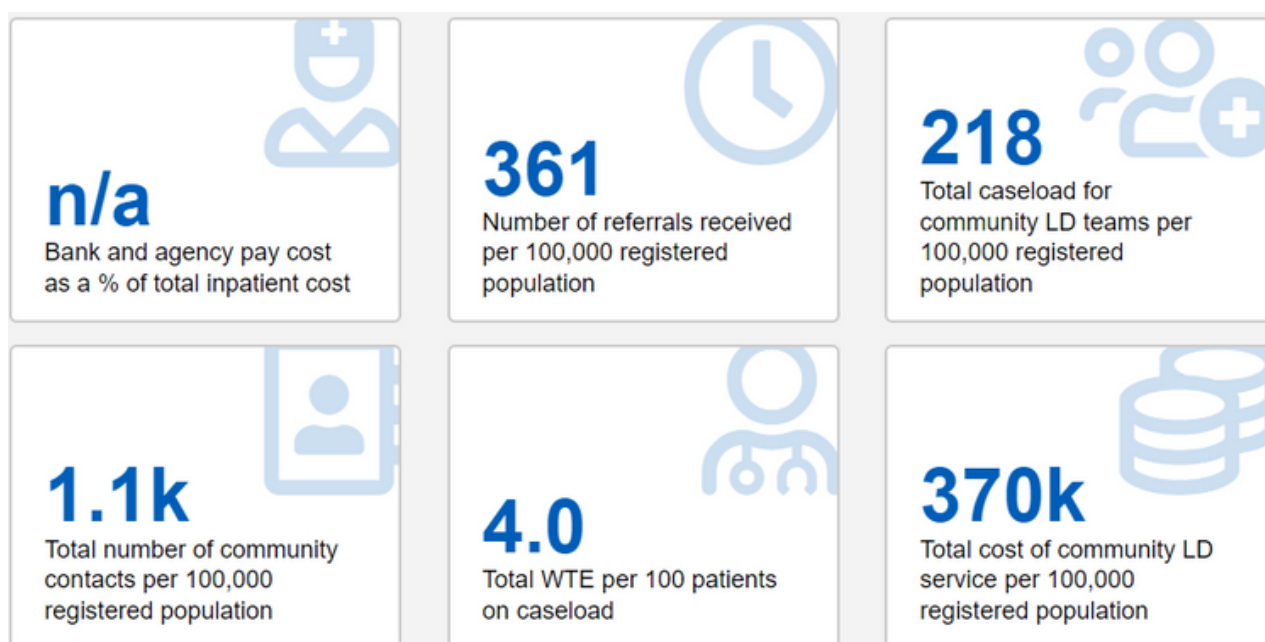
Figure 35 Learning Disabilities (Providers) project -- Wiltshire Health and Care results

Wiltshire has over half the learning disability workforce against a context of greater need (see referrals) this has affected caseload numbers which are signficantly greater than peer providers.

The Community Hospital Bed Survey - This was the first year that the Community Hospital Bed Survey has been run by the network. The aim of the project was to understand both the numbers and types of beds within Community Hospitals. There is not yet a universal definition for community hospitals however, the consensus is that multi disciplinary teams use these settings to provide health and care services to patients.

There are over 500 community hospitals throughout the UK, these small local hospitals provide a range of services to their local community; including community beds, minor injury units, clinic and much more. These providers offer a range of services including health promotion, diagnostics, treatments, rehabilitation and end of life care.

This project shows the position of Wiltshire Health and Care's community hospitals against all the participants on a selection of key metrics. Data submissions were received from 33 organisations, covering 108 community hospitals across England and Wales.
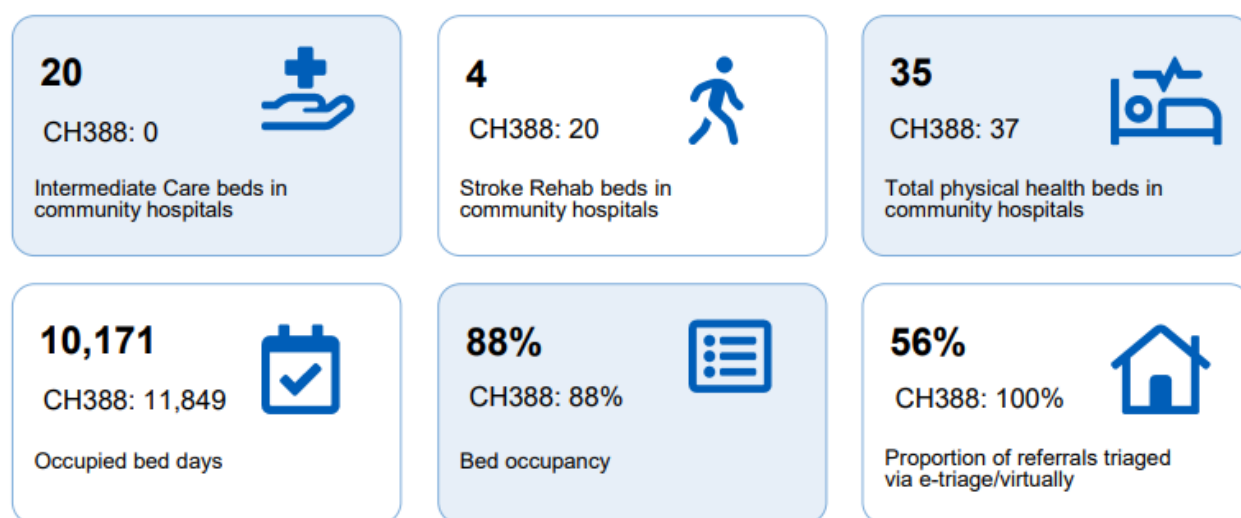
20	**4**	**35**
CH388: 0	CH388: 20	CH388: 37
Intermediate Care beds in community hospitals	Stroke Rehab beds in community hospitals	Total physical health beds in community hospitals

10,171	**88%**	**56%**
CH388: 11,849	CH388: 88%	CH388: 100%
Occupied bed days	Bed occupancy	Proportion of referrals triaged via e-triage/virtually

Figure 36   Community Hospital Bed Survey - Chippenham Community Hospital - CH388
The bold figure represents the sample average

20
CH385: 0
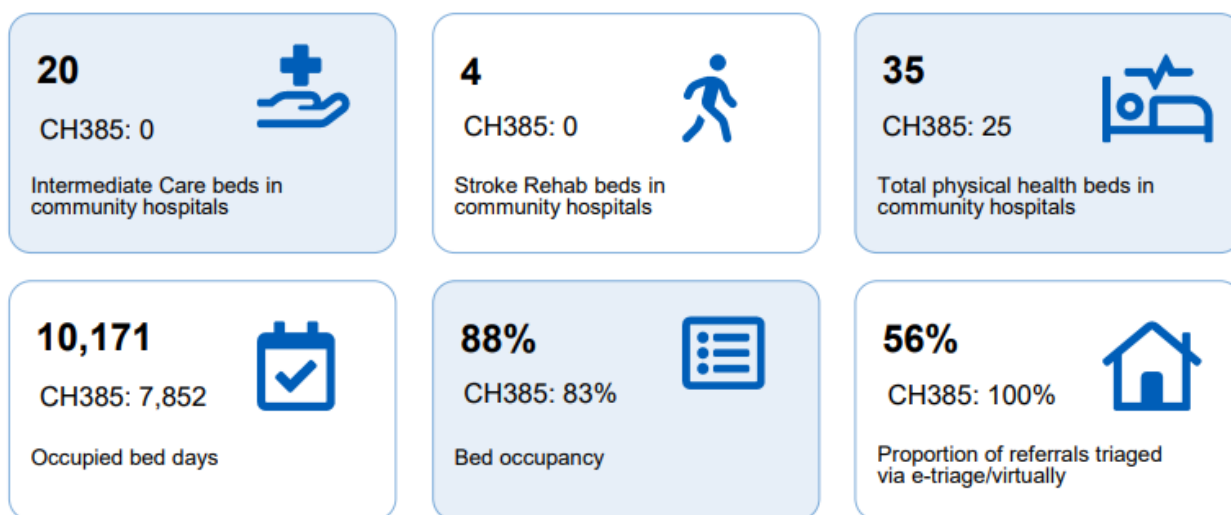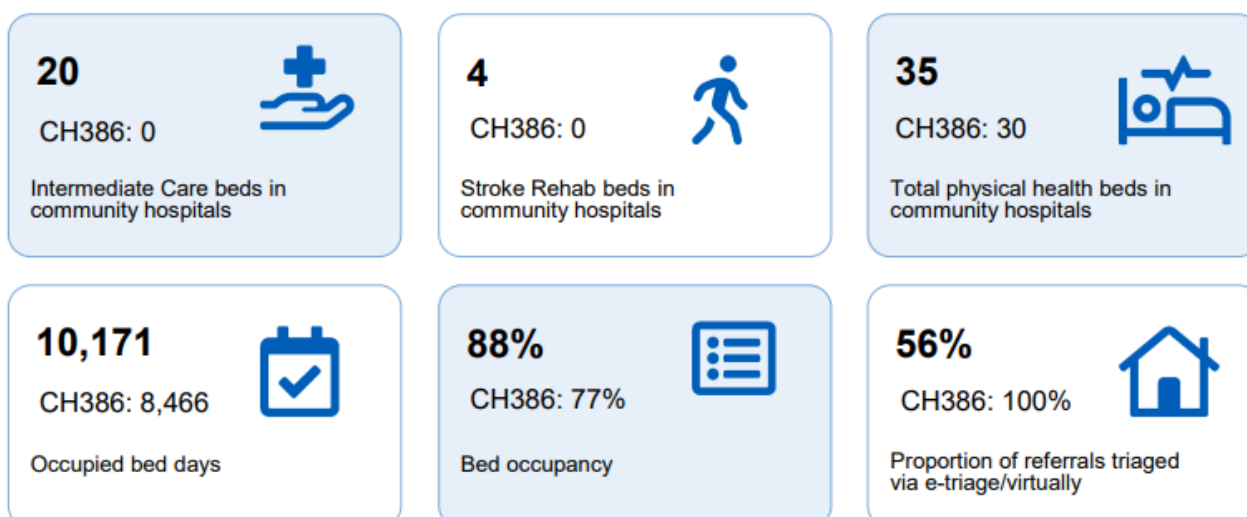
Intermediate Care beds in community hospitals

4
CH385: 0

Stroke Rehab beds in community hospitals

35
CH385: 25

Total physical health beds in community hospitals

10,171
CH385: 7,852

Occupied bed days

88%
CH385: 83%

Bed occupancy

56%
CH385: 100%

Proportion of referrals triaged via e-triage/virtually

Figure 37   Community Hospital Bed Survey - Warminster Community Hospital - CH3858

The bold figure represents the sample average

20
CH386: 0

Intermediate Care beds in community hospitals

4
CH386: 0

Stroke Rehab beds in community hospitals

35
CH386: 30

Total physical health beds in community hospitals

10,171
CH386: 8,466

Occupied bed days

88%
CH386: 77%

Bed occupancy

56%
CH386: 100%

Proportion of referrals triaged via e-triage/virtually

Figure 38   Community Hospital Bed Survey - Savernake Community Hospital - CH386

The bold figure represents the sample average

The Key findings:

- Community hospitals are most commonly (83% of sites) used by community care providers,
- 95% of community hospitals reported that they provided rehabilitation services
- Intermediate care beds are the most common bed type (41%) within community hospitals, averaging 20 beds.
- 79% of referrals to a community hospital are Acute hospital step down
- The mean bed occupancy is 88% (Wiltshire Health and Care range 77-88%)

The National Audit Care at End of Life (NACEL) 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. Components of the fourth round of NACEL:

Organisational Level Audit – focussed on activity, specialist palliative care workforce and staff training.

Case Note Review – focussed on the themes of recognition of imminent death, communication, involvement in decision making and individualised plan of care.

Quality Survey – the survey was designed to gain feedback from relatives, carers and those important to the person who died on their experiences of the care and support received at the end of life.

Staff Reported Measure – the survey was focussed on themes of staff experience, confidence, support and culture.

The 2022 NHSB published outputs are currently being reviewed and improvements will be implemented where appropriate.

	National summary score	Submission summary score
Communication with the dying person	8.0	8.5
Communication with families and others	7.1	7.5
Involvement in decision making	9.2	9.4
Individualised plan of care	7.6	7.5
Needs of families and others	5.5	-
Families' and others' experience of care	6.3	-
Workforce/specialist palliative care	8.1	-
Staff confidence	7.5	7.1
Staff support	7.1	6.5
Care and culture	7.6	7.8

Figure 39   National Audit of Care at the End-of-Life 2022: Key findings at a glance

Next steps...

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

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Section 4

# Service User Experience

Friends and Family Test

Wiltshire Health and Care is committed to ensuring the patient voice is at the centre of all that we do. One method of capturing feedback is through the NHS 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 staff helps identify what is working well, what can be improved and how.' NHS England

The NHS Friends and Family Test is designed to help collect feedback from patients and service users on a continuous basis, putting a spotlight on positive experiences as well as highlighting areas that require improvement. Gathering feedback helps us identify themes and issues that can be investigated, and create solutions created to help improve the quality of the patients' experience.

Improving the Friends and Family Test response rate has been a priority over the last year. Following implementation of a communications and engagement plan, the Patient and Public Involvement Officer has:
- published articles for the staff intranet to highlight the importance of the Friends and Family Test,
- attended All Staff Live Briefings to give presentations and updates on Friends and Family Test return rates,
- met with services that have low or zero return rates to discuss barriers and next steps,
- presented at clinical inductions to discuss Patient and Public Involvement highlighting Friends and Family Test as a priority.
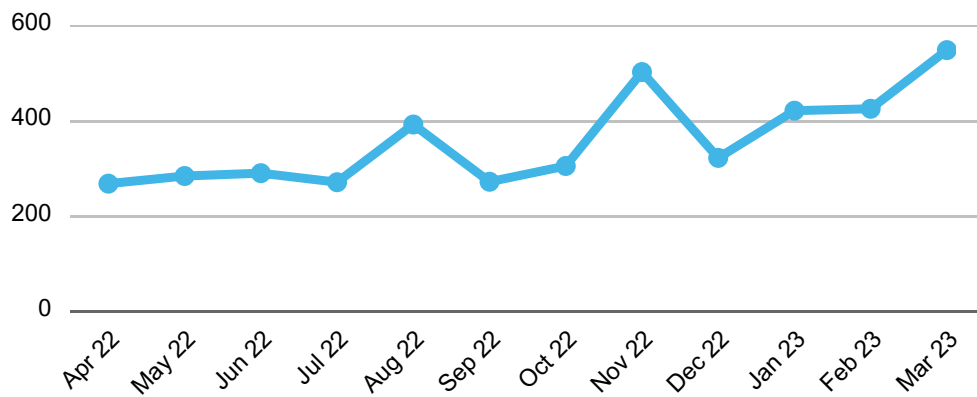
269

April 2022

549

March 2023

Figure 40   Total Number of FFT responses by month - 2022/23

As we have emerged from COVID-19 measures and with the increased awareness of Friends and Family Test across the organisation, numbers have improved on last year's figures and the data shows an upward trend (see Figure 40).

Wiltshire Health and Care received a total of 4,311 responses during 2022/23. We continue to receive positive feedback recording a **96%** Good or Very Good rating from respondents.

All data and feedback is collated and shared with each relevant service for communication across their teams. This enables teams to review what is working well and identify any issues or themes that require improvement.

Very Poor
1.3%

Good
12.8%

Very good
83.9%
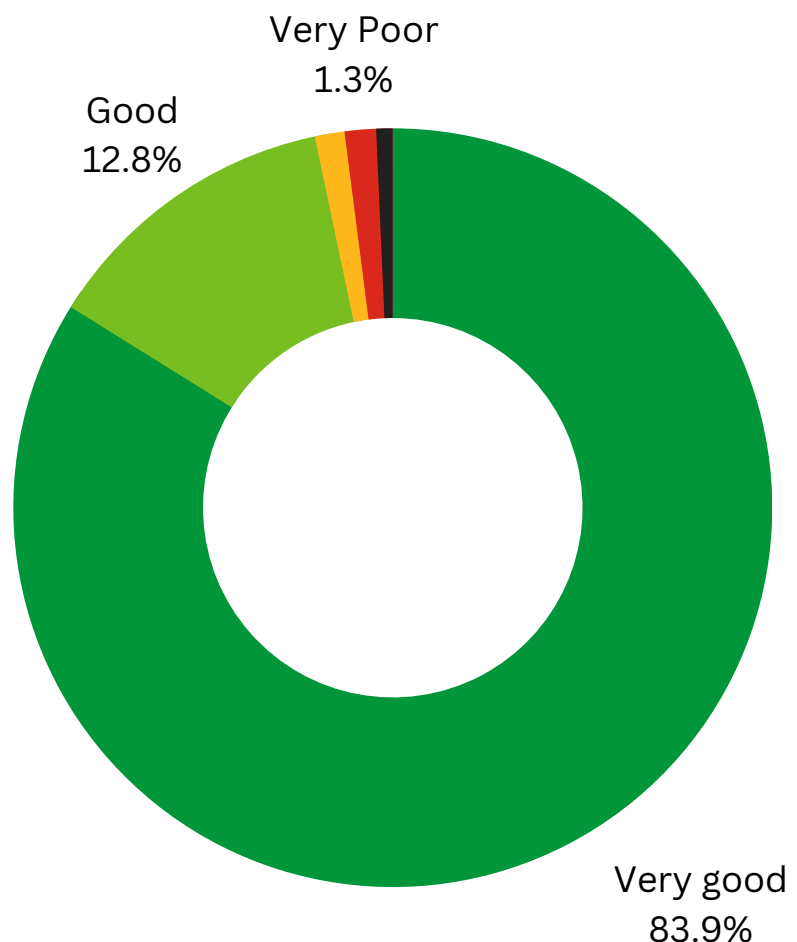
Figure 41   Overall experience of our services - 2022/23
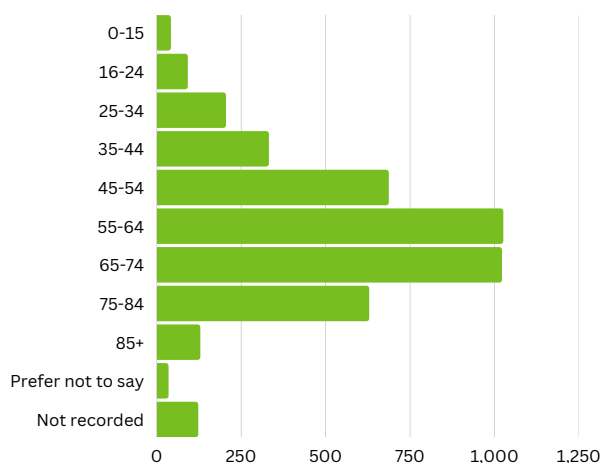
Figure 42   Age range of FFT respondents - 2022/23
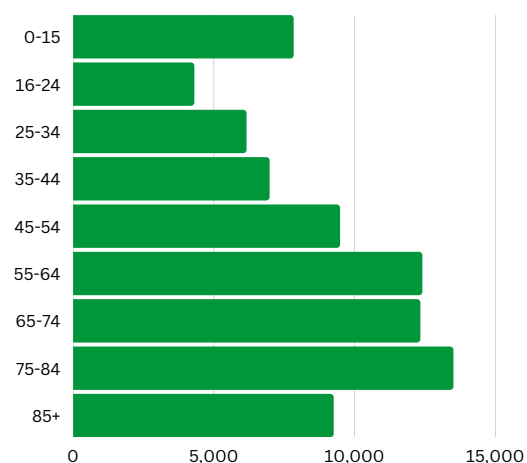
Figure 43   Age range of patients accessing WHC services - 2022/23

The groups that responded most to the Friends and Family Test was the 55 – 64 and 65 – 74 year olds.

Three percent of respondents were aged 0-24 years and their feedback included comments such as:

"I gave that answer because your staff are incredibly patient and kind. Also, they take good note of how you are feeling"

"Amazing, friendly appointment"

"Very informative and very understanding and compassionate."

"The person who did my appointment was really nice and made me feel very comfortable and explained everything really well so I understood"
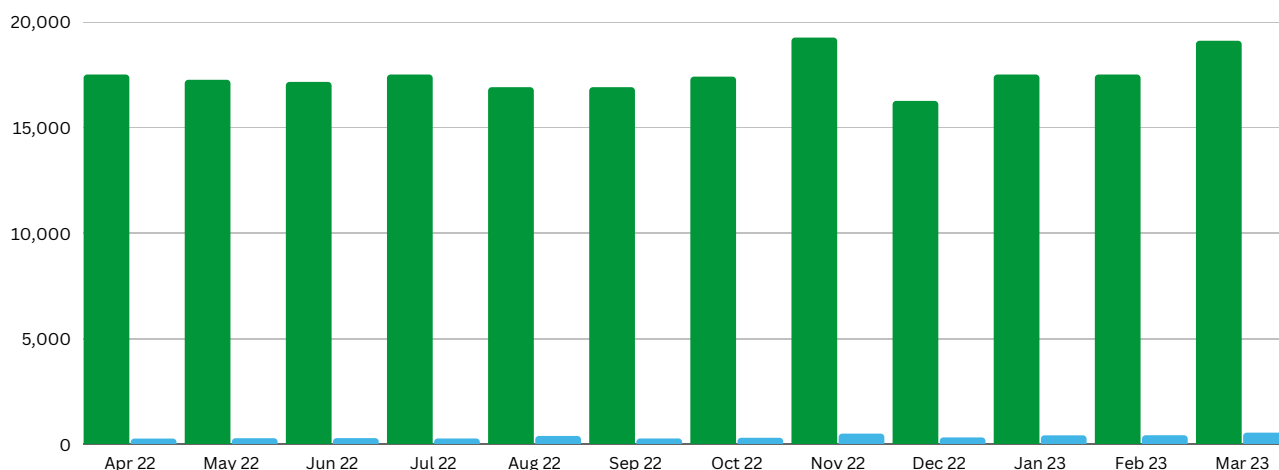
Figure 44   FFT submission figures to NHS England - 2022/23

As an organisation Wiltshire Health and Care must submit our Friends and Family Test return rates to NHS England on a monthly basis (Figure 44). The data shows that on average we have 17,500 eligible opportunities to ask for Friends and Family Test feedback every month, our average return rate is 1.7%. With the ongoing work to improve Friends and Family Test response rates across the organisation, we aim to increase our monthly submission to 5%.

Next steps..
- Wiltshire Health and Care will improve Friends and Family Test response rates across the organisation working closely with individual services and utilising available technology.
- Wiltshire Health and Care will be identifying ways to encourage more feedback from children and young people.
- Wiltshire Health and Care will improve visibility for patients, carers and families on how to respond to Friends and Family Test and "You Said, We Did" across our locations and our website.

Patient and carer engagement

Wiltshire Health and Care completed the development of a Patient and Public Involvement Strategy along with a Patient and Public Involvement Policy in Quarter three. Both these documents were created with the Patient and Public Involvement Group who meet on a quarterly basis and consist of patients, carers and volunteers as well as Wiltshire Health and Care colleagues and representatives from HealthWatch Wiltshire and Carer Support Wiltshire. The strategy will provide a framework for engagement priorities between 2022 and 2025 and the policy will be a guide for staff across the organisation on how best to carry out engagement.

Incorporated within the Patient and Public Involvement Strategy Wiltshire Health and Care have captured lessons learnt from the Ockenden Report and clarified how Wiltshire Health and Care will instil confidence that gathering feedback is not just an exercise that Wiltshire Health and Care do but that we will actively listen to the feedback, suggestions, complaints and lived experience that is shared with us.

Engagement work has increased across our services. Projects currently being progressed:

- Patient feedback for KiActiv service - Understand Wiltshire Health and Care's patient experience and levels of satisfaction of using the KiActiv service.
- First Contact Physiotherapy Patient Engagement - Aims to help understand the care received through patient's eyes; ensure care is patient centred; and improve the quality of the service provided. Improve the service pathway.
- Design a co-produced community pain pathway to pilot 2023 - Aims to reduce the prescription of high dose opioids in Community Primary Care Network (likely daily dose >120mg oral Morphine equivalent) for non-cancer pain by 10% within a 12 month period.

- Enrol patients with Heart Failure into using remote monitoring pathways and gain insight into their experiences and learning how we can use patient feedback to help shape the heart failure service - Aims to involve patients in the initial set-up of using remote monitoring in the heart failure service and gather ongoing feedback of their experience, confidence in self-management and sense of personalised care.
- Ambulatory Echocardiogram (ECG) monitoring pilot evaluation and to help shape future services - Aims to gather feedback following the pilot of a mail order service for ambulatory ECG monitoring from both General Practitioners and patients.
- Clinic space utilisation across Wiltshire Health and Care - Following on from Virtual Appointment engagement, this project will look at how to change the culture and structure behind clinic space utilisation across Wiltshire Health and Care.
- Community Therapy Goal Setting Pilot Study - Aims to gather pre-pilot information regarding patients' experience of goal setting.
- Bath and North East Somerset, Swindon and Wiltshire Digital Literacy Scoping of Allied Health Professionals Support Workforce - To scope out the current digital literacy abilities and readiness of our allied health professional support worker workforce.
- Virtual Consultations Pilot - South Physio team to look at grouping virtual appointment into a full virtual AM or PM clinic.
- Wheelchair Service – creating Child friendly/accessible patient information leaflets - Engaging with service users to develop child friendly/easy read information leaflets so they know what to expect from an appointment once referred.
- Elective Recovery -Osteoarthritis Hip and Knee - Keen to understand more about our patient's experience and levels of satisfaction of the new Elective Recovery Service for Osteoarthritis Hips and Knees.
- Patient Initiated Follow Up (PIFU) implementation* - Engagement with patients following the implementation of a Patient Initiated Follow Up pathway. To seek feedback from patients to ensure:
    - they understand that they have been placed on a PIFU pathway.
    - they know what to do and who to contact if their symptoms exacerbate.

*Note: this is a Bath and North East Somerset, Swindon and Wiltshire wide/Wiltshire Health and Care wide project not limited to Musculoskeletal and Long Term Conditions.

Completed Project – Virtual Consultations

Purpose: To increase the offering (by staff) and uptake (by patients) of virtual consultations.

Aim: To understand more about our patient's willingness to participate in Virtual Consultations. We need to:
- Identify what barriers there are to using virtual appointments.
- Identify specific barriers associated with video as opposed to telephone?

Design: 2,539 patients were sent a survey to complete. 284 patients responded representing an 11% response rate.

Results: Overall, the results show that some virtual appointments are being offered and there is a cohort of patients who value the choice and are electing for virtual appointments. The key challenge identified from the analysis is that patients are not being given the choice of how their consultation is delivered to express their preference. The feedback has also highlighted that some patients are experiencing difficulty in booking appointments and making contact with the individual clinical services.

Next Steps...
Based on the findings from the Virtual Consultation Patient Survey further engagement work will be carried out with both staff and service users to look at how to change the culture and structure behind clinic space utilisation across Wiltshire Health and Care and a pilot scheme has been established in the South locality to look at grouping virtual appointment into a full virtual AM or PM clinic.

Osteoarthritis Service: Lower Limb Class Survey

Purpose: Wiltshire Health and Care are keen to understand more about our patient's experience and levels of satisfaction of the new Elective Recovery Service for Osteoarthritis (OA) Hips and Knees.

Design: Questions that were asked;
- Did they find the service helpful?
- Was accessing this service within the community more convenient to them?
- Did the intervention save them having to engage with the Acute hospitals?
- Of the 600 patients that access this service and were approached to provide feedback, 115 patients responded representing a 19% response rate.

Results: The patient survey show that the Osteoarthritis service has been beneficial to both patients and secondary care. 85% of patients reported greater confidence in managing their condition. Diversions from secondary care are evident as well with just 6.9% receiving an onward referral to a specialist service.

Next steps...
The overall programme has been a success and has enabled patients with Osteoarthritis to be reallocated from the waiting list and to be seen in a specialist clinic. Further analysis to be completed on the success of the orthotics programme.

Long COVID Patient Forum

Wiltshire Health and Care have established a Long COVID Patient Forum which has provided very useful feedback. The service has taken these on board and as a result changes have been implemented.

You said : We did
Participants felt there was a lack of support in the first three months of their journey whilst waiting to be referred to the Long COVID Service.

- Wiltshire Health and Care provides advice and guidance on our website to support patients between referral and appointment.
- Advertise our website widely.
- Request General Practitioners to signpost patients to the service.

Participants suggested that online videos featuring advice for patients with Long COVID would be a great benefit.

- A number of short videos have been developed that will be uploaded on our website giving advice for Long COVID symptoms in the first three months since having COVID-19.

A form of peer support group would be really helpful for people with Long COVID.

- Wiltshire Health and Care is investigating ways to establish a peer support group that will run separately to the patient forum.

Next steps...
- Increase membership of Long COVID Patient Forum.
- Develop peer support groups for patients.

Looking forward to 2023/24

Our 2023/24 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 2023/24 Quality Priorities for Wiltshire Health and Care is an integral part of our Delivery Plan which is monitored on a quarterly basis. In 2023/24 the Quality Priorities are:

01. To review Decontamination Lead arrangements within Wiltshire Health and Care to ensure compliance with the Health & Social Care Act Infection Prevention and Control Code of Practice by 30/06/23

02. Robust, proportionate implementation of Patient Safety Incident Response Framework (PSIRF)

03. Pressure ulcers - The Key Performance Indicators (KPIs) will be determined following the publication of the BDO audit.

04. Inpatients - Missed medication incidents. To ensure patients receive their medication at the prescribed time.

05. Community - Reduction of harm caused by insulin, safe administration and management of insulin.

06. Implementation of Liberty Protection Safeguards (LPS)

01.

To review Decontamination Lead arrangements within Wiltshire Health and Care to ensure compliance with the Health & Social Care Act Infection Prevention and Control Code of Practice by 30/06/23

- **Understand the requirements for Decontamination Lead for Community Providers.**
- **Designate a Decontamination Lead for Wiltshire Health and Care by 30/09/2023.**
- **Ensure competence of the Wiltshire Health and Care Decontamination Lead by 30/09/2023.**
- **Development of a Decontamination Action Plan to ensure broader compliance with Health & Social Care Act standards by 31/12/2023.**
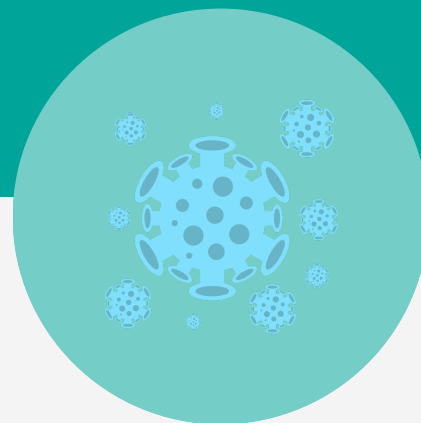
Lead

**Jo Woodward
Head of Safety Services**

02. Robust, proportionate implementation of Patient Safety Incident Response Framework (PSIRF)

- **To improve the safety of care we provide for our patients.**
- **To improve the experience for patients, their families and carers wherever a patient safety incident or the need for a Patient Safety Incident Investigation is identified.**
- **To improve the use of valuable resources.**
- **To improve the working environment for staff in relation to their experiences of patient safety incidents and investigations.**

Lead

**Caroline Wylie
Head of Clinical Governance**

03. Pressure Ulcer Quality Improvement Project

The Head of Clinical Governance for clinical effectiveness will work alongside the Community Service Managers and Clinical Leads in developing an improved process to address the recommendations from the BDO audit.

Lead

**Caroline Wylie
Head of Clinical Governance**

04.

Inpatients - Missed medication incidents. To ensure patients receive their medication at the prescribed time

- Missed medicines audit completed in February 2023.
- Actions and learning to be shared with inpatient team. Completed by 30/06/2023.
- Ensure that the omission code used accurately reflects the reason why the medicine dose has been missed.
- Ensure that if a patient refuses a medicine, this is assessed, escalated, and addressed promptly as required, particularly if regarded as a critical medicine.
- Ensure that staff escalate medicines omitted for review by a prescriber. This may result in stopping the medication, prescribing an alternative or adding it to the 'when required' section of the chart if it is no longer required on a regular basis.
- Reduce the number of 'critical' medicines omitted.

To be completed by 31/03/2024.

Lead
**Louise Byrne-Jones
Head of Pharmacy**

05. Community - Reduction of harm caused by insulin, safe administration and management of insulin

- Review training around diabetes and insulin management/administration. To be completed 30/09/2023.
- Develop an insulin policy to cover administration and management of insulin.
- Ensure appropriate management of caseloads for insulin patients.
- Diabetes Specialist Nurses to provide more support to practices/Primary Care Networks to enable improved management of patients at practice level.
- Improved communication with care home staff to reduce the risk of medication incidents relating to insulin and missed visits.

To be completed by 31/03/2024.

Lead

Caroline Wylie
Head of Clinical Governance

06. Implementation of Liberty Protection Safeguards [20]

- **Continue with the Liberty Protection Safeguards steering Group.**
- **Awaiting publication of the draft Code of Practice and regulations.**
- **Stay connected to the local, regional and national forums planning for implementation.**
- **Final implementation date is awaited from Department of Health and Social Care.**

Leads

Sean Collins
Safeguarding Leads (Adults)

Netty Snelling
Safeguarding Leads (Children)

[20] At the time of authoring this Quality Account, the change to LPS was still planned. By publication date, the move to LPS was paused indefinitely and therefore the quality priorities for 23/24 will be adjusted to reflect this. Wiltshire Health and Care's LPS Steering Group will change to be a Mental Capacity Act Working Group and a work programme will be presented for agreement during 23/24.

Formal Statements

Wiltshire Council Select Committee Formal Statement

Wiltshire Health and Care (WHC)

Statement from Wiltshire Council – Health Select Committee, dated 5 June 2023

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

The account illustrates that there is an established quality assurance framework in place at Wiltshire Health and Care to monitor performance and identify the need for improvement. We were reassured that this remains a priority for the new Managing Director. We appreciate too the challenge of providing a community health service with a wide range of teams and focus.

The following high-level comments were raised when reviewing the account:
- We noticed there is variance across wards in malnutrition screening and pressure ulcer audits and look forward to sustained improvement in these areas.
- The work on developing ways of working that reduce hospital time as well as better care for patients, such as the delirium pathway, is positive.
- The focus on a patient and public involvement strategy is welcome, and the examples of projects completed and underway were helpful.
- The need to continue some priorities such as improving systems around medication to avoid patients missing medication is recognised.

Wiltshire's Health Select Committee looks forward to meeting the Chair and new Managing Director of Wiltshire Health and Care at the meeting in June.

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

Healthwatch Wiltshire Formal Statement

Healthwatch Wiltshire response to Wiltshire Health and Care Quality Account 2022/23

Healthwatch Wiltshire welcomes the opportunity to comment on Wiltshire Health and Care's quality account for 2022/23. Healthwatch Wiltshire exists to promote the voice of patients.

We were pleased to be involved in the development of the patient engagement strategy in 2022 and continue to be members in the Patient and Public Involvement Group so that we can share any insights that we receive directly.

We recognise your ongoing work around falls prevention and are pleased that you have co-created plans with patient falls champions and the ward teams. We note the themes and highlights from the staff survey and the areas identified to 'watch' and improve. We also note the significant decrease in response rate, and hope that a plan is in place to try and improve this for next time.

Healthwatch Wiltshire is pleased that improving the response rate to the friends and family test was a priority for the past year, and recognises the considerable work undertaken to increase awareness of this. We note the next steps in terms of the friends and family test and would be happy to advise and support with these.

We are pleased to be part of the Patient and Public Involvement Group and hear about the array of patient engagement opportunities that are in place and the actions that have been/ are being taken in light of patient feedback. Given the strains and difficulties the health and social care system are encountering, it is critical that we draw attention to our goal of ensuring that everyone regardless of background, has access to the best healthcare and we would like to thank Wiltshire Health and Care for listening to the feedback we share, and taking this into account when shaping their services.

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.

Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board Formal Statement

Statement from Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board on 2022-23 Wiltshire Health and Care (WHC) Quality Account

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB) welcome the opportunity to review and comment on WHC's Quality Account for 2022/2023. In so far as the ICB 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 ICB via contractual monitoring and quality visits and is presented in the format required by NHSE presentation guidance.

The ICB recognises that 2022/2023 has continued to be a difficult year due to the workforce pressures and the continued recovery of services following the COVID-19 Pandemic. The ICB would like to thank WHC for their continued contribution to supporting the wider health and social care system during the COVID-19 recovery phase.

It is the view of the ICB that the Quality Account reflects WHC's on-going commitment to quality improvement and addressing key improvement objectives in a focused and innovative way. Although achievement of some priorities during 2022/23 have continued to be affected by COVID-19, WHC has still been able to make achievements against all their priorities for 2022/23 including:

1. Further developing your quality systems, including updating Datix with improvements in incidents being reviewed, Duty of Candour compliance and learning being shared within your organisation.
2. Refining clinical effectiveness with a focus on delirium and frailty including working with system partners to ensure that the Urgent Community Response service has robust pathways that follow best practice, that patients with delirium are supported and are able to receive care at home when appropriate.
3. Improving Equality, Diversity and Inclusion (ED&I) within your organisation with a strategy and refreshed delivery plan due to be signed off and ED&I forums taking place on a quarterly basis.
4. Reducing severe avoidable medicines related incidents with a completed audit and subsequent investigation into insulin-related incidents, identifying a risk and creation of a Quality Improvement Plan with actions to address learning.
5. Expanding engagements with patients and their carers with creation of a Patient and Engagement strategy and policy due to be signed off and on-going focus to improve Friends and Family feedback response rates.

The ICB supports WHC's identified Quality Priorities for 2023/2024. It is recognised that several of 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 ICB welcomes continued engagement in the agreed service improvement plan and focus on:

1. Review of Decontamination Lead arrangements including understanding the requirements, designating a Decontamination Lead for WHC and developing an action plan to support compliance with the Health and Social Care Act standards.
2. Improvements to pressure ulcer quality improvement plan which addresses recommendations from an external audit.
3. Reducing missed medication incidents, sharing audit learning and actions; improving coding accuracy, appropriate escalation where patients refuse to take medication or where medications have been omitted.
4. Reducing harm in relation to insulin medication errors including development of a quality improvement plan, review of training for staff, development of an insulin policy, closer working with practices and PCNs and improved communication with care home staff.
5. Implementation of Liberty Protection Safeguards once the Code of Practice and regulations have been published.

We look forward to seeing progress with quality priorities identified in this Quality Account in conjunction with the continued transition to PSIRF and the formulation of the organisations Patient Safety Incident Response Plans (PSIRPs). We would encourage alignment to focus improvement in key areas.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB are committed to sustaining strong working relationships with WHC and together with wider stakeholders, will continue to work collaboratively to achieve our shared priorities as the Integrated Care System further develops in 2023/24.

Yours sincerely

Gill May

Gill May
Chief Nurse Officer
BSW ICB

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

@ whc.pals@nhs.net

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f WHC

Designed by Sara Quarrie