

# Quality Account

2023/24



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Section 1

# Introduction



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# Statement from the Chair of the Board

Welcome to Wiltshire Health and Care's Quality Account 2023/24. These accounts describe our performance in delivering NHS community services across Wiltshire. The Quality Account is one of the ways in which we report on our work, not only to reflect on our achievements but also to identify the challenges we face and the areas where we still have work to do.



The NHS generally is under immense financial pressure and Wiltshire Health and Care is not immune to those pressures. As a result, we have been working this year to deliver good quality services to the people of Wiltshire whilst at the same time implementing a programme to reduce costs. Our staff have risen to this challenge and have delivered against our priorities despite the problems we have encountered along the way.

The financial challenges we face in the coming year remain serious but our commitment to the people of Wiltshire remains clear. We want to deliver services that enable the people who live in our communities to live healthy, independent lives and that is what we will do.

A handwritten signature in grey ink, appearing to read 'S Ladyman', with a horizontal line underneath.

**Stephen Ladyman**  
Chair of the Board  
Wiltshire Health and Care



# Statement from the Managing Director

I am pleased to present the Quality Account 2023/24 on behalf of Wiltshire Health and Care in my first year as Managing Director. It has been another year of unprecedented challenge for healthcare nationally and this year's quality account sets out how Wiltshire Health and Care continues to strive to improve quality and safety; focused on our safety culture and routinely embedding best practice in the care provided to our patients, so that avoidable harm is prevented.



Despite the difficulties, we have supported each other and have never been distracted from our commitment to quality. We have experienced significant financial and workforce challenges over the last year but there have also been some real improvements to our service models. We are working more collaboratively as a health and care system, developing integrated care and introducing significant change to community-based services supporting care closer to home such as NHS@Home [virtual wards], our Virtual Long Covid Hub and Long Covid Service.

A CQC Inspection was undertaken in April 2023 and rated overall our Services as “Requires Improvement”: this represented a small proportion of the services we provide, nonetheless our staff have been working diligently to address and meet the required improvements.





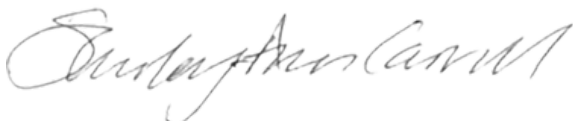
In common with NHS trusts, industrial action was taken by our staff in December 2023 and February 2024 – Patient safety and staff wellbeing were our priorities during these periods of industrial action. This included both extensive planning and preparation in advance of strikes and patient harm reviews and debriefs after each period of industrial action.

We are now implementing the new national patient safety and incident reporting process in the NHS – the Patient Safety Incident Response Framework (PSIRF) - and liaising closely with local trusts to ensure consistency of approach. Learning from the lived experience of patients and families and engaging with them to improve our services forges a valued partnership in delivering healthcare every day and shaping quality improvements to our services. A Patient Story is brought to each public Board meeting and coupled with our Non-Executive Director leading on Patient and Public Involvement ensures the patient voice is heard.

Towards the end of the year, the Board has been reviewing our strategic priorities 2024-2029 to build on our vision to enable people to live independent and fulfilling lives for as long as possible. This enables us to set out our ambition for our quality standards and what we seek to do as a provider of community-based services delivering compassionate excellence for our People, our Patients and our Populations.

Despite the immense pressures we continue to face, our patients are hugely appreciative and grateful for the outstanding quality of care and treatment they receive from Wiltshire Health and Care. This is testament to the dedication and hard work of everyone who works here. The professionalism of the team and all those involved across the Integrated Care System has been inspiring in the face of significant adversity. I am grateful for the care, compassion and kindness shown by all colleagues to our patients and to each other during the most difficult of years.

The information contained within this report has been subject to internal review and, to the best of my knowledge presents a true and accurate picture of the performance of the organisation.



**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 are measured by looking at patient safety, the effectiveness of treatments our 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 (2024/25) 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](#).

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

# About our Quality Account

Wiltshire Health and Care is committed to providing safe, effective, high-quality care to our patients and placing their health and wellbeing at the heart of our service planning and delivery. 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



## 2023/24 Key priorities

Throughout 2023/24 we made sure we continued to develop and deliver services in line with our strategy and key priorities:

1. 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.
2. Robust, proportionate implementation of Patient Safety Incident Response Framework (PSIRF).
3. Pressure ulcers - The development of an improved process to investigate, collate themes and identify learning [as an outcome of the publication of the BDO audit].
4. Inpatients - Missed medication incidents. To ensure patients receive their medication at the prescribed time.
5. Community - Reduction of harm caused by insulin, safe administration and management of insulin.
6. Implementation of Liberty Protection Safeguards (LPS).

# 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 2025.



# Our Vision



"Our vision is to enable people to live independent and fulfilling lives for as long as possible. This vision involves changing and improving the way in which community services support the people of Wiltshire, to create a new delivery model for these services in line with the NHS Long Term Plan"[2]



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

# Our Services

Wiltshire Health and Care operationally provides many different services to serve the local community. Each of the services provided are explained below.

## Cardiac Diagnostic Service

Provides Wiltshire residents with suspected heart failure community echocardiography, electrocardiography, and ambulatory monitoring. Provides GPs open access, echocardiography and ambulatory electrocardiography for Wiltshire residents with suspected cardiac abnormality.

## Community Fracture Clinic

Provides a complete follow-up service, where patients are assessed by a specialist orthopaedic clinician. The service allows patients to be seen at a local community hospital or receive a telephone consultation.

## Community Team for People with Learning Disabilities

Support people with a diagnosed learning disability over the age of 18 years who require specialist support with their health needs. A strong and holistic multidisciplinary approach is used across our nursing and therapy practices, with very close partnership working with our Avon Wiltshire Partnership colleagues to add psychology, psychiatry, and an intensive support service.

### 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.

### Diabetes

Provides specialist and complex support and education in the community. The service cares for those living with all types of diabetes, including type 1, type 2, type 3c, and monogenic diabetes. The service aims 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. The service helps patients with MSK issues such as back, neck and joint pain by assessing and diagnosing issues, giving expert advice; and referrals onto specialist services as necessary.



### Flow hub

Team providing single point of referral for all discharge pathways into and out of Wiltshire Health and Care services by working in collaboration with both health and social care colleagues.

### Frailty Expertise

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

### Heart Failure Service

Provides Wiltshire residents with: (i) assessment of patients with suspected heart failure, providing heart scans called echocardiograms; (ii) a confirmed diagnosis of heart failure, with evidence-based care, education, medical optimisation; (iii) and support people with end stage disease in collaboration with palliative care services.

### Inpatient wards

Providing adults with care, treatment and rehabilitation services in our three hospital sites, Chippenham, Marlborough and Warminster.

### Intensive Rehabilitation

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

Integrated Community  
Neurology & Stroke

Offer assessment, advice, support, management and/or rehabilitation to adults with acquired or long-term neurological conditions. There are 3 service streams; Early Supported Discharge (ESD), Neuro therapy and Neurology Specialist Practitioners.

Long COVID  
Rehabilitation  
Assessment Clinic

Supports people who continue to have symptoms related to a COVID-19 infection after 12 weeks, to identify what symptoms a person is experiencing and how this is affecting them day to day. This service enables patients to learn how to manage these symptoms to lessen impact on their quality of life.

Lymphoedema

Provides non-palliative Lymphoedema care.

Minor Injury Units

Providing minor injury treatments for patients in Wiltshire operating from Chippenham and Trowbridge Community Hospitals.

Musculoskeletal  
Physiotherapy

Physiotherapists, assistant practitioners and assistants providing assessments, evidence-based treatments and rehabilitation for a wide range of Musculoskeletal conditions in an outpatient setting.

### 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

Support patients who would otherwise be in hospital to receive the acute care, monitoring, and treatment they need, within their own home. This includes either preventing avoidable admission to hospital or supporting early discharge out of hospital.

### Orthopaedic Interface Service

Advanced Practice Practitioners in Orthopaedic interface with specialist knowledge of MSK conditions. Providing specialist advice and assessment, order investigations and administer peripheral joint injections. They link closely with other MSK services and secondary care for onward referral as required.

### 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.

### Respiratory

Provides specialised support for patients with complex chronic lung disease. Provides structured education and exercise programme. Provides Pulmonary Rehabilitation and assessments for 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.

### Tissue Viability

Manages patients with complex or compromised skin integrity or leg ulcers.

### 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.

### 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.

# 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. The organisational chart below (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.

**Tier 1 - Board level accountability** - Receives assurance, provides challenge.

**Tier 2 - Non-executive scrutiny** - Seeks assurance, escalates risk to Board.

**Tier 3 - Strategic leadership** - Ultimate operational decision making, holds to account for delivery.

**Tier 4 - Operational management** - Provides assurance and challenge, escalates risks and issues.

**Tier 5 - Service level delivery** - Provides information and assurance.

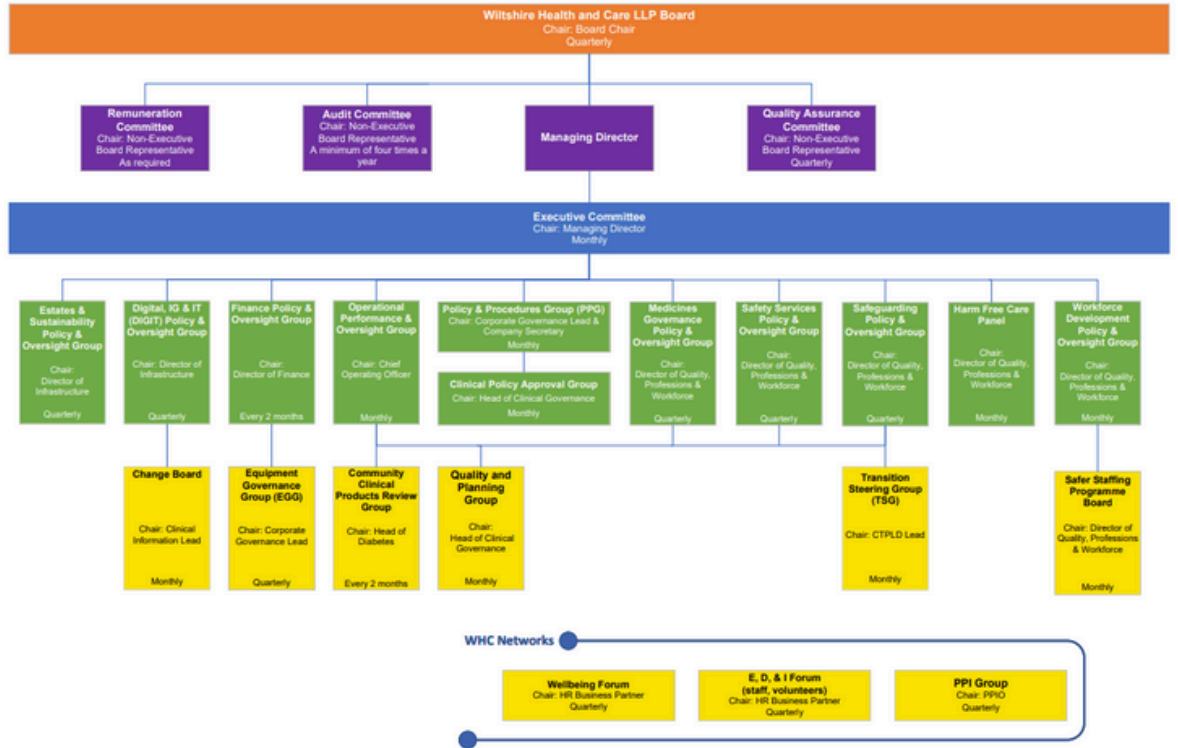


Figure 2 Wiltshire Health and Care Governance Structure

## Section 2

# Looking back at 2023/24 Priorities



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# Our 2024/25 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 are an integral part of our Delivery Plan which is monitored on a quarterly basis. In 2023/24 the Quality Priorities were:



**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.



**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.

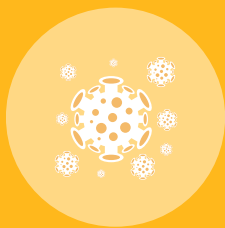


**05.** Community - Reduction of harm caused by insulin, safe administration and management of insulin.



**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



## Detailed objectives:

1) Understand the requirements for Decontamination Lead for Community Providers.

## Updates:

Wiltshire Health and Care commissions sterilisation services from a range of providers. Those providers are responsible for having a suitably qualified Decontamination Lead.



## Detailed objectives:

2) Designate a Decontamination Lead for Wiltshire Health and Care.

## Updates:

Wiltshire Health and Care is not required to have a formal Decontamination Lead as they outsource the activities that would require one. The Head of Safety Services acts as the Decontamination Lead for the low-risk decontamination activities undertaken within Wiltshire Health and Care.

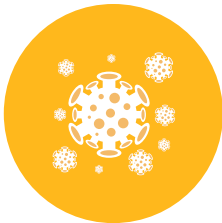


**Detailed objectives:**

3) Ensure competence of the Wiltshire Health and Care Decontamination Lead.

**Updates:**

Wiltshire Health and Care Decontamination Lead has completed a masters level module on decontamination best practice.



**Detailed objectives:**

4) Development of a Decontamination Action Plan to ensure broader compliance with Health & Social Care Act standards.

**Updates:**

A Decontamination Action Plan has been agreed. This includes development of Core Cleaning Checklists for the Wards, additional audit tools and the development of Method Statements for the cleaning of key reusable clinical equipment.

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



## Detailed objectives:

- 1) To improve the safety of care we provide for our patients.

## Updates:

- Wiltshire Health and Care undertook a training needs analysis and appropriate colleagues attended PSIRF training. PSIRF being normalised/socialised through use of terminology in Harm Free Care Policy Oversight Group and Post incident Review meetings.
- Successful amendments to RLDatix (incident management system) processes to align with Learning from Patient Safety Events (LFPSE) requirements.
- PSIRF principles and plan approved by commissioners to form part of the new Wiltshire Health and Care Learning Policy. Implementation of the plan, congruent with PSIRF principles will continue throughout 2024/25.



## Detailed objectives:

- 2) To improve the experience for patients, their families and carers wherever a patient safety incident or the need for a Patient Safety Incident Investigation (PSII) is identified.

## Updates:

Wiltshire Health and Care have reallocated portfolios between Clinical Governance Leads. This has allowed for Patient Experience to be the sole focus for one Lead, resulting in improved dialogue with patients and their carers throughout an incident or complaint period. In 24/25 with the continued implementation of the PSIRF principles this will gain further traction.



**Detailed objectives:**

3) To improve the use of valuable resources.

**Updates:**

PSIRF has strengthened Wiltshire Health and Care's use of proportionate investigation to identify learning, thus using resources wisely.



**Detailed objectives:**

4) To improve the working environment for staff in relation to their experiences of patient safety incidents and investigations.

**Updates:**

Utilising the 'Just Culture' principles has improved incident reporting and staff recognise that Wiltshire Health and Care encourage a positive reporting culture (this does not negate other statutory requirements and investigations for example Safeguarding, Health and Safety or Medications).

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# 03. Pressure Ulcer Quality Improvement Project



## Detailed objectives:

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

## Updates:

These Key Performance Indicators were determined following the publication of the BDO audit.

- **Community Team individual Pressure Ulcer Quality Improvement Plans to be regularly (monthly) reviewed and updated with progress including dates and overarching themes from incidents to be regularly discussed at team meetings.** Tissue Viability Lead attends the Clinical Lead monthly meetings and identifies trends and themes to be shared. Incidents are also discussed at the Governance Meetings with Core Teams Services. The 3 Clinical Governance Leads rotate attendance at the Clinical Leads meeting monthly. From each Post Incident Review (PIR) meeting the Patient Safety Lead notifies the Clinical Effectiveness Lead of any related actions to ensure these are added to the individual Community Team Quality Improvement Plans (QIP) as appropriate. This activity is now business as usual and action is complete.
- **Clinical Leads to discuss their individual Quality Improvement Plans to identify shared learning and actions and collaborative working.** Wiltshire Health and Care's Tissue Viability Lead attends the Clinical Lead monthly meeting. The purpose is to identify trends and themes to be shared. Clinical Governance Lead (Clinical Effectiveness) sends out monthly reminders to the Clinical Leads to update their team Quality Improvement Plans.
- **To ensure actions that are added to the teams Quality Improvement Plans are clearly recorded i.e. where the action was identified (i.e. Post Incident Review meetings, training, audit, handover, CQUINs etc) when the action was added to the Quality Improvement Plan (date) and the level of risk if not completed in the timeframe.** Robust documentation within the Quality Improvement Plans has improved over the year. The success of the process has been audited by using a snapshot methodology which identified evidence to suggest that the process was working well.
- **Updates to the Quality Improvement Plan Process map to show level of responsibility and frequency for updating.** The Quality Improvement Plan process map has been updated to clearly document responsibility and this has been shared with relevant staff. This resource will be added to the Learning Policy.

**These KPIs established that the key priority was the development of an improved process to investigate, collate themes and identify learning.**

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



## Detailed objectives:

1) Missed medicines audit completed in February 2023.

## Updates:

As part of the Pharmacy annual audit cycle the audit has been repeated in Q4 2023/24.



## Detailed objectives:

2) Actions and learning [from the missed medicines audit February 2023] to be shared with inpatient team by the 30/06/2023.

## Updates:

Actions and learning are shared with the ward managers and senior leaders in inpatients via monthly ward manager meetings, monthly Senior OPs Inpatient meetings, Medicine and Policy Oversight Group meeting.



## Detailed objectives:

3) Ensure that the omission code used accurately reflects the reason why the medicine dose has been missed.

## Updates:

The Q4 2023-24 audit identified the following improvements since the 2022/23 audit: Significant improvements have been made in recording omission codes in the administration grid. There is an area for development with regards to ensuring that all missed doses are consistently recorded on the appropriate section on the back of the drug chart. The Pharmacy Team have developed a 'Missed doses algorithm' to support staff in understanding the process for reporting, escalating, and recording a missed dose.



**Detailed objectives:**

4) Ensure that if a patient refuses a medicine, this is assessed, escalated, and addressed promptly as required, particularly if regarded as a critical medicine.

**Updates:**

A missed medication audit on inpatient wards was completed and reports were submitted to the Quality Assurance Committee and to the Medicines Governance Policy Oversight Group. There has been the development of an Insulin Incident Investigation Quality Improvement Plan which will support the actions that arose from 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:**

5) 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.

**Updates:**

The Pharmacy Team have identified that the audit tool should be amended to include auditing of the escalation that the nurse completes after a missed dose. The current audit tool does not capture this. This amendment will be made for the 2024/25 audit.

**Detailed objectives:**

6) Reduce the number of 'critical' medicines omitted by 31/03/2024.

**Updates:**

The Q4 2023/24 audit identified the following improvements since the 2022-23 audit: The number of critical medicines missed has dropped from 55 to 7.

# 05. Community - Reduction of harm caused by insulin, safe administration, and management of insulin [3]



## Detailed objectives:

1) Review training around diabetes and insulin management/administration by 30/09/2023.

## Updates:

All clinical staff handling, administering or prescribing insulin are now required to complete a one-day face-to-face training session.



## Detailed objectives:

2) Develop an insulin policy to cover administration and management of insulin.

## Updates:

In progress - Following review of a draft policy, develop an insulin policy to cover administration and management of insulin.

- Develop an insulin delegation policy
- Develop a Standard Operating Procedure (SOP) for glucose/ketone monitoring.

**This action will continue into 2024/25 as part of the Insulin Incident Investigation Quality Improvement Plan.**

[3] An Insulin Incident Investigation Quality Improvement Plan (III QIP) was developed with actions from the Insulin Root Cause Analysis during 2023/24.



**Detailed objectives:**

3) Ensure appropriate management of caseloads for insulin patients.

**Updates:**

In progress.

**This action will continue into 2024/25 as part of the Insulin Incident Investigation Quality Improvement Plan.**



**Detailed objectives:**

4) Diabetes Specialist Nurses to provide more support to General Practices/Primary Care Nurses to enable improved management of patients at practice level.

**Updates:**

Diabetes Specialist Nurses have been assigned to each Primary Care Nurse to provide 1 GP facing day each week for support.



**Detailed objectives:**

6) Improved communication with care home staff to reduce the risk of medication incidents relating to insulin and missed visits by 31/03/2024.

**Updates:**

In progress.

**This action will continue into 2024/25 as part of the Insulin Incident Investigation Quality Improvement Plan.**

# 06. Implementation of Liberty Protection Safeguards [4]



## Detailed objectives:

1) Continue with the Liberty Protection Safeguards steering Group.

## Updates:

26/09/2023 - Liberty Protection Safeguards will now not take place within the 'lifetime' of this Parliament. Wiltshire Health and Care's Mental Capacity Act and Deprivation of Liberty Safeguards Policy are currently being redrafted and a new process for Wiltshire Health and Care inpatients is being designed.



## Detailed objectives:

2) Awaiting publication of the draft Code of Practice and regulations.

## Updates:

Wiltshire Health and Care's Safeguarding Lead will remain connected to the regional forums to ensure any changes regarding the Code of Practice are implemented by Wiltshire Health and Care.

[4] 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.



**Detailed objectives:**

3) Stay connected to the local, regional and national forums planning for implementation.

**Updates:**

Wiltshire Health and Care's Safeguarding Lead will remain connected to the regional forums to ensure any changes regarding the Code of Practice are implemented by Wiltshire Health and Care.



**Detailed objectives:**

4) Final implementation date is awaited from Department of Health and Social Care.

**Updates:**

26/09/2023 - Liberty Protection Safeguards will now not take place within the 'lifetime' of this Parliament. Wiltshire Health and Care's Mental Capacity Act and Deprivation of Liberty Safeguards Policy are currently being redrafted and new process for Wiltshire Health and Care inpatients are being designed.

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**Section 3**

# **Quality and Effectiveness**



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# Patient Safety

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# Incident Reporting

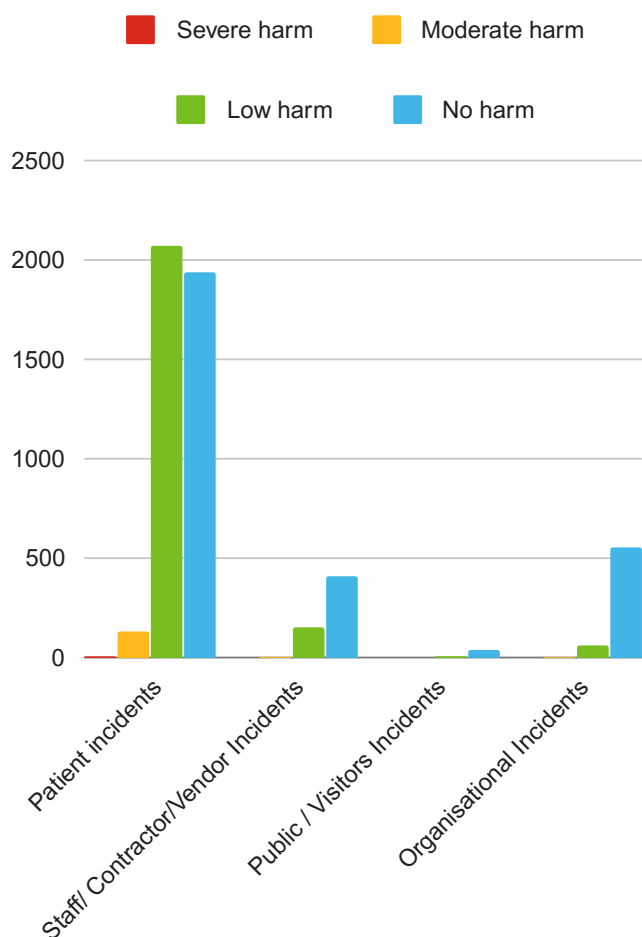


Figure 3 Incidents reported by harm 23/24

**5372** Incidents reported

**98%** Low or no harm

Wiltshire Health and Care continues to demonstrate a proactive safety culture with high incident reporting (n=5372), performing above benchmark [5], and low harm (98%) caused in 2023/24.

Whenever an incident occurs, the priority is to ensure the safety of the person(s) affected or potentially affected by the incident. Wiltshire Health and Care places the highest priority on the safety and wellbeing of colleagues and those who use or visit our services. We understand that accidents, incidents and near misses happen, both of which can occur in clinical and non-clinical settings. Everyone has a duty to report an incident, and this is done by using RLDatix, an electronic incident reporting system. All incidents reported are reviewed and any incident that resulted in harm or have the potential for further learning to prevent reoccurrence are escalated to a Post Incident Review (PIR) meeting for inquisitive multidisciplinary examination to identify areas of improvement.

[5] [Community sector — NHS Benchmarking Network](#) - QR8 patient incidents (causing harm or otherwise) per 1,000 WTE budgeted clinical staff

In October 2023, Wiltshire Health and Care went live with the Learning from Patient Safety Events (LFPSE) service. This is a new national NHS service for the recording and analysis of patient safety events that occur in healthcare [6]. To support this, Wiltshire Health and Care upgraded the RLDatix incident reporting forms to allow (anonymised) locally submitted records of patient safety events to be automatically uploaded to the national service.

[6] [NHS England » Learn from patient safety events \(LFPSE\) service](#)

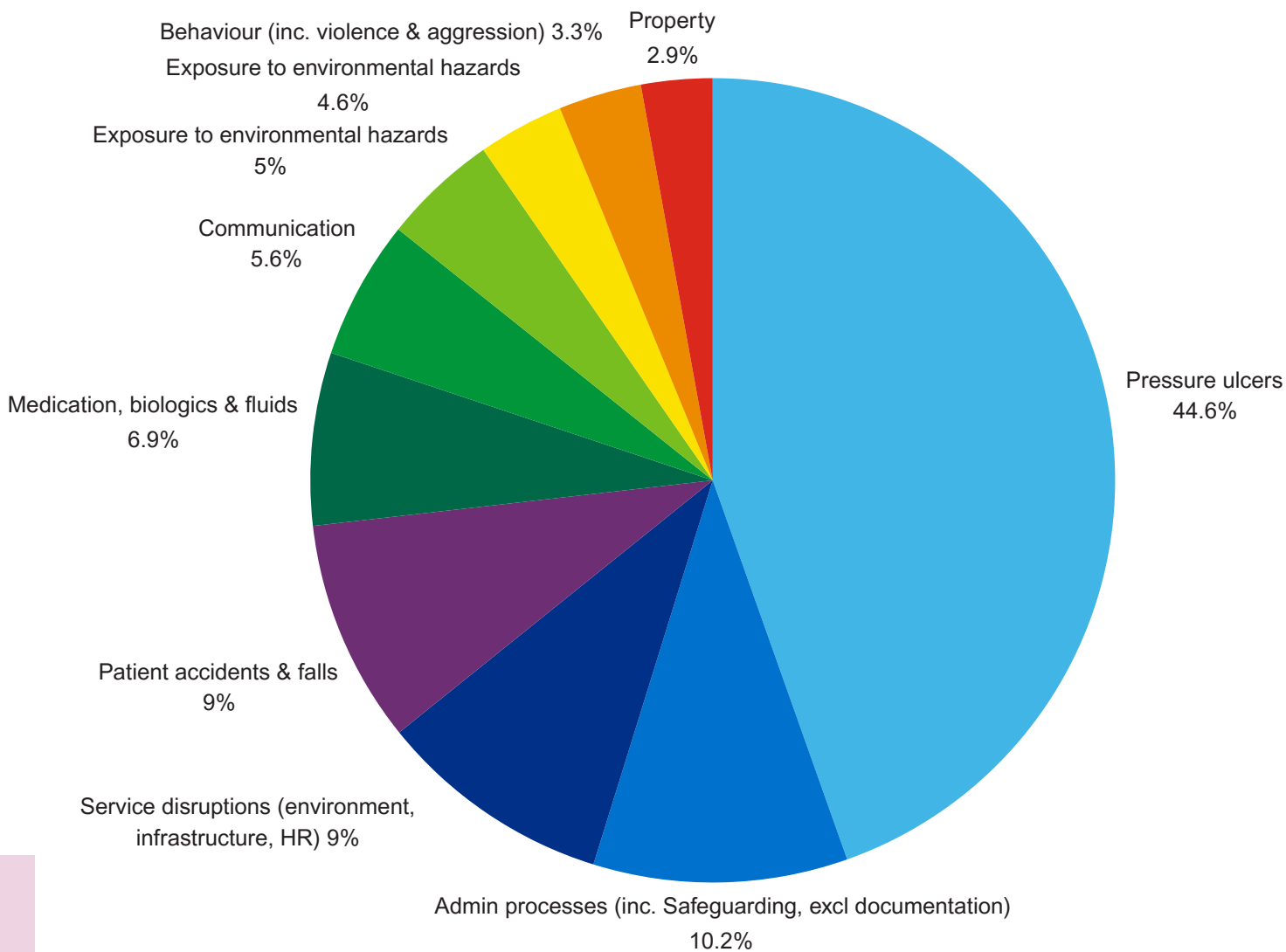


Figure 4 - Top Incidents reported by theme

## Incident themes

The highest reported incident themes for 2023/24 are displayed below. These remain consistent year on year with pressure related skin damage being the highest reported.

**308**

**Medication, biologics & fluids**

**398**

**Slips trips and falls**

**1977**

**Pressure related incidents**

# Incident Escalating to Further Investigation

Of the 5372 incidents reported during 2023/24, 335 (6%) were presented to the Post Incident Review meeting for a multidisciplinary review. Of these, 24 (8%) proceeded to further investigation; 21 (88%) proceeded to an internal Root Cause Analysis review; and 3 (12%) were reportable Serious Incidents including one Never Event.

Themes identified indicate pressure ulcers (n=10), then medications, biologics and fluids (n=3), as top incident category. The graph (Figure 5) below displays the categories of all incidents escalated to Post Incident Review meeting.

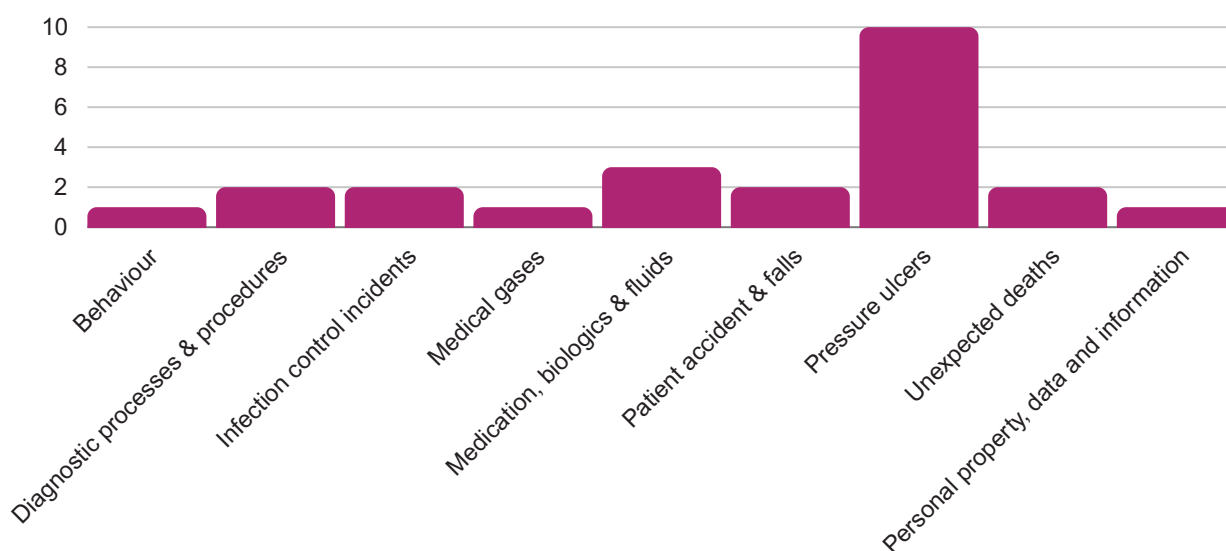


Figure 5 - Wiltshire Health and Care Incident Categories Escalated to Post Incident Review 2023/24

# 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 are committed to being open with service users when things go wrong; providing truthful information, an apology and reasonable support where appropriate.

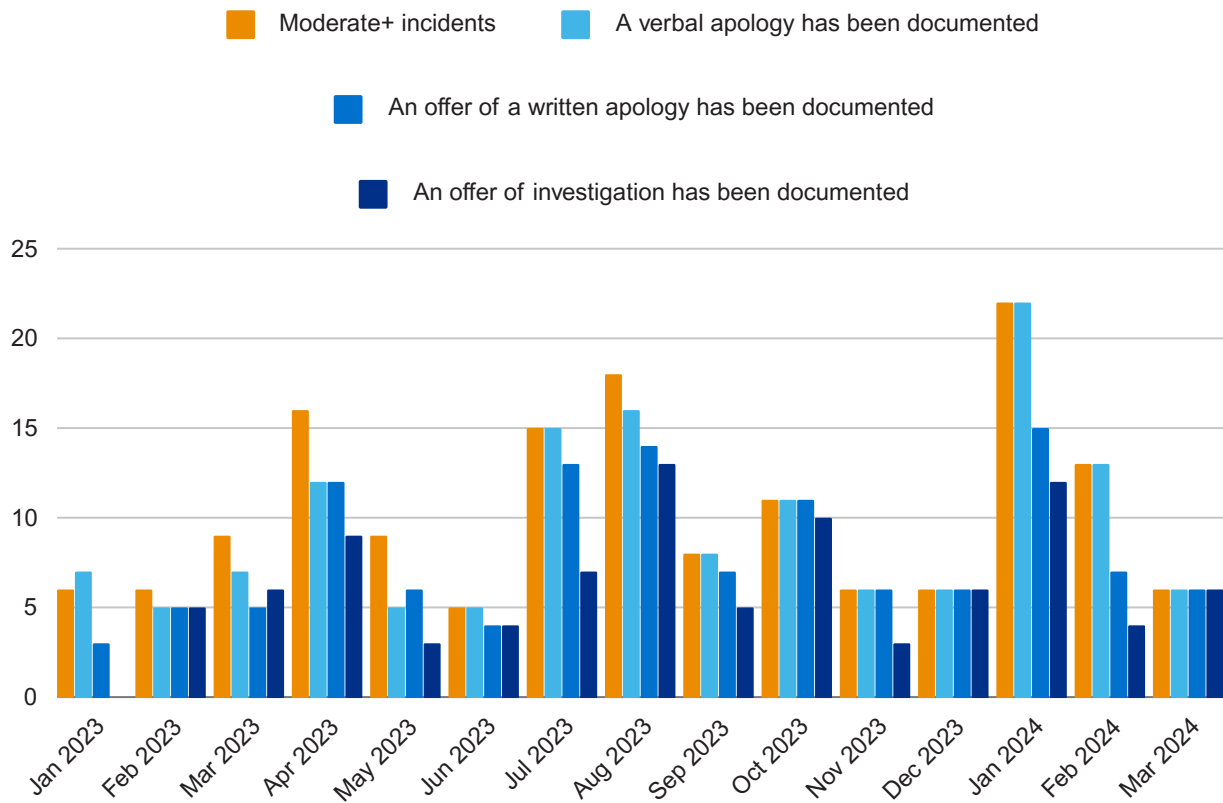


Figure 6 - Wiltshire Health and Care compliance with Duty of Candour 2023/24

Wiltshire Health and Care are working towards continuous improvement in compliance, aiming for the recording of the offer of verbal, written and outcome of investigation to be 100%.



# Patient Safety Incident Response Framework and plan

Patient Safety Incident Response Framework (PSIRF) [7] was published in August 2022. PSIRF sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

**PSIRF replaces the Serious Incident Framework and removes the 'serious incident' classification and threshold for it.**

**Embeds patient safety incident response within a wider system of improvement.**

**Prompts a significant cultural shift towards systematic patient safety management.**

**It does not mandate investigation as the only method for learning from patient safety incidents or prescribe what to investigate.**

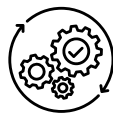
[7] <https://www.england.nhs.uk/patient-safety/incident-response-framework/>



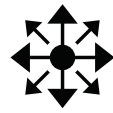
## The four key principles behind PSIRF...



Compassionate engagement and involvement of those affected by patient safety incidents.



Application of a range of system-based approaches to learn from patient safety incidents.



Considered and proportionate responses to patient safety incidents.



Supportive oversight focused on strengthening response system function and improvement.

### As the Patient Safety Incident Response Framework (PSIRF) fundamentally shifts how the NHS responds to patient safety incidents for learning and improvement;

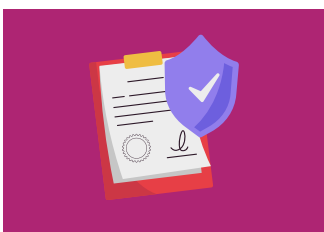
Wiltshire Health and Care has responded by implementing training for staff on PSIRF during 2023/24. Wiltshire Health and Care prioritises patient safety incident management and considers capacity to learn from incidents as part of business-as-usual working arrangements.

In March 2024 the NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) approved and commented:

*“The Patient Safety Incident Response Plan (PSIRP) and Policy is in line with the Patient Safety Incident Response Framework and details the Trust wide priorities in terms of incident learning, it also meets the expectations set out in the patient safety incident response standards.”*

*The Learning Policy reflects Wiltshire Health and Care’s on-going commitment to system wide learning in terms of responding to patient safety incidents and quality improvement. Wiltshire Health and Care have identified the following key priorities as part of their PSIRP: Medications safety - focused on the reduction of harm caused by insulin; Inpatient medication - missed medications; Pressure Ulcers recognition and management; Falls prevention; and Behaviours that Challenge.”*

## Next steps to implement PSIRF in Wiltshire Health and Care are:



### Policy

Wiltshire Health and Care has included the PSIRF requirements in its Learning Policy – Section 4, this section has been ratified. As part of implementation, work is underway and this section of the Learning Policy will require some changes to allow Wiltshire Health and Care to meet all of its statutory obligations. The Learning Policy intends to set out Wiltshire Health and Care's approach to developing and maintaining effective systems and processes for responding to patient safety incidents (and wider statutory requirements) and issues for the purpose of learning and improving patient safety.



### Data analysis & reporting

Wiltshire Health and Care will utilise quarterly reviews of the PSIRF plan and will involve analysis of progress made against quality priorities to the Quality Assurance Committee. Annual review published in the Quality Account to articulate Wiltshire Health and Care PSIRF plan that requires updates on the previous year's quality objectives and clinical governance data analysis and triangulation to develop Quality Objectives for the following year.



### Patient safety partners

Wiltshire Health and Care's approach to patient safety partners will be by engaging with the Patient Voice Non-Executive Director whose responsibility is to ensure the Patients Voice is considered by Quality Assurance, Audit and Board committees. Whilst one person cannot of course represent all patients, this role is about being persistent in asking what is the impact of this decision, that budget, that plan, on patients and carers. The role also is being alongside patients as they try to navigate a complex and confusing healthcare system which is vital. In that context, when things go wrong for patients, compassionate rather than defensive engagement is a must, and it is that culture shift which is at the heart of the new Patient Safety Incident Response Framework.

# Data Quality



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

## Accuracy of data

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

**99.94%**

**NHS number**

**99.72%**

**GP Practice code**

**99.99%**

**Postcode**

**91.20%**

**Diagnosis  
(inpatients)**

NHS number, Postcode and Practice Code completeness has high compliance which means we can access shared data where applicable. In all Wiltshire Health and Care correspondence and communications, a patient is clearly identified which reduces the risk of the data being recorded incorrectly therefore improving patient safety.

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# Data Security and Protection Toolkit



The Data Security and Protection Toolkit sets out the National Data Guardian's data security standards for organisations which have access to NHS patient data and systems. Each year, Wiltshire Health and Care completes a mandatory self-assessment of its information governance arrangements via the toolkit.

There are 10 categories in the toolkit, containing 42 mandatory evidence requirements, plus a further 36 sections which are optional:

- Personal Confidential Data
- Staff Responsibilities
- Training
- Managing Data Access
- Process Reviews
- Responding to Incidents
- Continuity Planning
- Unsupported Systems
- IT Protection
- 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, covering the period 1st July 2022 – 30th June 2023. Wiltshire Health and Care submitted the 2022/23 Data Security and Protection Toolkit prior to the deadline, 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 Data Security and Protection Toolkit to be audited by an external auditor.

# Regulators

## Care Quality Commission

The Care Quality Commission (CQC) 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.

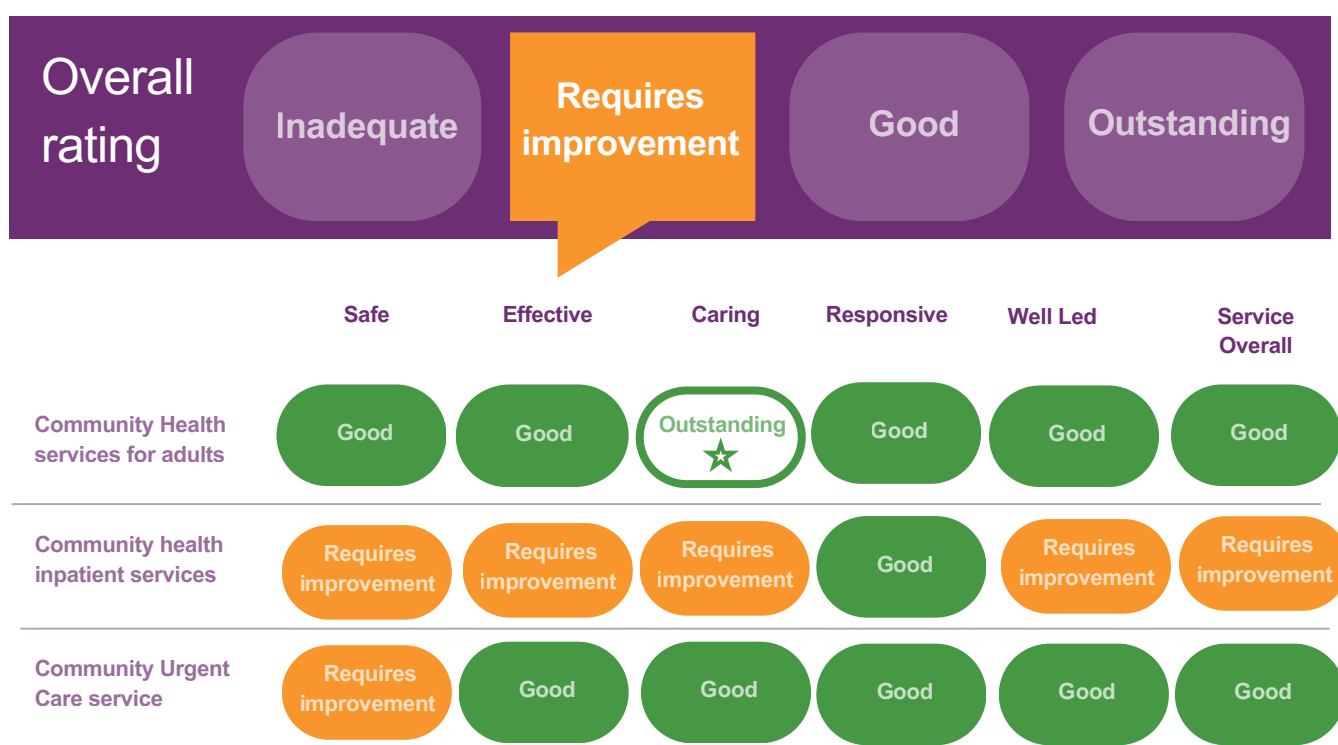


Figure 7 Wiltshire Health and Care: Care Quality Commission Inspection Rating - 2023

## Care Quality Commission rating and what it means for Wiltshire Health and Care

In September 2023, Wiltshire Health and Care received an overall 'Requires Improvement' rating from the Care Quality Commission, following a formal inspection between April and May 2023. Since then, Wiltshire Health and Care has been working hard to meet the (10) regulatory actions requested by CQC identified within the inspection and improve the service that they provide. As part of the Care Quality

Commission's new strategy [8], the Commission are implementing 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 notifications in a timely way.

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

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# Clinical Effectiveness

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# 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.

## CCG14 Malnutrition Screening in the community

Achieving 90% of community hospital inpatients, having a nutritional screening that meets NICE Quality Standard QS24 (Quality statements 1 and 2), with evidence of actions against identified risks.

Wiltshire Health and Care's overall performance across the inpatient service was 74.5%, Figure 8 displays overall performance (average across the year for both 2022/23 and 2023/24) against the requirements by ward.

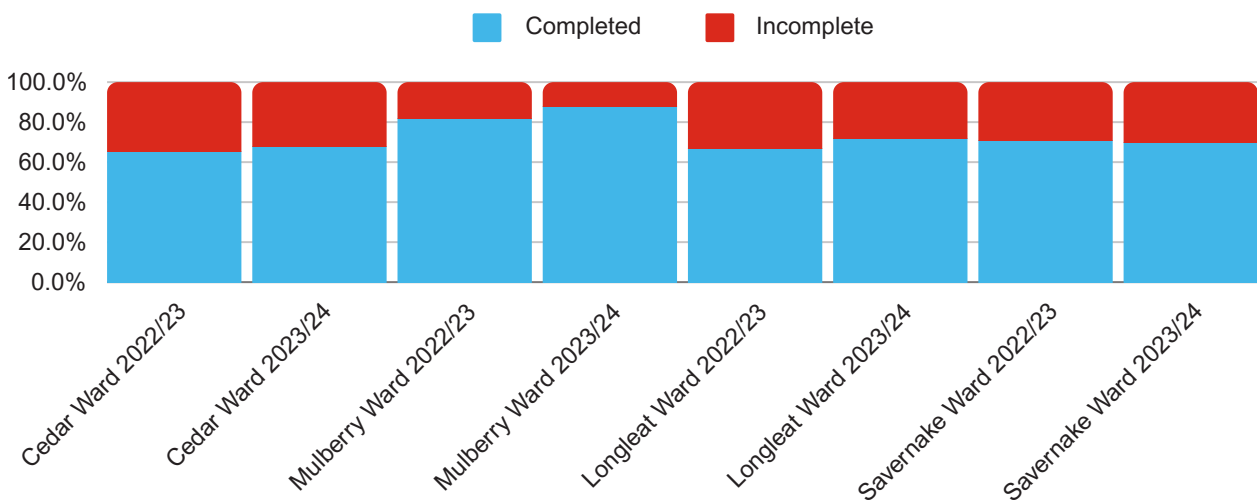


Figure 8 Overall performance (average across the year) comparison between 2022/23 and 2023/24

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.

## CCG01 Staff Flu Vaccinations

Achieving an 80% 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 hold a monthly Vaccination steering group to review, plan and track actions that include staff influenza vaccine programmes. In 2021/22 Wiltshire Health and Care successfully piloted FluTrack [9] which has reduced wasted paper, potential for transcription errors, and duplication while increasing the ease of influenza vaccination process for staff (including our peer vaccinators). Wiltshire Health and Care continued to use FluTrack in 2023/24.

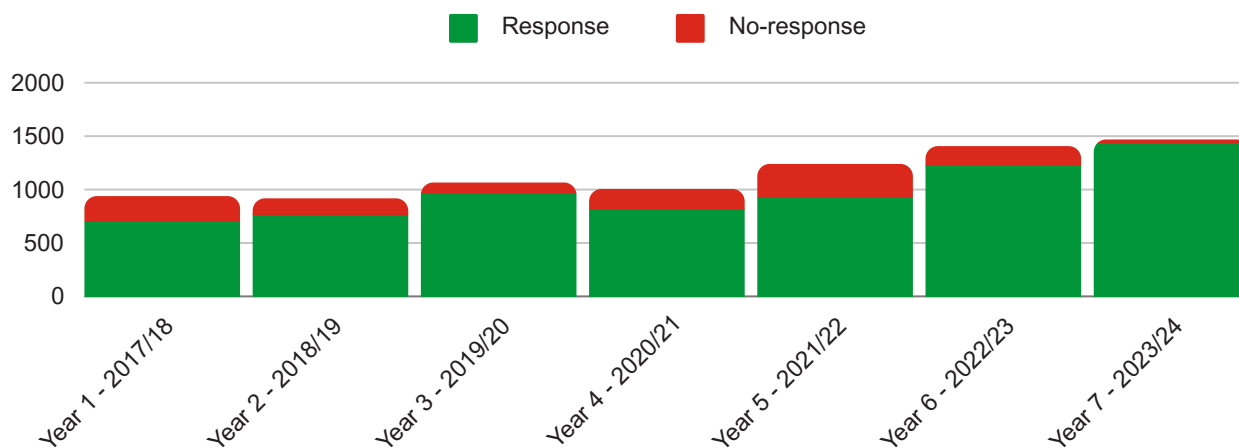


Figure 9 FluTrack response Vaccinated or opt-out - 2017-2024

Wiltshire Health and Care’s performance is outlined in Figure 9. The graph displays the number of staff who submitted a response to FluTrack with their Vaccine status. Staff can opt in to have their vaccination provided by Wiltshire Health and Care, inform us that they have had their vaccination provided elsewhere or opt out from having a vaccination.

The year on year trend of frontline staff who opted in to the Influenza Vaccination is displayed in Figure 10.



Figure 10 Frontline staff vaccination compliance year on year compliance

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

# CCG13 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.

CQUIN data collection is ongoing for 2023/24. There has been successful implementation of a quality improvement plan following the 2022/23 results resulting in an improving picture for 2023/24 (Figure 11). 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 of the community teams to support focus on the lower limb assessment and best practice.

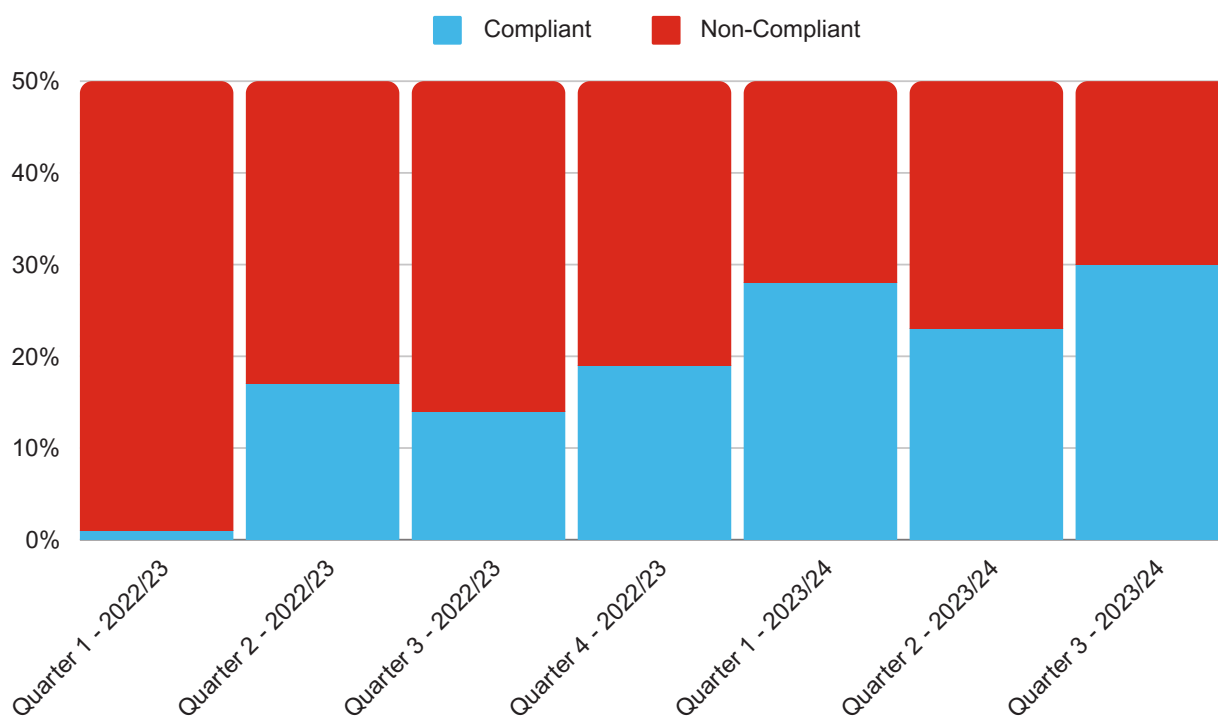


Figure 11 Quarterly Compliance for CCG13 2022 - 2024

## CCG12 Assessment and documentation of pressure ulcer risk

Achieving 85% 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 to support Inpatient Teams data collection. All discharged patients were audited in line with the CQUIN inclusion criteria on a monthly basis.

Wiltshire Health and Care's overall performance was 34.5%. Figure 12 displays overall performance (average across the year) against the requirements by ward.

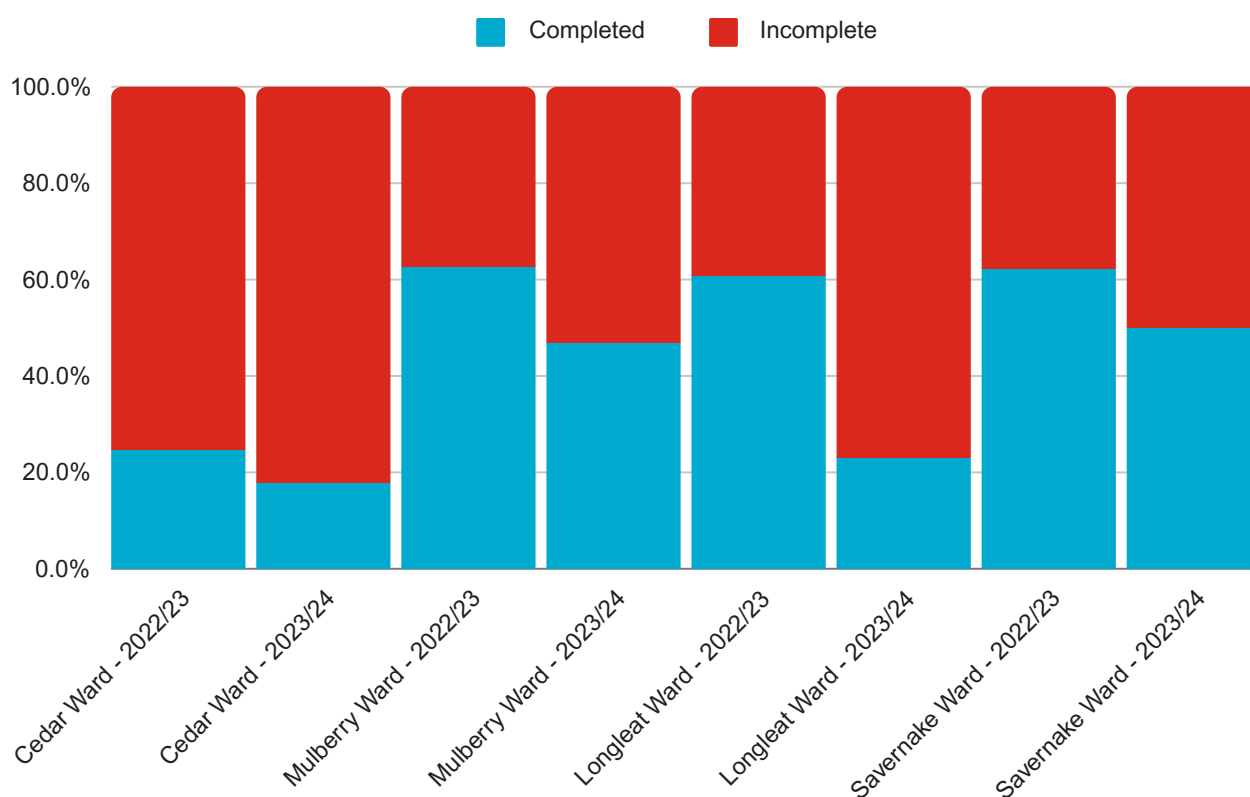


Figure 12 Pressure Ulcer Risk Audit – 2022 - 2024

Wiltshire Health and Care have recently recruited to the key leadership role (where there were gaps) who will be responsible to improve and achieve standardisation across all wards with this CQUIN in 2024/25, recognising areas of good practice and applying this uniformly. As part of the improvement plan, the Inpatient Admission Assessment documentation has been completely revised to enable more accurate documentation of patient risk, including pressure ulcer risk, and the updated documentation has been implemented in Quarter 4 2023/24. This will be audited in Quarter 2 2024/25 to track improvements.

# 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, with a responsibility to comply with the national audits for our services. Wiltshire Health and Care participated in 100% of the national projects for which we were eligible. The Wiltshire Health and Care clinical audit programme is 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 of 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 2023/24.

- National Audit of Inpatient Falls - Falls & Fragility Fracture Audit Programme - 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
- National Asthma and COPD Audit Programme – Pulmonary Rehabilitation Audit - National report awaiting publication

- National Audit of Cardiac Rehabilitation (NACR) Work is underway to align SystemOne with the national reporting requirements
- 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 2024/25.
- 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 three national clinical audits were reviewed in 2023/24 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 [10] 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).
- Learning from lives and deaths of people with a learning disability and autistic people project is discussed on the following page.

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



## Learning from lives and deaths of people with a learning disability and autistic people project

Learning from lives and deaths of people with a learning disability and autistic people (LeDeR) is used to monitor and understand premature deaths in people with learning disabilities and autism.

The published report for 2022 (published November 2023) highlighted that:

- 10% of the deaths reported were from the South West region.
- 42% of deaths were avoidable.
- 25% of people with a learning disability who died lived in the most deprived neighbourhoods by decile (groups of ten), compared to 10% in the least deprived.
- 74% of people who died had a 'Do not resuscitate order' (DNACPR) in place this were only completed correctly (following appropriate Mental Capacity and clinical rationale processes) 63% of the time.
- 25% of deaths were referred to a coroner, in comparison 36% of deaths from the general population were referred to the coroner.
- The median age of deaths was 62.9 years, of which men were 22% more likely to die from an avoidable death than women and deaths were more likely to be classified as avoidable between the ages of 25-49 years.

The 5 most common causes of death were:

- 1. Circulatory system (16.7%)
- 2. Cancers (14.6%)
- 3. Respiratory system (14.5%)
- 4. Nervous System (13.6%)
- 5. Congenital malformation and chromosomal abnormalities (13.3%)

[insert what we are doing about this]



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

87 local audits were undertaken and completed in 2023/24 (sample listed below).

### Service specific audits:

- Annual Sharps Audit
- Annual Resuscitation Audit
- Non-Medical Prescribing Practice & Competence Re-Audit
- Patient Group Directions (PGD) Audit
- MIU x-ray Audit
- MSK Electronic Notes Audit
- Safeguarding Missed Appointments
- Missed Medications within the Inpatient Wards Re-Audit
- Infection Control Audit
- Cauda Equina Syndrome Pathway for Physiotherapists
- Controlled Drug Self-assessment (CQC)
- Orthopaedic Interface Service Investigation Referral and Follow Up Re-Audit
- Orthopaedic Interface Service GP Satisfaction Survey
- Orthopaedic Interface Service Telephone Triage/COVID-19 Notes Audit
- Orthopaedic Interface Service/Musculoskeletal X-ray Re-Audit
- First Contact Physiotherapy Patient Satisfaction
- Virtual Shoulder Class
- Community Team Tissue Viability Audit
- Monthly inpatient falls audit
- Freedom of Information Requester Satisfaction Survey
- Bi-Annual Medicines Audits
- Ultrasound Guided Injection Clinic In Orthopaedic Interface Service - Pilot Study
- Elective Recovery Service for Osteoarthritis Hips and Knees
- Lower Limb Class Survey
- Orthopaedic Interface Service Injection effectiveness and reporting of adverse reactions
- 6 month post stroke service evaluation
- Helping to understand the care received through patient's eyes. Ensure care is patient centred. Improve the quality of the service provided. Improve the service pathway.
- Application of ReSPECT and Mental Capacity Act
- Trial of Parkinsons Kinetograph (PKG)
- Safer Recruitment Audit
- Inpatient Admission Assessment Paperwork
- Knee clinical specialist clinic evaluation
- Monthly inpatient snapshot audit
- Practice Influencers Survey
- Mental Capacity Act Course feedback

## Organisational wide audits

- NHS Benchmarking Community Services Project
- KO41 Submissions (complaints data)
- National Reporting and Learning Systems Submissions (incident data)
- Records Site Audit - Information Governance
- Internal System Access - Information Governance
- Shared Networks Folders - Information Governance

## External stakeholder engagement projects

To gather General Practice and patient feedback as part of the Ambulatory Echocardiogram monitoring pilot evaluation and to help shape future services.

## Quality Improvement Projects

- Quality Improvement Project – Falls
- Quality Improvement Project – Pressure Ulcers
- Quality Improvement Project – Insulin Incident Investigations

## Staff Engagement

- Staff confidence with completing frailty score - Community Teams.
- Five Rivers Gym Survey.
- Preceptorships across Banes, Swindon and Wiltshire.
- To increase the offering (by staff) and uptake (by patients) of virtual consultations.
- Virtual Consultations Physiotherapy South Locality.
- Exploring the roles and relationships between health care professionals who provide community palliative and end-of-life care.

For all audits Wiltshire Health and Care identify areas of assurance, key learning and recommendations to improve patient care.

Highlighted below is a small sample of the audits and their outcomes that were completed by Wiltshire Health and Care in 2023/24.

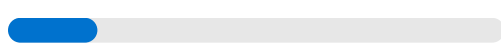
2023/24			
<b>Status:</b>	Overdue Report	5	5%
	Overdue Action Plan	0	0%
	Complete - Overdue AP Completion	3	3%
	Complete	19	18%
	Complete - Awaiting AP Completion	4	4%
	Awaiting Report	6	6%
	Awaiting External Report	0	0%
	Awaiting Action Plan	0	0%
	Progress	42	40%
	Planned	6	6%
	Suspended - COVID-19	0	0%
	Withdrawn	10	10%
	Not applicable	9	9%
	Registration Not Approved	0	0%
104			
<b>Type:</b>	First Audit	21	20%
	Re-Audit	33	32%
	Quality Improvement Project	15	14%
	Service Evaluation (First)	6	6%
	Service Evaluation (Re-Audit)	1	1%
	Engagement (First)	6	6%
	Engagement (Re-Audit)	8	8%
	Review (First)	0	0%
	Review (Re-Audit)	6	6%
	Research	2	2%
Data submission	6	6%	
104			
<b>Category:</b>	National	17	16%
	CCG Contract	0	0%
	CQUIN Audit	4	4%
	Local	73	70%
	Policy Audit	3	3%
	NCEPOD Study	0	0%
	NICE Audit	0	0%
	CQC Project	2	2%
	Information Governance	2	2%
	Comms/Engagement	0	0%
Research Project	3	3%	
104			
<b>Open/Closed</b>	Open	73	70%
	Closed	31	30%
	104		
<b>Service:</b>	Core Teams	22	17%
	MSK/LTC	35	27%
	Inpatients/MIU/Flow	34	26%
	Quality	27	21%
	Corporate Services	4	3%
104			
<b>Priority:</b>	Priority 1	18	17%
	Priority 2	86	83%
	104		
<b>Engagement Projects</b>	Annual	18	17%
	Bi-Annual	0	0%
	Quarterly	6	6%
	Monthly	3	3%
	Ongoing Data Collection	18	17%
Project Cycle	59	57%	
104			

Figure 13 Clinical Effectiveness dashboard 2023/24

# Audit Outputs

## Clinical Effectiveness Programme Summary

During 2023/24, 104 projects were registered on the programme. Of these:

 18%  
fully completed including implementation of improvement plans | n=19

 4%  
completed with actions plans in progress and on target | n=4

 40%  
data collection remains in progress into 2024/25 | n=42

 19%  
carried into 2024/25 as planned | n=20

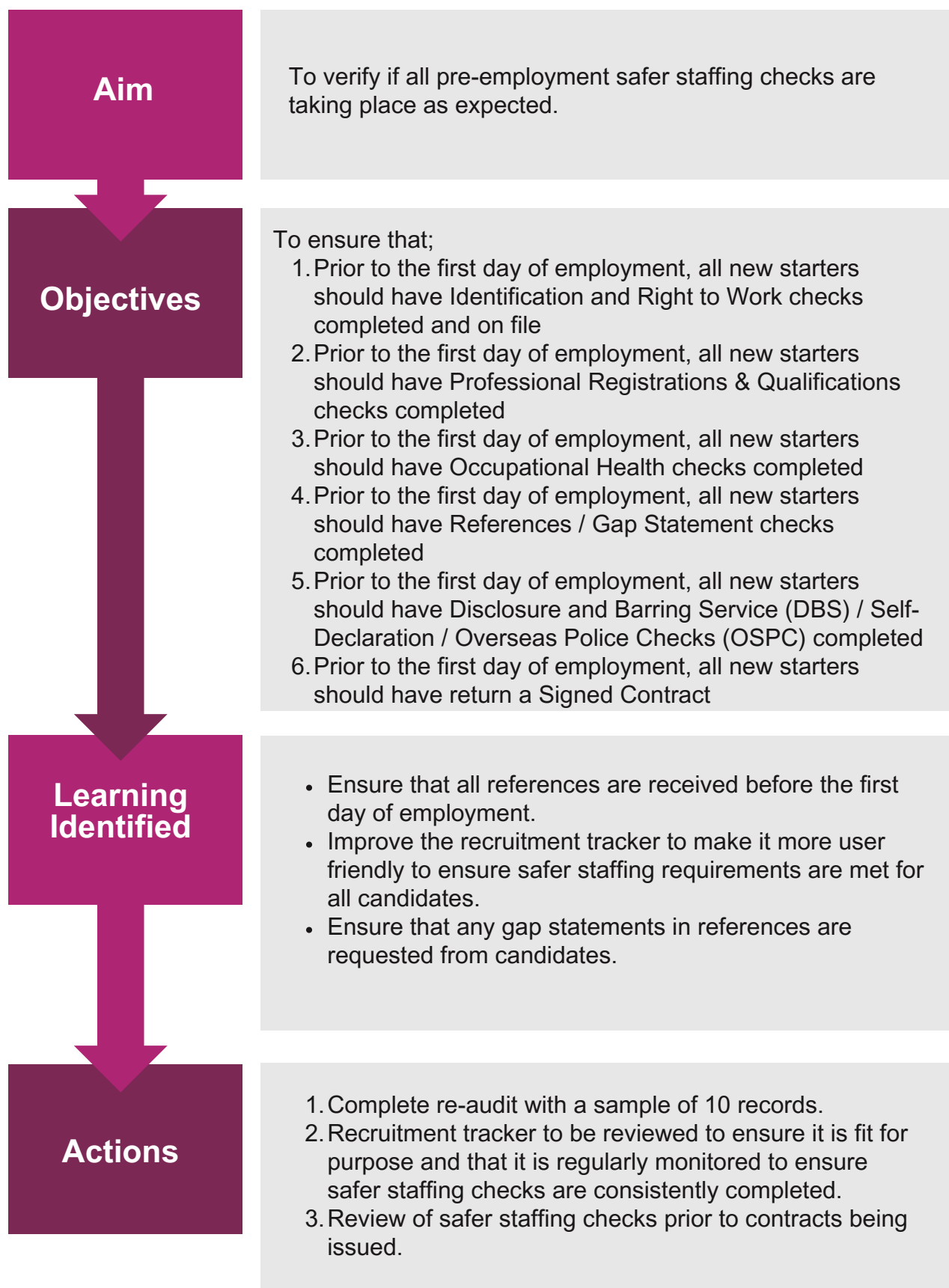
 10%  
withdrawn during 2023/24 | n=10 [see list on following page for details]

 9%  
assessed as not applicable to Wiltshire Health and Care (National projects) | n=9

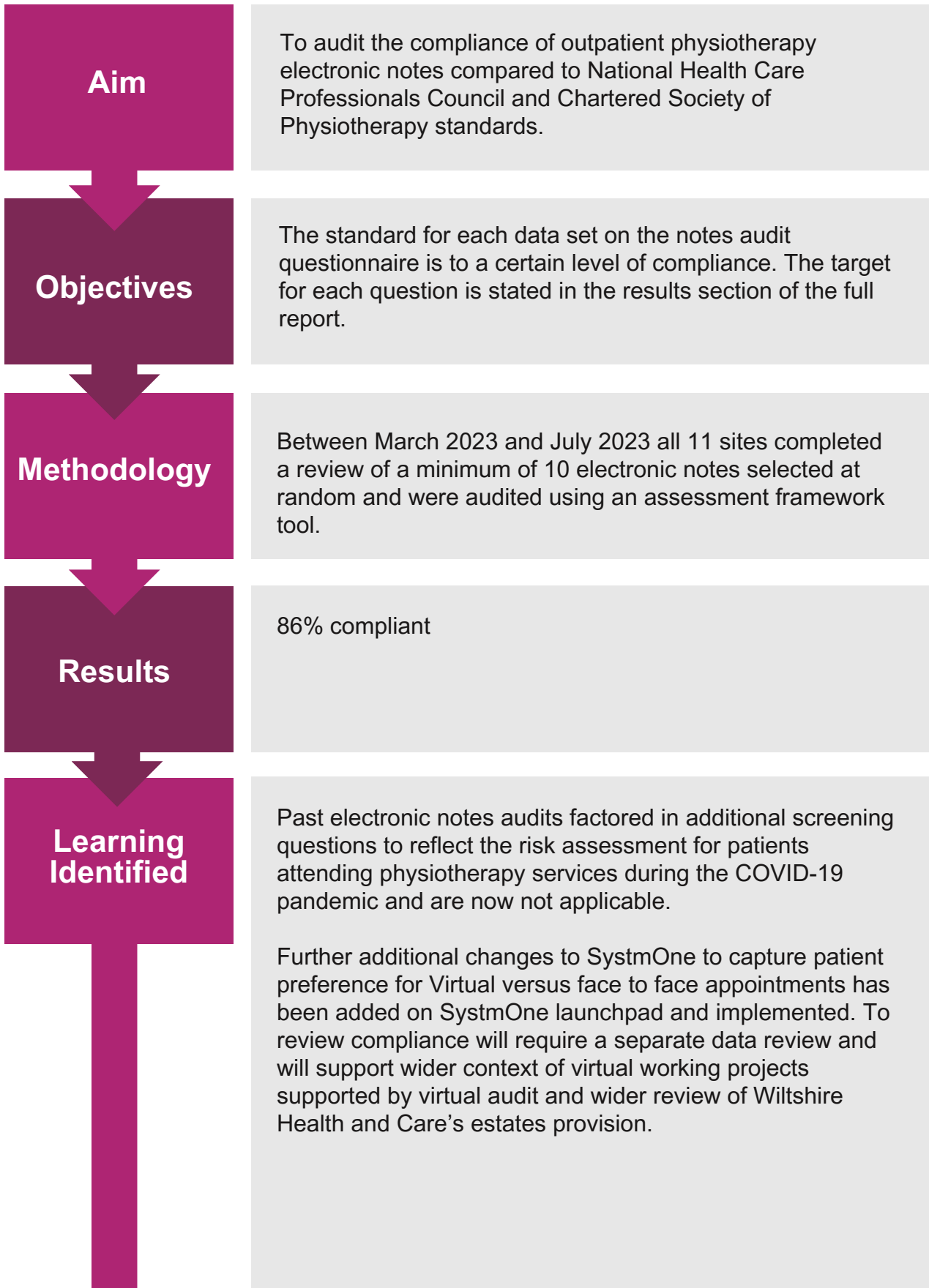
## **Withdrawn projects/audits**

- Quality Improvement Project - Infection Prevention and Control
- Quality Improvement Project - Pressure Ulcers Inpatients
- Quality Improvement Project - Incident Management
- Quality Improvement Project - Rapid Response
- Quality Improvement Project - Research
- Quality of life scores - Heart Failure Service
- Help understand the care received through patient's eyes in Musculoskeletal service. Ensure care is patient centred. Improve the quality of the service provided. Improve the service pathway.
- Survey of Physios working in Advanced Clinical Practitioner roles in inpatient settings
- Training Evaluation
- NHS Benchmarking Virtual Wards

## Safer Staffing audit



# Musculoskeletal electronic notes audit





## Actions

Review of the notes audit tool to reflect any new guidelines and key drivers in physiotherapy assessment for re-audit in 2024.

There may be a slight reduction in elements such as Medication history as staff are accessing shared medical notes on SystmOne and therefore maybe a reflection to not document duplicate information.

Wiltshire Health and Care are now capturing information of patients' expectation and perception that facilitates shared decision making which was not recorded previously. With this to consider the setting of SMART goals with patients is an element that forms part of this discussion during assessment with the patient, though the significantly poor recording of this at 13% requires further focus and discussion with the wider Musculoskeletal Physiotherapy Team.

The recording of discharge letters has changed since moving from written notes to SystmOne where referrers and General Practitioners can access Wiltshire Health and Care's therapy notes, plans and actions, reducing the need for formalised discharge letters. Discharge letters are now only required for onward referral to another organisation such as a patient moving out of area and therefore changing practice requires a review of the audit tool questions.

Further consideration to keep in line with current themes are: safeguarding, safety and falls strategy and "did not attend / was not brought" should be considered when reviewing the electronic notes audit tool.



# Orthopaedic Interface Service Injection effectiveness and reporting of adverse reactions

## Aim

To audit the injections performed in the Orthopaedic Interface Service, their effectiveness and the reporting of any adverse reactions to medications.

## Objectives

1. Audit which injections the Orthopaedic Interface Service perform most often
2. Audit the outcome of these injections
3. Audit the return rate of the injection feedback forms from patients
4. Audit the number of adverse reactions and clinicians reporting of incidents on RLDatix.

## Learning Identified

1. The patient information leaflet and feedback form required updating to make it clearer that patients need to inform us on the feedback form if they needed to seek General Practice medical advice for a side effect. Any adverse reactions can then be reported via RLDatix.
2. Review of the yellow card guidance on the British National Formulary and include a hyperlink to this on Wiltshire Health and Care's Patient Group Directions to ensure staff report appropriate incidents of adverse reactions going forwards. This showed that the adverse events that had been reported on RLDatix were not reportable under the yellow card guidance.
3. The Standard Operating Procedure for managing, recording and reporting of adverse events has been updated to reflect the above and the hyperlink added for the Resuscitation Council Guidelines for managing anaphylaxis.
4. The patient information leaflets and documents have been added to the SystemOne launchpad enabling staff to email the feedback form to patients with a return email address, simplifying submission, improving return rate. The audit identified good practice that staff already routinely give medicine information leaflets to the patients for the medications used.
5. The process has been reviewed and activity is now recorded to include the return rate of the feedback forms with administrative team support to improve data collection in the future.



## Actions

1. Complete an audit on the storage of medicines as per the Safe Storage and Handling of Medicines Policy against each appropriate clinic site.
2. Discuss Standard Operating Procedure on stock control, yellow card reporting and discuss a link with RLDatix if an adverse event is yellow card reportable so it prompts clinician to report to Medicines Health Regulations Authority during the incident reporting process. Link with Non-Medical Prescribing Lead to make this organisation wide.
3. Re-audit in 12 months to ensure the changes have been effective.

# 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 whilst being treated by Wiltshire Health and Care. Participation in clinical research gives patients access to the latest drugs and treatments in development.

## **The perspectives of patients, carers, clinicians and commissioners on the use of patient-reported outcome measures in palliative care for heart failure**

This service is involved with a PhD study looking at the use of patient-reported outcome measures (PROMs) in Palliative Care for Heart Failure. There is a lack of research rooted in conditions other than cancer and, in palliative cases in particular. The study aims to understand the perspective of patients using these measures by conducting surveys and interviews. The Community Heart Failure Service is supporting the study by identifying possible candidates for involvement. It is expected that the conclusions will be available in Autumn 2024.

## **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-19 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, Wiltshire Health and Care acted as a participant recruitment site. Recruitment has now finished; successfully recruiting 60 people for brain stem imaging. The Oxford University Research Team are analysing their data and will feed back in the form of presentation to the Multidisciplinary Team on completion later in 2024.

## **Move Well virtual platform for stroke survivor's rapid rehabilitation through fun exergaming-based learning of accurate body movements.**

This study was sponsored by the University of Exeter. Wiltshire Health and Care acted as a participant recruitment site for this study and pledged to identify and recruit 10 patients who met the participant suitability criteria to be included in the study and were able to successfully recruit 6 patients. The study involved installing electronic exergaming equipment in the patients home to enable post stroke rehab patients to participate in prescribed physical exercise activities for a minimum of 6 weeks to supplement their clinician led physical rehabilitation programme. At the time of writing the study is still underway and study outcomes are expected later in 2024.

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# Dementia Care

Dementia is a growing, global challenge. As the population ages, it has become one of the world's most critical health and care issues. The number of people living with dementia worldwide today is estimated at 44 million people, set to almost double by 2030. In England, around 676,000 people have dementia. Dementia has, and will continue to have, a significant impact on people living with the condition, their carers, families, and society (Department of Health 2020).

Dementia is a term used to describe a range of cognitive and behavioural symptoms that can include memory loss, problems with reasoning and communication, change in personality, and a reduction in a person's ability to conduct daily activities, such as shopping, washing, dressing, and cooking. Dementia is a progressive, irreversible clinical syndrome with a range of cognitive and behavioural symptoms, including memory loss, problems with reasoning and communication and a change in personality. The person, family and carers can benefit from proactive planning, timely treatment, support, and compassionate care.

The objectives from the Living Well with Dementia: A National Dementia Strategy Living well with dementia: A National Dementia Strategy ([publishing.service.gov.uk](https://publishing.service.gov.uk)) have helped to form the specific steps to complete the goals of the quality statements; they are for people to: know where to go for help; know what services they can expect; seek help early for problems with memory; are encouraged to seek help early; get high-quality care and an equal quality of care across the system; and are involved in decisions about their care.

Wiltshire Health and Care have developed and published a Dementia and Delirium Policy and continue the commitment to an annual work programme to improve the care and experience of patients with dementia and their carers in all settings.

The 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 ensuring that all our patients living with dementia are assured respect, dignity, and appropriate care.

Wiltshire Health and Care aspire to provide the best possible care and support for people with dementia and those who care for them. The following is evidence of how Wiltshire Health and Care is delivering and will continue to deliver dementia and delirium care over the NICE Quality Standards.



Raising awareness – health promotion interventions.



People with suspected dementia are referred to a specialist diagnostic service after ruling out reversible causes of cognitive decline.



People with dementia can discuss advance care planning at diagnosis and at each health and social care review.



People with dementia have a single named practitioner to coordinate their care.



People with dementia can choose from various activities tailored to their preferences to promote well-being.



People with dementia have a structured assessment before starting non-pharmacological or pharmacological treatment for distress.



Carers of people with dementia are offered education and skills training.



People with dementia have opportunities, with the involvement of their carers, to participate in and influence the design, planning, evaluation, and delivery of services.



## Raising awareness – health promotion interventions

Wiltshire Health and Care ensures that all staff members have up-to-date training relevant to their roles.

Where appropriate, staff will advise and give health promotion material to people accessing our services. The health promotion material will be accessible from the Wiltshire Health and Care intranet, the Dementia/Delirium Policy, and the Wiltshire Health and Care website. These sources of information will also be helpful when signposting/referring people to the correct services for support or guidance.

Wiltshire Health and Care 's website will include the organisations objectives and how it will meet these, what we provide for people with dementia/delirium, resources and voluntary associations that may help, and ways to change ones lifestyle to reduce the risk of dementia or delirium. Wiltshire Health and Care will ensure that every contact with a person accessing our service counts.





## People with suspected dementia are referred to a specialist diagnostic service after ruling out reversible causes of cognitive decline

### Inpatients

Wiltshire Health and Care utilises a process to screen patients for dementia and delirium within 24 hours of admission to our inpatient wards. We follow specific guidance according to the dementia/delirium assessment tool and the **Dementia and Delirium policy**.

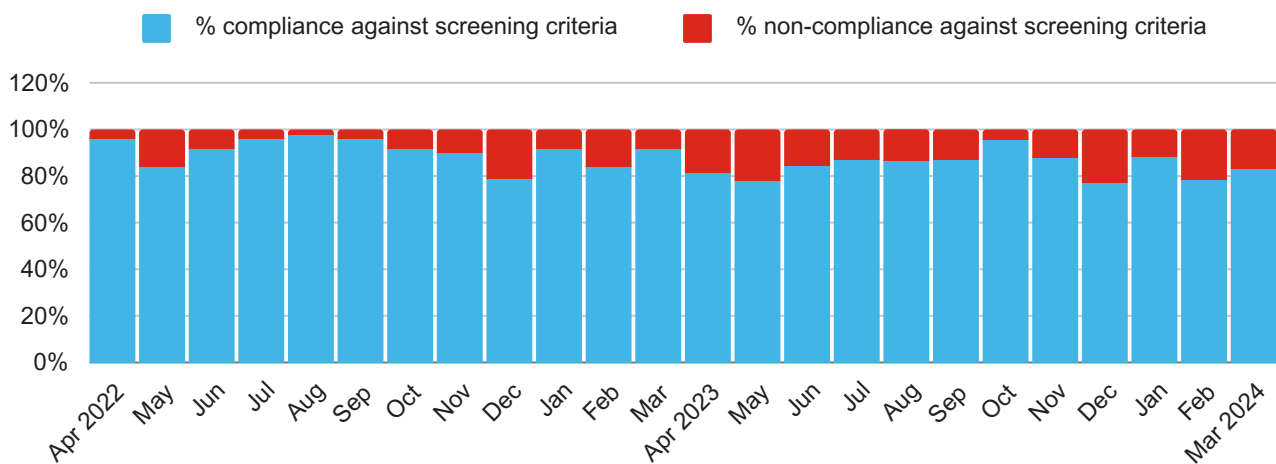


Figure 14 Dementia and Delirium 72-hour screen: Inpatients – 2022/23 and 2023/24

Figure 14 displays the combined compliance of inpatient wards. Wiltshire Health and Care aim to achieve 100% compliance, but this rule has some exceptions - Acutely unwell people who return to acute providers shortly after arrival, and younger patients are not screened.

If the screening questions yield positive results, an appropriate clinical review for either dementia or delirium should occur, with relevant, personalised care plans and ongoing follow-up arrangements/recommendations communicated to primary care on discharge. Wiltshire Health and Care's Standard Operating Procedure for delirium in inpatient settings is in progress. The **Dementia and Delirium Strategy group** will monitor the effectiveness of implementation.

## 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.

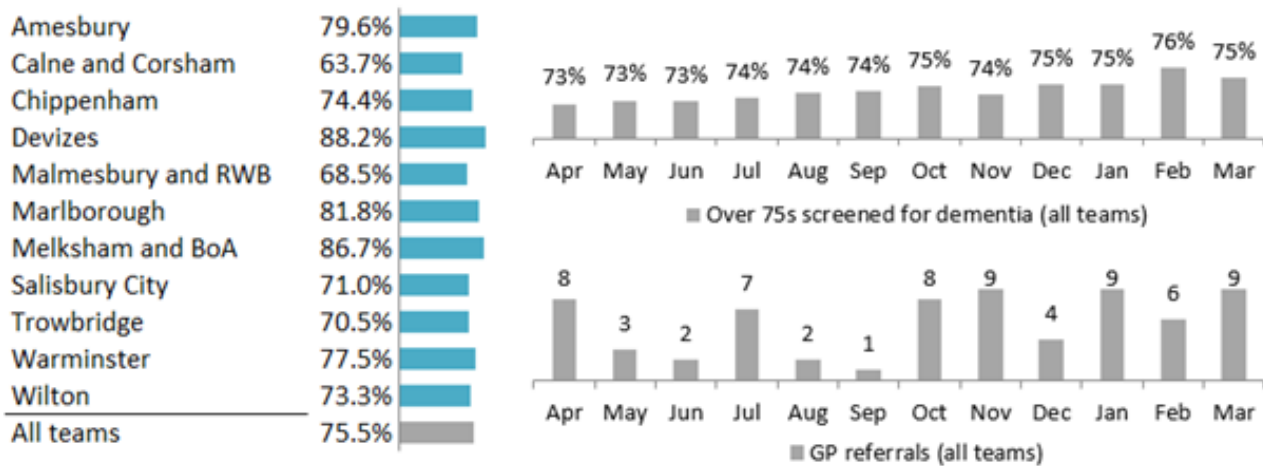


Figure 15 Percentage of over 75s screened for dementia and number of onwards GP referrals

Figure 15 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, commitment 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) to 75.5% (2023/24).

The screening age will change to 65 to meet the NICE guidelines.

## NHS@Home

NHS@Home has a Standard Operating Procedure for delirium and has developed a pathway to meet the NICE guidelines. The pathway uses the 4AT screening tool [11] and the Manchester TIME bundle [12] to manage people in their own homes. Data on compliance and management of this will become available in due course.

[11] <https://www.the4at.com/>

[12] <https://dementia-united.org.uk/wp-content/uploads/sites/4/2021/03/Key-document-3.-Greater-Manchester-community-delirium-TIME-bundle.pdf>



## **People with dementia can discuss advance care planning at diagnosis and at each health and social care review**

Wiltshire Health and Care provides person-centred care at every interaction, records each person's needs, and plans care accordingly, as achieved by the following:

**Dementia/delirium - specific staff training**

**Dementia champions - Recruitment from across the organisation is in progress**

**Dementia and delirium policy – developed and published on the staff intranet**

**Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms and end-of-life plans are completed promptly**

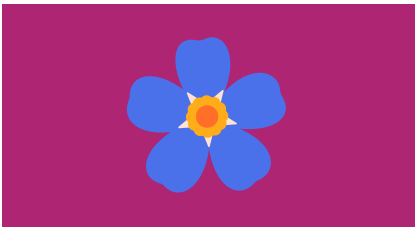


## People with dementia have a single named practitioner to coordinate their care

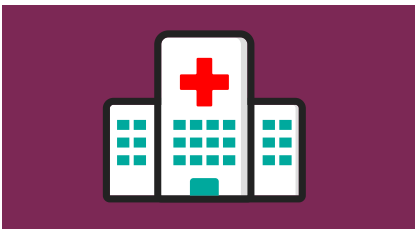
Wiltshire Health and Care are working to improve on this NICE Quality Standard. During 2024/25 the Dementia and Delirium Strategy Group aims to achieve the following:



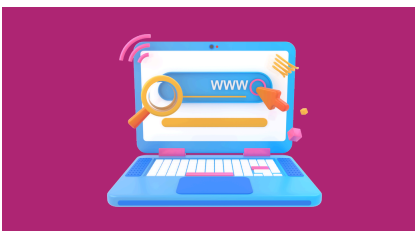
Wiltshire Health and Care will work to recruit staff as Dementia champions in every area (clinical and non-clinical) and have a development programme for these staff.



Work to introduce Forget-Me-Not system on Wiltshire Health and Care inpatient wards



Continue to implement dementia friendly environments where possible across our sites.



Update the Wiltshire Health and Care public facing website to reflect the NICE quality standards.



## **People with dementia can choose from various activities tailored to their preferences to promote well-being**

Wiltshire Health and Care aims to encourage and enable people with dementia to give their views and opinions about their care. If needed, use additional or modified communication methods (for example, visual aids or simplified text). Wiltshire Health and Care uses the 'This is Me' document to assess the likes and dislikes, routines and personal history of a person with dementia. Wiltshire Health and Care encourages discussion with the person with dementia and their families and carers, if appropriate, about life experiences, circumstances, preferences, interests, strengths and needs. Asking 'What matters to me' is essential.



## **People with dementia have a structured assessment before starting non-pharmacological or pharmacological treatment for distress**

Wiltshire Health and Care's Dementia and Delirium Policy states that people over 65 have a general screening question regarding how they feel about their memory within 24 hours of admission to a Wiltshire Health and Care service. Action for further assessment and appropriate referral depends on the answers given.

Wiltshire Health and Care also have guidance for staff called Prevention and Safe Management of Behaviour that Challenges Protocol – Inpatients, Community Teams, and Outpatient Service. The protocol outlines Wiltshire Health and Care's approach to positively managing behaviours that challenge in a non-pharmacological way. This protocol draws on the principles of good practice advocated in the national guidance documents and seeks to apply and implement them locally to inform the training and provision within the services of Wiltshire Health and Care.

All Wiltshire Health and Care staff have access to these documents and guidance through the staff intranet.



## **Carers of people with dementia are offered education and skills training**

Wiltshire Health and Care recognise the Carer and their role. Wiltshire Health and Care holds a carers Café at Chippenham Hospital and Warminster, where volunteers can offer information and support for carers. Information is also available for carers on the Wiltshire Health and Care website.



**In supporting Carers, Wiltshire Health and Care continues its commitment to:**

**Maintain the Carer Passport Scheme and support John's Campaign**

**Develop care in the context of life, family, friends and the community in which carers live, including what matters most to them**

**Work with community partners to facilitate a safe transition from hospital and onward care and support**

**Work closely with services and providers to develop and innovate new working methods. Ensuring to embrace the development and expansion of digital and assistive technology**

**Invite stakeholders to provide feedback to help improve standards for people living with dementia/delirium and their carers/relatives**



## **People with dementia have opportunities, with the involvement of their carers, to participate in and influence the design, planning, evaluation, and delivery of services**

Feedback is sought from stakeholders to continue to improve the dementia and delirium standards of care within Wiltshire Health and Care. For future work to transform dementia and delirium to provide the gold standard of care, the Dementia and Delirium Strategy group aims to:



**Promote research and innovation in dementia care and support all professions participation in this research across Wiltshire Health and Care**



**Engage with people and carers through local groups to help to design and plan Wiltshire Health and Care services**



**Use quality improvement methodology to drive change across Wiltshire Health and Care services**



# 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 use Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) 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 have a newly established End of Life Care Steering group, who are 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 Wiltshire Health and Care provide to patients and their families, and provides valuable opportunities to identify where Wiltshire Health and Care could do more, to promote 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 [13] and ensures that systems are in place to review any relevant death in our care, any trends and significant causes and to share findings and learnings from mortality reviews and the Learning Disabilities Mortality Review Programme.(LeDeR)

During 2023/24, Wiltshire Health and Care implemented further the Medical Examiner (ME) Programme across our inpatient wards. The ME Programme is a national statutory programme to review all deaths that do not require a referral to a coroner.

MEs 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 provide feedback to the deceased person's next of kin, allowing them the opportunity to ask questions and raise any concerns.

The ME process is embedded across all the wards and therefore compliant with new legislation that will come into law in September 2024; having been delayed from April 2024. The NHS@Home team are working closely with commissioners and with local acute hospitals to ensue a smooth transition to a robust process.

[13] [NHS England » National Guidance on Learning from Deaths](#)

Feedback from the ME regarding the care of a patient on Longleat ward:

“The family are very grateful to all the staff on the ward and said the care he received up until he died was amazing and they are very grateful for all the care that was provided.”

There has been more general feedback from the Coroner's Office, highlighting that they are satisfied with the processes Wiltshire Health and Care have in place for referrals to themselves.



**“The family are very grateful to all the staff on the ward and said the care he received up until he died was amazing and they are very grateful for all the care that was provided.”**



## Inpatient Wards

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

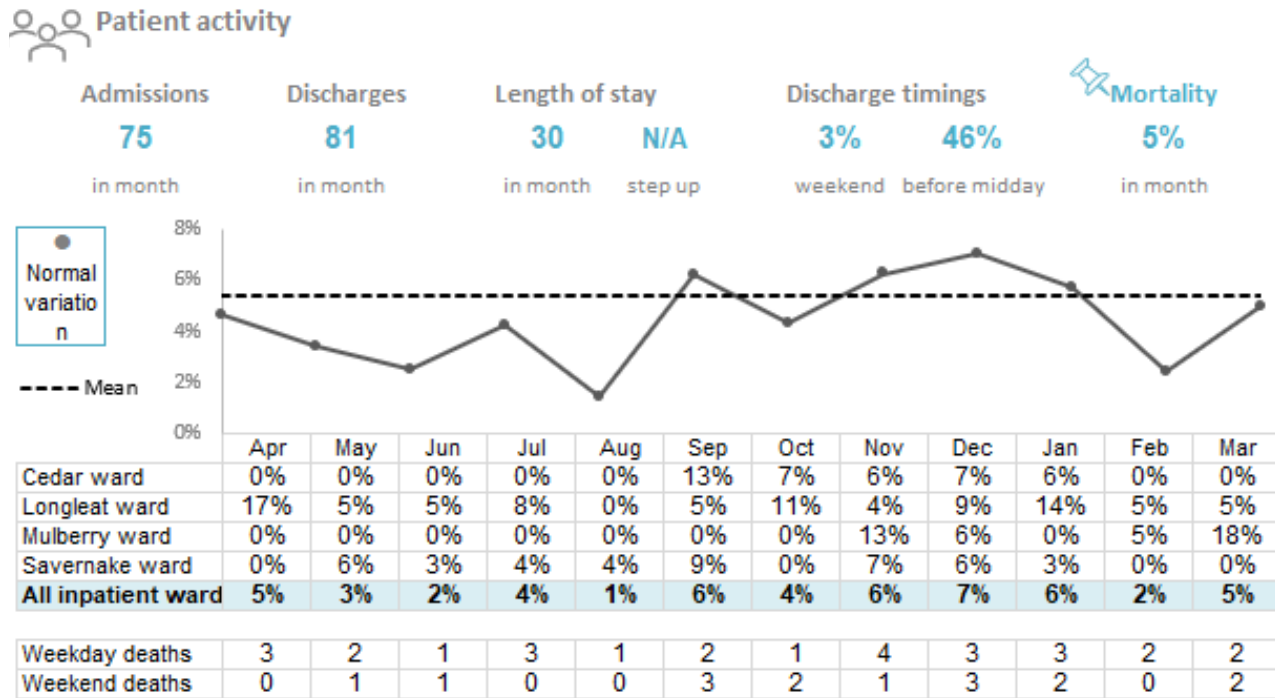


Figure 16 Wiltshire Health and Care Dashboard excerpt: Mortality rate inpatient wards – 2023/24

During 2023/24 there were a total of 42 deaths across the inpatient wards, which remains low and within the “normal variation” levels for our organisation as displayed in Figure 16.

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 ME review (expected), are recorded and reviewed internally using the mortality module on our Incident Management System and as required, are investigated further as determined via our Post Incident Review process.

## Community Teams

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

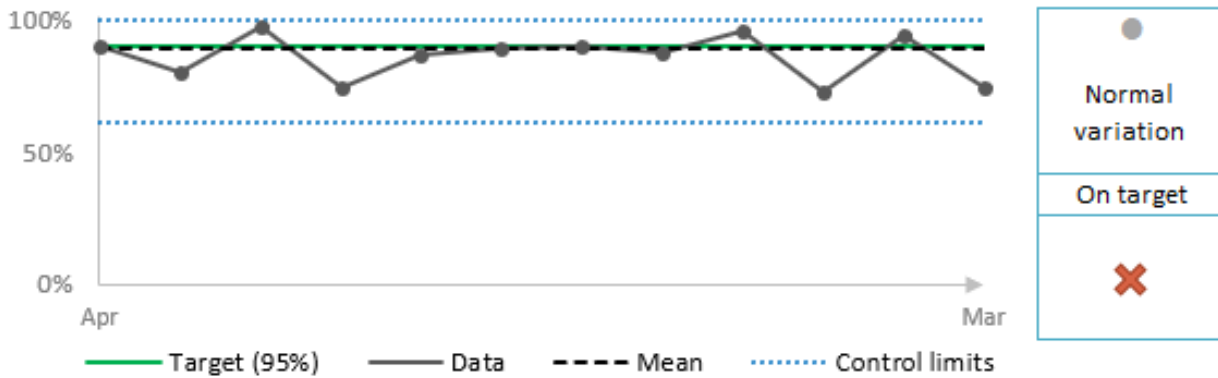


Figure 17 Wiltshire Health and Care Dashboard excerpt - End of Life performance: Community Teams number of patients who died in the place of their choice 2023/24

Where it is at all possible the teams work hard to enable patients to die in the place of their choice. Over the course of 2023/24 the average figure of those patients who died in the place of choice was 86%.

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

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 health care 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 (LeDeR) 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 Care at the LeDeR 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, bowel management and the high risks of constipation as well as the need for early and routine screenings. These topics were identified as being 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 engaged with 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. In the coming year we have been successful in a bid to host a screening practitioner to identify, improve and develop access and engagement across BSW for people with a learning disability and autism in the 5 key screening areas.

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A hand holding a glowing infinity symbol. The hand is positioned at the bottom, with fingers slightly curled, holding a glowing, three-dimensional infinity symbol that appears to be made of a translucent, glowing material. The background is a soft, light blue gradient.

# 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, that are in progress with support from the Quality Team:

- Falls
- Pressure Ulcers
- Insulin Incident Investigation

Quality Improvement Project (QIP) leads present updates, progress, key achievement and identify any support required from the group for their projects to our Quality and Planning meeting which is held every month with attendees from service and quality leads. Wiltshire Health and Care is keen to continue to learn from reported incidents to improve care outcomes.

The section below provides details of the two key Quality Improvement Projects in relation to Falls and Pressure Ulcers.



## Falls Quality Improvement Project

NICE Clinical Guideline CG161 [14] Falls in older people: assessing risk and prevention and Quality Standard QS86 [15] Falls in Older people" – aims, in people aged 65 and over, to reduce the risk and incidence of falls and the associated distress, pain, injury, loss of confidence, loss of independence and mortality. Wiltshire Health and Care'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.

### Key Achievements in 2023/24

Further development of the Wiltshire Health and Care Falls Quality Improvement Project. As a live document; when gaps in process are identified the document is continuously updated and includes improvement objectives to address issues arising, documenting with progress and updates. Improved use/knowledge of 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 belief that co-creation brings about change, we support Falls Champions across all Wiltshire Health and Care services, who also hold membership at the organisational wide Falls Working group.

### Inpatient wards achievements in 2023/24

Inpatient Falls Champions are now embedding the award-winning Wiltshire Health and Care "#LittleThingsMatter" Falls Campaign from 2023/24 to 2025. This has been co-created with the ward team representatives to highlight the 12 key areas that require improved focus to ensure that we meet our main objectives.

[14] [NICE Clinical Guidance CG161](#)

[15] [NICE Quality Standard QS86](#)



An Enhanced Care protocol remains in use on all Inpatient Wards. This provides close support for those patients 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.

Since April 2017 the number of falls across the inpatient wards have reduced across several years - Figure 18 displays a downward trend in overall falls and displays a consistent number of falls with harm (averaging around six falls a month during 2023/24). The Falls team acknowledge that the last six months of 2023/24 have seen a rise in falls, the Quality and Safety Services teams are leading a deep dive investigation into those falls resulting in harm.

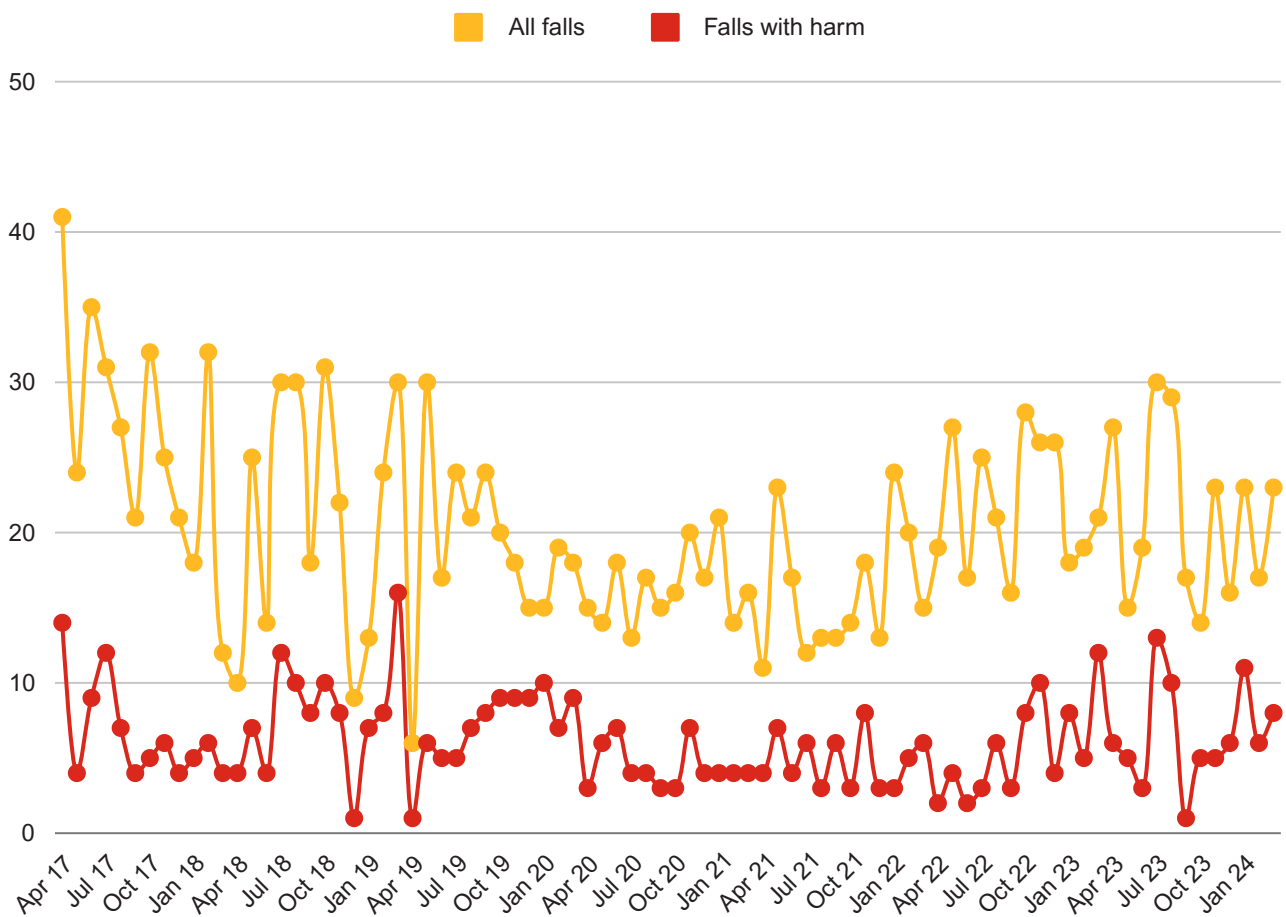


Figure 18 Falls total and Inpatient falls with harm – 2017/24

## **Specialist Service Achievements in 2023/24**

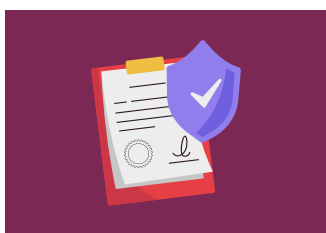
Within Wiltshire Health and Care there is specialist services representative on the Falls Working Group, and information is disseminated back to the Heads of Service. Work has been undertaken on revising the falls documentation which is embedded in SystmOne including the falls risk assessment. The risk assessment and subsequent actions in specialist services outpatient clinics are reviewed on an ongoing basis. The protocol of reporting falls and near misses in RLDatix, and the use of the post fall protocol will continue to be followed. Falls incidents are reviewed, along with the learning shared as a standing agenda item at the Specialist Services Heads of Service meeting.

## **Community Teams achievements in 2023/24**

Community teams have further developed the Urgent Community Response to non-injurious falls by providing training to all clinical staff in the community and re-evaluating our standard operating procedures, assessments and long lie response pathways. This review has led to an increase in the number of falls responses; preventing hospital admission and a reduction in time to respond to falls.

In addition, in Melksham and Bradford Upon Avon the team have been part of a neighbourhood collaborative project to proactively contact individuals identified at risk of falls. Ideally before a fall taking place, they are offered a package of prevention measures. The wider teams have also contributed to a Public Health initiative of updating falls prevention information and digital resources available to the public.

## Next steps for the Falls Quality Improvement Project...



### Documentation

Mapping out Wiltshire Health and Care's risk and prevention recording on SystmOne of falls and how this can be improved to ensure consistency across Wiltshire Health and Care community settings.



### Deep dive

In depth review of PSRIF, PIR and RCAs to highlight lessons from near misses and falls with harm.



### Falls Pathway

Development of a commissioned Falls Pathway in partnership with commissioning, local authority and acute system partners.



### Management program

iLearn and face to face falls prevention and management training program to be developed and launched.



### Falls Collaborative and Strategy

Community teams are specifically focusing on working collaboratively with partners to contribute to a Wiltshire wide Falls collaborative and strategy. This includes the ambition of increasing the availability of proactive falls prevention services available to community members

Wiltshire Health and Care are 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.



# Pressure Ulcers Quality Improvement Project

NICE Clinical Guideline 179: Pressure ulcers: prevention and management [16] 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 collates pressure ulcer data from RLDatix . This reporting system continues to be reviewed and updated to ensure it reflects the requirements of PSIRF and allows engagement of staff, patients and families following a patient safety incident. It is anticipated that the data collected throughout this process will be used within future quality monitoring, improvement plans and within quality reports such as these.

## Community Teams achievements in 2023/24

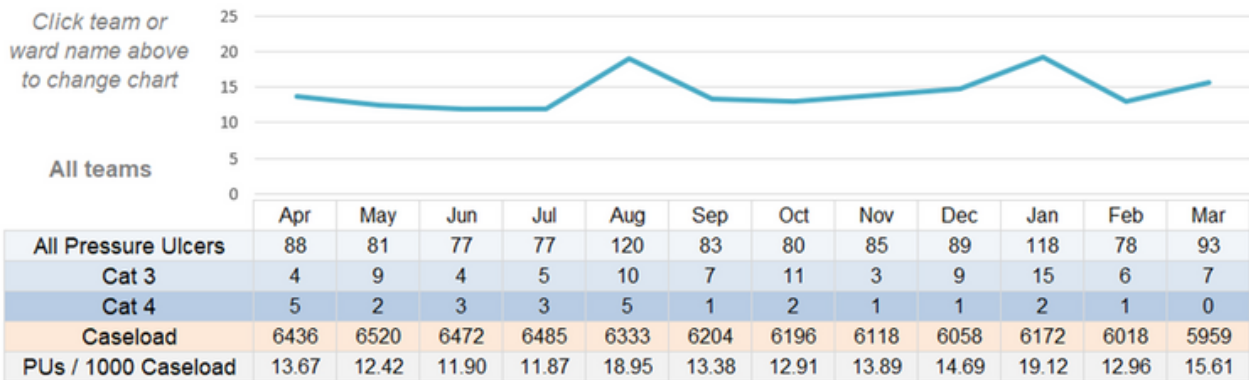


Figure 19 Wiltshire Health and Care Dashboard excerpt: Community Team Pressure Ulcers per 1000 caseload by category – 2023/24

Community team acquired pressure ulcer data can be seen in Figure 19 for 2023/24. The data shows a 15% increase on the number of recorded incidents compared with 2022/23 - This is seen as positive reporting.

**1049**

2021/22

**930\***

2022/23

**1069**

2023/24

[16] NICE Clinical Guidance CG179

*\*on validation of 2022/23 pressure ulcer data which was published in the 2022/23 Quality Account it was documented there were 630 incidents, however this should have read 930.*

The Tissue Viability team have been unable to verify the pressure ulcer incidence recorded through RLDatix due to capacity issues throughout the last 12 months (recorded on Wiltshire Health and Care Risk Register) but have identified over recording and inaccurate recording of Category II pressure ulcer incidents. Training to address this is planned throughout 24/25. Wiltshire Health and Care continued to report above the mean data set for the NHS Benchmarking pressure ulcer recording throughout 2023/24 and the over recording and inaccurate recording should be considered here.

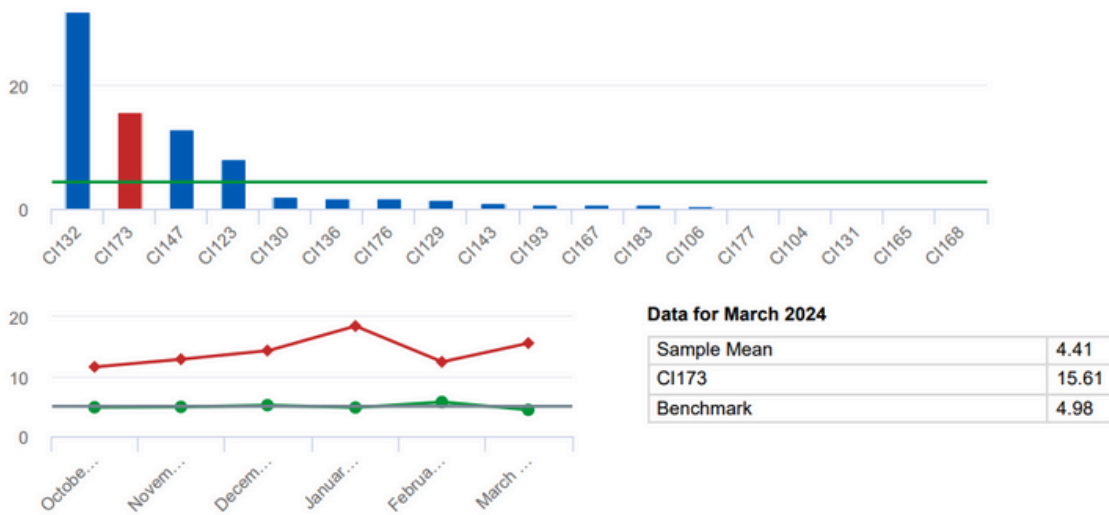


Figure 20 NHSB Data February 2024 – Rate of new Category 2,3,4 Pressure Ulcers acquired whilst under care of the provider in a community setting per 1000 patients (on caseload)

## Inpatient wards achievements in 2023/24

In 2023/24 Wiltshire Health and Care inpatient wards recorded 34 incidents of pressure ulcer occurrence; this demonstrates an increase in reporting of 21% over the last 12 month period.

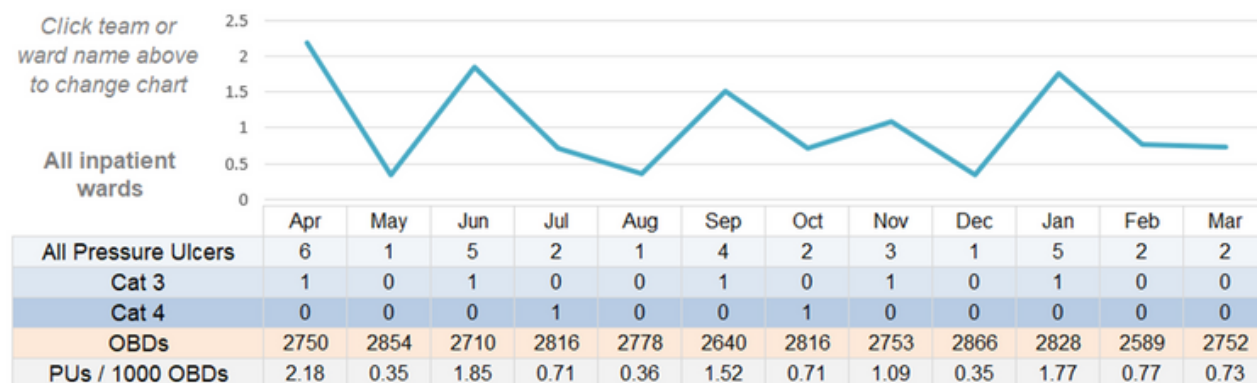


Figure 21 Wiltshire Health and Care Dashboard excerpt: Inpatient Ward Pressure Ulcers per 1000 occupied bed days by category – 2023/24

**59**

2021/22

**28**

2022/23

**34**

2023/24

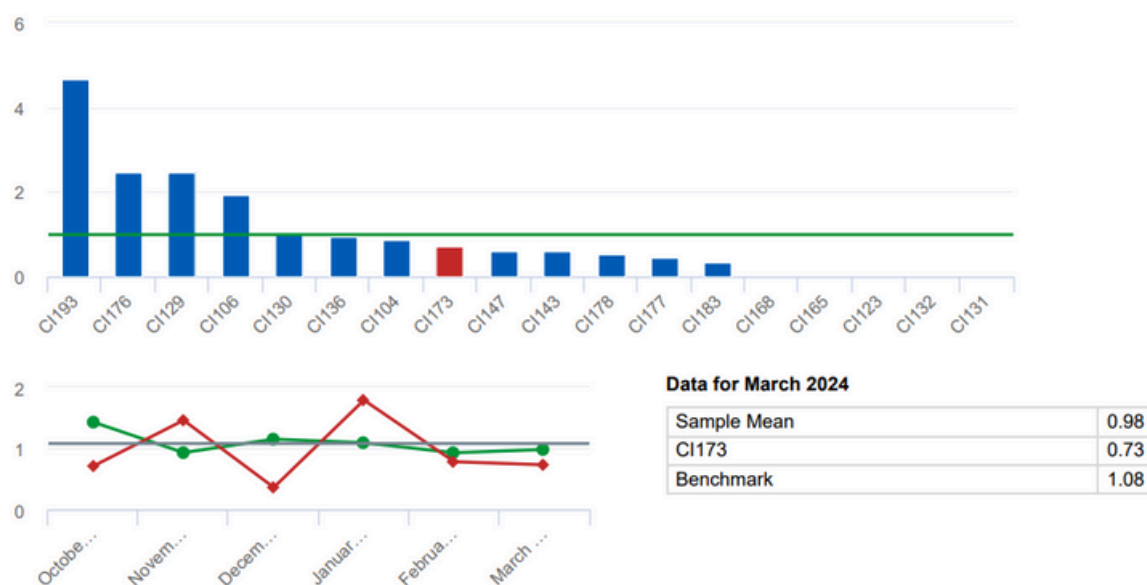
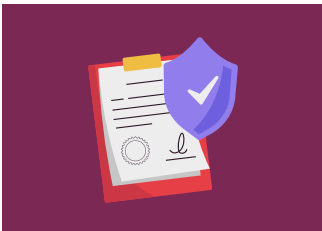


Figure 22 Rate of new Category 2,3,4 Pressure Ulcers acquired whilst under care of the provider in a community hospital per 1000 occupied bed days

Wiltshire Health and Care continue to review and implement learning identified during the Post Incident Review Meetings, investigations and through the Pressure Ulcer Quality Improvement Plan.

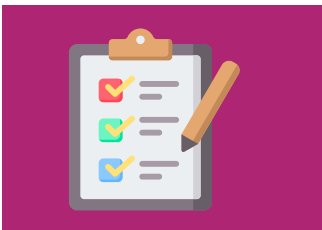
This year the results of CQUIN CCG12: Assessment and documentation of pressure ulcer risk (inpatient units) have been below the required compliance goal for Quarters 1-3. The final Quarter has seen an improvement with the minimum goal exceeded.

## Next steps for the Pressure Ulcer Quality Improvement Project...



### National Wound Care Strategy

Clarification is awaited regarding recording, monitoring and reporting of pressure ulcer incidence following the new suggested categorisations from the National Wound Care Strategy.



### PURPOSE T

The Tissue Viability team will be adopting National Wound Care Strategy objective by implementing the PURPOSE T pressure ulcer risk assessment tool across the community teams by the Autumn of 2024. This will be followed by a launch within the inpatient units in early 2025.



# Insulin Incident Investigation Quality Improvement Project

As a result of the deep dive conducted in October 2022 on insulin incidents in community teams Wiltshire Health and Care agreed to develop an Insulin Incident Investigation (I.I.I) QIP to support safe administration and management of patients with insulin in the community setting.

The aim of the I.I.I QIP is to “optimise the care of people with diabetes who are supported by Wiltshire Health and Care”. The primary driver for the I.I.I QIP is ‘Ensuring safe administration and management of patients with insulin in the community setting’. The two secondary drivers are (i) Delivery of service and management of scheduling; and (ii) Improvement of patient self-management.

## Key Achievements in 2023/24

In 2023/24 Wiltshire Health and Care establishment of the I.I.I QIP included building the driver diagram and adding insulin incident data in three categories (i) missed doses/visits, (ii) administration errors and (iii) prescribing errors.

Splitting of the I.I.I QIP into 2 main aspects:

- Community Teams – The planning phase was completed and moved into the ‘Do’ phase.
- Inpatients – a decision was made to support inpatients to have responsibility for their own section of the I.I.I QIP. The planning phase for this is ongoing.

45 actions were identified to support the I.I.I QIP:

**8**  
completed

**12**  
newly identified

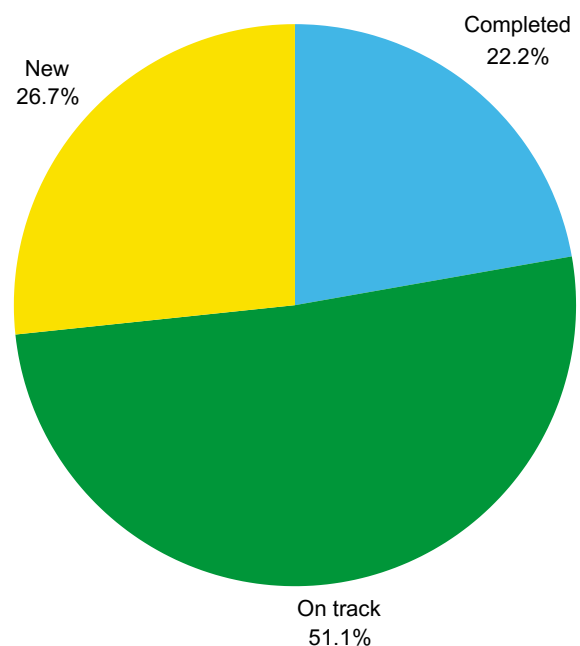


Figure 23 Progress made against identified actions

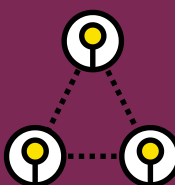


## Next steps for the Insulin Incident Investigation Quality Improvement Project...



### **RLDatix incident reporting form updates**

Improvements to be made to the incident reporting form to include a specific category for insulin related incidents, ensuring that trends are easier identified



### **Triangulation of staff training compliance and incident data**

Insulin and medicine specific staff training data will be added to the I.I.I QIP to allow triangulation of data and trend analysis



### **Audits**

The Pharmacy Team plan to introduce a missed doses audit, caseload management audit, rescheduled appointments audit and documentation (P3 - record of administration) audit in 2024/25



### **Creation of staff guidance to support decision making and the diabetic patient**

The I.I.I QIP has identified gaps in supporting information for staff with contemporaneous National guidance and aims to produce quick references guides to support staff with diabetes management



### **Supporting care homes**

Continued working with care home colleagues to offer support, best practice and training. To embed escalation pathways when a diabetic patient becomes unwell

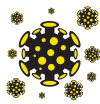
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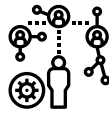
# Infection Prevention and Control

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 continues to come 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.

## The three key areas of Infection, Prevention and control reporting....



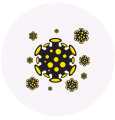
**Reportable  
infections  
2023/2024**



**Outbreaks**



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



## Reportable infections 2023/2024

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 (RSV) and Influenza.

All reportable infections for 2023/24 are listed in Figure 24.

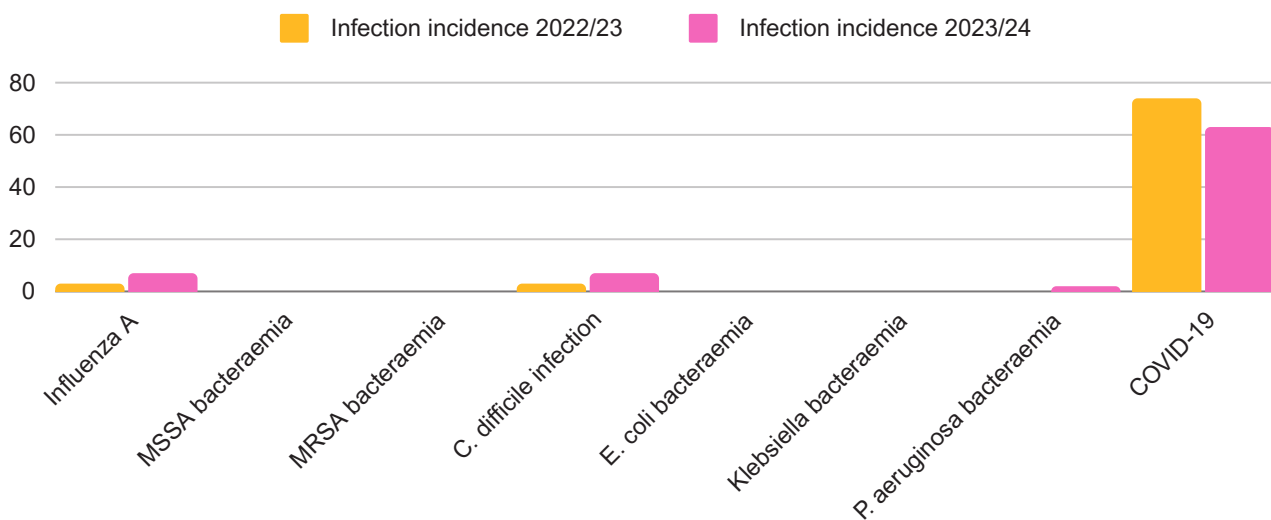


Figure 24 Wiltshire Health and Care reportable infections - 2022/23 and 2023/24

In 2023/24 Wiltshire Health and Care declared a period of increased incidence of *Clostridioides difficile* (C. diff) on a Ward and there has been a twofold increase in C. diff cases year 2022/23 to 2023/24, which is mirrored across the broader healthcare system.



## Outbreaks

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 (DIPC) is the chairperson of the Outbreak Control team and membership includes the Infection Control Doctor, Infection Prevention and Control Practitioners, Clinical team representatives and Incident Control Coordinator.

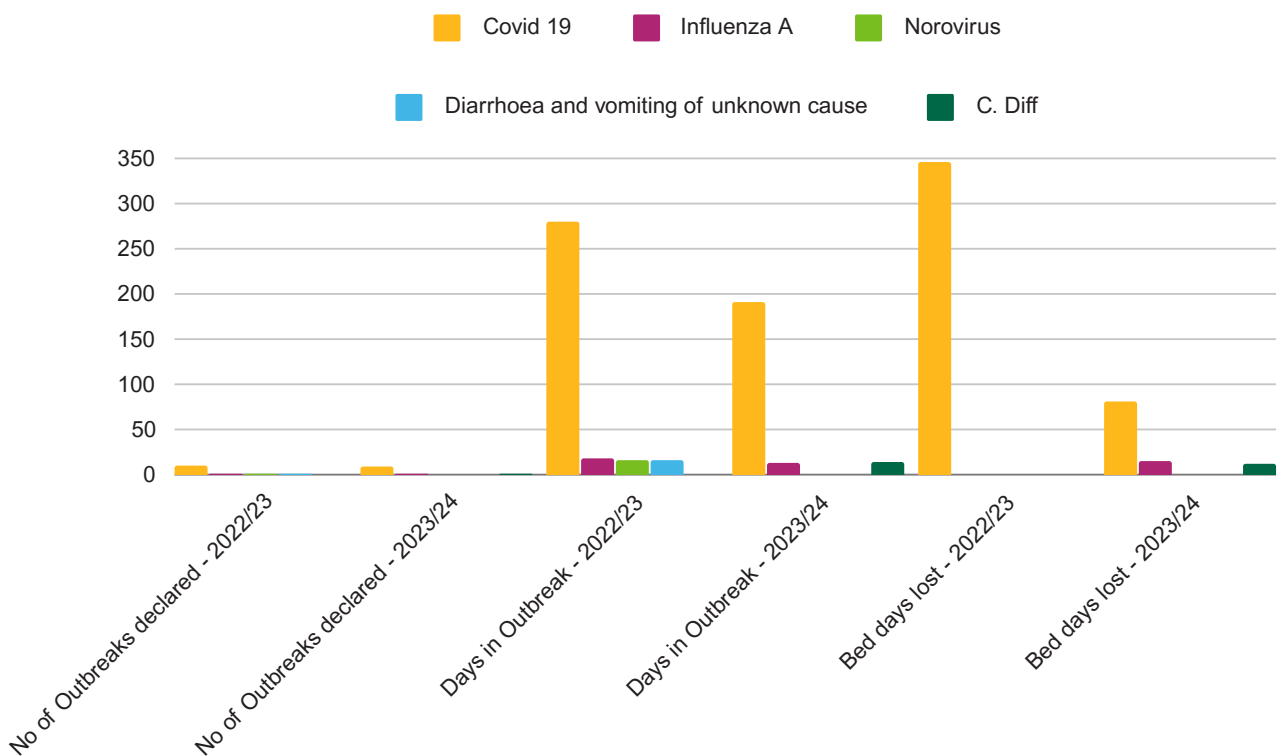


Figure 25 Wiltshire Health and Care Outbreak Data - 2022/23 and 2023/24

Wiltshire Health and Care has reduced the number of outbreaks by 16%, days in outbreak by 36%, and the number of empty beds due to outbreak by 72% in the year 2023/24 compared to the previous year.



## National Infection Prevention and Control Board Assurance Framework

The new Board Assurance Framework (BAF) standard review outcomes in 2023/24 were 48 green, 5 amber and 0 red RAG rated standards.

**48**

Green

**5**

Amber

**0**

Red

### Key Achievements in 2023/24

The Infection Prevention and Control team, as part of Safety Services, has experienced another very busy year and continues to focus on providing a service that is supportive to 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 member in attendance at the weekday inpatient meetings. An additional meeting is held on Thursdays as required, for the inpatient teams to provide updated information and seek advice from the Infection Prevention and Control team prior to the weekend.
- Continued involvement with the Integrated Care Board for Bath and Northeast 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), Southwest Learning Council. In addition, a team member is part of the Infection Prevention Society (IPS) sustainability National Forum.
- One member of the team completed an on-line modular Postgraduate Certificate course in Infection Prevention and Control with the University of the Highlands and Islands. One member of staff continues to work on their Infection Prevention and Control Course at Master's level.
- Our Safety Services Operational Support Officer continues to support both the Safety Services and Infection Prevention and Control agendas in monitoring, audit and compliance data gathering
- Delivery of an Infection Prevention and Control “Decision Makers Course” for registered colleagues within the inpatient teams.
- Continuing to support the Infection Prevention and Control Link Workers in upskilling their knowledge.

## Next steps for the National Infection Prevention and Control Board Assurance Framework...



### Antimicrobial stewardship

Continue to work alongside the Pharmacy team to enable Wiltshire Health and Care to embrace and develop antimicrobial stewardship further.



### Decontamination

Finalise actions identified in the Decontamination work plan.



### NHS@Home

Improved understanding of the Infection Prevention and Control requirements within NHS@Home services



### Inpatient visiting

Working with the wider ward team to embed the new Care Quality Commission legislation 9A on visiting within the hospital environment.

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# Safeguarding Children

**Safeguarding workforce** - The Safeguarding Lead (Child) has been seconded for 2 days into Learning and Development – giving the opportunity for Wiltshire Health and Care to support the development of a Band 6 safeguarding practitioner into the team. This has supported adult, children and domestic abuse agenda's, including delivery of training and supervision, governance/audit process and sharing of information with third party stakeholders.

## Safeguarding audits undertaken in 2023/24



Child's voice



Missed child appointment



Self harm in young people



Children's safeguarding supervision



## Child's voice audit

### Aim

Wiltshire Health and Care have undertaken an audit to ensure that the clinicians who are assessing, treating and referring children onto third party stakeholders are capturing the child's voice in the Electronic Patient Record System (SystemOne) and in the referral forms to external agencies.

### Data collection

The Safeguarding Practitioner reviewed a sample of SystemOne patient notes (n=64) in the services where practitioners see and treat children. The documentation was reviewed to identify if the child's voice was included in the documentation including how they physically presented to their appointment, what was said in their own language and what the child would like to achieve as an outcome of their appointment.

### Learning Identified

The results of the audit are yet to be formalised, but once complete an action plan will be developed followed data analysis.



## Missed child appointment audit

### Aim

Wiltshire Health and Care have undertaken an audit against the Managing Child missed appointments proforma and are doing more work to embed the use of the proforma in other services who see and treat children.

### Data collection

The Heads of Service for all the teams who see and treat children were asked to audit a sample of patients who either missed appointments or were not brought to appointments.

### Learning Identified

The outcome is to review what time the children have their appointments and link between when appointments are missed and time of appointment. This may lead to further work with Wiltshire Health and Care Access policy that could enable children to make and attend their appointment more easily.



## Self harm in young people who present to Minor Injuries Unit audit

### Aim

Wiltshire Health and Care completed an audit based on children and young people who presented to the Minor Injury Units with self-harm injuries. The audit was conducted against the NICE Guideline NG225 (published in September 2022). The aims of the audit were;

- To reduce repeat episodes of self-harm and suicide
- Improve engagement with mental health services in people who have self-harmed.
- Improve access to interventions for people who have self-harmed.

### Data collection

The Safeguarding Practitioner reviewed the electronic patient notes of all children who presented to Chippenham (n=8) and Trowbridge (n=2) Minor Injuries Unit with self-harm injuries.

### Learning Identified

The outcomes of the audit were to;

- ensure that children who attend the Minor Injury Unit with injuries following 'punching' objects are assessed with the same approach as is applied to all self-injurious presentations.
- ensure that after an episode of self-harm, discussions are had and agreement sought from the person, and their family members and carers (as appropriate), the purpose, format and frequency of initial aftercare and which services will be involved in their care.
- ensure that the documentation of this discussion takes place in the person's care plan and the person and their family members and carers will receive a copy of the plan and contact details for the team providing the aftercare.



## Children's Practitioners safeguarding supervision audit

### Aim

Wiltshire Health and Care performed an audit to determine compliance with the Children's Safeguarding Supervision Policy with the aims to;

- Identify staff knowledge around frequency of attending children supervision as per policy
- To identify staff feedback on the children supervision process
- To start to appraise the impact of new adult supervision sessions.

### Data collection

A questionnaire was sent to all practitioners who see and treat children and 20% of staff who currently attend safeguarding supervision completed the questionnaire

### Learning Identified

The outcomes are to;

- Schedule more face:face sessions across the county and deliver sessions at team meetings.
- Encourage staff to share more case studies to facilitate discussions.
- Use serious case reviews to help focus discussion if no case study available.
- Discuss the specific need for enhanced safeguarding training for administrators within teams who may identify safeguarding concerns when performing clerical duties.

## Domestic Abuse / safety question

Wiltshire Health and Care reports successful implementation of the safety question in both Minor Injuries Units. The compliance with asking patients the safety question in Minor Injury Units is 97% across both sites. The Continence Service and Antenatal Physiotherapy Service, have achieved good compliance in asking those who present to their services if they are safe at home or experience domestic abuse but further work is ongoing to improve compliance in these services. Going forward Wiltshire Health and Care will further embed the safety question in the physiotherapy department.

Wiltshire Health and Care have purchased the 'Leaving' video, which has been embedded in new domestic abuse and Domestic Abuse, Stalking and Harassment (DASH) training, which is being advertised as meeting both Safeguarding Adult and Child Level 3 training requirements.

Wiltshire Health and Care have been actively contributing to the new Multiagency Risk Assessment Conference (MARAC) arrangements and have refreshed the information sharing process which is aligned to NICE guidelines. Wiltshire Health and Care are also in discussions with the Commissioners regarding wider information sharing beyond the Minor Injury Unit services.

## Transition update

In the absence of a Wiltshire wide Health and Social Care transition policy, Wiltshire Health and Care have developed an internal Transition policy, which in effect can only be a "readiness for adult service" policy, as Wiltshire Health and Care are currently unaware what children's services do to prepare children from 14+ years old. Wiltshire Health and Care have advised the use of the "Ready, Steady, Go – Hello to Adult Services" questionnaire. The Transition policy will be audited for its effectiveness once implemented later in 2024.

## Safeguarding Child Training

An increased number of adult practitioners undertaking level 3 safeguarding for children in line with the THINK family approach saw a sharp decrease in compliance between Quarter 4 22/23 to Quarter 1 23/24. The number of additional staff required to undertake level 3 training increased by 12 (Q4 22/23 = 88 staff, Q1 23/24 = 100 staff)

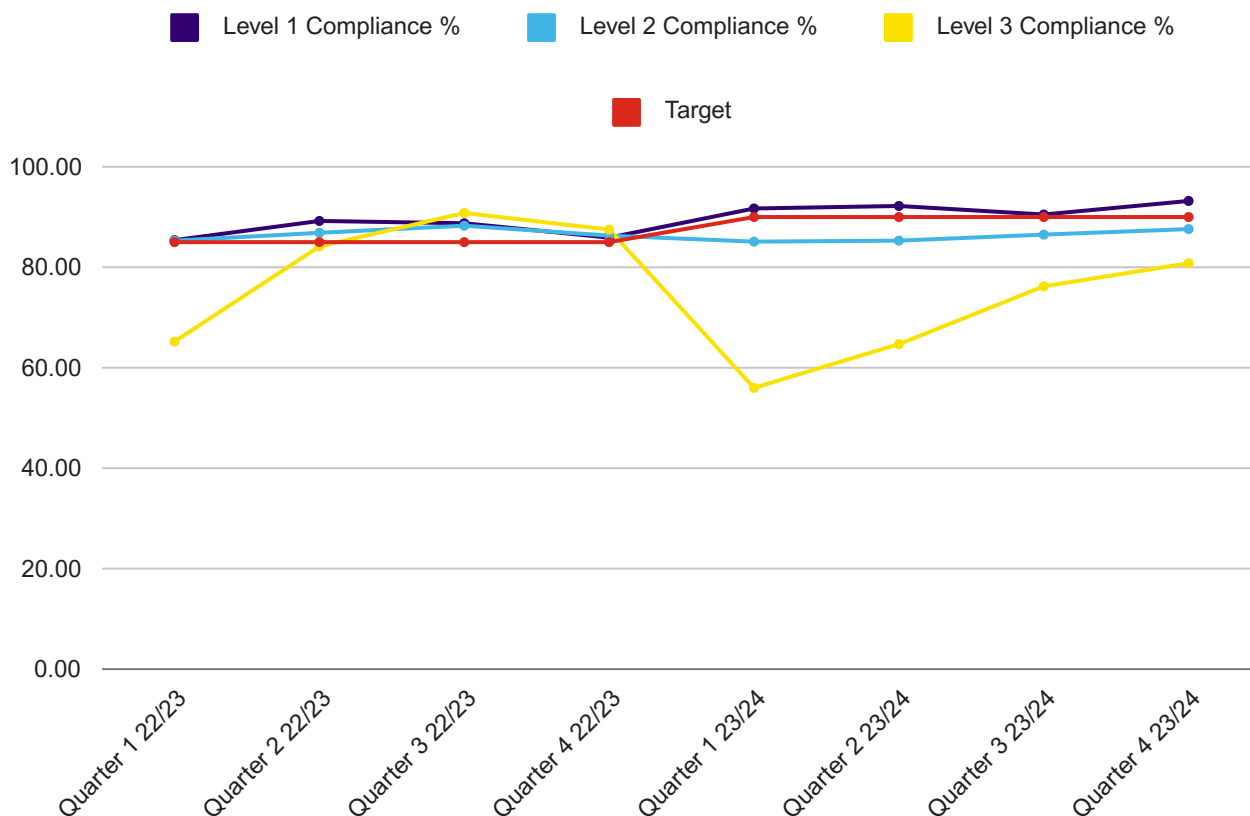


Figure 26 Wiltshire Health and Care Safeguarding Child Training Data - 2022/23 and 2023/24

To support improvement in compliance extra training dates were arranged, appropriate staff were emailed individually and invited to training. L&D have included safeguarding in their training focus at the Work Force Development Policy and Oversight Meeting and increased awareness via weekly staff bulletin.

Wiltshire Health and Care staff have been given access to the Wiltshire Vulnerable People Partnership training free of charge, attendance to which enables further compliance of both adult and child level 3 safeguarding training.

## Under 1's in MIU

Under 1's are no longer seen in Trowbridge and Chippenham following a benchmarking exercise with other services, alongside the recommendation of a local learning review for baby Eva, 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.

Cases are being audited on a weekly basis, Wiltshire Health and Care regularly remind the local General Practitioners that under 1's are not seen in Wiltshire Health and Care Minor Injury Units.

## Wiltshire Safeguarding Vulnerable People Partnership Local Learning reviews and Domestic Homicide Review's

Wiltshire Health and Care have responded to **several** requests for information from the local Wiltshire Safeguarding Vulnerable People Partnership.

Embedding learning from local learning reviews (Swindon and Wiltshire) has included: (i) sexual abuse if children looked after, (ii) understanding the impact of cannabis abuse on children in the household and (iii) hearing the child's voice when assessing risk.

**Sexual abuse if children looked after**

**Understanding the impact of cannabis abuse on children in the household**

**Hearing the child's voice when assessing risk**



## Next steps for the Learning and Development...



### **Safeguarding Service Improvement Plan**

Review and update the Safeguarding Service Improvement Plan.



### **Safety Questions**

Widen the use of the Safety Questions across more Wiltshire Health and Care services.



### **Transition**

Embed the use of the “Ready, Steady Go – Hello to adult services” proforma for young people entering adult services.

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# Safeguarding Adults

## Deprivation of Liberty safeguards and mental capacity act

Deprivation of Liberty Safeguards (DoLS) applications continue to be in the normal range, with Longleat and Mulberry ward continuing to have the highest number of applications - September and October 2023 data shows the highest increase.

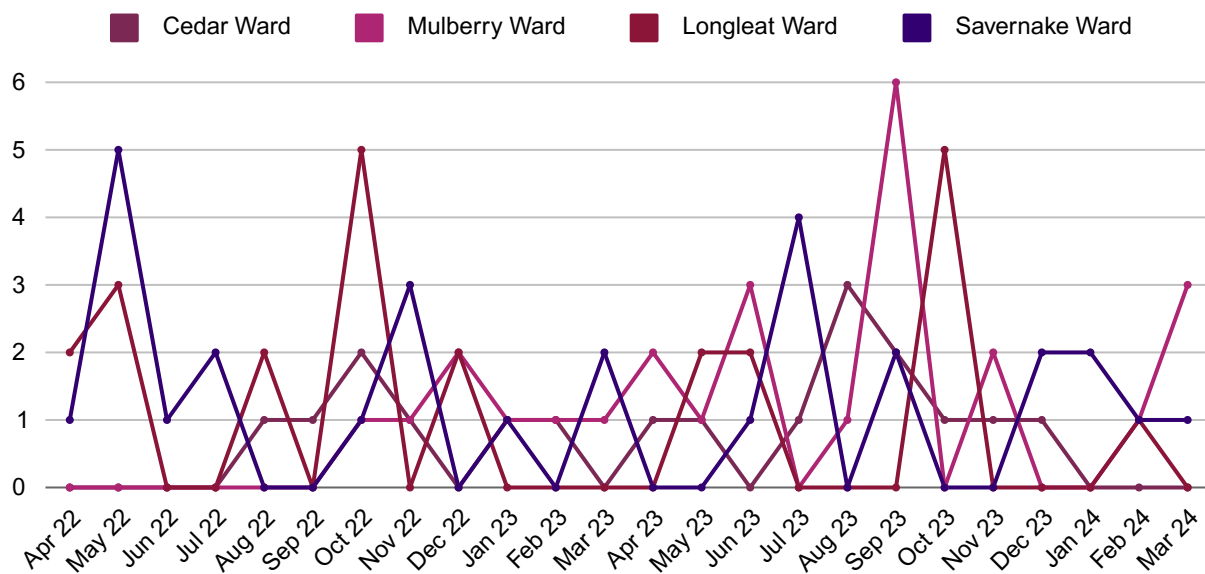


Figure 27 Inpatient ward DoLS applications 2022-2024

Wiltshire Health and Care’s Safeguarding Lead (adults) has been providing Mental Capacity Act and Deprivation of Liberty Safeguards training to the Royal United Hospital clinical staff as requested to support their safeguarding agenda.

## Adult Multi-Agency Safeguarding Hub

Safeguarding adult alerts to the Multi-agency Safeguarding Hub (MASH) have increased when comparing to 2022/23 data. 74 referrals were sent in 2022/23 and in 2023/24 Wiltshire Health and Care have sent 83 referrals.

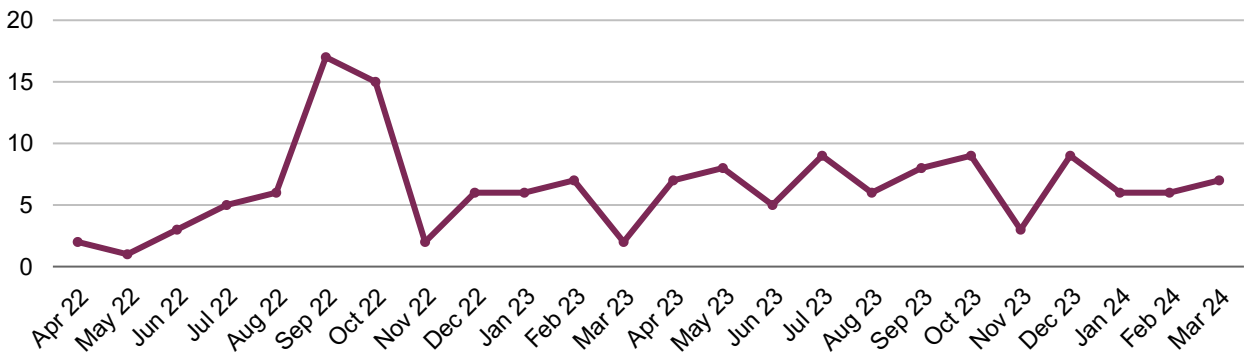


Figure 28 Adult Safeguarding referrals to MASH 2022 - 2024

The theme of the Adult Safeguarding referrals was:

- Neglect from care providers, agency staff and residential homes.

The notable actions taken by Wiltshire Health and Care teams in 2023/24 were:

- Marlborough Community Team contacted Adult MASH on 5 occasions for 5 separate patients.
- Salisbury Community Team responded to 4 Section 42 safeguarding enquiries in Quarter 3 related to pressure ulcers.
- There was 1 escalation relating to Domestic Violence within a patient's home.

Post Incident Review meetings provide Multi-Disciplinary Team (clinical and non-clinical) expertise and support for Wiltshire Health and Care staff to escalate incidents that require more discussion and agreement as to whether there is a need for further investigation.

During 2023/24, Post Incident Review meetings supported 10 incidents specific to safeguarding which were all closed and not escalated to further investigation.

Notably, there were also 68 reports related to Pressure Ulcers (that **were not** present on admission to Wiltshire Health and Care) and 30 reports related to pressure ulcers (that **were** present on admission to Wiltshire Health and Care) with the majority causing moderate harm and 2 cases reported as severe. 11 of these reports proceeded to further investigation.

## Safeguarding Adults Training

All Wiltshire Health and Care staff can access bespoke case-based training and support from the Safeguarding Lead (Adult) which is available at individual, team, and ward or service level. Wiltshire Health and Care utilise 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 by the Safeguarding Team.

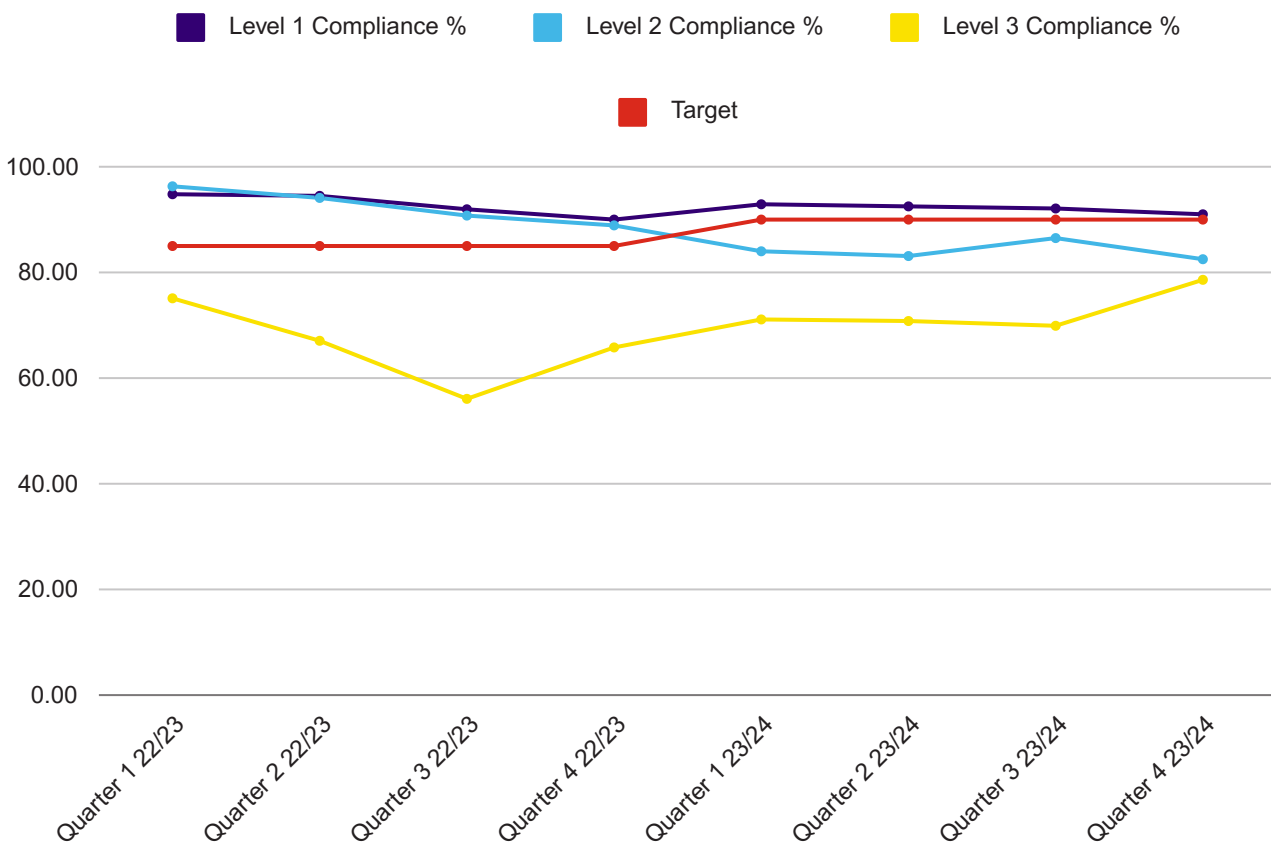


Figure 29 Wiltshire Health and Care Safeguarding Adults Training Data - 2022/23 and 2023/24

Safeguarding training compliance has steadily improved during 2023/24 with additional opportunities for training (virtual and face to face) and support implemented with reminders to managers at governance meetings and staff directly via a training focus bulletin and the Safeguarding Administrator has sent individual emails to colleagues to highlight non-compliance within their teams.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards training compliance averages around 74% with the highest uptake in April 2023. The Consent and Mental Capacity Act and Deprivation of Liberty Safeguards policy are being redrafted. Once complete this will be distributed and used as a driver to improve compliance.

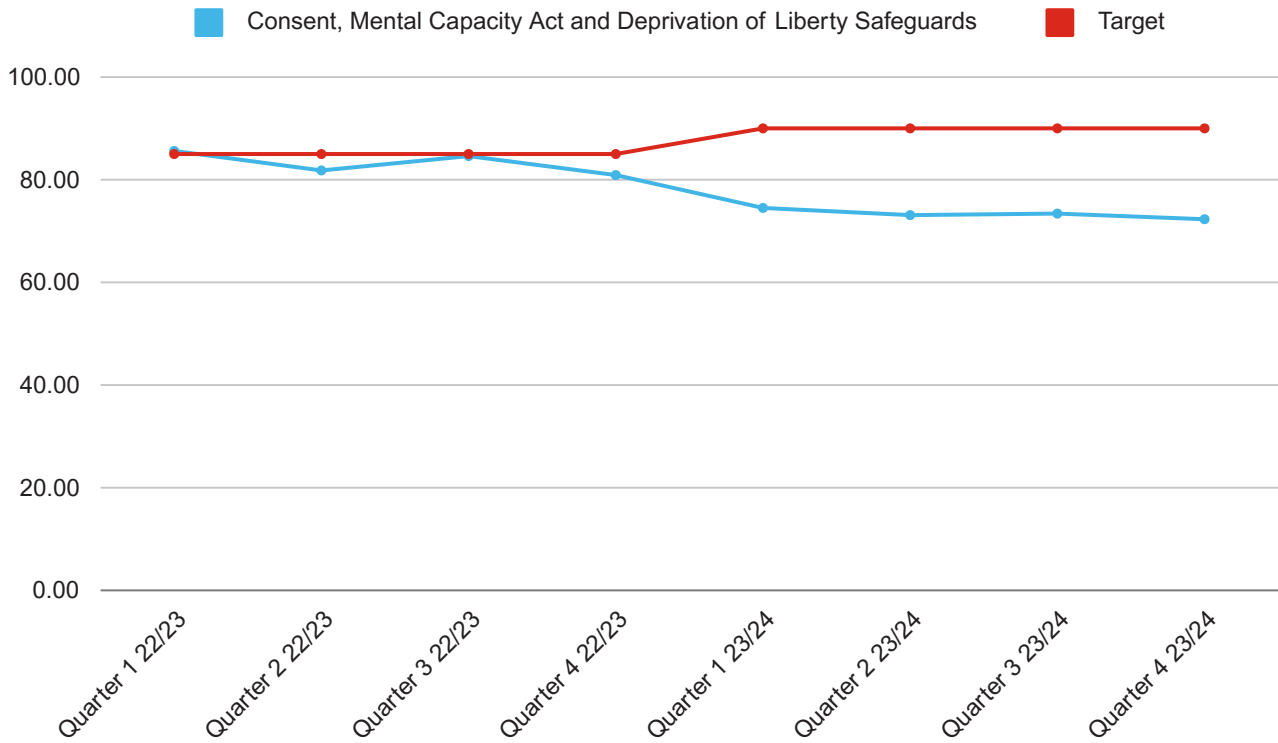


Figure 30 Consent, Mental Capacity Act and Deprivation of Liberty Safeguards training compliance

## Next steps for Safeguarding Adults...



### **Safeguarding Service Improvement Plan**

Review and update the Safeguarding Service Improvement Plan.



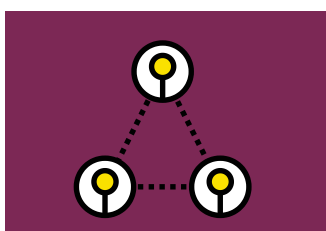
### **Safeguarding Practitioner**

Implementation of a Band 7 Safeguarding Practitioner to support training, supervision and other projects delegated from the Safeguarding Adults lead.



### **Adult Safeguarding supervision**

·Provide Adult Safeguarding supervision with small groups of clinicians that is service specific.



### **Data**

Development of a database to more accurately record supervision and level 3 training

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# Learning and Development

Wiltshire Health and Care have a Learning and Development team that constantly supports our workforce to have the skills and knowledge to deliver the right care, treatments and interventions needed by Wiltshire Health and Care’s patients; and to 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 the Government. This levy is then available for use against training opportunities which can be funded from the levy. This has enabled learning and development for several employees providing 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. Successes in 2023/24 include:

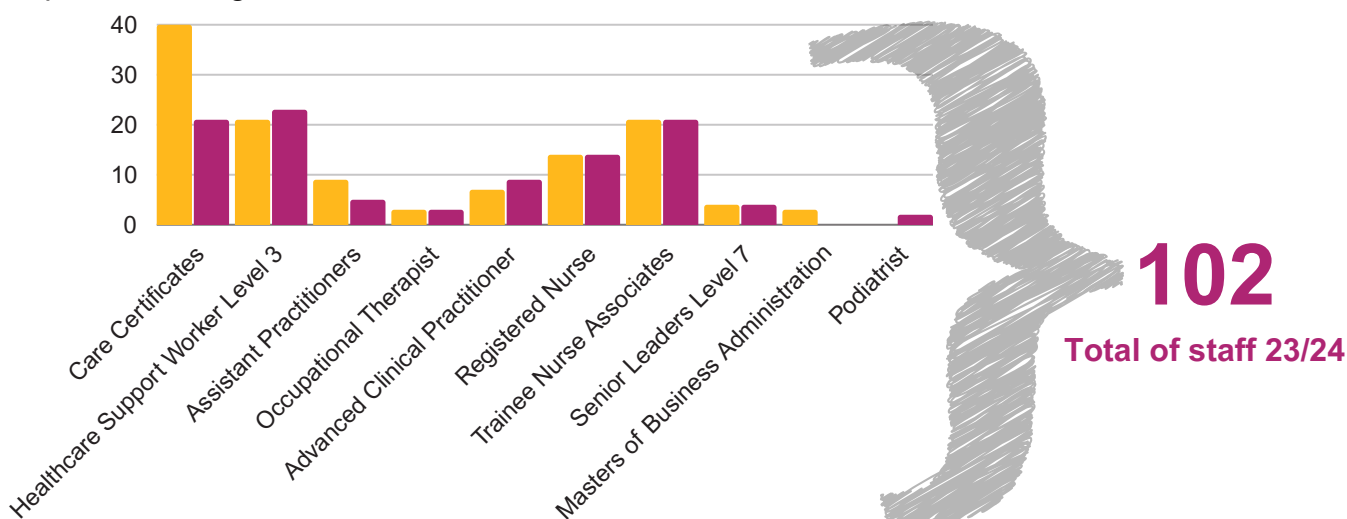


Figure 31 Wiltshire Health and Care Apprenticeship Programme

## Pathways

Wiltshire Health and Care 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:

- Continue to offer a Post Graduate Diploma in Professional studies for band 6 practitioners in the Over Night Nursing Service, to ensure equity with the day service where band 6 nurses who hold the Specialist Practitioner Qualification.
- New Clinical Lead pathway for community teams, includes physical assessment and non-medical prescribing (excluding Occupational Therapists who do Evidence Work-Based Learning).
- Minor Injuries staff to undertake non-medical prescribing course.
- Inpatient wards to offer pathways for Band 6 which include clinical, management and leadership.

## Health Care Support Workers

Wiltshire Health and Care's Learning and Development team have supported the recruitment and retention of Health Care Support Workers by offering pastoral support and supervision for new staff during the first 3 months. Wiltshire Health and Care are supporting the development of Band 2 to Band 3 Health Care Support Worker skills within inpatient services.

## Professional Nurse Advocates

Wiltshire Health and Care employ eight Professional Nurse Advocates and have used these skills to support preceptorship, students and new Health Care Support Workers.

# Student Placements

Wiltshire Health and Care embrace opportunities to welcome students into the organisation.

## Key Achievements in 2023/24

Wiltshire Health and Care used student funding to recruit a Student Placement Administrator who facilitates student placement areas for all disciplines, increasing capacity to support more student placements. Wiltshire Health and Care continued to work closely with Universities including, University of West of England, Oxford Brookes University, Bournemouth University, Solent University, University of Southampton, University of Plymouth, and University of Winchester to ensure maximum capacity is reached.

Wiltshire Health and Care implemented a monthly student induction and a new student survey and booklet. New provision of pastoral support was initiated last year - in response to the National Education and Training Survey (NETS) student feedback.

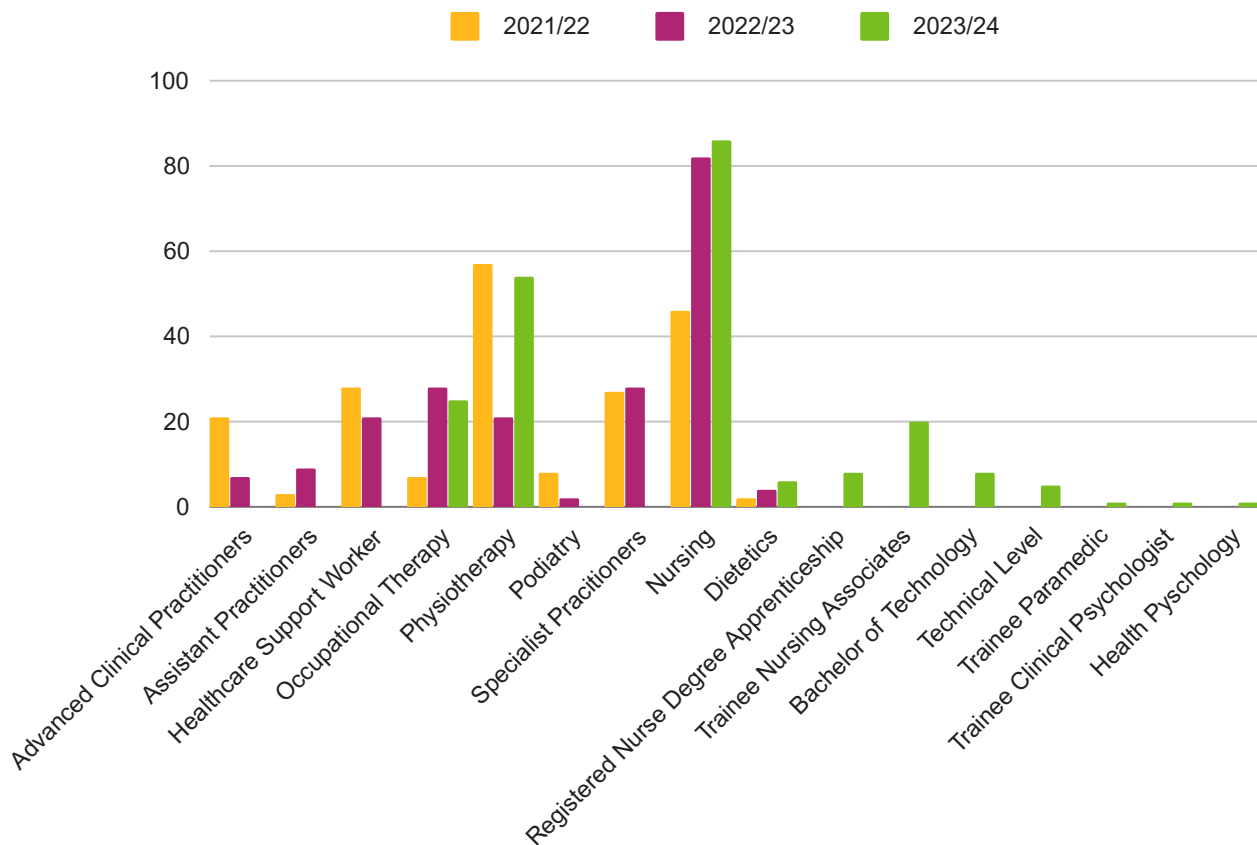


Figure 32 Wiltshire Health and Care Student Programme 2021 - 2024

In 2023/24 Wiltshire Health and Care supported students and placements of 215 learners. There was a noted increase in nursing, dietetics and physiotherapy learners in 2023/24 compared with 2022/23.



**“721 face to face training courses in 2023/24, delivered across multiple sites throughout Wiltshire to encourage access for all”**



### Leadership training

An internal ‘aspiring’ leaders programme has been delivered to 4 staff in 2023/24. Wiltshire Health and Care Workforce Team are offering an ‘inspiring leaders’ programme.



## Staff Training

Wiltshire Health and Care held 721 face to face training courses in 2023/24, delivered across multiple sites throughout Wiltshire to encourage access for all. Wiltshire Health and Care have developed a Smart survey to capture training evaluation for trainers to receive feedback.

Wiltshire Health and Care has secured 6 bookable training laptops for use by bank staff and volunteers to use on site to enable completion of mandatory training through iLearn.



### Bespoke Training

The Education and Training Team have developed and delivered bespoke training, identified by service and incident reporting. This has included scenario training for inpatient staff to ensure staff are confident and able to manage and care for patients who have unwitnessed falls and possible head injury, cardiac arrest and adult basic life support and the deteriorating patient. This has been well received and positively evaluated.

## Insulin & medication training

Wiltshire Health and Care are delivering insulin training as an action identified in the Insulin Incident Investigation Quality Improvement Plan. In 2024/25, a review will ensure that learning is captured in this training; and increase staff support post-insulin administration and end-of-life care incident.



## iLearn

A new learning management system was implemented in April 2023 to improve online learning experience and reporting. This has been well received by staff and Wiltshire Health and Care have seen good engagement with online training and booking.



## Training matrix

During 2023/24 Wiltshire Health and Care embargoed the Training Matrix to ensure that we had an accurate picture of training requirements going forward. This embargo is scheduled to be lifted in April 2024 and a governance process has been developed to support when there is a need to adapt the training matrix in the future.



## Continuing Professional Development

The Continuing Professional Development panel meets monthly to consider funding requests for training and development, a tool that improves patient care as well as staff retention. Funding comes from a range of sources which includes individual services, Continuing Professional Development budget and also Health Education England may contribute for certain identified pathways. There has been significant investment in the community teams, aligning with the NHS@Home service developments.

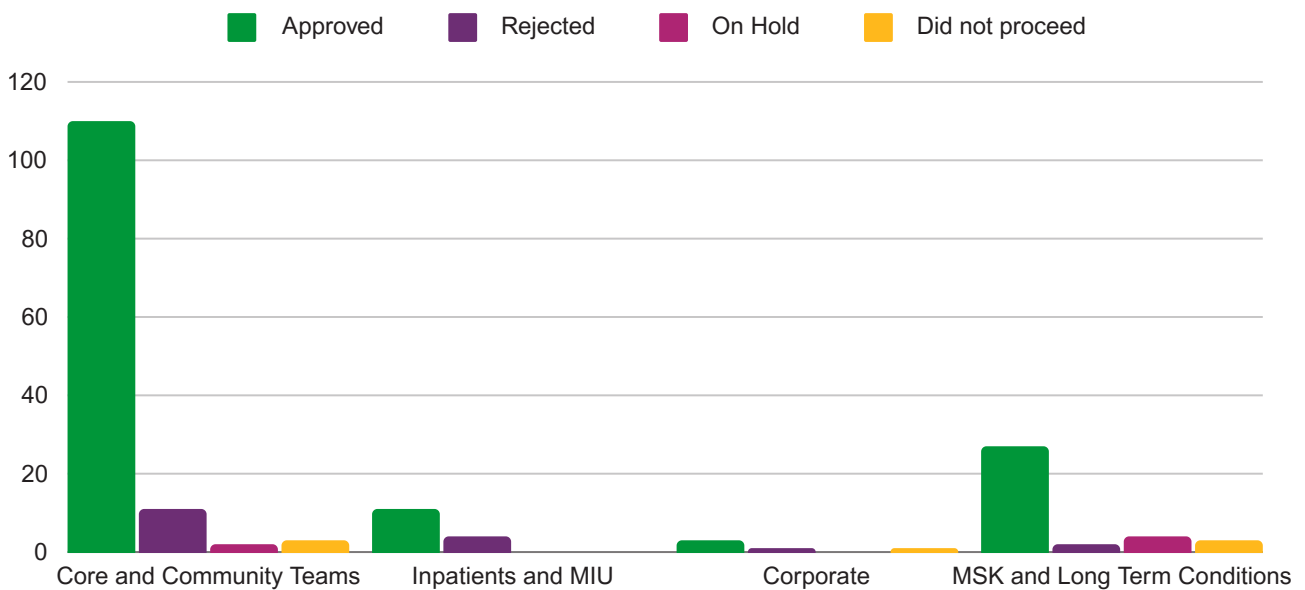


Figure 33 Continuing Professional Development Applications tracker (by department) – 2023/24

How funding has been utilised across Wiltshire Health and Care is displayed in Figure 32.

## Return to Practice

Health Education England offer financial incentives to support Return to Practice for most disciplines – in 2023/24. Wiltshire Health and Care recruited 1 nurse through the Return to Practice programme.

## Preceptorship

Wiltshire Health and Care run a programme to support all newly qualified nursing and Allied Health Professional staff, including Nurse Associates to prepare them for being a registrant.

## Reasonable adjustments

Wiltshire Health and Care work with staff who may need support to adapt to changes in their physical abilities to ensure they can provide care safely.

## Bath and North-East Somerset, Swindon & Wiltshire Working

Wiltshire Health and Care have opened some skills training courses to our partners to attend, to support shared workload and reducing duplication, for example,

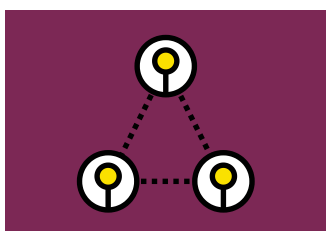
- Wiltshire Health and Care invite nursing home colleagues to training when places become available; effectively using resources within the community.
- Dorothy House Hospice attend Wiltshire Health and Care's clinical skills and children's safeguarding training and plan to access some of their end-of-life care training in return.
- Social care colleagues are also invited to participate in appropriate courses.

## Next steps for the Learning and Development...



### Professional Nurse Advocate

Further embed Professional Nurse Advocate and supervision role in Wiltshire Health and Care.



### Workforce planning

Review the utilisation of the apprenticeship role to address current and future gaps in workforce and this will support the NHS Long term Workforce plan.



### NHS England Framework and Plan

Align with the new NHSE Preceptorship Framework and Safer learning environment audit and action plan.



### Work experience

Reintroduce Face 2 face work experience to over 16 year olds in conjunction with virtual work experience offer.



### Preceptorship

Introduction of the new National Preceptorship framework



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# Staff Survey

The NHS Staff Survey was available to staff (including bank and volunteers) for a 4-week period in November and December 2023, via the Smart Survey platform. Wiltshire Health and Care asked employees questions on 7 themes, including their job role, personal development, their team, health, well-being and safety, management, people in the organisation and the organisation.

## What do the results tell us?

### 'Your Organisation' theme

Responses decrease across all questions in this theme; in the number of staff agreeing they often think about leaving the organisation and less staff agreeing they would recommend Wiltshire Health and Care as a place to work – staff also feeling that the work they do is less valued by the organisation.

This could be a reflection of employee's dissatisfaction with the ongoing non-consolidated pay and their perceived confusion with organisational identity (LLP status), also an indicator that employees are not feeling as engaged as they were in 2022.





### 'My Manager' theme

Both positive and stable scores relating to 'My manager' theme – positive increases on manager's giving staff encouragement and taking an interest in their health & wellbeing at work – this reflects that whilst staff may not be feeling as engaged at an organisational level, locally staff feel there has been an improvement in how well they are being supported.

### 'My personal development' theme

Decreases across all questions:

- significant decrease in staff agreeing there are opportunities to develop their career and not being able to access the right learning and development opportunities when needed;
- the survey free text indicates some staff perceive funding is only available for specific pathways and that budgets are tight – whilst the level of CPD applications do not appear to have reduced, this may be indicative of staff perceiving funding is only available for certain professions.
- a 5% decrease in employees having an appraisal in the last 12 months (82%), which may be indicative of current priorities and pressures in the service.

**4.5%**  
increase

### 'Pay' theme

Employee's satisfaction with the level of pay shows an improvement from 2022 increased by 4.5%.

## 'Bullying & harassment' theme

For this theme, in the last 12 months, whilst the scores are relatively stable relating to managers and patients, there is a notable increase relating to colleagues (+8%) – this correlates with recent cases in Human Resources, which are behaviour related between colleagues and may be reflective of low morale, or staff perceiving that they are not feeling as valued in the organisation currently.

There has been an increase, compared to 2022, in staff agreeing there are enough staff in the organisation for them to be able to do their jobs properly – whilst recruitment and retention remains a challenging area for Wiltshire Health and Care and across the wider NHS, this could be an indicator that strategies put in place are beginning to have a more positive affect.



## What are people saying?



‘This year, there seems to be a general feeling of low morale and generally it feels as though staff do not feel appreciated/valued’

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

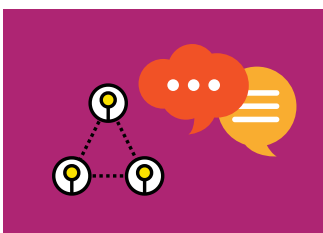
“Whilst I feel valued by my immediate team, relationships between teams in the organisation are becoming increasingly strained.

“I would like to see our creativity and talent unleashed in all teams for patient and staff benefit and to make the organisation a centre for clinical excellence in community rehabilitation and healthy ageing that would attract talent.”

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

“More top-down communication to the staff - not just a once-a-week email briefing - whilst this is excellent there needs to be more coverage of the issues facing the organisation at Exec level - transparency and openness is important to staff”.

## Next steps for Staff Survey..



### Assurance & Communication

The next step is to present Staff Survey results to the Quality Assurance Committee and senior leadership teams. Communications will follow to staff and senior leadership will be asked to work with their team to develop action plans.

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# 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.



**“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”**



## Concerns raised 2023/24

In 2023/24 there were 13 Freedom to Speak Up concerns raised and 12 have been resolved,

**13**

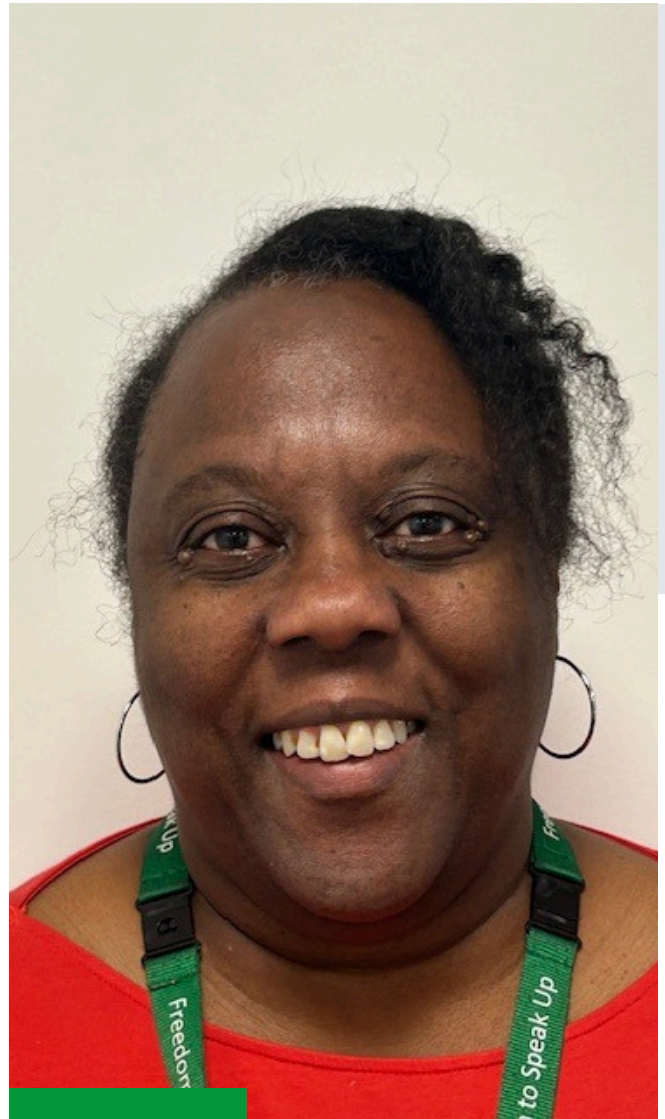
Concerns raised

**12**

Concerns resolved

## Themes 2023/24

In 2023/24 themes of Freedom to Speak Up concerns were Bullying and Operational Pressure.

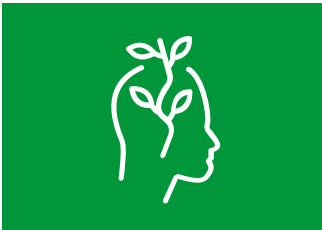


## Key Achievements in 2023/24

Freedom to Speak Up information for staff is accessible via the staff intranet and forms part of Corporate Induction for new staff.

In 2023/24 There has been an increase in Freedom to Speak Up concerns numbers of staff supported by the guardians.

## Next steps for Freedom to Speak Up...



### Corporate induction

The Freedom to Speak Up Guardian is working with Human Resources to schedule awareness sessions at Corporate Inductions.



### Recruitment

Recruitment of more Freedom to Speak Up Guardian's is underway.



### Raising awareness

Raising further awareness across the organisation e.g., ensure Freedom to Speak Up posters/notices are on all sites.

### Heather Byrd

Freedom to Speak Up  
Guardian  
Wiltshire Health and Care



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# Benchmarking

Wiltshire Health and Care are members 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 [17].

Wiltshire Health and Care participated in the Community Indicator and District Nursing projects in 2023/24.

## The Community Indicator Project

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.

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

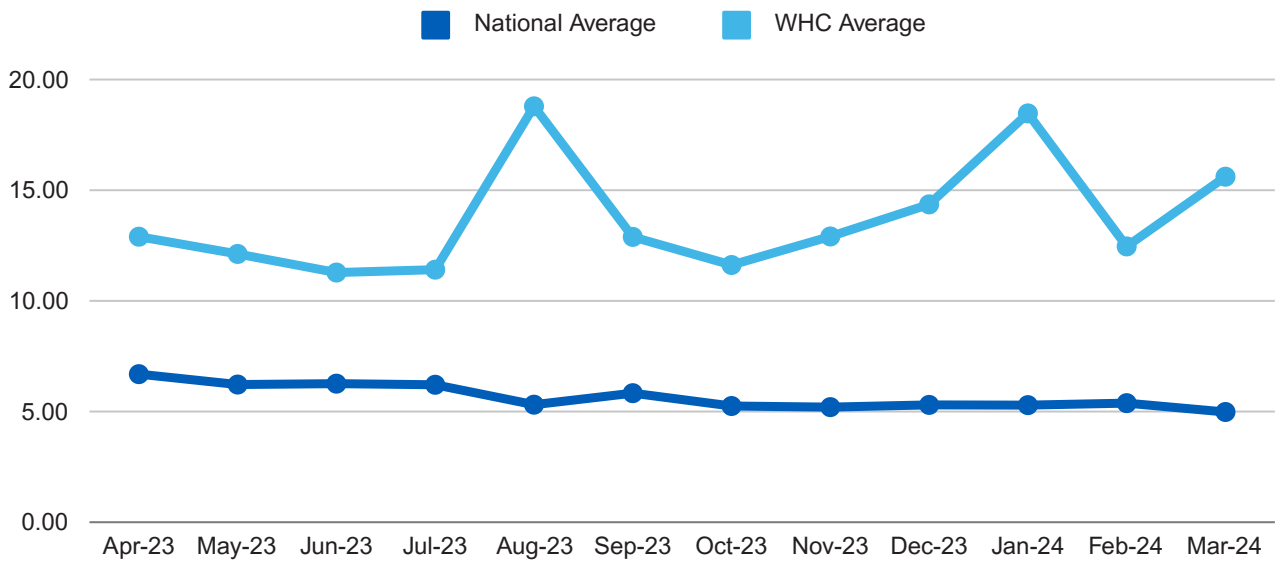


Figure 34 QR2b - Rate of New Grade 2, 3 and 4 Pressure Ulcers acquired whilst under care of the provider in a community setting per 1,000 patients (on caseload)

Responding to pressure ulcers acquired in our community team care (Figure 34) in 2023/24 was supported with bespoke Quality improvement Plan 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 Plans into 2024/25.

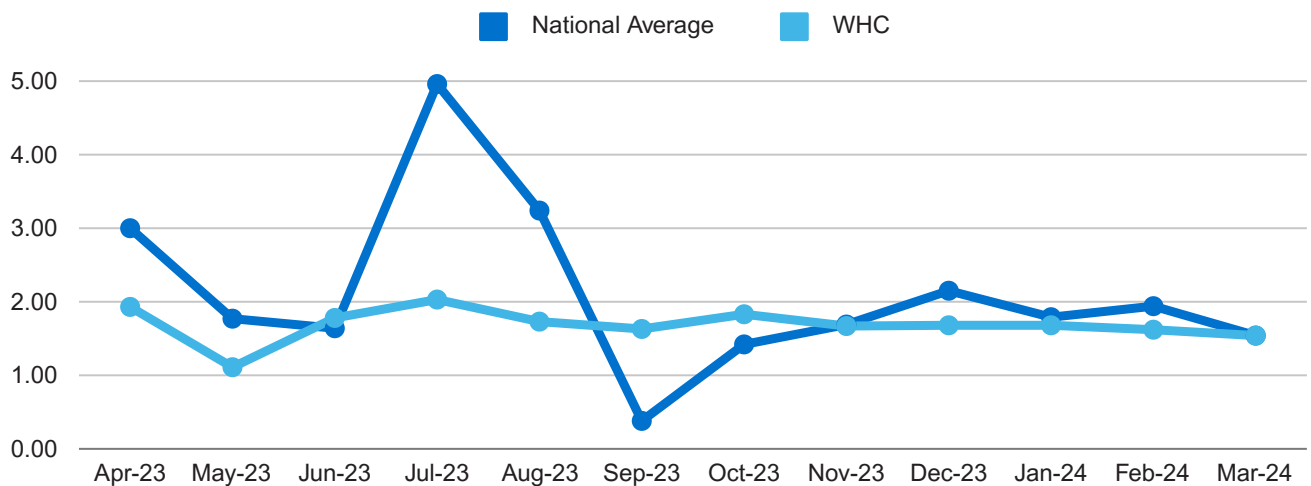


Figure 35 QR5 - Rate of falls (injurious) per 1,000 Occupied Bed Days (OBDs)

Inpatient falls (Figure 17) has been an area of sustained effort with a Quality improvement Project continuing in 2023 and onto 2024.

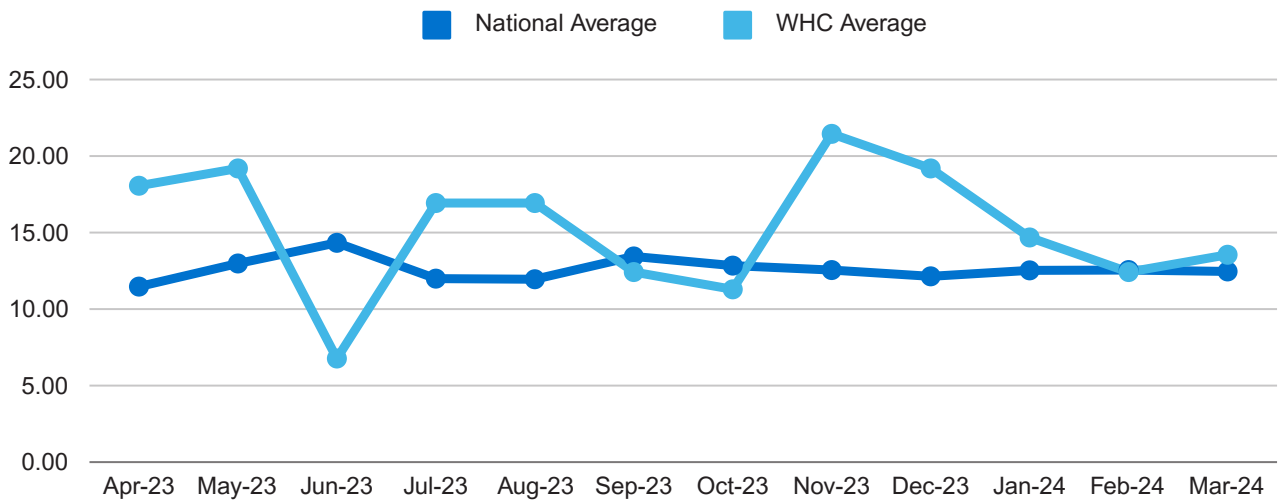


Figure 36 QR15a - Medication errors rate per 1,000 WTE budgeted staff - in a community setting

Medication errors (Figure 36) was an area of focus for 2023/24 Quality priorities and will continue into 2024/25. See 2024/25 priorities for more details.

# The District Nursing Project

The District Nursing project report contained a selection of key findings from the NHS Benchmarking Network's (NHSBN) 2023 District Nursing project. This is the first time NHSBN has run a standalone project for district nursing. District nursing services had previously been benchmarked for around 20 years as part of the Community Services project. Wiltshire Health and Care's outputs can be identified in the below key findings infographic as DN215.

The figures that are in bold are the national average.

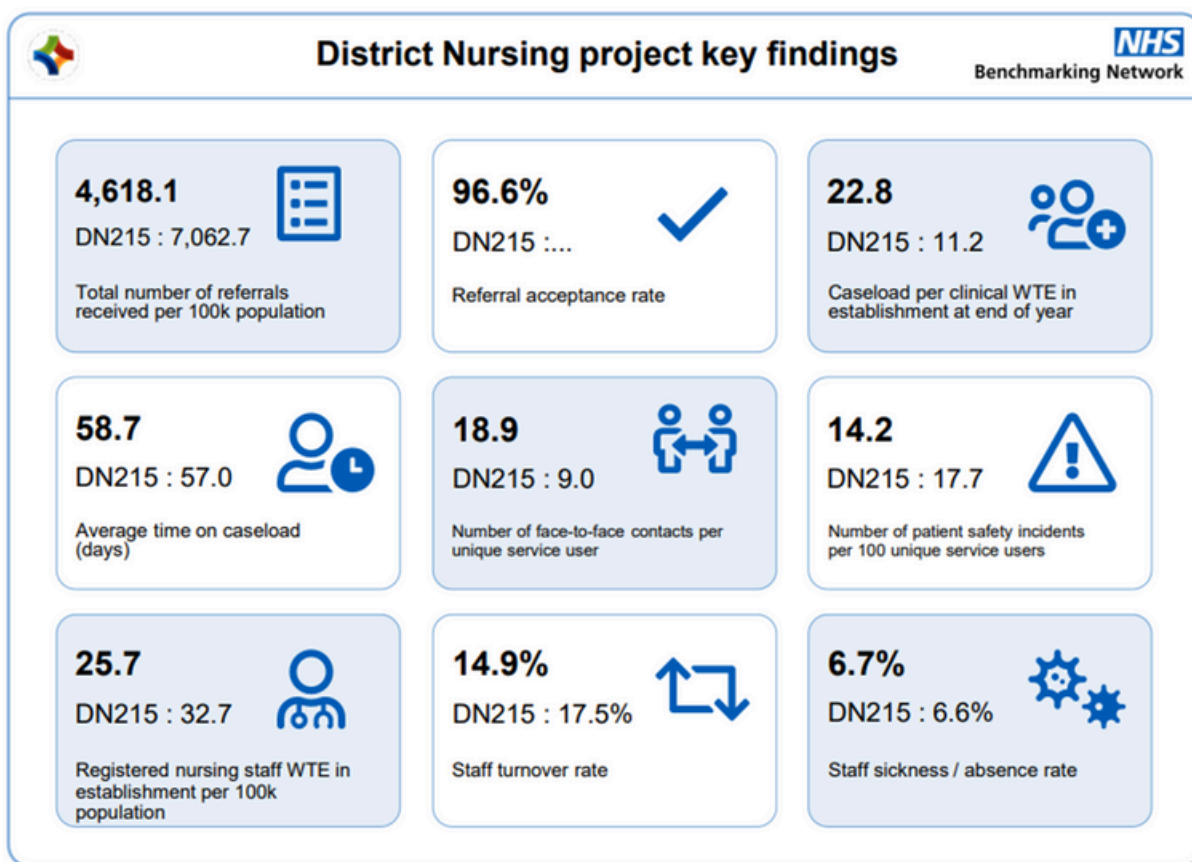




Figure 37 District Nursing project key findings





## Benchmarking Projects 2024/25..


These are the projects which Wiltshire Health and Care will be participating in 2024/25

 The Community Indicator Project

 The National Audit of Care at the End of Life (NaCEL)

 The District Nursing Project

 The Adult Therapies Project

 The Emergency Care Project

 NHS England Learning Disability Improvement Standards

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## Section 4



# Service User Experience





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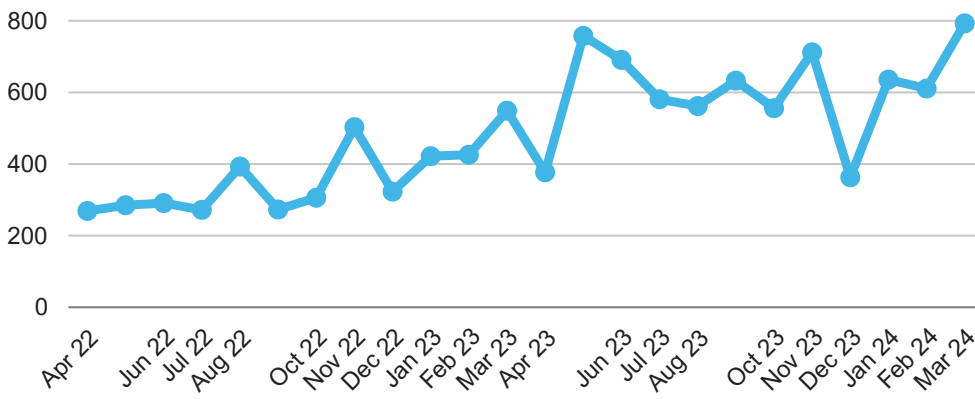


# Family & Friends Test

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.



269

April 2022

793

March 2024

Figure 38 Total Number of FFT responses by month 2022 - 24

Wiltshire Health and Care have improved on last year's figures and our NHS Friends and Family Test return rates have increased. Wiltshire Health and Care received a total of **7250** responses during 2023/24. 97% of respondents rated our services as "Good" or "Very Good".

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.

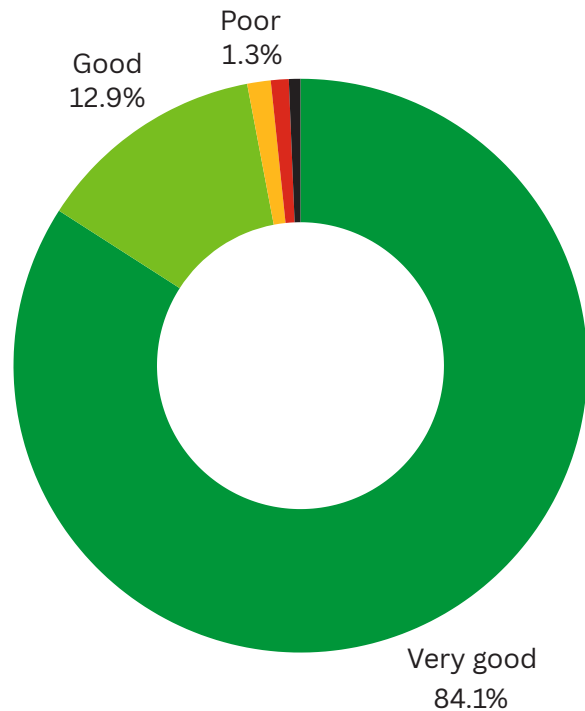


Figure 39 Overall experience of our services - 2023/24

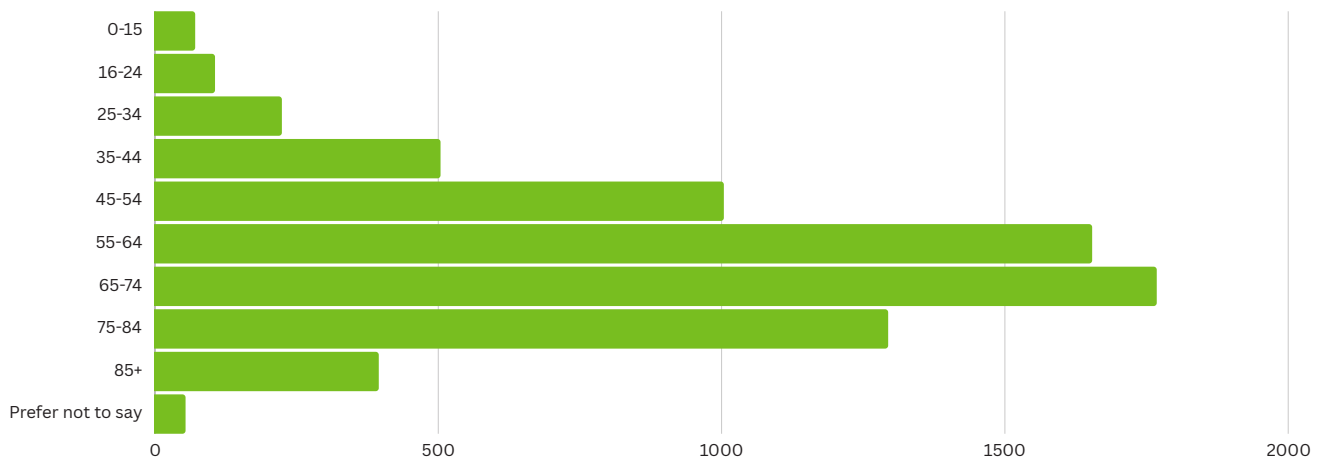


Figure 40 Age range of FFT respondents - 2023/24

2.4% of our respondents were aged 0 – 24 years and their feedback included comments such as:



“I hurt my foot. The nurse was kind and smiley. I waited and did my colouring. I don't have to go to school tomorrow.”

Aged 0-15, Minor Injury Unit

“The clinician was amazing put me at ease from the get go. She was extremely friendly and just absolutely amazing!!!!”

Aged 16-24, Podiatry service

“My occupational therapist was very helpful in showing me ways to cope with stress and keep up with school work while I am struggling with long covid.” Aged 16-24, Long Covid

service



We also receive feedback from family members and carers on behalf of children and young people:



“A kind, understanding therapist who was great with my 9 year old daughter. Clear knowledge and helpful advice. A welcoming and warm service.” Podiatry service

“My son who’s 11 saw a lady who was very helpful and kept my son calm. Explained what to do. Excellent service.”

Outpatient Physiotherapy service



The most frequent words used to describe our services were:



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. Deeper analysis of overall feedback is now carried out and themes and trends are shared across the organisation.

Of the 97% of respondents who gave positive feedback the overall main themes were:

- Patients received compassionate, person-centred care
- Patients felt listened to and involved in the decision making
- Being given clear explanations
- Having confidence in the clinician and service
- Feeling reassured
- Experience a good service overall
- Staff are polite, kind, friendly and respectful
- Appointments were on time and did not feel rushed

Of 2% of respondents who gave negative feedback or suggested areas that we could improve on, themes have suggested that:

- Car parking at our main locations is difficult
- Some experience difficulties with telephone appointments and would have preferred face to face appointments
- Some inpatients do not like the food that is catered on the wards and others would like more activities to alleviate boredom.
- There was a lack of communication and information regarding patients care and treatment – managing expectations
- A number of patients felt rushed during their appointment, staff were rude or lacked empathy.
- Signage to clinics could be better

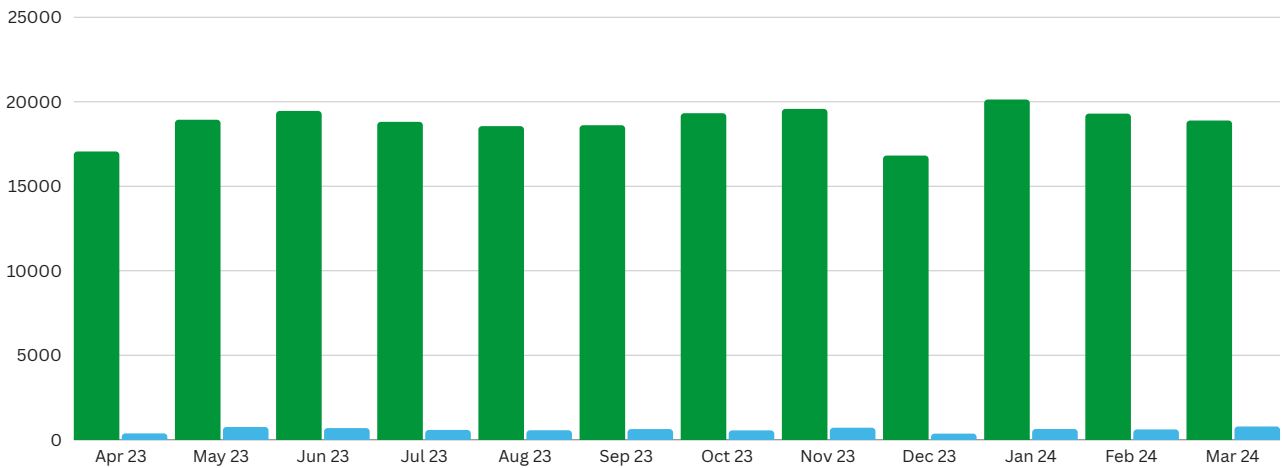


Figure 41 FFT submission figures to NHS England - 2023/24

We meet the requirement to submit out Friends and Family return rates to NHS England on a monthly basis. The data shows that we have an average of 18,600 eligible opportunities to ask for feedback via FFT and our average return rate is 3.1%. Whilst we have not met our target of increasing the return rate to 5%, we have nearly doubled our submission since 2022/23.

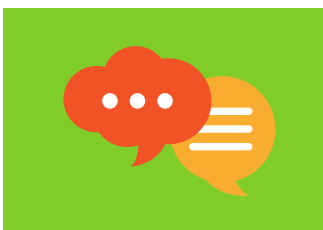
## Next steps for Friends and Family...



Wiltshire Health and Care will continue to improve Friends and Family Test response rates across the organisation working closely with individual services and utilising available technology.



Wiltshire Health and Care will work with services that work closely with patients aged 0-15 and 16-24 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

In Q3, we launched our Patient and Public Involvement Strategy 2023 – 2026, reaffirming our commitment to ensuring the patient voice is heard. This document was co-produced with the Patient and Public Involvement Group which includes patients, carers, Wiltshire Health and Care staff and volunteers and representatives from HealthWatch Wiltshire and Carer Support Wiltshire. It has set the framework for ongoing engagement work being carried out across the organisation.

## Projects completed 2023/24:



**Heart Failure Service – Remote monitoring pathways**



**Clinic space utilisation across Wiltshire Health and Care**



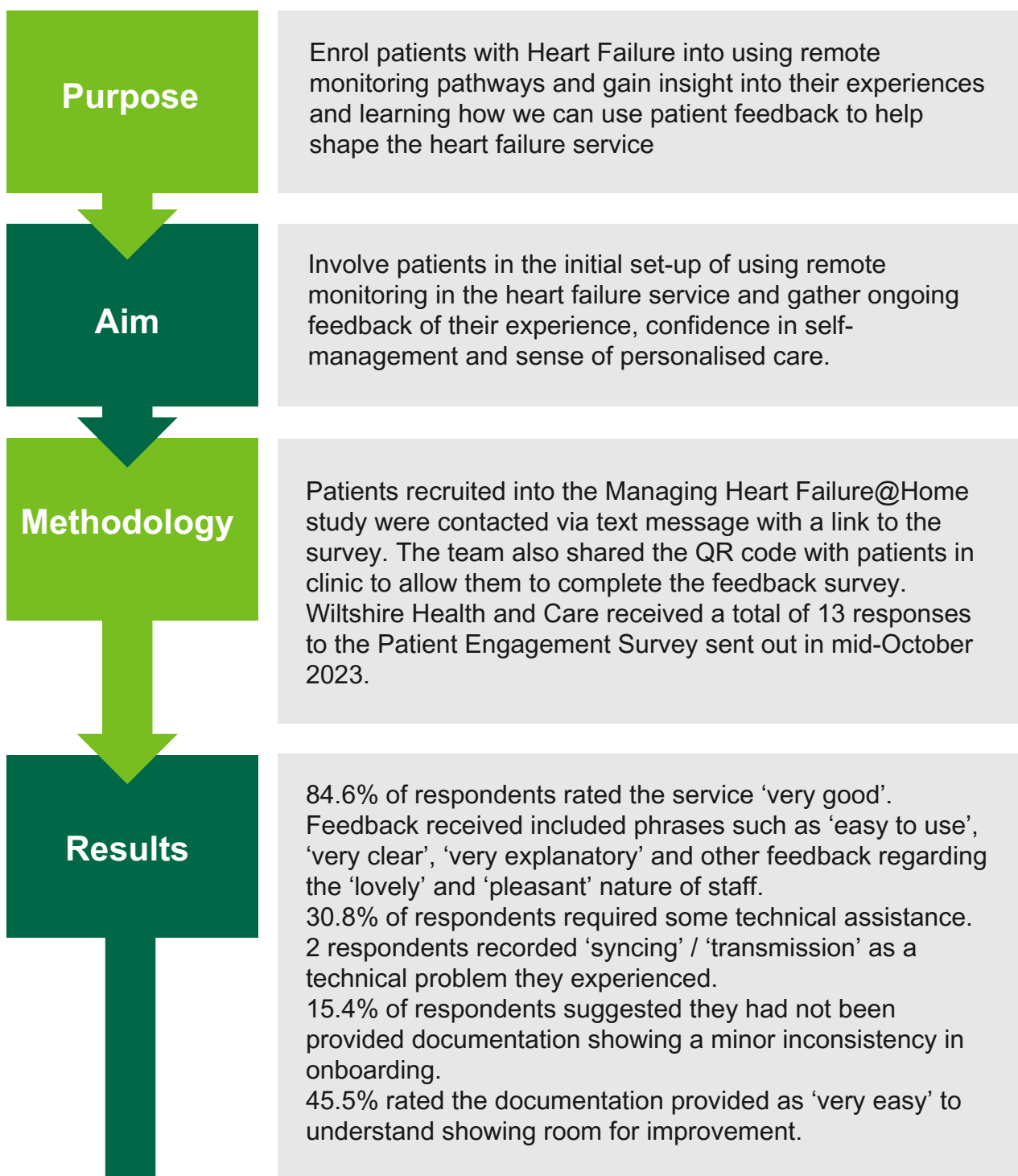
**Community Teams - Community Therapy Goal Setting**



**MSK Physiotherapy - Elective Recovery - Osteoarthritis Hip and Knee**



## Heart Failure Service – Remote monitoring pathways





## Learning Identified

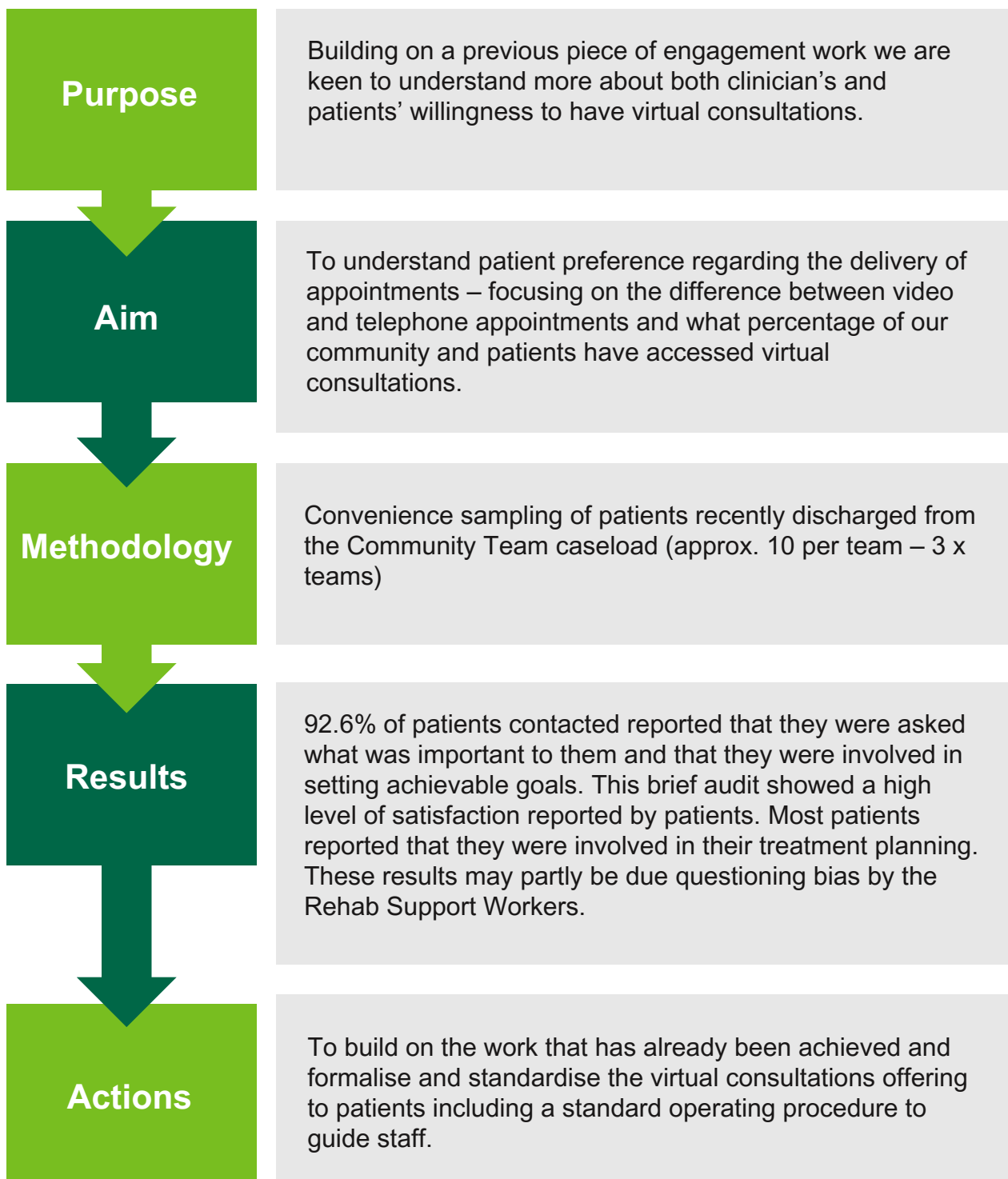
Past electronic notes audits factored in additional screening questions to reflect the risk assessment for patients attending physiotherapy services during the COVID-19 pandemic and are now not applicable.

Further additional changes to SystmOne to capture patient preference for Virtual versus face to face appointments has been added on SystmOne launchpad and implemented. To review compliance will require a separate data review and will support wider context of virtual working projects supported by virtual audit and wider review of Wiltshire Health and Care's estates provision.

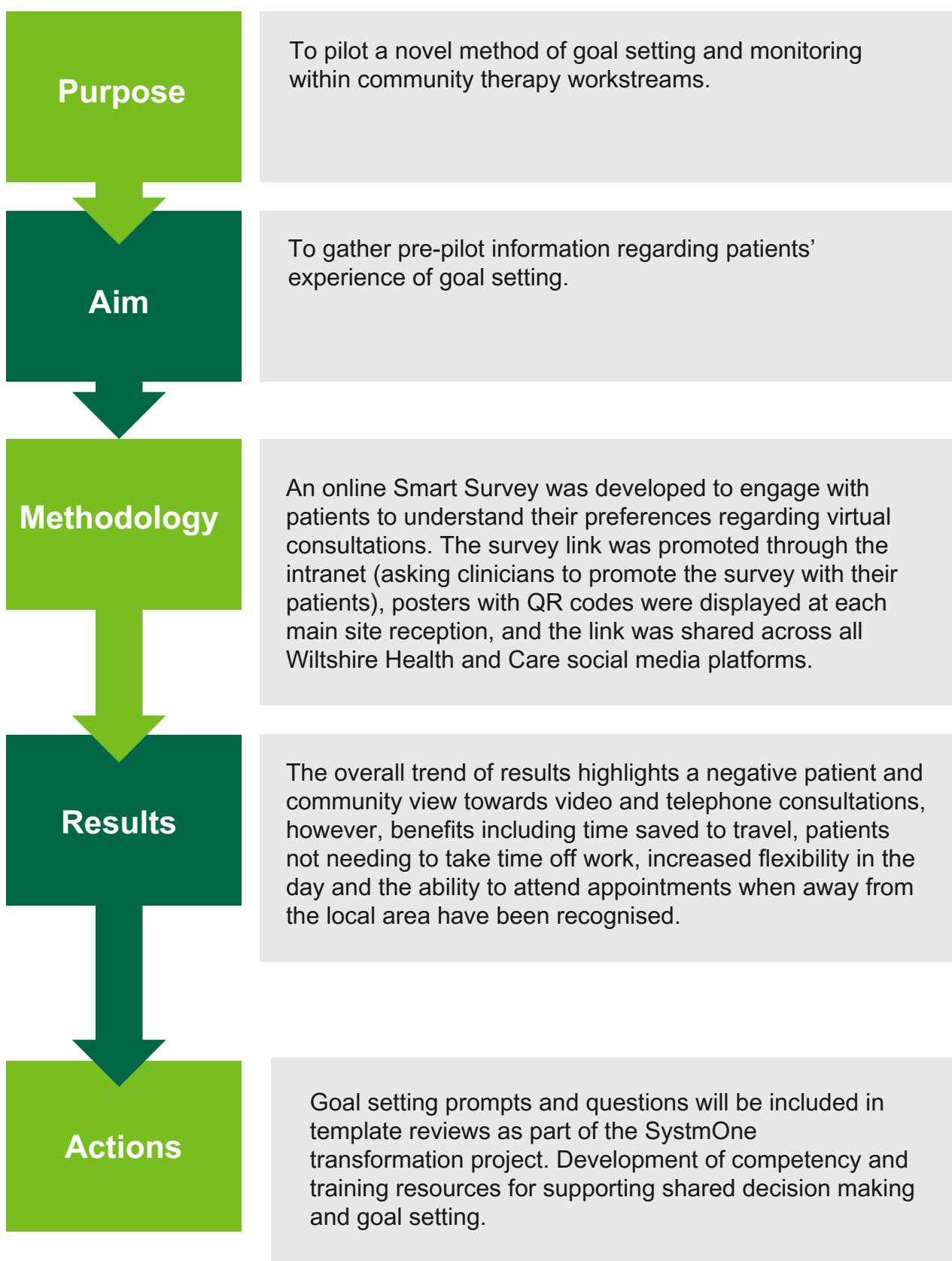
## Actions

- Implementation of a Rapid up-titration Nurse role dedicated to Heart Failure who prescribes and can support remote patients independently of the existing Heart Failure team.
- Team-wide training to understand health literacy. Offer patients a Heart Failure specific application to educate and empower to support symptom management.
- Offer patients a Heart Failure specific application to educate and empower to support symptom management.
- Update patient booklet to include top tips / "how to guides" so that there is a single information source and make it personalised (name, date, timelines).
- Implement a Technical and remote monitoring support role to ensure regular readings are submitted and tech faults can be addressed without consuming clinical time.
- Agree external Service Level Agreement for technological fixes and embed into business as usual operating procedure.
- Trialling using a patient educator to alleviate capacity of Heart Failure nurses and ensure that patients fully understand their problems/management strategies and, increase rehabilitation uptake.
- Provide patients with more guidance/information on symptom management by signposting to resources.

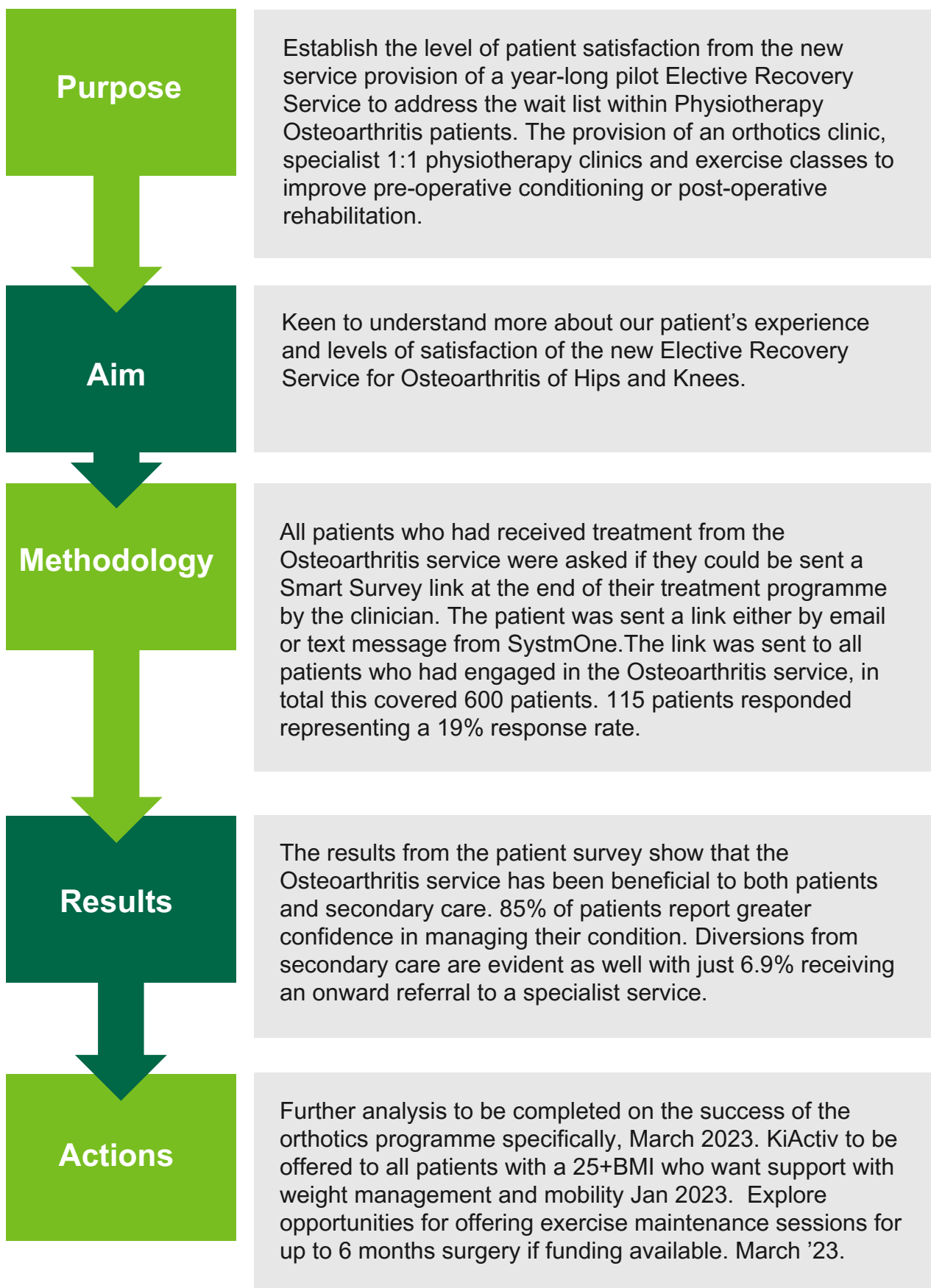
## Clinic space utilisation across Wiltshire Health and Care



## Community Teams - Community Therapy Goal Setting



# MSK Physiotherapy - Elective Recovery - Osteoarthritis Hip and Knee



## Projects underway

<b>Community Appointment Day</b>	<p>This will form part of the service evaluation of the South Physiotherapy MSK Community Appointment Day. Exploring patients' experiences and identifying which patient groups might particularly benefit or not benefit from the CAD and how this impacted their health and wellbeing.</p>
<b>Dietetics Remote Consultations - service evaluation</b>	<p>Assessing patients experience of remote Dietetics appointments.</p> <ul style="list-style-type: none"><li>• Do patients enjoy remote consultations?</li><li>• How effective do patients find them?</li><li>• What do patients feel are the pros and cons of using remote consultations?</li></ul>
<b>NHS@Home – service development</b>	<p>Using patient experiences and learning how we can use patient feedback to help shape the NHS@Home service</p>
<b>Podiatry Ulcer Hubs – service development</b>	<p>Keen to understand more about our patient's willingness to participate in Virtual Consultations</p>
<b>MSK Physiotherapy - Low back class service evaluation</b>	<p>How do patients find the back class and what are their suggestions for improvement?</p>
<b>Patient Initiated Follow Up (PIFU) implementation</b>	<p>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.</p> <p>*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.</p>

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## Section 5



# Looking forward to 2024/25





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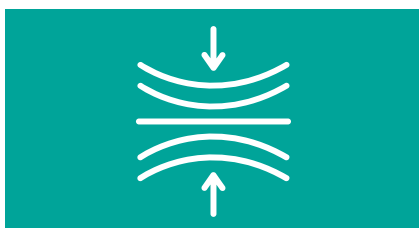


# Our 2024/25 Priorities

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 2024/25 Quality Priorities for Wiltshire Health and Care are an integral part of our Delivery Plan which is monitored on a quarterly basis. In 2024/25 the Quality Priorities are:



1.  
Falls prevention



2.  
Pressure Ulcers recognition and management



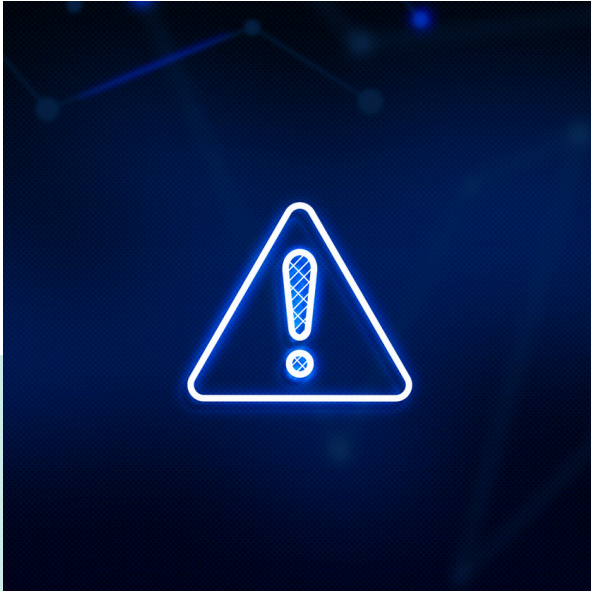
3.  
Medications safety



4.  
Behaviours that Challenge

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

# 01. Falls Prevention



Complete a review of the existing QiP to identify additional actions and measures to manage and reduce serious harm of patient falls on the Wards

**Lead:**

Jo Woodward  
Head of Safety Services  
Donna Little  
Falls Prevention Lead

## Objective 1

The Falls working group to review and update existing Falls Quality improvement Plan. (QiP)

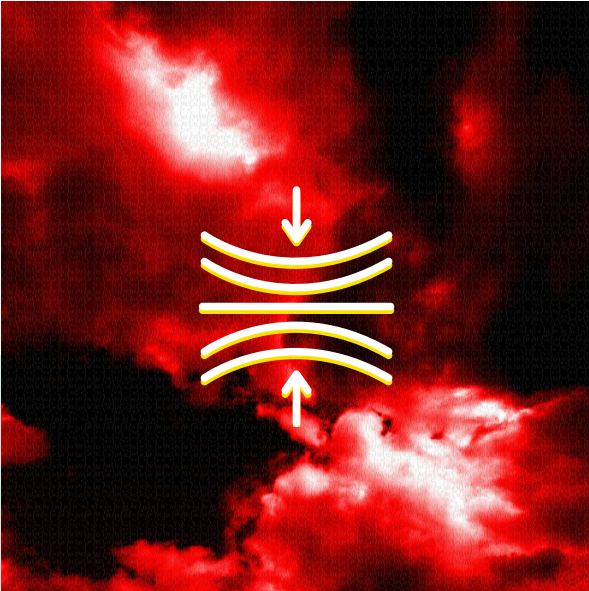
## Objective 2

Root Cause Analysis / deep dive to be undertaken on patient Reporting of Injuries, diseases and dangerous occurrences incidents and to identify key learning.

## Objective 3

Establish additional actions from Q1 - identified learning to be added to the QiP.

# 02. Pressure Ulcers recognition & management



There are two main elements requiring focus: (i) To improve the process of the verification of pressure ulcer occurrence through RLDatix by the Tissue Viability team (to link with Risk 359); and (ii) Wiltshire Health and Care to adopt and implement PURPOSE-T - the nationally recognised Pressure Ulcer risk assessment tool.

**Leads:**

Caroline Wylie  
Head of Clinical Governance  
Claire Checkley  
Tissue Viability Lead

## Objective 1

Improved support for Category II and Deep Tissue Injury (DTI) verification by the clinical leaders within each community team and inpatient unit; reducing the incidence of inaccurate categorisation and reporting.

## Objective 3

Introduce the PURPOSE -T risk assessment tool and clinical care pathways across the organisation by Autumn 2024.

## Objective 2

RLDatix recording and investigations of all acquired Category III and IV pressure injury to be verified by the Tissue Viability team.

# 3. Medications safety focused on the inpatient wards and reducing medicines incidents



Lead  
Louise Byrne-Jones  
Head of Pharmacy

## Objective 1

To ensure patients receive their medication at the prescribed time.

- Missed Medicines audit scheduled Q3 2024/25
- Scope use of Electronic Prescribing and Medicines administration EMPA
- Development of an algorithm chart for ward staff to use for missed doses
- Pharmacy team to continue to monitor for incidents including those related to missed doses

## Objective 2

Identify opportunities to increase pharmacy capacity

# 4. Medications safety focused on the reduction of harm caused by insulin administration errors



Lead  
Louise Byrne-Jones  
Head of Pharmacy

## Objective 1

Insulin Incident Investigation Quality Improvement Project to be finalised

## Objective 2

Development of insulin policy

## Objective 3

Appropriate management of caseloads for patients requiring insulin

## Objective 4

Improved communication with care home staff

## Objective 5

Creation of self-management plan for patients requiring insulin

## Objective 6

Review of patient medication chart

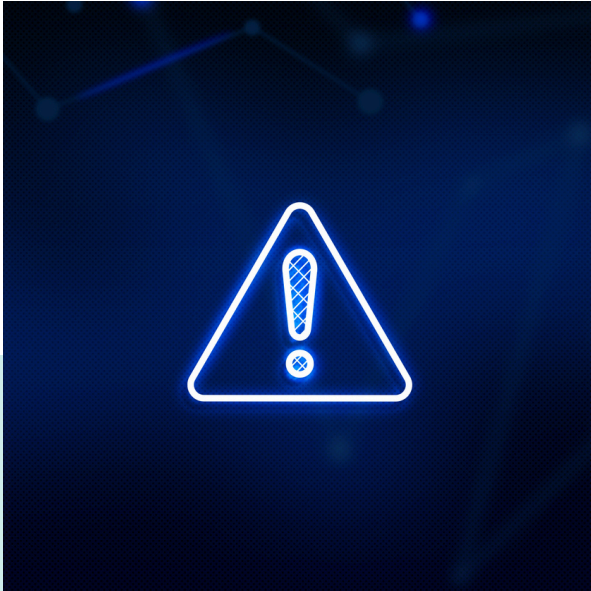
## Objective 7

Review and update of hypoglycaemia and hyperglycaemia guidelines

## Objective 8

Ensure learning from insulin related incidents is identified and shared.

# 5. Behaviours that Challenge



Lead  
Sean Collins  
Safeguarding Lead (Adults)

## Objective 1

Adult safeguarding supervision: continue the introduction of adult safeguarding process for Wiltshire Health and Care operational teams by publishing an Adults Safeguarding Supervision Policy; and continue to provide ad hoc supervision as required for Wiltshire Health and Care frontline teams.

## Objective 2

Develop and implement a Quality improvement Plan for behaviour that challenges.

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## Section 6

# Formal Statements



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# **Wiltshire Council Select Committee Formal Statement**

Wiltshire Health and Care (WHC)

Statement from Wiltshire Council – Health Select Committee, dated 5 June  
2024

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# **Healthwatch Wiltshire Formal Statement**

**Healthwatch Wiltshire response to Wiltshire Health and Care Quality  
Account 2023/24**

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



**Bath and North East Somerset,  
Swindon and Wiltshire**  
Integrated Care Board

**Statement from Bath and North East Somerset, Swindon and Wiltshire  
Integrated Care Board on 2023-24 Wiltshire Health and Care (WHC) Quality  
Account**

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# Questions? Contact us.



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