



Hampshire and Isle of Wight
Sustainability and Transformation Partnership

HIOW STP programmes



MOVING FORWARD TOGETHER



The Original 10 STP Programmes

- Cancer (Wessex Cancer Alliance)
- Children
- Digital
- Estates
- Mental health
- New models of care
- Prevention
- Solent Acute Alliance
- Urgent and emergency care
- Workforce

Cancer

Cancer Alliances provide clinical, operational and transformational leadership to their local cancer system by bringing together their constituent commissioners and providers, on behalf of their STPs/ICSs, to ensure system-wide oversight and transformation of cancer services and outcomes. The Wessex Cancer Alliance covers Hampshire and the Isle of Wight.

Southampton City CCG, in partnership with the Wessex Cancer Alliance, was awarded £4.75 million in funding over the next four years to support the roll out of **lung cancer health checks**. Southampton is the only area in the south of England chosen for this new scheme and only one of ten in England.

Cancer patients who are physically fit before having surgery tend to have a better recovery. Unfortunately, cancer treatments such as chemotherapy, which patients often receive before their surgery, reduce a patient's fitness. The **WesFit fit for surgery** programme was launched this year, providing people who have a cancer diagnosis access to an exercise programme aimed at improving their recovery after surgery. The first of its kind, the programme has attracted national and international interest.

Living with cancer - We are delighted to report that, in Hampshire and the Isle of Wight, more people continue to survive one year and beyond from their cancer diagnosis. In fact, we have **one of the highest early diagnosis rates** in the country with 55% of cancers diagnosed at stages 1 and 2, (Jan 2017). In addition, the Wessex Cancer Alliance, of which Hampshire and Isle of Wight is a part, have the **highest ten year survival rate in the country**.

Follow-up care - Following treatment for breast, colorectal and prostate cancer, more patients are now able to control their own follow up care, supported by training and access to clinical support. Access to online support has reduced the number of follow up appointments and enabled faster access to care when needed.

Projects for 19/20	Target Deliverables
Cancer prevention <i>Collaborate with STP prevention programme to reduce incidence of cancer</i>	<ul style="list-style-type: none"> Reduced variation in screening uptake Reduced smoking rates Reduction in the number of people drinking at an unsafe level
Early diagnosis of cancer <i>Continue to improve cancer survival rates through enhanced awareness and early detection</i>	<ul style="list-style-type: none"> Enhanced population engagement in the awareness and early detection of cancer in areas of highest deprivation Increased one year survival rate Reduce proportion of cancers diagnosed following emergency presentation Increased proportion of cancers diagnosed at stage I and II Improved stageable cancer reporting
Treatment and care <i>Further enhance the provision and experience of care for those diagnosed with cancer</i>	<ul style="list-style-type: none"> Implementation of the Wessex and Thames Valley radiotherapy network Completion of the community chemotherapy project Completion of the quality of life metric project Launch of the Wessex Cancer Information Portal
Living with and beyond cancer <i>Finalise implementation of the recovery package and risk stratified pathways</i>	<ul style="list-style-type: none"> Fully implement recovery package Complete roll-out of risk stratified follow-up pathways for breast, colorectal and prostate cancer Completion of the WesFit trial
Workforce <i>Collaborate with STP workforce programme</i>	<ul style="list-style-type: none"> Support implementation of phase II of national HEE cancer workforce plan Deliver Primary Care nursing development programme



Children

Connecting care children's hubs : Across Hampshire and the Isle of Wight we have established 11 connecting care children's hubs. These are a one-stop service supporting children and their families to reduce the need for them to attend hospital. The hubs offer support from a variety of professionals such as GPs, paediatricians, mental health workers, school nurses, health visitors and children's dieticians and we are already seeing the benefits. Feedback from parents shows that 98% of those that have used the hubs would recommend them to friends, with 93% of hub staff saying they would recommend this new approach to colleagues. Since it started, the Chandlers Ford hub has witnessed a 13% drop in children's GP appointments, a 20% drop in the need to refer children to hospital and a 3% drop in the number of children attending A&E.

Maternity Pioneer : Hampshire and the Isle of Wight was given Pioneer status for personalisation and choice. This means that we have been able to test out new ways for women to receive maternity care which is centred around them and their families. Following this pioneer period we were named as one of two national exemplars.

Mental Health: Mental health nurses and clinicians with specialist paediatric training now based at the 111 call centre. We are one of two national exemplars for the way in which we offer personalisation and choice to pregnant women.

Parent Health Literacy: The Healthier Together Programme continues to go from strength to strength. Led by Dr Sanjay Patel, paediatrician at University Hospital Southampton, the programme provides parents with clear and consistent advice and information to support them in making decisions about their child's health, including when and where to seek help. It also aims to provide appropriate training and education to staff, parents, children and young people through workshops, courses, the curriculum and the resources on the Healthier Together website. Over the last twelve months use of the Healthier Together website has more than quadrupled, with A&E attendances for children remaining static whilst the national average continues to rise. Training courses for a wide variety of staff have taken place including staff in A&E, NHS 111 and GPs, all aimed at ensuring parents receive consistent advice no matter where they access care. The impact of this initiative has been further recognised by the 20% reduction in antibiotic prescribing via primary care over the last year. Nowhere else in the country has seen such a substantial decrease. The Healthier Together resources can be found here what0-18.nhs.uk

Projects for 19/20	Target Deliverables
CAMHS New Models of Care	<ul style="list-style-type: none"> End out of area admissions Reduce length of stay and inpatient re-admissions Reduce acute hospital admissions for self harm
Neuro-diversity	<ul style="list-style-type: none"> Design a support programme for families and schools at the first identification of neurodiversity support/needs Codesign and develop a profile tool Raise awareness of cultural change required
Long Term Ventilation Pathways	<ul style="list-style-type: none"> Improved clinical outcomes and experience with care closer to home Reduce DToC for super stranded patients and improved bed flows through PICU/HDU to maximise financial value
NHS 111 and Parent Health Literacy	<ul style="list-style-type: none"> Increase proportion of self-care dispositions from a 10% baseline Reduce 111 dispositions that lead to same day, face to face primary care usage from 80% baseline Positively impact behavioural drivers for patients (parents) seeking a healthcare consultation Evaluate and deliver a business case to ensure sustainable development of Healthier Together project



Digital

Online consultations - Three quarters of GP practices across Hampshire and Isle of Wight now provide online consultations via their practice website. This supports patients to get to the right service first time around and helps staff by reducing admin time on the phone. 80% of people using the service say they would recommend it to their friends and family.

Online appointment booking and electronic prescriptions - People throughout Hampshire and the Isle of Wight can now book an appointment at their GP practice, order repeat prescriptions and view their medical record online.

Online appointments have meant that two thirds of the people using the system could be managed remotely, reducing the need to travel into the GP practice. This is saving just under 5000 GP appointments every month in Hampshire and the Isle of Wight equating to a financial saving of around £55,000 per year. We know however, that this is just the start. As more and more people know about the service we anticipate usage rising considerably with savings forecast to reach well over £1million each year. Whilst saving money this will also free up valuable GP and nurse time to spend with people with more complex needs.

My Maternity - A digital maternity record for women and health professionals has been developed, replacing paper notes.

My Medical Record – An online personal health record is now used in our hospitals, which allows you to add information about your health including details which may be monitored as part of your current treatment, such as your weight or blood pressure. In some cases this may reduce the need for you to attend outpatient appointments.

NHS App – this will go live across Hampshire and the Isle of Wight during 2019.

WiFi - Wi-Fi access for patients and staff is now available in over 90% of NHS buildings. This enables a wider range of staff to work in local areas as well as allowing patients to access their medical records on their mobile devices.

Accessing data to improve care - Your medical record can be accessed, when appropriate for your care, by professionals across the area. This has helped our staff to provide services more locally at community and medical centres, reducing the need for unnecessary trips to hospital whilst also reducing the need to have repeat tests.

Shared care records: With our partners in Dorset, Hampshire and the Isle of Wight is one of five areas nationally that have been chosen to develop and speed-up how we share health and care information internally to improve services. Our digital teams have built on the success of the Hampshire Health Record and upgrading the system to the new **Care and Health Information Exchange** (CHIE). This will improve our ability to plan and offer the best care services for local people. An example of how services are already using the shared care record is detailed below in our 'Focus on Sepsis' section which would not have been possible without the ability of staff from different sectors to be able to read a patient's medical record.

Digital Exemplars: We are delighted to have three trusts named 'Global Digital Exemplars': Hampshire Hospitals, University Hospital Southampton and South Central Ambulance Service have all received funding to invest in new technologies to improve patients' experience.



Estates

Estate utilisation: During the past two years we have improved the way in which we deliver some of our services by moving them away from properties that were no longer fit for purpose. We have released a total of 3.06 hectares of unneeded land with a value of £11.9 million. We have also reduced the operating costs of our buildings by £1.3 million per annum.

This work is ongoing with a five year plan in place to identify surplus land and to reinvest in our estate.

Capital Investment: A number of wave 4 capital bids were successfully submitted to NHSE/I for consideration of Transformation Funding, leading to significant capital allocations to the STP:

- Wave 3 - £31 million
- Wave 4 - £89 million

Estate Transformation: Greater collaborative working between primary and secondary care is in place, with some GP practices moving into Provider Trusts under mutual agreements. Provider Trusts are collaborating to capitalise on shared efficiency, technical expertise and productivity opportunities.

Strategic Direction: A HIOW STP Estates Strategy has been created that will accompany all future bids and reflect the HIOW STP Transformation agenda

Projects for 2019/20	Target Deliverables
Demand management <i>Reduce estates footprint by 10% by 2023 (from c959,550m²)</i>	To support the long term target, in 2019/20 the target is to reduce the estates footprint by 10% of the target figure (c.9,595m ²)
Increase estate utilisation <i>All strategic sites to be operating above 85% utilisation by 2023</i>	The 2019/20 contribution to the 85% target will be to move from 16 of 50 key sites to a forecast position of 20 of 50 key sites
Reduce non-clinical space to 30% <i>Reduce from current level of 32% by 2022/23</i>	Reduce to 31% in 2019/20, based on discussions with Trusts and provisional plans in place
Reduce operating costs by 7% <i>Deliver a £18.2m reduction in recurrent operating costs by 2022/23</i>	A reduction of c.£5m in 2019/20 is estimated, based on current planning for HIOW and some slippage from 2018/19
Support national drive to release land for housing <i>Offer c.20 hectares of land for development of 1000 units by 2022/23</i>	Deliver a further 6 hectares of land for developing in 19/20
Estate transformation <i>Support the changing model of healthcare delivery.</i>	Appoint dedicated support to link closely with the STP workstreams and provide support for clinical and workforce planning



Mental Health

Mental health training: We have delivered mental health first aid training to 180 staff across a number of sectors, including the police, increasing both awareness and knowledge of how to support people experiencing a mental health crisis or illness. Mental health nurses and clinicians with specialist paediatric training now based at the 111 call centre

Improving mental health services for children and young people: During the year we implemented a six month pilot project aimed at reducing the number of children and young people admitted to hospital with severe mental illness. The project also looked at how we can make sure children and young people are cared for in an environment as close to their home as possible, reducing the amount of time spent in hospital and supporting families following discharge. By undertaking this project we not only provide local children with a better experience of care but also streamline the way we work so that mental health specialists are able to spend more time supporting young people more intensively in their home. Overall the project generated £1.1 million savings from a £500,000 investment and is currently being refined to make sure we further improve outcomes for children.

Mental Health Alliance Formation: The Alliance has grown and now has a membership of over 120 people to drive co-production and integration agendas.

Health Foundation Award: Awarded in September 2018, this has funded simulation modelling in Mental Health services for HIOW. This is an innovative and powerful approach not previously used in local mental health services and will enable acute care pathways to be modelled as part of a pathway redesign process.

S136 Pathway: Pathway reviewed and improved, including agreeing protocols for emergency departments (ED) acting as a health based place of safety (HBPOS). This has supported reductions in the use of police cells since November 2016 (0) and a 15% reduction in S135 use compared to 2017, by facilitating informed decision making and reducing variation across HIOW.

Serenity Nursing Pilot: Business case agreed for co-locating mental health nurses in the operations centre of NHS 111/999 supporting the 'front door' of mental health crisis care, prevention and post crisis intervention across the Hampshire and Isle of Wight (HIOW). Pilot underway and will lead to evaluation in Q1 2019/20 after a six month period of operation.

Projects for 2019/20	Target Deliverables
Acute Care Review	<ul style="list-style-type: none"> Implement Health Foundation award to deliver a simulation model for acute pathways Review and co-produce acute care pathway across HIOW to enable a reduction in out of area admissions Initiate public consultation and NHE assurance as required
Crisis Pathway	<ul style="list-style-type: none"> S12 App: Deliver S12 app pilot and assess impact Serenity Nursing : Pilot and evaluate serenity nursing project, developing business case if required Benchmarking: Assess HIOW against approved commissioning standards to identify variation and reduce inequities
Recovery and Rehabilitation Pathway	<ul style="list-style-type: none"> Review and co-produce rehabilitation and recovery pathways – for inpatients and community Reduce out of area placements through assessment and development of community support services Initiate public consultation and NHE assurance as required
Enabling Work	<ul style="list-style-type: none"> Peer support worker network and framework Co-production capability and capacity Workforce development



New Models of Care

The Personalised Care Programme

This aims to offer people greater choice and control over the way they receive health and care support. During its first year it provided over 1500 people with a personal health budget, over 8,500 now have personalised care plans and support in place, and over 20,000 people have been offered the opportunity to personalise their care (more than double the target for the year).

Primary Care Networks:

Primary Care Networks (PCN) will be the core delivery vehicle for integrated care across Hampshire and the Isle of Wight. These networks of GP practices will work together with other local health and social care providers to deliver integrated primary, community, mental health and social care services to catchment populations of ~50,000 per PCN.

We are implementing new models of integrated care through:

- enabling and supporting the development of 42 Primary Care Networks in Hampshire and the Isle of Wight;
- our PCNs will work with community and social care partner to provide integrated care teams that deliver proactive, anticipatory and preventative care for local populations;
- the voluntary and community sector, and secondary care teams being key partners in delivery;
- people having better access to care that is planned and co-ordinated around their needs

Extended access to primary care services has been provided via GP practices, offering evening and weekend appointments alongside increased advice and information provision.

Primary Care Workforce:

Workforce trajectory produced, HIOW included in GP International Recruitment Scheme, Primary & Community Workforce Group established. Additional finance secured to support GP retention (£414k). Funding secured to support pharmacy services in care homes.

- By facilitating integration and transformation, the New Models of Care programme aims to deliver a structure of mature, developed PCNs that integrate primary and community care to increase efficiency and effectiveness of care.
- The national agenda of personalised care is being delivered at a local level, with the potential to scale up to the rest of HIOW to provide a standardised approach and maximise the benefits of personalising care for citizens.
- Work undertaken to support the challenges faced by primary care workforce, such as supporting recruitment and retention at scale.

Project	Target Deliverables
Primary Care Network development	<ul style="list-style-type: none"> • Continue to develop PCNs, with a target that all are at level 2 maturity by the end of 2020 • Development of new/extended roles in PCNs • Secure appropriate funding and develop integrated care budgets
Personalised Care	Personalised care embedded into PCN planning and delivery, in the form of: <ul style="list-style-type: none"> • Personal health budgets and integrated personal budgets • Social prescribing and community connecting • Supported self-care • Strategic co-production
Primary Care Workforce	<ul style="list-style-type: none"> • Complete workforce development plan to support the stabilisation of primary care workforce • Optimise access to opportunities/investments via GP Forward View



Prevention

- The programme aims to support pathway changes, prevention agendas or deliver a range of improvements to increase access rates, effectiveness or awareness of change.
- It will support the analysis and understanding of population health to deliver benefits to citizens' health and care.
- It will use public health data to inform priorities and identify variation
- It will support the incorporation of prevention into clinical pathways at scale

The NHS Diabetes Prevention Programme is in action across Hampshire and the Isle of Wight, identifying and supporting people at high risk of developing Type 2 diabetes. 7,000 people have now been referred to the programme with over 3,000 people attending the initial session. People attending the course are losing an average of 3.4kg (7.5 lbs) in six months.

Making every contact count (MECC) is an approach to behaviour change that uses the millions of day to day conversations that health and care professionals have with people, to encourage positive changes in behaviour. These changes are aimed at having a positive effect on the health and wellbeing of individuals, communities and populations. This year we trained 1,041 health and care staff to hold these sometimes difficult conversations, with the people with whom they come into contact. This is a significant rise from the number of people trained last year and we will continue to support our staff to Make Every Contact Count.

Reducing smoking rates

All our hospital trusts now actively encourage patients to stop smoking. As part of a Hampshire and Isle of Wight scheme, hospital staff hold discussions with patients and encourage them to stop smoking, describing the positive impacts on their health. Smoking cessation is now a core element of patient conversations, with 70% of smoking patients at our hospital trusts having received stop smoking advice. Work will continue in 2019/20 to increase the uptake of stop smoking support.

Projects	Target Deliverables
Embed Prevention	<ul style="list-style-type: none"> • Increase smoking identification and advice in hospital pathways • Ensure sufficient and sustainable capacity within specialist alcohol services in secondary care • Improve identification and delivery of Alcohol Brief Intervention across Primary Care Networks • Integration of prevention, mental health support and rehab into MSK pathways • Maternity services to deliver accredited evidence based infant feeding programme • Develop framework to enable consistent social prescribing • Embed prevention and population health management within PCNs
Programme integration	<p>Support other programmes to deliver prevention priorities from NHS long term plan to include:</p> <ul style="list-style-type: none"> • Implement wave 4 of NHS Diabetes Prevention Programme • Enable health and care workforce to Behaviour change development framework • Case find CVD risk in primary care to initiate secondary prevention • Targeted work to tackle risk factors to suicide • Improve identification for people at risk of suicide within primary care
Inequalities	<ul style="list-style-type: none"> • Develop smoke free maternity pathway • Increase number of people with severe mental illness receiving a physical health check • Increase access to smoking cessation service offer



Solent Acute Alliance

By facilitating integrated discussion, planning and a focus on projects that affect multiple acute providers, the Alliance aims to deliver at-scale improvements to the delivery of acute care within provider settings. A specific focus is collaboration to deliver a multi-organisation conclusion to the Isle of Wight Acute Services Redesign that supports the development of a strategy for the island. This programme has now wound down.

- **IOW Acute Services Redesign**
A review of 14 specialties/services is underway, with several complete, to inform an overall redesign of the delivery of acute services on IOW. The Island are developing a new strategy to deliver sustainable services
- **Theatre Capacity Improvements**
A full business has been written and submitted to NHSI to create 4 theatres, currently awaiting a formal response.
- **Maternity Systems**
A full business case has been delivered and going through Trust Board approvals, submitted to NHSI in 2018/19
- **Digital OPD**
A full business case is being finalised and going through Trust Board approvals during December, submitted to NHSEI in 2018/19
- **Pharmacy**
A full business case submitted to NHSEI in 2018/19
- **MSK**
Exemplar pathway has been created, triage pilot in Portsmouth in place

Projects 2018/19	Target Deliverables
Isle of Wight Acute Services Redesign	<ul style="list-style-type: none"> • Complete series of clinical reviews • Engage, as Alliance partners, with the strategy development for the island
Theatre Productivity	<ul style="list-style-type: none"> • Implement works for theatres at UHS and PHT, following release of capital in Q4 18/19. Deliver increased theatre capacity by end of 2019/20
Digital Records	<ul style="list-style-type: none"> • Progress to implementation stage and development of new systems, including My Medical Record
Business case approval and management	Subject to board approval , support delivery of pharmacy and digital OPD of full business cases



MOVING FORWARD TOGETHER

Urgent and emergency care

By supporting individual resilience planning and approaches to UEC, the programme aims to deliver a consistent approach to winter resilience across HIOW. This will improve system resilience by facilitating integrated responses, reporting and partner working to manage capacity and demand pressures faced throughout winter

The programme will support the establishment of a system-wide IUC approach to offer standardisation at scale and in-hours and out of hours

Winter plans

The winter of 2018/19 saw all health and care organisations in Hampshire and the Isle of Wight working together to provide the best possible services for local residents. Using systems which helped staff understand when emergency services across the area were under significant pressure whilst adapting our approach to ensuring appropriate staffing levels, saw an increase in the number of patients being seen within the four hour target over the peak winter period.

Discharge from Hospital

Over the last two years all our hospital trusts have been focusing on reducing the amount of time people stay in hospital after being admitted in an emergency. As well as putting new processes into place to reduce hold ups, Hampshire Hospitals is looking at how it can support patients even more. Amongst other things, they now assess people for frailty in order to understand what support they might need when they're discharged. The result of this has been a reduction in the amount of time spent in hospital, a reduction in the number of patients staying more than 21 days and a reduction in the number of patients waiting to be discharged.

Integrated Urgent Care

Plans have been made to offer an Integrated Urgent Care (IUC) service in Hampshire. Key components include a 'virtual IUC' that links SCAS and two out of hours providers, and established links between conveyers, primary care and secondary care. Direct booking into MIU and UTC now in place.

NHS 111 Online

Planning and phased roll out of NHS 111 online requirements in place, so that online patients will be able to access a call-back from a clinical adviser.

Projects for 2019/20	Target Deliverables
Winter resilience <i>Develop and build on 2018/19 plans to deliver HIOW-wide consistent approach to winter resilience planning</i>	<ul style="list-style-type: none"> Deliver system-wide coherent and co-ordinated winter resilience plan, building on legacy of 2018/19 winter plans Establish milestones for delivery, commencing 1st April 2019, to deliver fully worked up plans in advance of winter 2019
IUC <i>Complete roll out, full evaluation and lead on procurement process</i>	<ul style="list-style-type: none"> Complete evaluation of 2018/19 IUC roll out and impact across HIOW, including the 24/7 virtual IUC Support joint agreements in place between SCAS, HUC and PHL and transition to new telephony system from April onwards Lead on procurement process
UTC <i>Facilitate direct access to UTC via NHS 111</i>	<ul style="list-style-type: none"> Evaluate performance and impact of direct access to two UTCs over winter 2018/19 Recommend future direction of travel and consider roll out to wider groups



Workforce

Collaborative bank

We have developed a system-wide staff bank to help support staffing levels in our trusts and reduce the reliance on agencies. This will enable staff to book shifts in either their own or another trust in our system. This exciting project is at an early stage and will be closely monitored to understand the financial and staff benefits.

Reducing recruitment incentives

We know that many of our staff move around our system for new roles. In order to stabilise our workforce and reduce competition we have ceased to offer 'golden hello' finance incentives to staff from within the system.

Staff portability

We have introduced a staff passport, which means that training, pre-employment checks and references can be carried from one organisation to another. It costs about £6,000 to perform these checks for each new member of staff. The passport therefore saves both time and money and means our staff spend more time caring for patients.

Nursing supply

We have begun a system-wide nursing supply programme to address the issues we face with recruiting/retaining nursing staff.

Primary care workforce

Hampshire and the Isle of Wight has been included in the national GP International Recruitment Scheme and we have a number of programmes running to support better GP recruitment and retention.

Recruitment and retention

We want our staff to experience a high level of job satisfaction and we are looking at new ways to attract and retain our value workforce. Amongst the options under consideration are flexible retirement and housing

Education and development

During times of change we know that we need to provide our workforce with even more support. We have therefore developed a system-wide organisational development plan and network, offering support for the development of local teams as well as system-wide issues such as values based recruitment and talent management. We have also developing education approaches across the system, including improving English language skills for overseas nurses

Projects for 2018/19	Target Deliverables
Collaborative bank	Fully implement and track benefits of HIOW collaborative bank
Portability All strategic sites to be operating above 85% utilisation by 2023	Complete further phases of the portability project to offer broader application of portability within social and primary care
Organisational development	Review shared organisational change processes and terms and conditions in place, to inform development and change
Education and development	Implement shared programmes within a range of areas: <ul style="list-style-type: none"> • Homecare • Organisational development • Education and training • Winter planning • Attraction and retention
Workforce	<ul style="list-style-type: none"> • Agree and implement HIOW nursing supply programme, with clear benefits tracking • Further align workforce strategies with HEW/TVWLA • Explore Key worker housing for HIOW workforce • Implement workforce plans for Mental Health and PCNs



Enabling these improvements

- **Reduction in estates operating costs** of £1.3 million 2018/19
- **Successful collaborative capital bids:**
 - Wave 3 - £31 million
 - Wave 4 - £89 million
 - LHCRE - £7.5 million
 - Provider digitisation - £12 million
 - plus a number of smaller pots
- **Statutory and mandatory training passport** enabling easier movement for staff around HIOW and saving approximately £6,000 for each new starter within the system
- Agreement on **collaborative bank** to reduce agency costs
- **End to 'golden helloes'** reducing movement across the system and saving on costs
- Development of the **Care and Health Information Exchange (CHIE)**
- **Wifi** installed in over 90% of NHS buildings

