

The next meeting in public of the Isle of Wight NHS Trust Board will be held on **Wednesday 27th February 2013** commencing at 09:30hrs in the Conference Room, St. Mary's Hospital, Parkhurst Road, NEWPORT, Isle of Wight, PO30 5TG. Staff and members of the public are welcome to attend the meeting. Staff and members of the public are asked to send their questions in advance to board@iow.nhs.uk to ensure that as comprehensive a reply as possible can be given.

AGENDA

Indicative Timing	No.	Item	Who	Purpose	Enc, Pres or Verbal
09:30	1.	Apologies for Absence, Declarations of Interest and Confirmation that meeting is Quorate <i>No business shall be transacted at a meeting of the Board of Directors unless one-third of the whole number is present including:</i> <ul style="list-style-type: none"> the Chairman; one Executive Director; and two Non-Executive Directors. 	Chair	Receive	Verbal
09:35	2.	Minutes of Previous Meetings To approve the minutes from the meeting of the Isle of Wight NHS Trust Board held on 30th January 2013	Chair	Approve	Enc A
09:40	3.	Chair's Update The Chair will make a statement about recent activity {Strategy}	Chair	Receive	Verbal
09:50	4.	Chief Executive's Report 4.1 The Chief Executive will make a report on recent national, regional and local activity {Strategy} 4.2 Patient Story {Assurance}	CEO EDNW	Receive Receive	Pres Pres
10:10	5.	Strategy and Business Planning 5.1 FT Programme Update {Strategy}. 5.2 FT Self Certification {Assurance}	FTPD FTPD	Receive Approve	Enc B Enc C
10:30	6.	Quality and Performance Management 6.1 Quality/ Performance/ Workforce/ Finance {Assurance} 6.2 Staff Story {Culture} 6.3 Staff Survey Management Report 6.4 Frances Report 6.5 Rent/Cost of Capital	EDF EDNW Dr Reg Race EDNW EDF	Receive Receive Receive Approve Approve	Enc D Pres Pres Pres Enc E
11:40	7.	Governance and Administration To receive and approve the minutes of the following: {Assurance} 7.1 Finance Investment and Workforce Committee held on the 20-02-13. 7.2 Quality and Clinical Performance Committee held on the 20-02-13 7.3 Foundation Trust Programme Board held on the 23-1-13	FIWC Chair QCPC Chair FTPD	Approve Approve Approve	Enc F Enc G to follow Enc H

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|-------|------------|---|-------|
| 11:50 | 8. | Questions from the public [notified in advance – see above] | Chair |
| 11:55 | 9. | Any Other Business | Chair |
| 11:55 | 10. | Issues to be covered in private | Chair |
| | | <p>The meeting may need to move into private session to discuss issues which are considered to be “commercial in confidence” or business relating to issues concerning individual people [staff or patients]. The Chairman or Chief Executive will indicate what these issues are without entering into details about them. If there are issues to be discussed in private the Board will consider a resolution to that effect. Members of the public, the press and members of staff will then be asked to leave the room.</p> | |
| 12:00 | 11. | Date of Next Meeting | Chair |
| | | <p>11.1 The next meeting of the Isle of Wight NHS Trust Board to be held in public will be on Wednesday 27th March 2013 in the Conference room at St Mary’s Hospital, Newport, Isle of Wight PO30 5TG</p> | |

Minutes of the meeting in public of the
Isle of Wight NHS Trust Board held on **Wednesday 30 January 2013**
Conference Room, St Mary's Hospital, Newport, Isle of Wight.

PRESENT:	Danny Fisher Karen Baker Sue Wadsworth Chris Palmer Felicity Greene Alan Sheward John Matthews Nick Wakefield Mark Pugh Peter Taylor	Chair Chief Executive Non-Executive Director Executive Director Finance Executive Director Strategic Planning and CD Executive Director Nursing and Workforce Non-Executive Director Non-Executive Director Executive Medical Director Non-Executive Director
Observers:	Chris Orchin Mike Carr Stuart Hutchinson	Local Involvement Network (LINK) [arrived 10:25] Patient Council Chair Cabinet Member, IOW Council
Media:	None	
In Attendance:	Mark Price Michelle Russell	Foundation Trust Programme Director Corporate Communications Manager
Minuted by:	Cate Clark	Board Administrator
Members of the Public in attendance:	One	

- 13/001** **1. APOLOGIES FOR ABSENCE**
There were no apologies for absence.
- 2. DECLARATIONS OF INTEREST**
John Matthews declared himself *Assistant Deputy Coroner* and a *Deputy District Judge*.
- 3. CONFIRMATION OF QUORACY**
The Chair confirmed that the meeting was quorate.
- 13/003** **4. MINUTES OF PREVIOUS MEETINGS**

There were two amendments to the wording of the schedule of actions vis
[i] QCPC to provide *assurance* to the Board rather than a *response* and
[ii] EDM to produce "guidance" not a "policy" on referral of patients.
- The minutes of the Trust Board meeting held on 19th December 2012 were approved.**
- 13/004** **PRESENTATION OF CERTIFICATES OF RECOGNITION**

Certificates were presented to Guy Eades for his work in *Healing Arts* which plays such a key role in aiding patient recovery and well-being; and to Fiona Brothers and Brian Johnston for their work in preparing the Trust for NHSLA assessment, resulting in the first-time award of Level 1 status. Not only would this reduce the Trust's NHSLA premium but it demonstrated that Trust policies and procedures could withstand external scrutiny.

13/005

5. CHAIR'S UPDATE

- **5.1** Work continues towards the attainment of Foundation Trust [FT] status and it was to the Trust's credit that the Board's self assessment figure had exactly matched that awarded by KPMG. The Trust's progress through the next stage of the FT journey has been authorised, maintaining the planned timeline.
- Noel Dobbs had formally tendered his resignation; recruitment for a new, clinical, Non-Executive Director [NED] to replace him would commence imminently.
- A colourful display, thanking relatives for the donation of organs for transplant, has been completed and sited just outside the Conference Room. Its preparation has involved a great deal of work, which required sensitive handling.
- **5.2** New Chairs have been appointed to sub-committees following the resignation of Noel Dobbs: Chair proposed Peter Taylor to chair the Finance, Investment and Workforce Committee [FIWC] with Nick Wakefield as vice chair and John Matthews to chair the Charitable Funds Committee [CFC] with a vice chair to be selected following the appointment of a new NED. **The Board approved these changes.**

The Isle of Wight NHS Trust Board received the Chair's update.

13/006

6. CHIEF EXECUTIVE'S REPORT

- 6.1** A report was given on national and local issues including the imminent publication of the *Francis Report* into the failings at Mid Staffs Trust and the ongoing inquiry led by Baroness Neuberger into the *Liverpool Care Pathway* [LCP]. The Trust was trialling the similar *Amber Care Bundle*.
- It was proposed to create an NHS register of managers much the same as existed for clinical staff.
 - During the Care Quality Commission's [CQC] recent unannounced visit to the Trust, they had not made a single remedial recommendation and had particularly praised the commitment and energy of staff.
 - Progress towards Foundation Trust [FT] remained on target.
 - Over 100 clinicians had participated in the Integrated Services Information System [ISIS] pilot and were providing overwhelmingly positive feedback. The Island was leading the way in the integration of electronic patient records.
 - All parties [the Trust, Local Authority and CCG] continued to work effectively together on the *My Life, a Full Life* project to enhance the quality of life for those living with long-term conditions.
 - The Trust had been unsuccessful in its bid for the renewal of the prison healthcare contract. Affected Trust staff will be TUPE'd to the new provider.
 - Services had been unaffected over Christmas/New Year and during January's adverse weather conditions. This was due in part to the rostering greater numbers to work than in previous years and also the

effective use of four-wheel drive vehicles to transport staff, under memorandums of understanding with the vehicle owners.

- From 1st April, LINK will be replaced by HEALTHWATCH. The Island's Clinical Commissioning Group [CCG] was the only CCG in the South to have received authorisation by the SHA without *any* conditions attached; good news for all areas of Island healthcare.
- The local authority had received its Ofsted report criticising *safeguarding children* delivery: EDNW will be working with inter-agency colleagues to drive up performance.
- Hospital Radio had celebrated its fortieth birthday. Recent visits by Executive Directors found staff to be passionate about their role in helping patients on the road to recovery. The NEDs will visit hospital radio during a future Board walkround.
- The Trust had been successful in its bid for £200k extra funding to improve maternity facilities. The work is to be completed by 31-03-13.
- An additional 200 car parking spaces have been authorised and work has commenced.

6.2 BIG Discussion Feedback

The BIG Discussion seeks to engender staff involvement in shaping the Trust's future. The feedback received was difficult to disclose due to the personal and heartfelt nature of responses, and also the large volume of replies still to be worked through. An interim feedback document has been produced to reassure staff that their contributions have been heard and their input valued.

Replies to areas of discussion included:-

STRATEGY

- Most staff wanted the Trust to remain integrated for the benefit of patients.

LEADERSHIP, MANAGEMENT, COMMUNICATIONS & TRAINING

- Many staff wanted under-performers to be actively performance managed; second-rate service should never be acceptable.

ESTATES & EQUIPMENT

- The availability of parking spaces [for patients and staff] was recognised as being stressful and should be addressed.

PROCUREMENT, FINANCE & IT

- The ISIS project has energised the modernisation of IT across the Trust.

OPERATIONAL CAPACITY, STAFFING AND HEALTHY EATING

- Staff struggle to find patient-facing time; this should be a focus.

BUREAUCRACY, PROCESSES & PATIENT FOCUS

- In response to staff; more work would be done looking to review the staff/patient ratios [EDNW].

STAFF HEALTH & WELL-BEING

- In response to comments; healthier options had been made available in the Full Circle restaurant and the possibility of a health and well-being centre for staff was being investigated.
- Some staff felt very strongly about the provision of smoking shelters; in response, this was a very emotive subject and would require sensitive consideration.

There is more work to be done on the feedback and the BIG Discussion will continue, with a similar exercise planned for later in the year.

The Isle of Wight NHS Trust Board received the Chief Executive's report.

13/007

6.3 Patient Story

The patient story was delivered.

- A letter has been received from a patient admitted to MAU {one of the wards that Board members would later visit } in which several areas of concern had been identified, including:-
 - broken equipment – leading the patient to wonder if similarly scant attention was paid to her care?
 - procedure ill-explained, increasing the patient's anxiety
 - patient left alone after the procedure and became frightened
 - patient's perception was that nurses were too busy to ask for help
- Action taken in response included the implementation of *intentional round-ing* ["comfort rounds"] which would additionally reduce the number of times patients used buzzers and the anxiety felt when a patient was unaware how long it would be before the next visit. This feedback would be shared with staff. QCPC discussed patient stories/feedback in full before they were brought to the Board.
- Patients would be asked if they were willing to have their feedback recorded electronically as that would have a more powerful impact on staff on the wards or in meetings: future patient stories could be presented to the Board by recordings or in person where patients content to do so.
- The complaints process was being overhauled with a view to making it less sterile and more productive: the Trust must be seen to do something in response to all complaints. An even more pro-active measure would be to follow JM's suggestion to issue all patients with a customer-satisfaction-style form at the end of treatment to evaluate quality of care and make suggestions. At the March meeting the Board will be updated on the trial of the *Family and Friends test* currently underway to give family/friends an opportunity to comment on patient care prior to discharge. The Patient Council and LINK were delighted with the work being done and eagerly awaited the results.

The IOW NHS Trust Board received the patient story.

13/008

7. STRATEGY AND BUSINESS PLANNING

7.1 FT Programme Update

An update was given on the FT programme.

- Amendments had been made at national level to the timetable for progression to FT: it will now take 6 months from referral to DH to commencement of Monitor stage, putting a realistic FT start date back to April 2014 at the earliest. Whilst political emphasis remained on the April 2014 deadline it was sensible to be realistic especially as the Trust Development Agency (TDA) was currently declaring that the timetables of 19 NHS Trusts would go beyond 1st April 2014. FT information on the Intranet has been updated in order to be transparent to staff.

- The Board debated the timeline and agreed that the Trust should continue towards embedding policies and procedures towards FT status and remain ready to meet whatever deadlines might be imposed.
- Two more assessments have been conducted, in parallel, in January, Quality Governance and Historical Due Diligence [HDD]. Staff remained busy preparing considerable products for SHA submission at the end of the month.

The IOW NHS Trust Board received the Foundation Trust programme update.

13/009

7.2 Outcome of FT Public Consultation

An update was given on the Foundation Trust [FT] Public Consultation.

- Preparatory engagement work ahead of the formal consultation has been ongoing for some time and included the BIG Discussion along with the views of a range of stakeholders. On the whole, strong support has been received, including letters of support from many stakeholders including the local authority and Island MP, which provided good evidence for the SHA.
- Changes proposed included:
 - the lowering of the minimum age of membership from 16 to 11 [giving a strong voice to young people; secondary schools would be targeted with a recruitment drive] although the minimum age for Governors would remain at 18; and giving the Earl Mountbatten Hospice [EMH] its own stakeholder governor, due to the unique position of the EMH as the Island's sole hospice and its close working relationship with the trust. Having increased the number of staff and stakeholder governors the number of public governors [who must always constitute the majority] must also be increased, bringing to 25 the total number of governors.
- There was support for the division of the Island into 3 areas for FT membership. With regard to the Island's disproportionately large prison population, it was understood that despite comments during consultation that there were no grounds for refusing membership to serving prisoners, they would not be eligible to stand as governors. There was a national programme available for the development of governors once appointed.
- The Trust's target for membership numbers was 4,000 by April 2014 increasing to 6,000 by April 2017 and the recruitment campaign would be commenced in February and throughout the year including:-
 - The LOVE YOUR NHS campaign – to be run during *Valentine's Day Week*
 - NHS 65 {1 July 2013} and NHS Heritage week {September}
 - Island events including Festivals and shows
 - Email targeting
 - Word of mouth
 - Challenging the Board to recruit at least 2 members each

- Posting leaflets on the trust's website
- Using social media and the Island's Youth Council to target young people [checks were being made to see if parental consent would be required to enable those under 16 to become FT members].

The IOW NHS Trust Board received the update on the FT consultation.

13/010

7.3 Radiology Information System, Patient Archiving and Communication System [RIS PACS] Update

The business case had previously been approved in September 2012 and the work was now going ahead. Further detail will be discussed and authorised at the private Board due to commercial confidentiality.

13/011

7.4 Pathology Services Update

This would also be discussed in more detail at the Board held in private. The business case had been approved the previous day by partners in Southampton and should be done by Portsmouth colleagues later in the week. What had initially been driven by financial need had become something far more about quality and future proofing. It was beneficial for the Island to be part of the Consortium which will benefit both patients and staff alike.

13/012

8. QUALITY AND PERFORMANCE MANAGEMENT

8.1 Quality / Performance / Workforce / Finance

A report on December Performance was given to the Board.

- Additional items have been added to the Performance Report as a trial this month including data triangulation and 'data on a pag' for ease of use; the Board agreed that this approach should be embedded.
- Some performance figures were good, others less so. The Board focused on ambers as well as reds, and on very good performance as well as exception reporting. There had been no cases of MRSA since September and performance against the stroke patient target had been maintained. Referrals for treatment of breast cancer and all cancer targets had been achieved. The GRR [Governance RAG Rating] had been green and the financial target also achieved.
- Performance failing to meet targets included an increase in the number of severe pressure ulcers and one case of C Diff. TIA figures exceeded the national target. Old debts were being cleared and removed from finance figures.

Lowlights

Pressure ulcers

- Prevalence fell but there was an increase in the number of Grade 3 and 4 ulcers
- Target still not being achieved but a number of actions were being worked through including correct reporting, having equipment at the right time and place, and training staff to recognise those at risk
- The tissue viability nurse carried out weekly visits to wards
- QCPC monitored action plans to reduce pressure ulcers

Infection Control

- The last case of MRSA was in September
- One case of C.diff occurred in December totalling 11 in the year to date against a YTD target of 9: 12 for the year against annual target 13. Work is being undertaken to identify areas of repeated prevalence and hand hygiene training compliance for staff.

Slips, trips and falls

- Of 66 reported, 14 had resulted in injury. The Trust's aim was for this figure to be zero, and this was achieved in December.
- QCPC discussed the detail looking at figures by ward and directorate.

Formal complaints

- The number had reduced to 23 but was still too high and exceeded the control total of 299 for the year [YTD 288 at the end of December].
- There had been an increase in complaints about nursing care but a reduction in the complaints about clinical care.
- Action plans would continue to be used towards managing issues before they became formal complaints.

Mixed Sex Accommodation

- The Trust has again achieved this target.

New report

- Data had been analysed, recognising that further information needed to be provided on ethnic categories.
- The use of the NHS number was 98%, with a target to be reached of over 99%. **The Audit Committee to look into the detail.**

Pay costs

- Pay costs were £59,000 below plan; overspend was being controlled although overspend earlier in the year [when there had been high agency/locum staff costs] still had to be taken into account.
- There was a focus in directorates' performance reviews to staying within budget.

Staff Sickness

- Staff sickness absence currently at 3.26% attracting an Amber rating. A huge amount of work is ongoing within directorates including the management of long term sick in an appropriate and timely way, and detailed discussion of trends and causes at FIWC committee.

Finances

- The required end of year surplus of £500k was still on target. There was £12m in bank but partly due to the Trust having no assets this year – pay "rent" for buildings so money from PCT to pay for that.
- A green rag rating for finance.

Key Highlights

- Additional £200k for maternity for an improved birthing environment which will be delivered by the end of the financial year.
- Symptomatic breast cancer screening referrals had improved to a Green rating in December.

- Acute Directorate had positive workforce indicators despite significant increase in demand so the increased workload had not led to a decrease in performance, to their credit.

The Isle of Wight NHS Trust Board received the Performance report for December 2012.

13/013

8.2 Trust Board Assurance Walkrounds

A paper was discussed on best use of Executive/NED walkrounds

The Board sought to be more robust in obtaining assurance from across the organisation. The existing system of walkrounds did not give members enough detailed insight into how well-run a Ward or department was, making it impossible for the board to obtain the full assurance required.

There was no mechanism in place to track actions arising from such visits.

The paper proposed to clarify the action delivery process and that, with effect from March 2013 [with a trial run in February], a Board member would each week visit an area of the organisation currently attracting a Red or Green RAG rating: having previously been briefed with information on the area to be visited, enabling them to arrive with some knowledge, a member of the executive, together with a NED if available, would walk around the given area [clinical or non-clinical] and complete the new matrix. Areas rated green would be visited and rewarded for performance. Any actions identified or queries raised during the visits would result in a letter from the quality team to the directorate requiring a response. Programme of visits would be actioned.

The Isle of Wight NHS Trust Board approved the Executive/NED walkround visits

13/014

8.3 Staff Story

The Board received a report from senior members of the HR team on work recently done around assuring customer satisfaction and value for money.

A key driver had been ensuring that all departments of the organisation provided quality patient care and in order to play their part the HR team had restructured to place HR advisers in clinical directorates working closely with staff there. By doing this, the HR team, strove to add value and provide a high quality service. At the start of the restructure process a brief staff [customer] satisfaction survey had rated their service at 7.13 out of 10: this had improved to over 8/10, a figure which had been maintained for some months, obtained by conducting a survey of staff ringing the HR helpline or asking for their feedback at the end of a case with which HR had assisted.

The HR team reviewed the feedback and the ratings both challenges and positives. One of the issues was the ansaphone service and this had been improved to a more commercial style approach and higher quality service. HR office clinics were held to give staff access to HR at given times. Standardised template letters were created. Advice was provided based on standardised policies and manuals to ensure consistency. This will be rolled out across the resourcing team.

The Board was delighted with the story, especially the focus of the work being the importance of patient care. This should be rolled out across corporate services as well as being broadcast across the organisation via executive briefings and at director level.

The Isle of Wight NHS Trust Board was delighted to receive the staff story.

13/015

10. GOVERNANCE AND ADMINISTRATION

10.1 Foundation Trust Self-Certification

FIWC and QCPC had considered the detail and were happy with the certification. For the first time the GRR Governance RAG rating had been put forward as Green, compliant against the full range of indicators. A few areas in Quality had not quite met target but two of these would become compliant in the next month. Declaration stated that some areas were non-compliant but that good progress had been made in the month. The self-certification was recommended to the Board and approved by the Board.

10.2 Corporate Governance Framework

The Board received the Standing Financial Instructions, Standing Orders and Scheme of Reservation & Delegation with the amendments highlighted. The Executive Director of Finance tabled the governance documentation changes advising that the amendments were minor to reflect changes to the executive directors' portfolios and titles, and the changes to the Board sub-committee structure.

The Chair of the Audit and Corporate Risk Committee advised that the amendments had been agreed for recommendation to the Board at its meeting prior to the Board meeting.

The IOW NHS Trust Board approved the amendments to the Corporate Governance Framework.

10.3 Minutes of the Audit and Corporate Risk Committee 11-12-12;

10.4 Minutes of the Finance, Investment and Workforce Committee 17-12-12;

10.5 Minutes of the Quality and Clinical Performance Committee 16-01-13;

10.6 minutes of the Foundation Trust Programme Board 18-12-12;

The IOW NHS Trust Board received the minutes [10.3 – 10.6].

13/016

11. BOARD SITTING AS CORPORATE TRUSTEE

11.1 Charitable Funds Annual Report and Accounts 2011-2012

11.2 Terms of Reference of the Charitable Funds Committee

The IOW NHS Trust Board signed off the Report and Accounts and Terms of Reference of the Charitable Funds committee.

11.3 Minutes of the Charitable Funds Committee 18-12-12

The IOW NHS Trust Board approved the minutes of the Charitable Funds Committee held 18-12-12.

13/017

12. QUESTIONS FROM THE PUBLIC

There were no questions received from the public.

13/018

13. ANY OTHER BUSINESS

There was no other business.

13/019

16. DATE OF NEXT MEETING

The Chair confirmed that the next meeting of the Isle of Wight NHS Trust Board would be held in public on **Wednesday 27th February 2013** at the Conference Room, St Mary's Hospital, Newport, Isle of Wight.

REPORT TO THE TRUST BOARD ON 27 FEBRUARY 2013

Title	FOUNDATION TRUST PROGRAMME UPDATE	
Sponsoring Director	Foundation Trust Programme Director	
Author(s)	Foundation Trust Programme Director	
Purpose	To note.	
Previously considered by (state date):		
Acute Clinical Directorate Board		
Audit and Corporate Risk Committee		
Charitable Funds Committee		
Community Health Directorate Board		
Executive Board		
Foundation Trust Programme Board		
Mental Health Act Scrutiny Committee		
Nominations Committee (Shadow)		
Planned Directorate Board		
Finance, Investment and Workforce Committee		
Quality & Clinical Governance Committee		
Remuneration Committee		
Staff, stakeholder, patient and public engagement:		
A programme of internal and external stakeholder engagement has been initiated and is ongoing to deliver change within the organisation and generate the support required across the locality and health system to deliver a sustainable FT. Briefing sessions have been undertaken with Patients Council, the Ambulance service, Isle of Wight County Press and Health and Community Wellbeing Scrutiny Panel. A formal public consultation on becoming an NHS Foundation Trust has been undertaken.		
Executive Summary:		
This paper provides an update on work to achieve Foundation Trust status by April 2014.		
The key points covered include:		
<ul style="list-style-type: none">• Progress update• Communications and stakeholder engagement activity• Key risks		
Related Trust objectives		Sub-objectives
Reform		9 - Develop our FT application in line with the timetable agreed with DH & SHA
Risk and Assurance		CSF9, CSF10
Related Assurance Framework entries		Board Governance Assurance Framework within BAF
Legal implications, regulatory and consultation requirements		A 12 week public consultation is required and concluded on 11 January 2013.
Action required by the Board:		
(i) Note this progress update report		
Date		15 February 2013

ISLE OF WIGHT NHS TRUST
NHS TRUST BOARD MEETING WEDNESDAY 27 FEBRUARY 2013
FOUNDATION TRUST PROGRAMME UPDATE

1. **Purpose**

To update the Trust Board on the status of the Foundation Trust Programme.

2. **Background**

The requirement to achieve Foundation Trust status for NHS provider services has been mandated by Government. All NHS Trusts in England must be established as, or become part of, a NHS Foundation Trust by a target date of April 2014.

3. **Communications and Stakeholder Engagement**

The outcome of consultation has been reported to the Association of Isle of Wight Local Councils and the Health and Community Wellbeing Scrutiny Panel. The outcome was also featured in a full page advert in the County Press.

The membership recruitment drive will be launched in week commencing 18th March. Detailed planning is in place and materials (e.g. leaflets, posters, banners, etc.) have been ordered. These will be distributed widely across the Island. The launch will involve frontline staff and a range of events through summer and into autumn is planned. To date 400 public members are registered. A total of 1,750 members are required (500 for each Island area and 250 for the mainland area) for the election of Governors to the Council of Governors. The overall targets are 4,000 by April 2014 and 6,000 by April 2017.

4. **Programme Plan**

The Programme Plan is attached at Appendix 1. Eleven activities have been marked complete since the last report. In the main these relate to the products required by the SHA as part of the Integrated Business Plan final submission and the stage 2 Historical Due Diligence assessment. These products are the output of a significant amount of effort from across the organisation and were signed off by the Chief Executive under delegated authority and submitted as required to the SHA, they include:

- Integrated Business Plan
- Appendix 1 - Long Term Financial Model
- Appendix 2 – Governance Rationale
- Appendix 3 – Model Core Constitution [with legal sign off]
- Appendix 4 – Consultation response and staff engagement
- Appendix 5 – Membership Strategy
- Supporting Strategies: IT, Workforce, Estate

Self-certification

Six returns have now been submitted to the SHA. These monthly returns form the basis for discussions at monthly Single Operating Model (SOM) oversight meetings with the SHA. The outturn for last month's Governance Risk Rating (GRR) return was 0.0. This was significantly within our current trajectory tolerance of 1.5 and moved us to GREEN status. Provisional data indicates that for January 2013 we will have slipped back to 1.5, AMBER / GREEN status.

Quality Governance Framework – Third Party Review

The KPMG report confirmed our achievement of the required Quality Governance assessment score of ≤ 3.5 maintaining our trajectory. The Quality Governance Framework action plan will be used to address areas for improvement identified and drive further improvement. It should be

noted that there was complete agreement between KPMG's assessment and the Trust's self assessment which we were advised was highly unusual and very positive with respect to the Trust's self-awareness and insight.

Historical Due Diligence Stage 2 (HDD2)

Due to the extent of the information required the HDD stage 2 assessment was delayed by 1 week. This has not impacted on the programme's overall timeline. The final report was received on 14 February 2013 and identifies improvement across 8 of the 14 areas assessed in the stage 1 review and a number of areas where further development is required.

Board to Board with NHS South of England

Preparation for the Board to Board meeting continues. Feedback from the SHA/TDA following their review of our IBP/LTFM and supporting papers, TDA Plan and Historical Due Diligence stage 2 report is expected in the next week. A verbal update will be provided at the Trust Board meeting on 27 February with respect to the implications of this feedback on the timing of the Board to Board meeting currently scheduled for 1 March 2013.

5. **Key Risks**

The constrained timeframe in which the organisation working to achieve FT status in line with the Government target remains a significant threat to the application by giving rise to capacity and sustainability issues.

Although the Quality Governance Framework third party assessment was very positive in confirming that some new arrangements have been embedded successfully, the HDD stage 2 assessment identifies that although significant progress has been made in some areas, more work is required to become FT ready. This could result in a delay that would put us off our current trajectory for achievement of FT status by April 2014. SHA/TDA feedback will indicate whether our trajectory will be affected as a consequence. A verbal update will be provided at the Trust Board meeting on 27 February on this matter.

However, as well as the very positive QGF outcome and improvements identified by the HDD assessment, the ability of the organisation to meet the SHA/TDA's requirements in full and on schedule collectively demonstrate the organisation's will and capability to improve.

The Trust's unique breadth of service provision and low numbers of service users remains a concern with respect to maintaining compliance with Monitor's *Compliance Framework* regime¹. It gives rise to volatility in the Governance Risk Rating as demonstrated by the decline between December 2012 and January 2013. This continues to be a key risk to the application as we are subject to more performance indicators across our Governance Risk Rating and therefore have a lower threshold for underperformance than single service Trusts. Early indications are that we will struggle to maintain a score of 1.5 in February 2013.

Risks to delivery have been documented and assessed and will continue to be highlighted to the FT Programme Board.

6. **Recommendation**

It is recommended that the Board:

- (i) Note this update report

Mark Price
Foundation Trust Programme Director
15 February 2013

¹ As a consequence of Monitor's new duties, Monitor's *Compliance Framework* is being replaced with a new regulatory tool, the [Risk Assessment Framework](#) and Monitor are currently consulting on this new framework.

Foundation Trust - High Level Programme Plan

(Monthly View)

Key	Complete	Milestone	Slipped Activity
	In Progress	Slipped Milestone	
	Dependent	Has Dependents	

Ref.	Activity / Deliverables	Responsible	Status Comment	Start	Planned	Forecast	Actual	Dur	Status	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
									Day ⇄	1	1	1	1	1	1	1	1	1	1	1	1
1	Project Management	Price Mark																			
2	Establish Programme Board	Price Mark	ToRs approved by Trust Board 04-Apr-12	04-Apr-12	04-Apr-12	04-Apr-12	04-Apr-12	0	Complete												
3	Establish core Programme team	Price Mark		01-Apr-12	30-Apr-12	30-Jun-12	25-Jun-12	65	Complete												
4	Recruit Programme Manager	Price Mark	Decision taken not to progress.	01-Apr-12	30-Apr-12	31-Aug-12		110	Closed												
5	Produce recruitment documentation and advertise	Price Mark																			
6	Selection Process	Price Mark																			
7	Appoint Programme Manager	Price Mark																			
8	Develop Programme Initiation Documentation (PID) [P1]	Shorkey Andrew	Approved by FT Board subject to minor amendments	01-Apr-12	26-Apr-12	01-May-12	02-May-12	22	Complete												
9	Preparation of PID for submission to Board	Shorkey Andrew		12-Apr-12	01-May-12	01-May-12	01-May-12	14	Complete												
10	Draft outline Programme plan	Shorkey Andrew	Initial draft based on TA and SOM milestones	01-Apr-12	12-Apr-12	12-Apr-12	12-Apr-12	9	Complete												
11	Detailed Programme plan	Shorkey Andrew		08-May-12	20-Jun-12	20-Jun-12	26-Jun-12	32	Complete												
12	Risk and other Programme logs	Shorkey Andrew	Log established to align to corporate systems. Approach reviewed with Head of Governance	01-Apr-12	12-Apr-12	12-Apr-12	12-Apr-12	9	Complete												
13	Programme Initiation Documentation (PID) Approved by Programme Board	Shorkey Andrew		26-Apr-12	08-May-12	08-May-12	08-May-12	9	Complete												
14	Deliver Programme Closure and Handover Report [P5]	Shorkey Andrew		31-May-13	31-May-13	31-May-13		0	On Target												
15																					
16	Tripartite Formal Agreement Milestones (TFA)																				
17	TFA32 - Complete transaction for any parts of organisation not retaining independence.			31-Mar-13	31-Mar-13	31-Mar-13		0	On Target												
18	(All other TFA milestones superseded by SOM)																				
19																					
20	Single Operating Model Milestones (SOM)																				
21	SOM 1 - Introductory meeting with Chair & CE and FT director of the applicant Trust	SHA	Trust request for April 2012	01-Apr-12	01-May-12	01-May-12	01-May-12	22	Complete												
22	SOM 2 - Undertake self-assessments and begin production of key documents (TFA13)	Trust	BGAF self-assessment and Quality Governance Framework self-assessment submitted 28-Jun-12; First draft IBP submitted 11-Jul-12 by agreement with SHA	01-Apr-12	30-Jun-12	30-Jun-12	11-Jul-12	65	Complete												
23	SOM 3 - Initial Board Interviews	SHA	Brian Courtney to confirm following input from Nick Yeo Decision taken by SHA not to progress in September - to be rescheduled	31-Jan-13	31-Jan-13	31-Jan-13		0	Behind												
24	SOM 4 - Initial Board Observation	SHA		25-Sep-12	25-Sep-12	25-Sep-12	25-Sep-12	0	Complete												
25	SOM 5 - Complete self-assessments against key FT requirements and self-certifying against Compliance Framework questions and submit to SHA	Trust	Template provided 03-Aug-12. Initial return submitted as required.	01-Jun-12	30-Sep-12	31-Aug-12	31-Aug-12	66	Complete												
26	SOM 6 - Initial interviews with Commissioner(s) and other purchasing-organisations e.g. Local Authorities by SHA (TFA15)	SHA	Readiness review likely to be scheduled for Dec-12	01-Jul-12	30-Sep-12	12-Dec-12	12-Dec-12	118	Complete												
27	SOM 7 - Third party review of Trust self assessment of Board Governance Assurance Framework (BGAF)	SHA	Final report issued to SHA on 07-Dec-12 as part of Readiness Review preparation.	01-Nov-12	06-Dec-12	06-Dec-12	06-Dec-12	26	Complete												
28	SOM 8 - Independent third party review of Trust self assessment against Monitor Quality Governance assessment framework requirements	SHA	Agreement with SHA Quality Team to delay to Jan 2013 (01-Oct-12) Assessors (KPMG) on site from 15-Jan-13. Draft report due 22 Jan 13	01-Dec-12	31-Dec-12	31-Jan-13	28-Jan-13	44	Complete												
29	SOM 9 - Readiness review meeting will be held with the Trust Board after the introductory meeting with Chair & CE and FT Director (TFA20 / TFA25 / TFA26)	SHA		12-Dec-12	12-Dec-12	12-Dec-12	12-Dec-12	0	Complete												
30	SOM 10 - Trust undertakes HDD stage 1 (TFA14 / TFA19 / TFA24)	Trust	Scheduled for November 2012. SHA requested bring forward to August. Clearance meeting held 12 September 2012.	01-Aug-12	12-Sep-12	12-Sep-12	12-Sep-12	31	Complete												
31	SOM 11 - Formal submission of key FT application documents to SHA to inform FT readiness review meeting (TFA16 / TFA17)	Trust	Included: IBP, LTFM, IT Strategy, Estates Strategy, Workforce Strategy, Membership Strategy	01-Sep-12	30-Sep-12	30-Sep-12	28-Sep-12	20	Complete												
32	SOM 12 - Trust go to public consultation (TFA21 / TFA27)	Trust		01-Oct-12	31-Dec-12	11-Jan-13	11-Jan-13	75	Complete												
33	SOM 13 - The Trust will develop further iterations of key documents	Trust		01-Sep-12	31-Jan-13	31-Jan-13	31-Jan-13	109	Complete												
34	SOM 14 - Delivery of FT action plans by the Trust with updates to the SHA and ongoing updates of self-assessment and self-certifications	Trust	To be scheduled once SOM phase two process confirmed	01-Sep-12	31-Jan-13	31-Jan-13	31-Jan-13	109	Complete												
35	SOM 15 - Observation of Board and Trust Board sub-committees (TFA23)	SHA	To be scheduled. Audit Committee will be the only sub-ctte observed. Either Nov-12 or Feb-13 meetings.	08-Mar-13	08-Mar-13	08-Mar-13		0	On Target												
36	SOM 16 - SHA agree to HDD2 commencing (TFA31)	SHA	HDD2 agreed to commence 14-Jan-13 (see activity 189 below).	01-Dec-12	31-Dec-12	31-Dec-12	12-Dec-12	21	Complete												

Appendix 1

Ref.	Activity / Deliverables	Responsible	Status Comment	Start	Planned	Forecast	Actual	Dur	Status	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
37	SOM 17 - Trusts make final submissions of key products to inform SHA Cluster sign-off of FT application (TFA28)	Trust		31-Jan-13	31-Jan-13	31-Jan-13	31-Jan-13	0	Complete					◆							
38	SOM 18 - SHA review of final assurance documents (TFA22 / TFA29)	SHA	Pending update from SHA	21-Dec-12	31-Jan-13	31-Jan-13		30	Behind					■							
39	SOM 19 - Gain view of CQC	SHA	Pending update from SHA SHA has regular meetings with CQC and this will be put on the agenda approx 2 months prior to application	01-Jan-13	31-Jan-13	31-Jan-13		23	Behind					■							
40	SOM 20 - Interview with HDD lead reviewer	SHA	Pending update from SHA SHA to schedule	01-Feb-13	07-Feb-13	07-Feb-13		5	Behind					■							
41	SOM 21 - Interview with Commissioners	SHA	SHA to schedule	01-Feb-13	28-Feb-13	28-Feb-13		20	On Target					■							
42	SOM 22 - Board-to-Board meeting between SHA Cluster and NHS Trust (TFA30)	SHA	Scheduled for 1 March 2013	01-Mar-13	01-Mar-13	01-Mar-13		0	On Target						◆						
43	SOM 23 - FT application submitted to DH (TFA33)	SHA		01-Apr-13	01-Apr-13	01-Apr-13		0	On Target								◆				
44																					
45	Quality & Safety	Johnston Sarah Pugh Mark																			
46	Quality Governance Framework Self Assessment considered at Board Seminar [P14] [SoS]	Johnston Sarah Pugh Mark		13-Jun-12	13-Jun-12	13-Jun-12	13-Jun-12	0	Complete												
47	Quality Governance Framework Self Assessment approved at FT Programme Board [P14] [SoS]	Johnston Sarah Pugh Mark		26-Jun-12	26-Jun-12	26-Jun-12	26-Jun-12	0	Complete												
48	Quality Governance Framework Self Assessment submitted to SHA [P14] [SoS]	Johnston Sarah Pugh Mark		30-Jun-12	30-Jun-12	30-Jun-12	28-Jun-12	0	Complete												
49	Board certification that Quality Governance arrangements are satisfactory and this is accompanied by a Board memorandum [P6.0] [Monitor]	Johnston Sarah Pugh Mark		01-Apr-12	31-Jul-13	31-Jul-13		348	On Target	■	■	■	■	■	■	■	■	■	■	■	■
50	A quality governance score of less than 4 - none of the four categories of the Quality Governance Framework are entirely Amber/Red [P7.0] [Monitor]	Johnston Sarah Pugh Mark		01-Apr-12	31-Jul-13	31-Jul-13		348	On Target	■	■	■	■	■	■	■	■	■	■	■	■
51	Registered without compliance conditions [P8.0] [TBC]	Johnston Sarah Pugh Mark		31-May-13	31-May-13	31-May-13		0	On Target									◆			
52	Continue to meet the quality threshold set by the Department of Health at the time of Secretary of State referral [P9.0] [TBC]	Johnston Sarah Pugh Mark		31-May-13	31-May-13	31-May-13		0	On Target									◆			
53	The CQC's current judgement shows the overall level of concern is no worse than moderate concerns and high confidence in capacity [P10.1] [TBC]	Johnston Sarah Pugh Mark		31-May-13	31-May-13	31-May-13		0	On Target									◆			
54	The CQC is not conducting or about to conduct a responsive review into compliance and no enforcement/investigation activity is ongoing or planned including preliminary investigations into mortality outliers [P10.2] [TBC]	Johnston Sarah Pugh Mark		31-May-13	31-May-13	31-May-13		0	On Target									◆			
55	Direct evidence on Quality Governance [P16] [Monitor]	Johnston Sarah Pugh Mark		01-Apr-13	31-Jul-13	31-Jul-13		88	On Target									■	■	■	■
56																					
57	Corporate Governance	Palmer Chris																			
58	IBP Appendix 2 – Governance rationale [P3.3] [SoS]	Johnston Brian	Final Governance Rationale will be informed by outcome of public consultation - Final IBP submission date agreed for end of Jan with SHA	01-Jul-12	30-Nov-12	31-Jan-13	31-Jan-13	154	Complete	■	■	■	■	■							
59	Identify Governance Rationale content requirements	Shorkey Andrew	Template provided in Monitor Guidance doc (App.4)	01-Jul-12	31-Aug-12	31-Aug-12	31-Aug-12	45	Complete												
60	Governance Rationale developed in draft	Shorkey Andrew		01-Dec-12	31-Dec-12	31-Dec-12	31-Dec-12	21	Complete				■								
61	Governance Rationale submitted to SHA with IBP	Shorkey Andrew		31-Jan-13	31-Jan-13	31-Jan-13	31-Jan-13	0	Complete					◆							
62	IBP Appendix 3 – Model Core Constitution [P3.4] [SoS]	Johnston Brian	Final Constitution will be informed by outcome of public consultation - submission in Jan 2013 agreed with SHA	01-Jul-12	30-Nov-12	31-Jan-13	31-Jan-13	154	Complete	■	■	■	■	■							
63	Identify Model Core Constitution content requirements [SoS]	Johnston Brian	New version of MCC obtained June 2012.	01-Jul-12	31-Aug-12	31-Aug-12	30-Jun-12	45	Complete												
64	Model Core Constitution developed in draft [SoS]	Johnston Brian		01-Dec-12	31-Dec-12	31-Dec-12	31-Dec-12	21	Complete				■								
65	Model Core Constitution completed following Public Consultation [SoS]	Johnston Brian	Reviewed by Executive Team 14-Jan-13	01-Jan-13	18-Jan-13	28-Jan-13	28-Jan-13	20	Complete					■							
66	Model Core Constitution signed off by lawyers [SoS]	Johnston Brian	Opinion letter received from Bevan Brittan confirming required compliance.	28-Jan-13	28-Jan-13	28-Jan-13	29-Jan-13	0	Complete					◆							
67	Historical Due Diligence (Governance) [P11.1] (SOM)	Johnston Brian		01-Dec-12	31-Dec-12	12-Sep-12	12-Sep-12	-58	Complete	■											
68	Historical Due Diligence 1 undertaken (SOM 10)	Johnston Brian	Clearance meeting scheduled for 12 September 2012.	01-Aug-12	12-Sep-12	12-Sep-12	12-Sep-12	31	Complete	■											
69	Have a minimum governance rating of amber/green (as defined in Chapter 2 of the Compliance Framework) [P10.3] [TBC]	Palmer Chris	December outturn at GREEN status (Score = 0.0)	01-Apr-12	31-Jul-13	31-Jul-13		348	On Target	■	■	■	■	■	■	■	■	■	■	■	■
70	Register of directors' interests [P4.5] [Monitor]	Johnston Brian		01-Apr-13	31-Jul-13	31-Jul-13		88	On Target									■	■	■	■
71	Register of governors' interests [P4.6] [Monitor]	Johnston Brian		01-Apr-13	31-Jul-13	31-Jul-13		88	On Target									■	■	■	■
72	Third party inspection reports [P4.7] [Monitor]	Johnston Brian		01-Apr-13	31-Jul-13	31-Jul-13		88	On Target									■	■	■	■
73	Direct evidence on Risk Management [P4.9] [Monitor]	Johnston Brian		01-Apr-13	31-Jul-13	31-Jul-13		88	On Target									■	■	■	■
74																					
75	Leadership	Baker Karen																			

Appendix 1

Ref.	Activity / Deliverables	Responsible	Status Comment	Start	Planned	Forecast	Actual	Dur	Status	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
76	Self Assessment against Board Governance Assurance Framework [P15] (SOM 2/5)	Price Mark		01-May-12	30-Jun-12	30-Jun-12	28-Jun-12	44	Complete												
77	Self Assessment against Board Governance Assurance Framework approved at FT Programme Board [P15] (SOM 2/5)	Price Mark		26-Jun-12	26-Jun-12	26-Jun-12	26-Jun-12	0	Complete												
78	Self Assessment against Board Governance Assurance Framework submitted to SHA [P15] (SOM 2/5)	Price Mark		30-Jun-12	30-Jun-12	30-Jun-12	28-Jun-12	0	Complete												
79	First meeting of Shadow Nominations Committee	Price Mark		10-Jul-12	10-Jul-12	10-Jul-12	10-Jul-12	0	Complete												
80	Board development plan to Nominations Committee for approval [P12]	KPMG	Part of KPMG commission on Board Development	10-Jul-12	10-Jul-12	10-Jul-12	10-Jul-12	0	Complete												
81	Board development plan approved by FT Programme Board [P12]	Price Mark		28-Aug-12	28-Aug-12	28-Aug-12	28-Aug-12	0	Complete												
82	Implement Board development action plan [P12]	Price Mark	In progress. Activity planned through to spring 2013. Will be substantially completed by 31 Dec 12	10-Jul-12	01-Oct-12	31-Mar-13		189	Slipped												
83	SOM 7 - Third party review of Trust self assessment of Board Governance Assurance Framework (BGAF) [P4.7]	SHA	Final report issued to SHA on 07-Dec-12 as part of Readiness Review preparation.	01-Nov-12	06-Dec-12	06-Dec-12	06-Dec-12	26	Complete												
84																					
85	Workforce	Sheward Alan																			
86	Align workforce section of the IBP with the LTFM and activity forecasts (BAF 4.4) [P3.1] [SoS]	Sheward Alan	Aligned strategy submitted with IBP, LTFM and other supporting strategies 30-Nov-12	01-Apr-12	30-Nov-12	30-Nov-12	28-Nov-12	175	Complete												
87	IBP workforce chapter (8) developed in draft IBP [P3.1] [SoS]	Sheward Alan		30-Sep-12	30-Sep-12	30-Sep-12	28-Sep-12	0	Complete												
88	Develop Workforce Strategy	Sheward Alan		01-Apr-12	30-Nov-12	30-Nov-12	30-Nov-12	175	Complete												
89	Dissemination of Workforce strategy	Sheward Alan		30-Nov-12	31-Jan-13	31-Jan-13		45	Behind												
90	Develop Staff Engagement strategy	Sheward Alan		15-Jan-13	31-Mar-13	31-Mar-13		54	On Target												
91	Explore collaborative arrangements for agency reduction	Sheward Alan		15-Jan-13	31-Mar-13	31-Mar-13		54	On Target												
92	Review Workforce data dashboard for Finance, Investment and Workforce Ctte.	Sheward Alan		15-Jan-13	31-Mar-13	31-Mar-13		54	On Target												
93	Implement Health and Wellbeing Strategy / focus on Sickness Absence	Sheward Alan		15-Jan-13	31-Mar-13	31-Mar-13		54	On Target												
94	Ensure full Trust representation on LETB	Sheward Alan		15-Jan-13	31-Mar-13	31-Mar-13		54	On Target												
95	Develop and implement Clinical Leadership Programme	Sheward Alan		15-Jan-13	31-Mar-13	31-Mar-13		54	On Target												
96	Investigate 'Great Leaders' Programme for Directors and Senior Managers	Sheward Alan		15-Jan-13	31-Mar-13	31-Mar-13		54	On Target												
97																					
98	Performance	Pugh Mark																			
99	New Board performance report to public Board meeting [P4.9] [Monitor]	Hendey Iain	Initial iteration provided to Trust Board. Further developments will continue to be made to the report over the next few months.	04-Jul-12	04-Jul-12	04-Jul-12	04-Jul-12	0	Complete												
100	Direct evidence on Performance Management [P4.9] [Monitor]	Pugh Mark		01-Apr-13	31-Jul-13	31-Jul-13		88	On Target												
101	Integrated Performance, Quality & Finance Performance reviews	Pugh Mark		01-Jan-13	31-Jan-13	31-Jan-13	31-Jan-13	23	Complete												
102	Directorate level KPIs formed i.e. targets for average LOS	Pugh Mark		01-Apr-13	30-Apr-13	30-Apr-13		22	On Target												
103	SLM - project scoped	Pugh Mark		01-Apr-13	30-Apr-13	30-Apr-13		22	On Target												
104	Pilot service for SLM identified	Pugh Mark		01-Jul-13	30-Sep-13	30-Sep-13		66	On Target												
105	SLR - integrated	Pugh Mark	Schedule TBC																		
106	Formal benchmarking partners identified NHS & non-nhs	Pugh Mark		01-Apr-13	30-Jun-13	30-Jun-13		65	On Target												
107	Quality dashboards - Acute Trust Quality dahsboard Midlands and East Quality Oversvortory	Pugh Mark	Schedule TBC																		
108																					
109	Business planning	Greene Felicity																			
110	Outputs of refresh of strategy and market assessment confirmed with IBP Steering Group [P3.1] [SoS]	Greene Felicity	Delivered to FT Programme Board 26 June	15-Jun-12	15-Jun-12	26-Jun-12	26-Jun-12	8	Complete												
111	First draft IBP submitted to SHA [P3.1] [SoS]	Greene Felicity	Submission delayed by agreement with SHA to allow for consideration at July Trust Board meeting.	30-Jun-12	30-Jun-12	04-Jul-12	11-Jul-12	3	Complete												
112	Service developments and assumptions underpinning finance, workforce, activity and capacity plan agreed [P3.1] [SoS]	Greene Felicity		31-Jul-12	31-Jul-12	30-Sep-12	28-Sep-12	44	Complete												
113	Draft five year activity, capacity, finance and workforce plan developed [P3.1] [SoS]	Greene Felicity	Draft version in Sep 12 IBP submission	31-Aug-12	31-Aug-12	30-Sep-12	28-Sep-12	21	Complete												
114	Second draft IBP submitted to SHA [P3.1] [SoS]	Greene Felicity		28-Sep-12	28-Sep-12	28-Sep-12	28-Sep-12	0	Complete												
115	Second draft IBP - SHA Feedback received [P3.1] [SoS]	Greene Felicity	Feedback to inform final draft.	19-Oct-12	19-Oct-12	19-Oct-12	19-Oct-12	0	Complete												
116	Draft Capital Plan developed [P3.1] [SoS]	Greene Felicity		26-Oct-12	26-Oct-12	26-Oct-12	26-Oct-12	0	Complete												
117	Aligned activity, capacity, workforce and financial plan finalised [P3.1] [SoS]	Greene Felicity	Aligned strategies submitted to SHA as part of Third draft IBP and LTFM	02-Nov-12	02-Nov-12	02-Nov-12	30-Nov-12	0	Complete												
118	Draft IBP issued to steering group and Trust Board [P3.1] [SoS]	Greene Felicity		09-Nov-12	09-Nov-12	09-Nov-12	09-Nov-12	0	Complete												
119	Board Seminar to review IBP [P3.1] [SoS]	Greene Felicity		13-Nov-12	13-Nov-12	13-Nov-12	13-Nov-12	0	Complete												
120	Deadline for receipt of CCG letter of support for FT application [P3.1] [SoS]	Greene Felicity	Draft in place and copied to SHA 30 Nov 12. Discussions being concluded with CCG/SHIP at meeting scheduled for 4 Dec 12. Signed letter provided to SHA on 5 Dec 12.	20-Nov-12	20-Nov-12	04-Dec-12	05-Dec-12	11	Complete												

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121	FT programme board considers final draft of third submission of IBP [P3.1] [SoS]	Greene Felicity		27-Nov-12	27-Nov-12	27-Nov-12	27-Nov-12	0	Complete			◆									
122	Trust Board approves IBP for submission to SHA [P3.1] [SoS]	Greene Felicity		28-Nov-12	28-Nov-12	28-Nov-12	28-Nov-12	0	Complete			◆									
123	Final draft IBP submitted to SHA [P3.1] [SoS]	Greene Felicity	Submitted with supporting strategies.	30-Nov-12	30-Nov-12	30-Nov-12	30-Dec-12	0	Complete			◆									
124	Final formal submission to include complete Integrated Business Plan [P3.1] [SoS]	Greene Felicity		15-Mar-13	15-Mar-13	15-Mar-13		0	On Target							◆					
125	Advertise Company Secretary post	Baker Karen		16-May-13	31-May-13	31-May-13		12	On Target												
126	Company Secretary Interviews	Baker Karen		24-Jun-13	28-Jun-13	28-Jun-13		5	On Target												
127	Company Secretary in post	Baker Karen		01-Jul-13	01-Oct-13	01-Oct-13		67	On Target												
128																					
129	Communications and engagement	Price Mark																			
130	FT event day (1) [P3.5]	Hollebon Andy		23-Apr-12	23-Apr-12	23-Apr-12	23-Apr-12	0	Complete												
131	Communications and engagement backfill staff in place	Hollebon Andy		21-May-12	17-Aug-12	30-Sep-12	30-Sep-12	95	Complete												
132	Stakeholder Communications and engagement plan approved [P2]	Hollebon Andy	Approved at 26 Jun FT Programme Board	01-Apr-12	26-Apr-12	26-Jun-12	26-Jun-12	62	Complete												
133	FT event day (2) [P3.5]	Weeks Rachel		16-Jul-12	16-Jul-12	16-Jul-12	16-Jul-12	0	Complete												
134	FT news letter launched [P3.5]	Hollebon Andy	August issue of <i>Staff Bulletin</i> will be a four page issue to report on the 16th July FT day and the Staff Engagement Campaign.	16-Jul-12	16-Jul-12	31-Aug-12	22-Aug-12	35	Complete												
135	IBP Appendix 5 – Membership strategy [P3.6] [SoS]	Hollebon Andy		01-Apr-12	31-Aug-13	31-Aug-13		370	On Target												
136	Membership Strategy considered by Nominations Committee	Hollebon Andy		10-Jul-12	10-Jul-12	10-Jul-12	10-Jul-12	0	Complete												
137	Membership Strategy proposal approved by Nominations Committee	Hollebon Andy	Nominations Cttee cancelled approval transferred to FT Programme Board.	21-Aug-12	28-Aug-12	28-Aug-12	28-Aug-12	6	Complete												
138	Membership strategy submitted to [Monitor]	Hollebon Andy		31-Aug-13	31-Aug-13	31-Aug-13		0	On Target												◆
139	Update on implementation of membership strategy submitted to [Monitor]	Hollebon Andy		31-Aug-13	31-Aug-13	31-Aug-13		0	On Target												◆
140	FT event day (3) [P3.5]	Weeks Rachel	Event held but refocused towards CIP identification.	05-Nov-12	05-Nov-12	05-Nov-12	05-Nov-12	0	Complete			◆									
141	IBP Appendix 4 – Consultation response and staff engagement [P3.5] [SoS]	Hollebon Andy	Aligned with agreed Final IBP submission date	28-Aug-12	31-Jan-13	31-Jan-13	31-Jan-13	113	Complete												
142	Draft Public consultation document agreed by FT Programme Board [P3.5]	Hollebon Andy	Approved subject to feedback being incorporated.	28-Aug-12	28-Aug-12	28-Aug-12	28-Aug-12	0	Complete												
143	Draft Public consultation document to SHA for sign off [P3.5]	Hollebon Andy		31-Aug-12	31-Aug-12	31-Aug-12	31-Aug-12	0	Complete												
144	Final public consultation document to SHA for sign off [P3.5]	Hollebon Andy	SHA to advise date of <i>Provider Development Group</i> meeting	30-Sep-12	30-Sep-12	30-Sep-12	12-Oct-12	0	Complete	◆											
145	Public consultation proposal discussed with Isle of Wight Council Scrutiny Panel [P3.5]	Hollebon Andy	Scrutiny panel meeting attended by MP and KB	26-Sep-12	26-Sep-12	26-Sep-12	26-Sep-12	0	Complete	◆											
146	Public consultation [P3.5]	Hollebon Andy		01-Oct-12	31-Dec-12	11-Jan-13	11-Jan-13	75	Complete												
147	Public consultation outcome report to FT Programme Board [P3.5] [SoS]	Hollebon Andy	Working draft to FT Programme Board.	23-Jan-13	23-Jan-13	23-Jan-13	23-Jan-13	0	Complete					◆							
148	Public consultation outcome report to Trust Board [P3.5] [SoS]	Hollebon Andy	Approved by delegated authority through FT Programme Board	30-Jan-13	30-Jan-13	30-Jan-13		0	Closed					◆							
149	Public consultation outcome report submitted to SHA [P3.5] [SoS]	Hollebon Andy		31-Jan-13	31-Jan-13	31-Jan-13	31-Jan-13	0	Complete					◆							
150	Proposals and timetable for initial elections [P4.1]	Hollebon Andy		31-Jan-13	31-Jan-13	31-Jan-13	31-Jan-13	0	Complete					◆							
151	Details of electoral process and report on initial elections [P13]	Hollebon Andy		01-Apr-13	31-Jul-13	31-Jul-13		88	On Target												
152																					
153	Finance	Palmer Chris																			
154	IBP Appendix 1 – Fully completed long-term financial model [P3.2] [SoS]		Submitted to Anne Dawson in advance of IBP submission	30-Nov-12	30-Nov-12	30-Nov-12	28-Nov-12	0	Complete			◆									
155	Monitor's long-term financial model in excel format: First iteration to support first IBP submission to SHA [P3.2] [SoS]	Churchward Stewart	The first draft version was presented to the IBP task and finish group w/c 16-Jul-12.	01-Apr-12	22-Jun-12	28-Jun-12	17-Jul-12	64	Complete												
156	Long-term financial model developed in draft IBP [P3.2] [SoS]	Churchward Stewart		30-Sep-12	30-Sep-12	30-Sep-12	28-Sep-12	0	Complete	◆											
157	Long-term financial model completed in draft IBP [P3.2] [SoS]	Churchward Stewart		30-Nov-12	30-Nov-12	30-Nov-12	28-Nov-12	0	Complete			◆									
158	Historical Due Diligence [P11] [SoS]			01-Aug-12	31-Dec-12	12-Sep-12	12-Sep-12	31	Complete												
159	Identify Historical Due Diligence requirements	Woodbridge Clive		01-Aug-12	01-Aug-12	01-Aug-12	01-Aug-12	0	Complete												
160	Historical Due Diligence 1 undertaken (SOM 10)			01-Aug-12	12-Sep-12	12-Sep-12	12-Sep-12	31	Complete												
161	Working capital board statement and board memorandum [P4.2] [Monitor]	Woodbridge Clive																			
162	Treasury Management Policy complete [P3.1] [SoS]	Woodbridge Clive	Policy approved by Finance, Investment and Workforce Cttee in November and is subject to review by Audit Cttee (Mar 13) prior to ratification by Trust Board in March 2013.	15-Dec-12	15-Dec-12	31-Mar-13		75	Slipped				↺			◆					
163	Historical Due Diligence 2	Woodbridge Clive		01-Oct-12	01-Feb-13	15-Feb-13	14-Feb-13	100	Complete												
164	Identify Historical Due Diligence 2 Requirements	Woodbridge Clive	Requirements provided by Grant Thornton.	01-Oct-12	01-Dec-12	01-Dec-12	27-Nov-12	45	Complete												
165	Historical Due Diligence 2 undertaken	Woodbridge Clive		14-Jan-13	04-Feb-13	15-Feb-13	14-Feb-13	25	Complete												
166	Long-term financial model - assist in identification of 5 year Cost improvement Programme	Churchward Stewart	Slipped to align with IBP development activity.	01-Oct-12	13-Nov-12	21-Nov-12	28-Nov-12	38	Complete												

Appendix 1

Ref.	Activity / Deliverables	Responsible	Status Comment	Start	Planned	Forecast	Actual	Dur	Status	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13
167	Long-term financial model - incorporate 5 year Cost improvement Programme	Churchward Stewart		13-Nov-12	28-Nov-12	28-Nov-12	28-Nov-12	12	Complete												
168	Long-term financial model - agree assumptions with Commissioners	Churchward Stewart/John Cooper/Clive Woodbridge	Interim discussion on on 15 November final agreement to be reached in advance of submission of LTFM. LTFM submitted 28 Nov 12.	01-Oct-12	30-Nov-12	30-Nov-12	28-Nov-12	45	Complete												
169	Long-term financial model - confirm assumptions with Execs	Churchward Stewart/John Cooper/Clive Woodbridge		01-Oct-12	01-Nov-12	01-Nov-12	01-Nov-12	24	Complete												
170	Long-term financial model - confirm assumptions with Non Execs	John Cooper/Clive Woodbridge		13-Nov-12	13-Nov-12	13-Nov-12	13-Nov-12	0	Complete			◆									
171	Long-term financial model - agree both short and long term Commissioning Intentions with Commissioners	Churchward Stewart/John Cooper/Clive Woodbridge	Details of commissioning intentions to be advised. Net efficiency of -1.3% advised by commissioners in December 2012 and factored into the LTFM.	15-Dec-12	15-Jan-13	15-Jan-13		22	Behind												
172	Long-term financial model - develop downside case(s)	Churchward Stewart/John Cooper/Clive Woodbridge	Slipped to align with IBP development activity. In place for submission with IBP.	01-Nov-12	13-Nov-12	21-Nov-12	28-Nov-12	15	Complete												
173	Long-term financial model - review interim outputs with SHA	Churchward Stewart/John Cooper/Clive Woodbridge		01-Oct-12	07-Nov-12	07-Nov-12	07-Nov-12	28	Complete												
174	Long-term financial model - develop transitional bridges	Churchward Stewart	Bridges developed as part of LTFM completion process.	01-Nov-12	19-Nov-12	30-Nov-12	28-Nov-12	22	Complete												
175	Long-term financial model - keep updated to current in-year position	Churchward Stewart	ongoing activity																		
176	Long-term financial model developed for final IBP	Churchward Stewart		28-Nov-12	28-Nov-12	28-Nov-12	28-Nov-12	0	Complete			◆									
177	Long-term financial model final version agreed	Churchward Stewart	Agreed at FT Programme Board 27-Nov-12	28-Nov-12	28-Nov-12	28-Nov-12	27-Nov-12	0	Complete			◆									
178																					
179	Programme governance and approvals	Price Mark																			
180	Establish SHA self-certification process	Shorkey Andrew	Process Management Document approved by FT Programme Board at 27-November meeting	26-Jul-12	30-Sep-12	30-Nov-12	27-Nov-12	92	Complete												
181	Initial self-certification submission to SHA	Shorkey Andrew	Initial return submitted on schedule.	31-Aug-12	31-Aug-12	31-Aug-12	31-Aug-12	0	Complete												
182	Application - Secretary of State Phase	Price Mark		01-Jan-13	31-Mar-13	31-Mar-13		64	On Target												
183	SHA application support form, covering the Seven Domains [P3.7] [SoS]	Price Mark		01-Jan-13	31-Mar-13	31-Mar-13		64	On Target												
184	SHA board or SHA chair and chief executive letter confirming SHA support for application [P3.8] [SoS]	Price Mark		01-Jan-13	31-Mar-13	31-Mar-13		64	On Target												
185	SHA application summary sheet, red/amber/green rated [P3.9] [SoS]	Price Mark		01-Jan-13	31-Mar-13	31-Mar-13		64	On Target												
186	SHA Readiness Review (SOM 9)			12-Dec-12	12-Dec-12	12-Dec-12	12-Dec-12	0	Complete			◆									
187	Written support from commissioners (SHIP & CCG) and other purchasing organisations in place to support SHA Readiness Review (SOM 6)	Price Mark	Draft in place and copied to SHA 30 Nov 12. Discussions being concluded with CCG/SHIP at meeting scheduled for 4 Dec 12. Signed letter provided to SHA on 5 Dec 12.	30-Nov-12	30-Nov-12	04-Dec-12	05-Dec-12	3	Complete			⇒	◆								
188	IBP meeting with SHIP to obtain support	Price Mark		04-Dec-12	04-Dec-12	04-Dec-12	04-Dec-12	0	Complete				◆								
189	Historical Due Diligence 2 undertaken (SOM 16)	Price Mark	January 2013 confirmed by SHA. Meetings / interviews arranged	14-Jan-13	04-Feb-13	15-Feb-13	14-Feb-12	25	Complete												
190	Historical Due Diligence 2 evidence provided to GT (SOM 16)	Shorkey Andrew		01-Dec-12	04-Jan-13	04-Jan-13	04-Jan-13	25	Complete												
191	Historical Due Diligence 2 kick off meeting (SOM 16)	Shorkey Andrew	To involve DoF, FT PD, Finance and LTFM leads	14-Jan-13	14-Jan-13	14-Jan-13	14-Jan-13	0	Complete					◆							
192	Historical Due Diligence 2 clearance meeting (SOM 16)	Shorkey Andrew	To involve Chair, CX, DoF and FT PD. Slight delay to ensure sufficient detailed information available for assessors.	30-Jan-13	30-Jan-13	04-Feb-13	04-Feb-13	4	Complete					⇒	◆						
193	Historical Due Diligence 2 report finalised (SOM 16)	Grant Thornton		04-Feb-13	04-Feb-13	15-Feb-13	14-Feb-13	10	Complete						◆						

REPORT TO THE TRUST BOARD FOR CERTIFICATION BY THE CHAIRMAN AND CHIEF EXECUTIVE

Title	Self-certification
Sponsoring Director	Foundation Trust Programme Director
Author(s)	Foundation Trust Programme Management Officer
Purpose	For action
Previously considered by (state date):	
Acute Clinical Directorate Board	
Audit and Corporate Risk Committee	
Charitable Funds Committee	
Community Health Directorate Board	
Finance, Investment and Workforce Committee	20 February 2013
Executive Board	
Foundation Trust Programme Board	
Mental Health Act Scrutiny Committee	
Nominations Committee (Shadow)	
Planned Directorate Board	
Quality & Clinical Performance Committee	20 February 2013
Remuneration Committee	
Staff, stakeholder, patient and public engagement:	
Relevant Executive Directors, professional leads and internal data processors have been consulted and involved in the provision of data/supporting information and the identification of gaps, issues and actions.	
Executive Summary:	
<p>This paper presents the January self-certification return covering December performance data for sign off on behalf of Trust Board by the Chairman and Chief Executive or designated deputies.</p> <p>The key points covered include:</p> <ul style="list-style-type: none"> • Background to the requirement • Assurance • Governance Declaration • Recommendations 	
Related Trust objectives	Sub-objectives
Reform	9 - Develop our FT applications in line with the timetable agreed with DH & SHA
Risk and Assurance	CSF9, CSF10
Related Assurance Framework entries	Board Governance Assurance Framework within BAF
Legal implications, regulatory and consultation requirements	Meeting the requirements of Monitor's <i>Compliance Framework</i> is necessary for FT Authorisation.
Action required by the Board:	
<ul style="list-style-type: none"> (i) Review the self-certification return and Identify any Board action required (ii) Determine whether sufficient assurance has been decided to approve the sign-off of Governance Declaration 2 by the Chairman and Chief Executive 	
Date	15 February 2013

ISLE OF WIGHT NHS TRUST

SELF-CERTIFICATION

1. Purpose

To provide assurance to the Trust Board prior to sign off by the Chairman and Chief Executive of the self-certification document (Appendix 1) for submission to the SHA on 28 February 2013.

2. Background

On 3 August 2012 the SHA launched the Single Operating Model (SOM) - Part 2. The SOM aims to drive a consistent approach across the country and to prepare for the establishment of the NHS Trust Development Authority (NTDA). It is also about driving delivery of the FT pipeline in 2012/13 which is a key year for building the momentum to support the objective for the majority of the remaining NHS Trusts to achieve FT status by 2014.

The SOM requires NHS Trusts to regularly self-certify governance and financial risk ratings on a monthly basis. NHS Trusts are also required to submit a template of quality and contractual information and provide an accurate self assessment against a series of Board statements drawn from the Monitor Compliance Framework. Self-certification will form part of the material for the monthly meetings between the SHA and the NHS Trust. Self-certification from Trust Boards is intended to promote Board ownership of issues and to prepare Trusts for the Monitor approach.

The standard timing for the submission of self-certification declarations from NHS Trusts will be on or before the last working day of each month. As a result of escalation an NHS Trust may be required to provide self-certification or other information on a more frequent basis.

All declarations and self-certification should have been robustly discussed and approved by the Trust Board with the discussion minuted. The self-certification submissions should be signed off on behalf of the Trust Board by the Chair and Chief Executive (or nominated deputies).

The guidance states that self-certifications should be submitted on time and in full. Late, incomplete or inaccurate self-certification will automatically be over-ridden to a red governance risk rating.

According to guidance: 'Where an issue of non-compliance is identified the Trust should submit the relevant Board approved action plan to rectify the issue. In line with the principle of avoiding duplication this would normally be the same level of detail that has been presented to the Board to provide them with assurance that an issue can be rectified. An action plan would normally include a clear timeline, accountable leads and resource requirements. The action plan should allow the Trust Board and the SHA to monitor progress and delivery.'

3. Assurance

The Foundation Trust Programme Management Office (FTPMO) has worked with relevant Executive Directors, PIDS, Finance, Governance, Quality, HR and Clinical Teams to ensure the provision of data/supporting information and the identification of gaps, issues and actions required to provide a sufficient degree of assurance to the Trust Board to enable sign-off of the self-certification return as an accurate representation of the Trust's current status.

Action plans have been requested to ensure that the activity required to improve performance can be monitored and a forecast can be made with respect to the achievement of compliance against the requirements of the self-certification return. Delivery of action plans is monitored as part of the performance review process and where required are submitted to Board sub-committees for review.

Performance data and Board Statements are considered by Quality and Clinical Performance Committee, Finance, Investment and Workforce Committee and relevant senior officers and Executive Directors. Board Statements are considered with respect to the evidence to support a positive response, contra indicators and threats to current status together with action plans and activity to maintain or improve the current assessed position. The Trust Board may wish to amend the responses to Board Statements based on an holistic view of the complete self-certification return and feedback from Board sub-committee Chairs.

4. Performance Summary and Key Issues

Performance has declined since the Trust Board considered the last self-certification return in January. The GRR has moved from GREEN to AMBER/GREEN status with indicators for cancer 2 week waits (3d) and A&E waiting times (3e) falling below compliance thresholds. The Financial Risk Rating and contractual data remain on track.

Rolling action plans are in place to maintain performance and deal with underlying issues within realistic timescales to ensure that a focus is maintained on improving performance in all areas. Action plans are monitored as part of the performance review process and plans for those indicators that have demonstrated volatility within the previous 3 months are appended to this report for review.

Key issues arising from the self-certification return are set out below against the respective self-certification requirements and should inform decisions around the Board Statements and the overall Governance Declaration.

1. Governance Risk Ratings	Score = 1.5 (AMBER / GREEN): 2 indicators breached <ul style="list-style-type: none"> • Cancer: 2 week wait from referral to date first seen • A&E: From arrival to admission/transfer/discharge
2. Financial Risk Ratings	Score = 3.0 (GREEN): I&E surplus margin % score = 1 (RED) due to low surplus target for current outturn. Compliant surplus margin planned from 1 April 2013. Assessment based on the assumption that the estate will transfer as planned on 1 April 2013.
3. Contractual Data	GREEN: 8 indicators = GREEN 1 indicator = RED: Penalties arising from Cancer target breach: 93% of patients seen within two weeks of an urgent GP referral for suspected cancer
4. Financial Risk Triggers	GREEN: 7 indicators = GREEN 1 indicator = RED: 4 – 'Debtors > 90 days past due account for more than 5% of total debtor balances'. N.B. Based on Sales Debtors, currently 14.7% of the total is > 90 days. Even if total debtors presented in the SOFP are taken into account, it is unlikely that <5% will be achieved until such time that legacy debts are cleared (e.g. staff overpayments and

	Insurance Companies re: Private Patients).
5. Quality	3b – Non-elective MRSA off target. 5 – Open SIRIs increased since last month 11 – Pressure Ulcers – declined since last month 14 – Agency spend increased since last month 15 – Sickness absence – highest incidence in 2012/13
6. TFA Progress	Milestone 18 at risk due to volatility of Governance Risk Rating indicators.
7. Board Statements	2 statements not assured (NO): Clinical Quality: Finance: Governance: 12, 14 Controls being implemented to improve assurance. 12 – Compliance targeted for achievement in 31 March 2013 to meet DH requirement. 14 – Board development work ongoing; recruitment underway for clinical NED.
8. Governance Declarations	Weaknesses: <ul style="list-style-type: none"> • Compliance with Board Statements • <i>Clinical Quality</i> - performance against GRR/Quality targets, C-Diff breaching trajectory, MRSA breaching annual target • <i>Governance</i> – Compliance with targets; IG toolkit; Trust Board and management capacity and capability

5. **Governance Declaration**

The weaknesses identified above align the Trust's assurance status with Governance Declaration 2:

At the current time, the board is yet to gain sufficient assurance to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.

6. **Recommendations**

It is recommended that the Trust Board:

- (iii) Review the self-certification return and Identify any Board action required
- (iv) Determine whether sufficient assurance has been decided to approve the sign-off of Governance Declaration 2 by the Chairman and Chief Executive

Mark Price

Foundation Trust Programme Director

20 February 2013

7. **Appendices**

Appendix 1 – Self-certification Return

8. **Supporting Information**

- *Delivering the NHS Foundation Trust Pipeline: Single Operating Model, 3 August 2012*
- *Compliance Framework 2012/13, Monitor, 30 March 2012*

APPENDIX 1

SELF-CERTIFICATION RETURNS
Organisation Name:
Isle of Wight NHS Trust
Monitoring Period:
January 2013
NHS Trust Over-sight self certification template

Returns by the last working day of each month to:

Emma-Jane.Robinson@southcentral.nhs.uk

Title	Isle of Wight NHS Trust Board Performance Report 2012/13	
Sponsoring Director	Chris Palmer (Executive Director of Finance) Tel: 534462 email: Chris.Palmer@iow.nhs.uk	
Author(s)	Iain Hendey (Assistant Director of Performance Information and Decision Support) Tel: 822099 ext 5352 email: Iain.Hendey@iow.nhs.uk	
Purpose	To update the Trust Board on progress against key performance measures and highlight risks and the management of these risks.	
Previously considered by (state date):		
	Acute Clinical Directorate Board	N/A
	Audit and Corporate Risk Committee	N/A
	Charitable Funds Committee	N/A
	Community Health Directorate Board	N/A
	Executive Board	
	Foundation Trust Programme Board	
	Finance, Investment & Workforce Committee	22/01/2013
	Mental Health Act Scrutiny Committee	N/A
	Nominations Committee (Shadow)	N/A
	Planned Directorate Board	N/A
	Quality & Clinical Performance Committee	16/01/2013
	Remuneration Committee	N/A
Staff, stakeholder, patient and public engagement:		
Executive Summary:		
This paper sets out the key performance indicators by which the Trust is measuring its performance within 2012/13. A more detailed executive summary of this report can be found on page 2.		
Related Trust objectives	Sub-objectives	
Quality, Innovation, Productivity, Prevention, Reform	1) Improve the experience and satisfaction of patients, carers, partners and staff. 3) Continuously develop and implement our Business Plan. 4) Redesign our workforce so people of the right skills & capabilities are in the right places to deliver our plans. 5) Improve value for money and generate a surplus. 6) Develop our estate and technology to improve the quality and value of the services we provide. 7) Improve services & achieve objectives by creating and working within robust strategic commercial partnerships. 8) Develop our relationships with key stakeholders to improve our patient services & collectively deliver a sustainable local health system. 9) Develop our Foundation Trust application in line with the timetable set out in our agreement with the SHA. 10) Develop our organisational culture, processes and capabilities to be a thriving FT dedicated to our patients.	
Risk and Assurance	Delivery of financial, operational performance and strategic objectives, FT application, CQC ratings	
Related Assurance Framework entries	2.21 - HCAI ; 1.1 - complaints trends ; 2.22 - Mixed sex accommodation ; 3.8 - key national targets ; 5.15 / 5.44 - CIP schemes ; 6.3 / 6.4 - capital expenditure	
Legal implications, regulatory and consultation requirements	None	
Action required by the Board:		
The Trust Board is asked to receive the Performance Report and the exception reports provided for indicators that are either 'red' in month, or at risk year to date		
Date	Wednesday 27th February 2013	

Patient Safety, Quality & Experience:

Overall performance against our key safety and quality indicators is satisfactory although there are a number of areas highlighted that are still not meeting the target. Most notable concerns are:

Pressure ulcers, the numbers of grade 3 & 4 pressure ulcers decreased in month, however performance remains worse than target.

Healthcare Acquired infections remain a concern as we are currently above our trajectory for both MRSA and Cdiff. 1 new case of C-Diff reported in January, no new cases of MRSA for fourth consecutive month.

Finally the number of complaints in month remains high (23) and the year to date volume (282) suggesting our year end position will be worse than planned.

Workforce:

The total pay bill was above plan for January and is above plan YTD, the number of FTEs in post is also slightly higher than plan. Agency staff pay is above planned levels.

Sickness absence was above plan in January (4.73%) and is slightly above plan YTD (3.61%). Specific problem areas are identified and challenged at directorate performance review meetings.

Operational Performance:

Emergency care 4 hour standard (94.22%) was slightly below the national 95% target. Various factors including bed capacity affected performance during January. Performance has improved during February and current year to date and quarter to date indicators remain above target.

High Risk TIA fully investigated and treated within 24 hours did not meet our very challenging locally extended target of 95% but was well above the national target of 60%. Performance was affected by 1 patient who declined to attend.

Provisional indicators for Cancer patients seen < 14 days after urgent GP referral suggest performance (87.66%) is below target (93%). If required further root cause analysis will be completed once data has been ratified.

Action plans to improve our data quality performance continue to be developed.

Finance & Efficiency:

Overall we remain on track against our financial plan and we still anticipate achieving at year end. Our Monitor Financial Risk Rating remains 3.

Monthly Performance meetings continue for each directorate with Exec Directors (Medical, Nursing, Finance and HR) to review performance. Separate Finance meetings are undertaken to provide a more detailed Finance review. Monthly Capital Investment Group meetings held with Facilities, Finance and directorates.

General:

Work continues to develop the focus on triangulating a range of metrics across workforce, finance, operational performance and quality. Projects to provide real value-add analysis and improved timeliness of information are being established to support the Trust's overall Information strategy.

[illegible]

*Cancer measures for January are provisional figures

Highlights

- No new cases of MRSA (4th consecutive month)
- No Falls resulting in significant injury during January
- Excellent performance for Stroke Patients 90% of stay on Stroke unit sustained
- Breast Cancer referrals seen within 2 weeks achieved 100% in month
- Cancer 31 Day subsequent Chemo/drug treatment achieved 100%
- Cancer 31 Day diagnosis to treatment achieved 100%
- Cancer 62 Day treated after screening referral achieved 100%
- Finance on Plan

Lowlights

- Pressure Ulcers indicators above target
- 1 new case of C-Diff
- Complaints remain high
- Emergency Care 4 hour standard not met for January
- Capital expenditure (invoices paid)
- Debtors over 90 days
- Level of non-recurrent CIP

Analysis: Quality Account Priority: Prevention & Management of Pressure Ulcers

KPI No	KPI Description	Frequency	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Percentage of patients admitted who develop a pressure ulcer grade 2 and above	Monthly		1.05%	0.80%	0.56%	1.34%	1.26%	0.86%	1.08%	1.22%	1.18%	1.16%		
2	Prevalence of pressure ulcers grade 2 and above, in the hospital setting on a month by month basis	Monthly		4.68%	3.43%	0.48%	1.83%	1.33%	1.33%	2.60%	0.87%	0.50%	2.00%		
3	Reduce the number of patients with grade 3 and 4 pressure ulcers by 25% based on 2011/12 baseline	Monthly	2011/12	0.17%	0.66%	0.43%	0.26%	0.25%	0.16%	0.33%	0.32%	0.34%	0.38%	0.28%	0.08%
			2012/13	0.15%	0.00%	0.37%	0.09%	0.34%	0.19%	0.54%	0.26%	0.49%	0.36%		

Commentary

January's data for the incidence of pressure ulcers demonstrates a small improvement on the incidences of grade 2 pressure ulcers, and also grade 3 and 4 pressure ulcers, which are the more serious, in the hospital setting. We are working to reduce these further and are focussing on ward areas to ensure that they have the appropriate assessments and care planning in place to demonstrate high quality pressure ulcer care

The Tissue Viability Service are following up on patients to ensure good care planning is in place whilst patients are in hospital. The action plan has been revised and will be reviewed at Quality and Clinical Performance Committee. As part of this a competency assessment plan is being developed to ensure all Band 7 nurses can demonstrate high level competency in this area of care, this will be rolled out to all other clinical staff on the wards including registered and healthcare support workers over the next few months.

Commentary:

Clostridium difficile

The Trust has had 1 case of C.difficile in January 2013; the total has increased to 12 YTD.

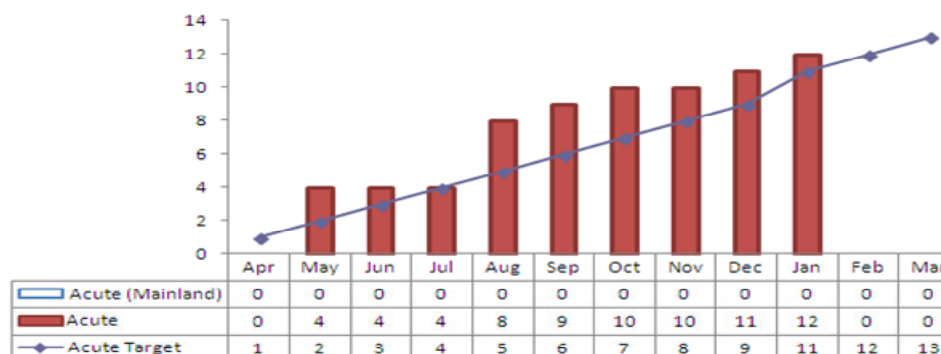
There continues to be a Root Cause Analysis undertaken for each case and the Acute Directorate are in the process of leading a combined RCA on the last five cases. This work will be supported by the Infection Prevention and Control Team.

MRSA Bacteraemia

There were no new MRSA bacteraemia cases in January 2013

Analysis:

Acute Target - Acute Acquired Cases (Cumulative)



Isle of Wight NHS Trust

MRSA	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Acute Target	1	0	0	0	0	0	0	0	0	0	0	0	1
Actual	0	1	0	0	0	1	0	0	0	0			2

Action Plan:

Person Responsible:

Date:

Status:

All cases continue to be subject to root cause analysis to identify actions necessary to ensure the trajectory remains achieved. A risk register entry for this target is being prepared by the DIPC in conjunction with the infection prevention and control team.

Executive
Director of Nursing &
Workforce

Ongoing

An external review was undertaken by Prof. Janice Stevens on 19th November and a report and recommendations has been received. An action plan was generated and this was due to be recommended by the Quality and Clinical Performance Committee in January.

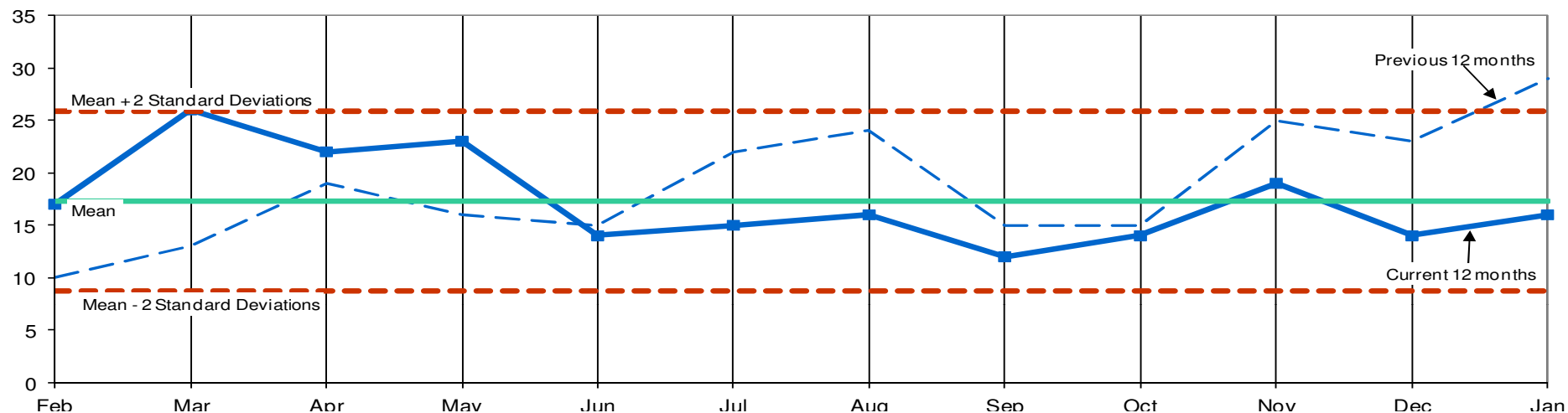
Executive
Director of Nursing &
Workforce

Jan-13

In progress

Analysis:

KPI No	KPI Description	Frequency	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	Number of Slips, Trips & Falls Resulting in Injury	Monthly	22	23	14	15	16	12	14	19	14	16		
2	Number of Slips, Trips & Falls Resulting in Serious Injury	Monthly	3	0	2	0	2	2	1	3	0	0		



Commentary

This indicator looks at the proportion of slips/trips/falls that have resulted in serious or extreme injury.

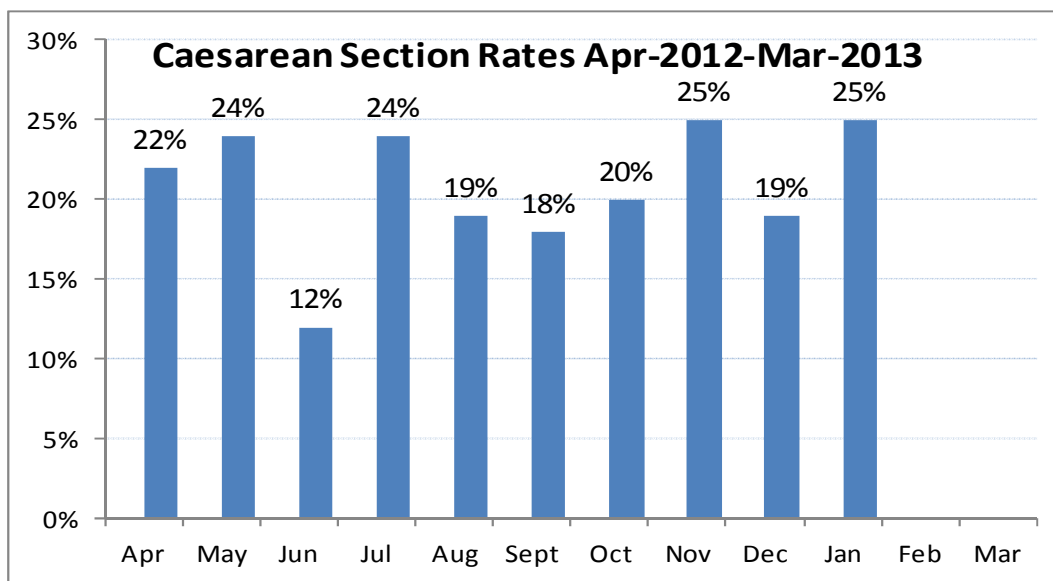
The Trust should be aiming for no slips/trips/falls that result in serious or extreme injury

During January 2013 there were 60 slips/trips/falls reported and of these, 16 resulted in injury and none were Major or Catastrophic.

*Figures correct at time of producing this report, however may change at future date due to re-grading of incident - earlier figures have been updated, since reporting in previous reports.

Caesarean Sections

Analysis:



Commentary

January activity reflected birth rate of 99 and the elective planned C-Section was on par at 7%. Emergency C-section was at 18% which reflected an overall increased rate of 25% rate this month. All activity on the RCOG dashboard is reviewed in clinical outcomes monthly meetings and labour ward meetings. Year end to date reflects overall C/s rate of 21%. We do reflect peaks at times with our rate and it is easily affected with small numbers. The induction of labour rate was 29% high this month for various high risk concerns so the result was expected.

The targets above were changed from September 2012 onwards to reflect the Royal College of Obstetricians and Gynaecologists (RCOG) dashboard national reporting (previously locally agreed) and the RAG ratings in the summary pages at the front of this report have been changed to reflect this for the year to date.

The comparatively small numbers have an exaggerated impact on percentages and although scrutinised every month, action is only appropriate if a trend appears subsequently.

Commentary:

There were 23 provider complaints received in January 2013 (23 previous month).

Across all complaints and concerns in January 2013: Top 3 **areas** complained about were:

General Surgery (10);
Emergency Dept (7);
MAAU (7)

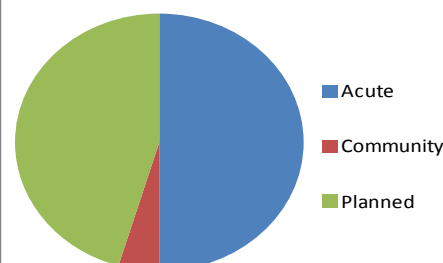
Across all complaints and concerns in January 2013: Top 3 **subjects** complained about were:

Clinical care (25);
Out-patient delay/cancellation (20);
Communication (13)

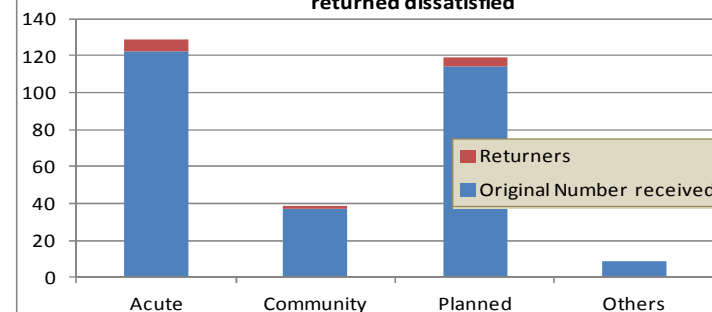
Analysis: Table showing complaints by primary subject:

Primary Subject	Jan 2012	Dec 2012	Jan 2013	CHANGE	RAG rating
Clinical Care	12	7	12	5	↑
Nursing Care	2	6	0	-6	↓
Staff Attitude	2	6	2	-4	↓
Communication	2	0	3	3	↑
Outpatient Appointment Delay / Cancellation	4	0	2	2	↑
Inpatient Appointment Delay / Cancellation	0	0	1	1	↑
Admission / Discharge / Transfer Arrangements	2	0	0	0	→
Aids and appliances, equipment and premises	0	0	0	0	→
Transport	2	0	0	0	→
Consent to treatment	0	0	0	0	→
Failure to follow agreed procedure	0	0	0	0	→
Hotel services (including food)	0	0	1	1	↑
Patients status/discrimination (e.g. racial, gender)	1	0	1	1	↑
Privacy & Dignity	1	2	0	-2	↓
Other	0	2	1	-1	↓

Complaints By Directorate - January 13



Complaints received Apr 12 to date including those who returned dissatisfied



Action Plan:

We are looking at making the Patient Experience Officers more visible in order to be more accessible to patients, therefore dealing with concerns immediately, to support the reduction in those that escalate to formal complaints.

Person Responsible:

Executive Director of Nursing & Workforce /
Provider Quality Manager

Date:

Jan-13

Status:

Ongoing

As part of the change in how we work, we will be looking at the PEOs supporting and educating staff in dealing and managing the concerns.

Executive Director of Nursing & Workforce /
Provider Quality Manager

Jan-13

Ongoing

Commentary:

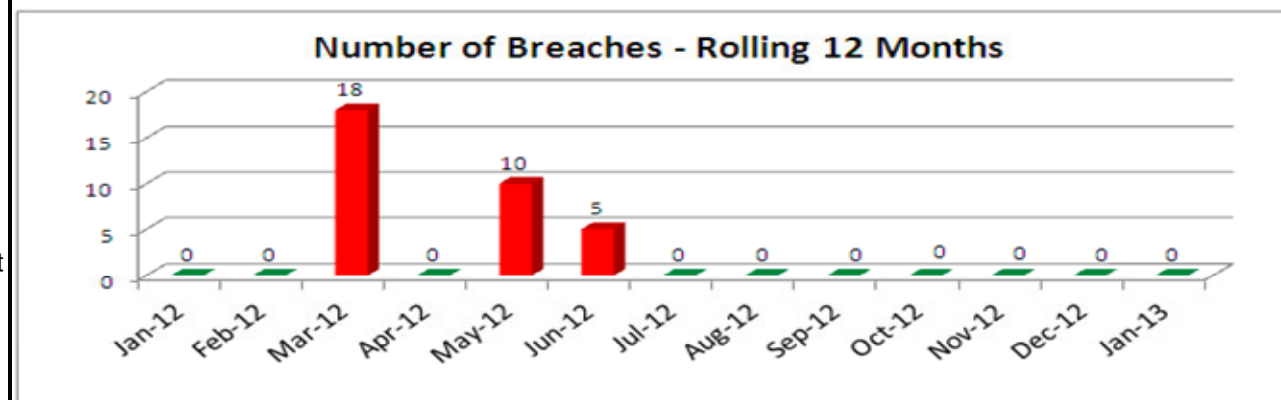
For the seventh consecutive month there have been no single sex accommodation breaches.

We continue to achieve zero tolerance for mixed sex accommodation despite significant pressures on bed and infection control challenges. We are reviewing how we utilise our side rooms to best effect in accordance with best practice guidance.

The Bed Management Team continue to provide excellent support during potentially difficult times coordinating patient flow and meeting our mixed sex accommodation targets.

Analysis:

Graph showing mixed sex accommodation breaches trend



Action Plan:

Person Responsible:

Date:

Status:

Emergency Care 4 hour standard

Commentary:

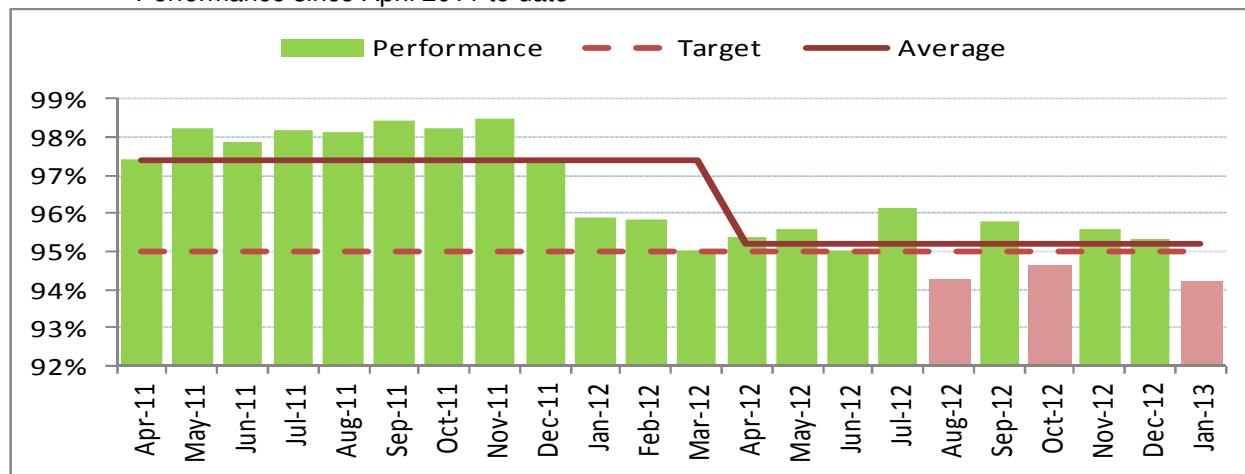
The hospital experienced several red alerts during this period which significantly affected the ability of patients to move through the department. High numbers of breaches were due to lack of bed availability.

Other breach reasons included high activity, delays in requesting diagnostics and transport issues.

However, performance has improved and both quarterly and year to date performance are above target.

Analysis:

Performance since April 2011 to date



Action Plan:

Winter action plans are in place and daily reviews remain a high priority. Root Cause Analysis is being undertaken on all breaches for February and an analysis action plan will be produced.

Refurbishment of department is continuing.

Person Responsible:

Matron/Head of Clinical Care/ Executive Medical Director

Project Manager/Matron

Date:

Feb-13

May-13

Status:

Ongoing

Green - on target

Commentary:

Performance continues to fluctuate in both of these key stroke KPIs, with occasional months where the target is not achieved. Actions are underway to ensure sustainable delivery of these targets.

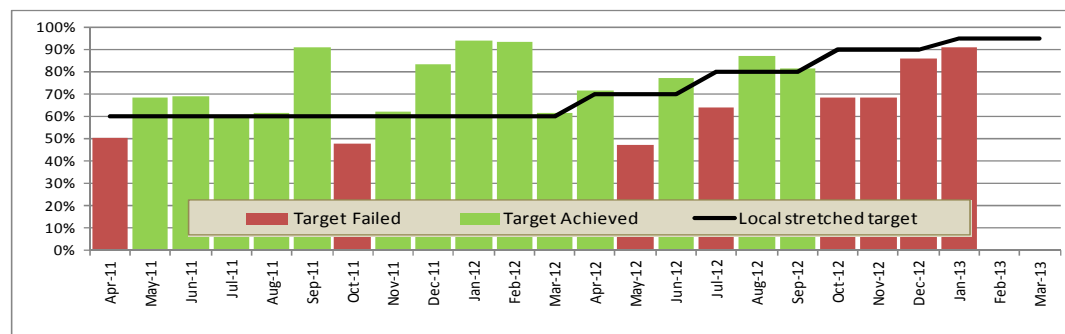
Proportion of people with high-risk TIA fully investigated and treated within 24 hours:

The trust is meeting the National target for this indicator of 60%

The single breach this month was due to the patient declining to attend.

Analysis:

Proportion of people with high-risk TIA fully investigated and treated within 24 hours:



Action Plan:

Patients declining appointments - Requires guidance from National Stroke Network about how to resolve this, as it felt it is unachievable due to patient decline of appointment and small numbers seen on the IOW.

Frequent deviance from identified TIA pathway which can lead to delay in referral - Action Lead(s) conduct monthly data analysis to monitor compliance with pathway and liaise with medical team as appropriate to improve compliance.

Ambulance service to commence direct referrals to TIA Clinic

Person Responsible:

Clinical Lead for Stroke

Clinical Lead for Stroke

Clinical Lead for Stroke
/ Clinical Practice
Development Officer
(Ambulance)

Date:

Ongoing

07/09/2012

Feb-13

Status:

13.8.2012: Leaflets now available, posters developed in GP surgeries, nurse reiterates the importance of the patient attending the appointment
13.8.2012: Initial contact made by Clinical Lead for Stroke for request of guidance

17/12/12 Audit ongoing. JJ and PIDs working with Regional Stroke data analyst to look at whole years figures and develop action plan from this

19.11.2012: The Clinical Practice Development Officer is currently looking in to best method of receiving referrals. PGD for Aspirin under development. Stroke & TIA recognition training already undertaken by all ambulance personnel. 17/12/12. proposal developed. meeting with commissioners on 8/1/13 to discuss impact on Ambulance service. To take proposal to CCG in January. Probable 6 month pilot to identify impact on current resources

<div>Commentary:</div> <div>The information centre carry out an analysis of the quality of provider data submitted to SUS. They review 3 main data sets - Admitted Patient Care, Outpatients and A&E.</div> <div>Based on this analysis there are a number of areas within each data set where we show as having invalid records in excess of the national average. One area of particular concern is the high proportion of records with an invalid Ethnic category in the OP & A&E datasets as this is the focus of a national target.</div>	<div>Analysis:</div> <div><div><div>Total APC General Episodes:20,749</div><table><tr><th>Data Item</th><th>Invalid Records</th><th>Provider % Valid</th><th>National % Valid</th></tr><tr><td>NHS Number</td><td>368</td><td><div><div></div>98.2%</div></td><td>99.0%</td></tr><tr><td>Patient Pathway</td><td>5990</td><td><div><div></div>0.2%</div></td><td>55.3%</td></tr><tr><td>Treatment Function</td><td>0</td><td><div><div></div>100.0%</div></td><td>99.8%</td></tr><tr><td>Main Specialty</td><td>0</td><td><div><div></div>100.0%</div></td><td>100.0%</td></tr><tr><td>Reg GP Practice</td><td>2</td><td><div><div></div>100.0%</div></td><td>99.9%</td></tr><tr><td>Postcode</td><td>5</td><td><div><div></div>100.0%</div></td><td>99.9%</td></tr><tr><td>PCT of Residence</td><td>19</td><td><div><div></div>99.9%</div></td><td>99.2%</td></tr><tr><td>Commissioner</td><td>47</td><td><div><div></div>99.8%</div></td><td>99.3%</td></tr><tr><td>Primary Diagnosis</td><td>1533</td><td><div><div></div>92.6%</div></td><td>98.5%</td></tr><tr><td>Primary Procedure</td><td>0</td><td><div><div></div>100.0%</div></td><td>99.5%</td></tr><tr><td>Ethnic Category</td><td>0</td><td><div><div></div>100.0%</div></td><td>98.2%</td></tr><tr><td>Neonatal Level of Care</td><td>0</td><td><div><div></div>100.0%</div></td><td>98.8%</td></tr><tr><td>Site of Treatment</td><td>0</td><td><div><div></div>100.0%</div></td><td>95.7%</td></tr><tr><td>HRG4</td><td>1535</td><td><div><div></div>92.6%</div></td><td>98.3%</td></tr></table></div><div><div>Total Outpatient General Episodes:107,215</div><table><tr><th>Data Item</th><th>Invalid Records</th><th>Provider % Valid</th><th>National % Valid</th></tr><tr><td>NHS Number</td><td>831</td><td><div><div></div>99.2%</div></td><td>99.0%</td></tr><tr><td>Patient Pathway</td><td>98731</td><td><div><div></div>0.0%</div></td><td>55.3%</td></tr><tr><td>Treatment Function</td><td>0</td><td><div><div></div>100.0%</div></td><td>99.8%</td></tr><tr><td>Main Specialty</td><td>0</td><td><div><div></div>100.0%</div></td><td>100.0%</td></tr><tr><td>Reg GP Practice</td><td>2</td><td><div><div></div>100.0%</div></td><td>99.9%</td></tr><tr><td>Postcode</td><td>6</td><td><div><div></div>100.0%</div></td><td>99.9%</td></tr><tr><td>PCT of Residence</td><td>5</td><td><div><div></div>100.0%</div></td><td>99.2%</td></tr><tr><td>Commissioner</td><td>30</td><td><div><div></div>100.0%</div></td><td>99.3%</td></tr><tr><td>First Attendance</td><td>0</td><td><div><div></div>100.0%</div></td><td>98.5%</td></tr><tr><td>Attendance Indicator</td><td>1</td><td><div><div></div>100.0%</div></td><td>99.5%</td></tr><tr><td>Referral Source</td><td>1097</td><td><div><div></div>99.0%</div></td><td>98.5%</td></tr><tr><td>Referral Rec'd Date</td><td>1097</td><td><div><div></div>99.0%</div></td><td>99.5%</td></tr><tr><td>Attendance Outcome</td><td>55</td><td><div><div></div>99.9%</div></td><td>98.5%</td></tr><tr><td>Priority Type</td><td>1097</td><td><div><div></div>99.0%</div></td><td>99.5%</td></tr><tr><td>OP Primary Procedure</td><td>0</td><td><div><div></div>100.0%</div></td><td>98.2%</td></tr><tr><td>Ethnic Category</td><td>41903</td><td><div><div></div>60.9%</div></td><td>98.8%</td></tr><tr><td>Site of Treatment</td><td>0</td><td><div><div></div>100.0%</div></td><td>95.7%</td></tr><tr><td>HRG4</td><td>5</td><td><div><div></div>100.0%</div></td><td>98.3%</td></tr></table></div><div><div>Total A&E Attendances29,790</div><table><tr><th>Data Item</th><th>Invalid Records</th><th>Provider % Valid</th><th>National % Valid</th></tr><tr><td>NHS 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Action Plan:				Person Responsible:				Date:				Status:																																																																																																																																																																																																				
Undertake a detailed review of the informatio provided by the Information Centre and compare with our local data sources.				Head of Information / Asst. Director - PIDS				Mar - 13				Ongoing																																																																																																																																																																																																				
Identify and implement 'quick wins'																																																																																																																																																																																																																
Develop a detailed action plan to improve quality of data submitted to SUS.																																																																																																																																																																																																																

Isle of Wight NHS Trust Board Performance Report 2012/13

January 13

Workforce - Key Performance Indicators

Measure	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	In Month Final RAG Rating	Trend from last month
Workforce FTE	Jan-13	2667	2709	42	!		↓
Workforce Variable FTE	Jan-13	181	165	-16	✓		↑
Workforce Total FTE	Jan-13	2848	2874	26	!	!	↑
Finance	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	Year-to Date Final RAG Rating	
Total In Month Staff In Post Paybill	Jan-13	£9,343	£9,054	-£289	✓		↓
In Month Variable Hours	Jan-13	£148	£706	£558	✗		↑
In Month Total Paybill	Jan-13	£9,491	£9,760	£270	!		↑
Year-to Date Paybill	Jan-13	£95,219	£97,187	£1,968	✗	✗	
Sickness Absence	Period	Month Target/Plan	Month Actual		RAG Rating		
In Month Absence Rate	Jan-13	3%	4.73%		✗		

Key			
✓	Green - On Target		
!	Amber - Mitigating/corrective action believed to be achievable		
✗	Red - Significant challenge to delivery of target		

Data Source:
FTE data, and Absence data, all taken directly from ESR,
Financial Data, provided by Finance

Action:

All data is monitored with the Finance team, weekly, fortnightly and monthly. Extraordinary meetings are held with Clinical Directorates to discuss variances and courses of action. The HR Directorate is closely monitoring and supporting clinical directorates with their workforce plans, in particular their control over their spend of variable hours. This will form the basis of the summary workforce actions and plans for this month to enhance progress and monitoring individual schemes. Significant action has been taken by directorates to reduce hours spend.

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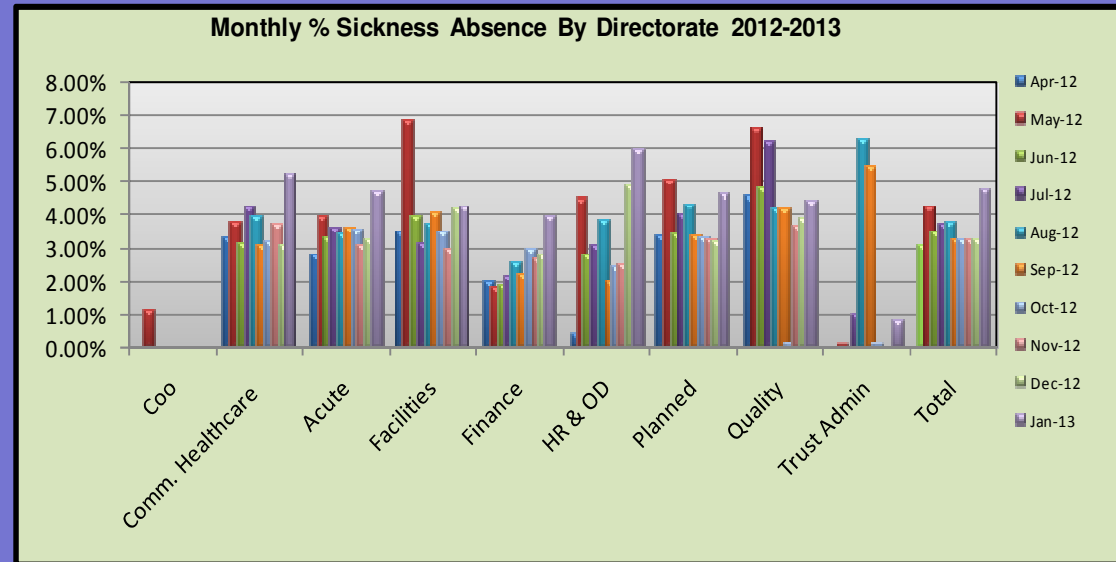
Sickness Absence - Monthly Sickness Absence by Directorate

Commentary:

Detailed Analysis of all long term sickness absence is sent to Occupational Health, Health & Safety and Back Care. Associate Directors, Quality and Finance are also informed.

Actions are followed up at Performance Review and Directorate Meetings.

The Bradford Score is now being used as an additional tool to assist with managing short term absence.


















Action	Person Responsible	Date	Directorate monitoring
Actively promoting the Bradford Score System, focussing on areas with high absence rates, to encourage a timely return to work. Any issues referred to Occupational Health Department for review. Occupational Health are trying to reduce referral times.	Departmental Managers	Ongoing	All
HR are working closely with Planned to ensure Mandatory refresher training on sickness is carried out, alongside a two week focus on holding absence review meetings – (triggered from 3 episodes in 3 months sickness absence) and a RTW audit for compliance by matrons / general managers.	Departmental Managers/HR	Ongoing	Planned

Data Source: ESR/PID dashboard/Allocate E-Rostering System

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Key Performance Indicators Month 10

Performance Area	Commentary	RAG Rating In Month	RAG Rating YTD	RAG Rating Full Year Forecast
Financial Risk Rating	• Overall Ratings unchanged from prior month, overall rating of 3 after normalisation adjustments.	Green 	Green 	Green 
Summary	• I&E position on plan in the month (£41k surplus vs £42k plan). YTD £416k surplus vs YTD plan £415k. Year end forecast of £500k surplus on plan.	Green 	Green 	Green 
Cost Improvement Programme (CIP)	• Month - CIPs of £1042k vs plan of £702k. YTD have delivered £6,298k against a plan of £5,825k. £701k of banked CIPs have been brought forward in the month.	Green 	Green 	Green 
Working Capital & Treasury	• Cash 'in-hand' and 'at-bank' is £4,786k.	Green 	Green 	Green 
Capital	Capital plan currently £15.4m. All capital now allocated for 12-13. YTD spend £7.6m	Amber Green 	Amber Green 	Amber Green 

Commentary: Monthly Performance meetings continue for each directorate with Exec Directors (Medical, Nursing and Finance) to review performance. Weekly financial review meetings held with Planned directorate to monitor and review action plans on CIP delivery and recovery of overspend.

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Income & Expenditure - Key Highlights

(in £'000)	Month			YTD			Full Year		
	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Forecast	Forecast v Budget (+ over / - under)
I&E by subjective:									
Income									
Income - Patient Care Revenue	13,201	13,299	98	124,006	123,988	(18)	148,425	148,467	42
Acute	318	184	(134)	3,184	3,801	616	3,821	4,560	739
Planned	255	(41)	(296)	2,750	3,059	310	3,214	3,723	510
Community	(172)	(233)	(61)	2,042	2,108	66	2,381	2,447	66
Corporate	(114)	635	748	3,051	5,060	2,008	3,842	5,251	1,410
Reserves	-	-	-	-	-	-	-	-	-
Total Income	13,489	13,844	355	135,033	138,015	2,982	161,681	164,448	2,767
Pay									
Acute	2,890	3,040	151	28,529	29,549	1,019	34,290	35,314	1,024
Planned	2,788	2,590	(198)	26,345	27,099	753	31,442	32,230	789
Community	2,650	2,705	55	26,362	26,491	129	31,550	31,626	77
Corporate	1,163	1,424	262	13,982	14,049	66	16,816	16,687	(129)
Reserves	-	-	-	-	-	-	-	-	-
Total Pay	9,491	9,760	270	95,219	97,187	1,968	114,097	115,857	1,761
Non-Pay									
Acute	1,120	875	(245)	9,921	9,683	(238)	11,343	11,058	(286)
Planned	771	790	20	7,483	8,636	1,153	8,576	9,810	1,234
Community	377	360	(18)	4,070	3,700	(370)	5,038	4,594	(444)
Corporate	1,688	2,017	329	17,924	18,393	469	21,465	21,967	503
Reserves	(0)	-	0	0	-	(0)	662	662	-
Total Non-Pay	3,956	4,042	86	39,398	40,412	1,013	47,084	48,091	1,007
Net Surplus / (Loss)	42	41	(0)	415	416	1	500	500	0
EBITDA	31	40	9	406	404	(2)	488	488	0
EBITDA (adjusted for rent)	832	841	0	8,423	8,421	0	10,109	10,109	0
CIP's	702	1,042	340	5,825	6,298	473	7,271	7,272	1
Reserves							7,318	662	(6,656)
Transitional Funding							6,638	1,160	(5,478)

Overall Position:

The Month 10 surplus of £41k and YTD surplus of £416k is on plan. The full year forecast is to achieve our planned surplus of £500k. The primary assumption in the forecast is to achieve full CIP savings target of £7,270k, plus additional funding to cover some costs already incurred, e.g. Winter pressure money & Additional Activity income.

Income - Income in the month is £355k higher than plan and includes an accrual of income for Dermatology Q3 activity (CV outstanding) and FT support income. Income is lower than budget in Planned; Community is due to the income now being incorporated onto the Patient Care Revenue line for dermatology and dental. YTD income is higher than plan by £2,982k with both RTA and NCA income exceeding the plan. Corporate in month figures reflect the budget correction for EMH for the year.

Pay - In month total pay is overspent by £270k primarily in Acute, Community and Corporate. Acute is overspent by £151k in month due to ongoing locum arrangements. Corporate overspend in month is due to EMH budget adjustment to alignment to annual contract figures. The YTD pay overspend of £1,968k is mainly due to the Bank and Locum costs incurred in Acute and Planned.

Non Pay - In month Corporate area overspend is £329k, mainly due to FT Programme costs for which the budget was £200k. Commissioner support of £300k expected to cover this overspend.

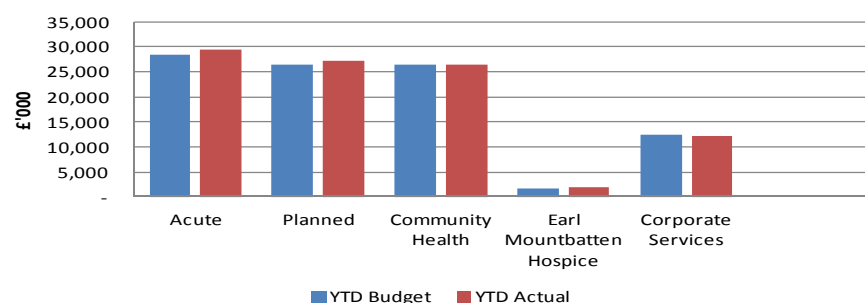
CIP - CIPs achieved in the month exceeded plan by £340k. Further analysis is provided on the CIP analysis page.

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Income & Expenditure - Pay Analysis

YTD Pay - Budget vs Actual Month 10



(in £'000)	Month			YTD			Full Year		
	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Forecast	Forecast v Budget (+ over / - under)
Pay	-	-	-	-	-	-	-	-	-
Acute	2,890	3,040	151	28,529	29,549	1,019	34,290	35,314	1,024
Planned	2,788	2,590	(198)	28,345	27,099	753	31,442	32,230	789
Community	2,650	2,705	55	26,362	26,491	129	31,550	31,626	77
Corporate	1,183	1,424	282	13,082	14,049	88	18,818	18,887	(129)
Reserves	-	-	-	-	-	-	-	-	-
Total Pay	9,491	9,760	270	95,219	97,187	1,968	114,097	115,657	1,761

Commentary: The graph and the table above show a total adverse YTD variance against pay budgets of £1,968k at month 10 and overspend of £270k in the month. The YTD pay overspend is primarily due to bank & agency costs, Locum costs, unachieved vacancy factor (YTD budget £1,557k) and unachieved Pay CIPs. Medics recruitment is an ongoing concern and is now identified on the risk register. Both Acute and Planned directorates are incurring high Locum costs. However, it is encouraging to see Planned coming in within budget. The positive variance is due to in month budget adjustment for additional activity undertaken in Q3.

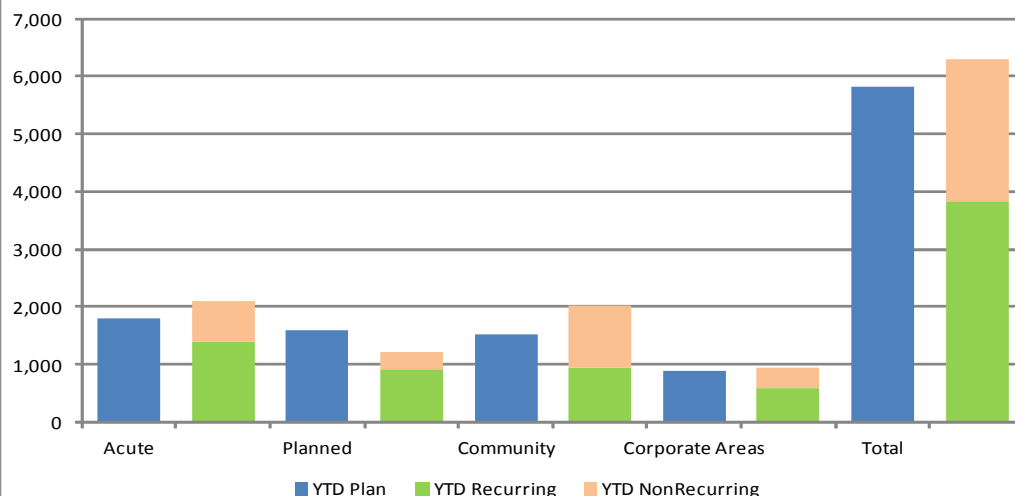
Action Plan	Person responsible	Date	Committee monitoring delivery
A project is currently underway to review the rates of bank staff to encourage more bank workers to join the Trust and reduce the amount of Agency staff used	Senior HR Manager / Executive Director of Nursing and Workforce	Ongoing	Finance Investment & Workforce committee
Detailed review of the Paybill discussed at Monthly Directorate Performance Reviews	Senior HR Managers / Associate Directors	Monthly	Finance Investment & Workforce committee
Detailed analysis of variable hours usage	Workforce Planning & Information Manager	Ongoing	Finance Investment & Workforce committee
Recruitment Scrutiny of all vacancies	Senior HR Manager / Resourcing Manager	Ongoing	Finance Investment & Workforce committee

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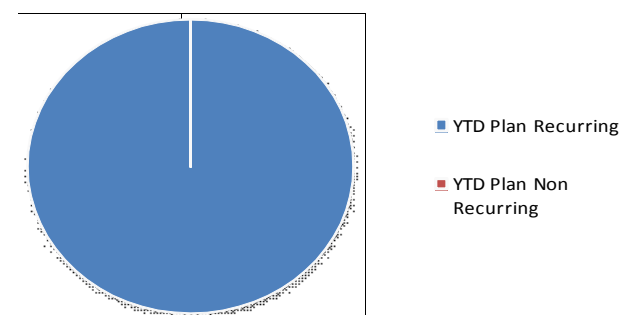
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Cost Improvement Programme - CIP Analysis

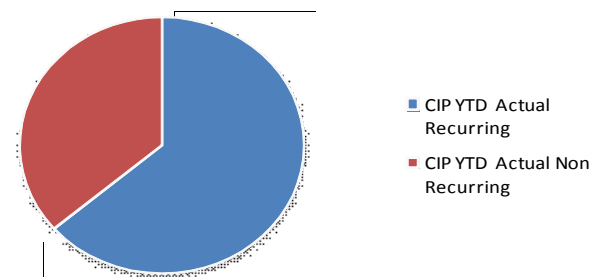
IOW NHS Trust - CIP YTD Plan vs YTD Achieved



**CIP Status - Year to date Plan
in 000's**



**CIP Status - YTD Actual
in 000's**



The YTD CIP achievement of £6,298k is higher than the target of £5,825k by £473k. The YTD achievement includes the recognition of £701k from future months. CIP forecast for year end is achievement of full year plan.

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Cost Improvement Programme - CIP by Directorate

Cost Centre	Year to date (£'000)						Annual (£'000)					Next Year (£'000)
Directorate	Plan	Actual - Rec	Actual - Non Rec	Full Year Impact	Actual - Total	Variance	Plan	Forecast - Rec	Forecast - Non Rec	Forecast - Total	Variance	Risk of CIP c/fwd
Acute	1,804	1,284	706	112	2,102	298	2,273	2,058	215	2,273	1	117
Planned	1,592	886	305	25	1,217	(375)	2,035	1,580	268	1,848	(187)	262
Community Health	1,526	427	1,087	509	2,024	498	1,880	1,353	671	2,024	144	179
Unidentified CIP	0	0	0	0	0	0		0	0	0	0	0
Facilities	420	321	122	20	462	42	504	367	122	488	(16)	391
Finance & IM&T	215	25	196	-8	213	(2)	259	42	276	317	59	147
Human Resources	144	72	41	15	129	(15)	173	132	41	173	0	86
Trust Admin	58	58	0	14	72	14	70	70	0	70	0	0
Quality & Clinical Standards	47	47	0	9	56	9	56	56	0	56	0	0
Chief Operating Officer	18	18	0	4	22	4	22	22	0	22	0	0
Grand Total	5,825	3,140	2,457	701	6,298	473	7,271	5,679	1,593	7,272	1	1,182

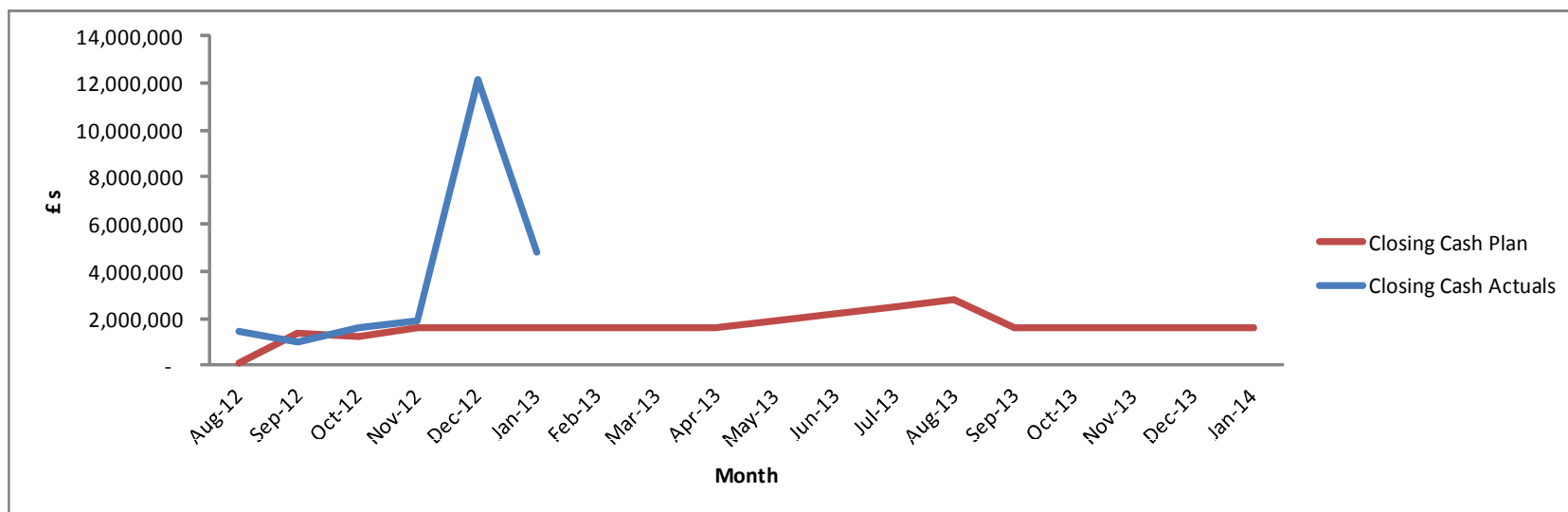
Commentary:

As at month 10, the YTD CIP plan was overachieved by £473k. The Planned Directorate continue to be the major non-achiever YTD. The overall year end forecast is for achievement of the full year plan of £7,271k. At this stage, the forecast non-recurring CIP is £1,593k. This should be offset by the full year effect of recurring plans implemented part way through 12/13 and additional plans, making the January forecast carried forward risk £1,182k.

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Balance Sheet / Working Capital - Cashflow



Commentary:

At the end of January, cash in hand and at bank exceeded the planned balance of £1.6m by £3.1m leaving a closing cash balance of £4.7m.

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Capital Programme - Capital Schemes

Capital Scheme	Annual Plan / Budget	YTD Spend	F'cast to Year End	Full Year Cost
	£'000	£'000	£'000	£'000
Minor Schemes =<£250k	1,694	527	1,167	1,694
Major Schemes > £250k:				
Commitments b/fwd from 2011/12	1,979	1,535	444	1,979
Statutory Compliance: Backlog and fire safety	2,014	1,385	629	2,014
Helipad	1,453	854	599	1,453
Accident and Emergency refurbishment	1,278	696	582	1,278
Pathology Refurbishment	1,252	634	618	1,252
Development of the Hub - Communication Centre	608	580	28	608
Frontline Ambulances x3	542	433	109	542
Overflow Car Park	489	7	482	489
Old HSDU Refurb (Phase 1)	450	5	445	450
North Block Fire Alarms	338	110	228	338
Shackleton Newchurch Move	352	6	346	352
East Cowes Project	316	346	-30	316
Fire Stopping Sevenacres	272	137	135	272
Replacement of Mortuary Fridges	249	10	239	249
Backlog high/ medium risk	140	139	1	140
Trust Electronic Data Storage Infrastructure	360	0	360	360
Replacement Chiller Units	229	0	229	229
IT replacement and GP IT	1,126	220	906	1,126
Maternity Birthing Environments	200	1	199	200
Current Slippage to Manage	59			59
Gross Outline Capital Plan	15,400	7,625	7,716	15,400

Commentary:

Main Hospital Lifts are no longer deliverable by year end therefore in the Capital Plan as commitment into 13.14 (£280k)

All schemes expected to be delivered by year end

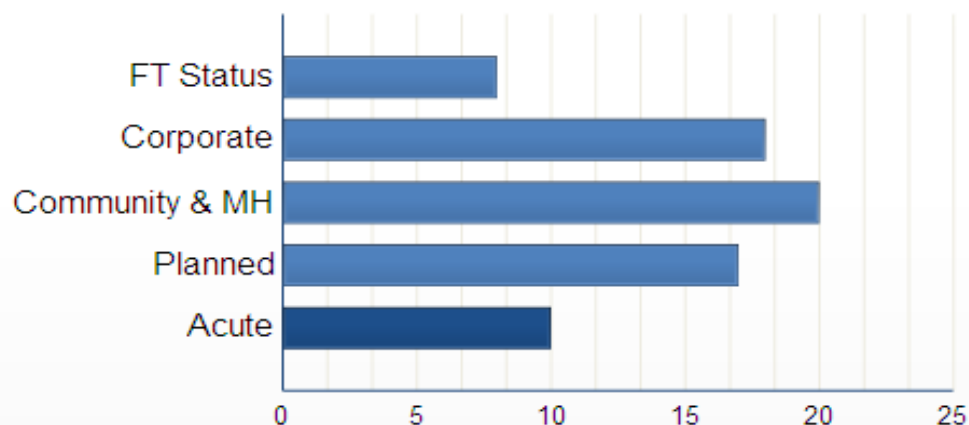
All capital now allocated for 12.13

Endoscopy Decontamination removed from schemes this year and needs to be reviewed. £296k reinvested

Contingency Cases for Changes being completed should there be any slippage by Acute & Community Directorates

Analysis:

Total risks registered 73



Rank	Risk Title	Directorate	Type	Score
1	REPROVISION OF SHACKLETON HOUSE DEMENTIA UNIT (BAF 6.10)	COMMH	QCE	25
2	ENDOSCOPY NEW BUILD (BAF 6.10)	PLANND	QCE	25
3	TRACK AND TRACE OF RE-USABLE MEDICAL DEVICES TO PATIENT USE IS NOT PLANND		QCE	20
4	RISK OF ARSON TO EXTERNAL WASTE AREA (BAF 6.10)	CORPRI	QCE	20
5	LOW STAFFING LEVELS OF OCCUPATIONAL THERAPISTS ON THE REHABILITATION	COMMH	PATEXP	20
6	VACANCIES IN ADULT SPEECH & LANGUAGE THERAPY TEAM (BAF: 10.73)	COMMH	PATSAF	20
7	VACANT CONSULTANT PHYSICIAN POSTS (BAF: 10.73)	ACUTE	QCE	20
8	LOW STAFFING LEVELS WITHIN OCCUPATIONAL THERAPY ACUTE TEAM (BAF	COMMH	PATSAF	20
9	IMPLEMENTATION OF PRODUCTIVE COMMUNITY SERVICES (BAF 3.8)	COMMH	GOVCOM	20
10	HEATING IN NICU (BAF 2.22)	PLANND	PATSAF	20
11	LEADERSHIP (BAF: 4.9)	CORPRI	GOVCOM	20
12	INFECTION CONTROL RISK DUE TO UNEXPECTED SHORTAGE OF DISPOSABLE	CORPRI	PATSAF	20
13	ORGANISATIONAL FINANCIAL RISK (BAF: 5.26 & 9.67)	CORPRI	GOVCOM	20
14	RISK DUE TO BED CAPACITY PROBLEMS (BAF 2.22 & 6.12)	ACUTE	PATSAF	20
15	RISK OF NOT ACHIEVING THE A&E 4 HOUR TARGET (BAF 3.8)	ACUTE	QCE	20
16	BLOOD SCIENCES OUT-OF-HOURS STAFFING (BAF 4.4)	ACUTE	QCE	20
17	FIRE COMPARTMENTS - CAUSE AND EFFECT OF FIRE ALARM SYSTEM (BAF 6.4	CORPRI	GOVCOM	20
18	FAILING PIT SYSTEM (BAF 6.4)	COMMH	PATSAF	20
19	MANDATORY TRAINING (BAF 10.13)	CORPRI	GOVCOM	20
20	END OF CURRENT PACS CONTRACT 2013 (BAF 6.10)	ACUTE	GOVCOM	20
21	INCREASED DEMAND ON ORTHOTICS (BAF: 8.2)	COMMH	GOVCOM	20

Commentary

The risk register is reviewed monthly both at Directorate Boards and relevant Trust Board sub-committee meetings

All risks on the register have agreed action plans with responsibilities and timescales allocated.

The Shackleton House risk was on the register previously with a risk score of 16 - this has been provisionally increased to 25 following a recent inspection visit . A number of short term and longer term solutions are currently under review in order to mitigate this risk

Take up of mandatory training remains under close scrutiny at performance review meetings and this is helping to improve compliance levels.

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Governance Risk Rating

			Insert the Score (1-5) Achieved for each Criteria Per Month									
			Risk Ratings					Reported Position		Normalised Position		Comments where target not achieved
Criteria	Indicator	Weight	5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	1	9	5	1	<1	3	3	3	3	The 12/13 rental figure has been removed from the EBITDA calculation to reflect the position if the assets had been transferred as at 1 April 2012.
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	5	5	5	5	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-6	<-6	3	3	3	3	No modification required
	I&E surplus margin %	20%	3	2	1	-2	<-2	1	1	1	1	In 2012/13 the plan is for a surplus of £500k (which only scores 1). In 2013/14 the plan is to achieve a surplus of £1.8m which will yield a score of 3.
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3	3	3	The calculation has been adjusted as if the assets had transferred on 1 April 2012 and that there was a working capital facility of £12m (as confirmed by the SHA calculation) available to the Trust.
Weighted Average		100%						2.8	2.8	2.8	2.8	
Overriding rules								3	3	3	3	
Overall rating								3	3	3	3	

GOVERNANCE RISK RATINGS					Isle of Wight NHS Trust		Insert YES (target met in month), NO (not met in month) or N/A (as appropriate) See separate rule for A&E							
See 'Notes' for further detail of each of the below indicators														
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Board Actions	
						Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13		
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	No	No	Yes	Yes			Yes		
			Referral information	50%										
			Treatment activity information	50%										
	1b	Data completeness, community services: (may be introduced later)	Patient identifier information	50%										
			Patients dying at home / care home	50%										
1c	Data completeness: identifiers MHMDS		97%	0.5	Yes	N/A	N/A	N/A				N/A		
1c	Data completeness: outcomes for patients on CPA		50%	0.5	Yes	Yes	Yes	Yes	Yes			Yes		
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	Yes			Yes		
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes			Yes		
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes			Yes		
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	No	No	Yes	Yes			Yes		
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising :	Surgery	94%	1.0	No	No	No	Yes			Yes		
			Anti cancer drug treatments	98%										
			Radiotherapy	94%										
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	Yes	Yes	Yes	Yes			Yes		
			From NHS Cancer Screening Service referral	90%										
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	No	Yes	Yes			Yes		
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	No	No	No	No			No	Quality and Clinical Performance Cttee to closely monitor delivery of cancer action plans	
			for symptomatic breast patients (cancer not initially suspected)	93%										
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	Yes	No	No	No				No	Quality and Clinical Performance Cttee to monitor delivery of improvement activity
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge	95%	1.0	Yes	No	Yes	Yes			Yes		
			Having formal review within 12 months	95%										
	3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	Yes	Yes	Yes	Yes	Yes			Yes	
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	No	Yes	Yes	Yes	Yes			Yes	
3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	No	No	Yes	Yes	Yes			Yes		
3j	Category A call – emergency response within 8 minutes	Red 1	80%	0.5	Yes	No	Yes	Yes	Yes			Yes		
		Red 2	75%											Yes

GOVERNANCE RISK RATINGS						Isle of Wight NHS Trust		Insert YES (target met in month), NO (not met in month) or N/A (as appropriate) See separate rule for A&E							
See 'Notes' for further detail of each of the below indicators															
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Board Actions		
						Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13			
	3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	Yes	Yes	Yes			Yes			
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	1200%	1.0	Yes	Yes	Yes	Yes			Yes	Progress against control action plans to be reported to Quality and Clinical Performance Ctte		
			Is the Trust below the YTD ceiling	800%		No	No	No	No			No			
	4b	MRSA	Is the Trust below the de minimus	600%	1.0	Yes	Yes	Yes	Yes			Yes	Progress against control action plans to be reported to Quality and Clinical Performance Ctte		
			Is the Trust below the YTD ceiling	100%		Yes	No	No	No			No			
	CQC Registration														
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0%	2.0	No	No	No	No			No			
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0%	4.0	No	No	No	No			No			
	C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0%	2.0	No	No	No	No			No			
TOTAL						4.5 R	6.5 R	2.5 AR	1.5 AG	0 G	0 G	2.5 AR			

RAG RATING :
GREEN = Score less than 1

AMBER/GREEN = Score greater than or equal to 1, but less than 2

AMBER / RED = Score greater than or equal to 2, but less than 4

RED = Score greater than or equal to 4

Isle of Wight NHS Trust Board Performance Report 2012/13

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Benchmarking Update

Periodically the Department of Health releases statistics on Key national performance indicators in order to provide transparency on NHS performance and outcomes. They are derived from data provided by NHS organisation in response to officially licenced data collections. The following table shows how the IW NHS Trust performed against other NHS & Foundation Trusts against these KPIs.

Benchmarking of Key National Performance Indicators:

	National Target	National Performance			IW Performance	IW Rank	IW Status	Data Period
		Best	Worst	Average				
RTT:% of admitted patients who waited 18 weeks or less	90%	100%	67%	92.0%	94.3%	48/173	Better than national average	Nov-12
RTT: % of non-admitted patients who waited 18 weeks or less	95%	100%	88%	97.4%	97.9%	94/201	Better than national average	Nov-12
RTT % of incomplete pathways within 18 weeks	92%	100%	70%	94.6%	95.5%	97/201	Better than national average	Nov-12
% Patients waiting > 6 weeks for diagnostic	1%	0%	15%	0.7%	0.1%	90/182	Better than national average	Nov-12
Emergency Care 4 hour Standards	95%	100%	87%	95.7%	95.2%	105/183	Worse than national average	Qtr 3 12/13
Ambulance Category A Calls % < 8 minutes - Red 1	75%	81%	66%	73.1%	81.3%	1/12	Top Quartile	Nov-12
Ambulance Category A Calls % < 8 minutes - Red 2	75%	78%	73%	75.8%	76.0%	8/12	Better than national average	Nov-12
Ambulance Category A Calls % < 19 minutes	95%	98%	93%	96.3%	98.3%	1/12	Top Quartile	Nov-12
Cancer patients seen <14 days after urgent GP referral*	93%	100%	90%	95.4%	93.9%	143/167	Bottom Quartile	Qtr 2 12/13
Cancer diagnosis to treatment <31 days*	96%	100%	89%	98.4%	98.2%	115/170	Worse than national average	Qtr 2 12/13
Cancer urgent referral to treatment <62 days*	85%	100%	57%	87.3%	89.9%	60/173	Better than national average	Qtr 2 12/13
Breast Cancer Referrals Seen <2 weeks*	93%	100%	85%	95.7%	89.8%	136/142	Bottom Quartile	Qtr 2 12/13
Cancer Patients receiving subsequent surgery <31 days*	94%	100%	90%	97.5%	100.0%	=1/159	Top Quartile	Qtr 2 12/13
Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100%	90%	99.8%	99.0%	148/153	Bottom Quartile	Qtr 2 12/13
Cancer Patients treated after consultant upgrade <62 days*	85%	100%	0%	93.2%	100.0%	=1/153	Top Quartile	Qtr 2 12/13
Cancer Patients treated after screening referral <62 days*	90%	100%	33%	93.2%	100.0%	=1/146	Top Quartile	Qtr 2 12/13
Stroke patients (90% of stay on Stroke Unit)	80%	100%	65%	86.1%	89.0%	62/151	Better than national average	Qtr 2 12/13
High risk TIA fully investigated & treated within 24 hours	60%	100%	21%	74.5%	76.1%	83/149	Better than national average	Qtr 2 12/13
VTE Risk Assessment	90%	100%	81%	93.8%	92.1%	123/163	Bottom Quartile	Qtr 2 12/13

Please note: the numbers quoted in this report will not match the balanced scorecard due to different data periods. All of the information in this section is taken directly from the DH Publication

Key:

Better than National Target = Green
Worse than National Target = Red

Top Quartile = Green
Median Range Better than Average = Amber Green
Median Range Worse than Average = Amber Red
Bottom Quartile = Red

Isle of Wight NHS Trust Board Performance Report 2012/13

January 13

Performance Summary - Acute Directorate

Performance on a Page - Acute Directorate

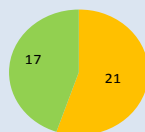
Governance Risk Rating M10:

1 - AG

Risk Register Summary: As at 01/02/2013

Risk Title	Risk Score	Type
Vacant Consultant Physician Posts	20	QCE
Risk due to bed capacity problems	20	PATSAF
Risk of not achieving the A&E 4 hour target	20	QCE
Blood Sciences out-of-hours staffing	20	QCE

Status of actions
for all Acute Risks



Key Performance Indicators:

As at M10:

	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
A&E Waits - Total time in A&E	Jan-13	94.2%	94.2%	95.2%	95.2%
MRSA	Jan-13	0	0	2	1
CDIFF	Jan-13	1	1	12	6
RTT Admitted - % within 18 Weeks	Dec-12	94.2%			
RTT Non Admitted - % within 18 Weeks	Dec-12	97.2%	97.7%		
RTT Incomplete - % within 18 Weeks	Dec-12	95.5%	95.2%		
RTT delivery in all specialties	Dec-12	1	0		
Diagnostic Test Waiting Times	Jan-13	1	0	7	0
Cancer 2 wk GP referral to 1st OP	Jan-13	87.66%		92.97%	
Breast Symptoms 2 wk GP referral to 1st OP	Jan-13	100.00%		93.50%	
31 day second or subsequent (surgery)	Jan-13	94.4%		97.3%	
31 day second or subsequent (drug)	Jan-13	100.0%		99.6%	
31 day diagnosis to treatment for all cancers	Jan-13	100.0%		99.0%	
62 day referral to treatment from screening	Jan-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Jan-13	88.1%		91.4%	
Delayed Transfers of Care	Sep-12	0.10%		0.10%	
Mixed Sex Accommodation Breaches	Jan-13	0	0	15	15
VTE Risk Assessment	Jan-13	95.7%		93.1%	
% of Category A calls within 8 minutes (Red 1)	Jan-13	76.9%	76.9%	77.0%	76.9%
% of Category A calls within 8 minutes (Red 2)	Jan-13	76.3%	76.3%	76.9%	76.3%
% of Category A calls within 19 minutes	Jan-13	97.0%	97.0%	97.4%	97.0%

*Cancer figures for January are provisional

Workforce Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	4.73%	4.66%	3.61%	3.52%
FTE vs Budget			-53.3	-14.2
Appraisals			81.7%	78.0%
Agency Cost	TBC	£130,917	TBC	TBC
Agency Usage	TBC	TBC	TBC	TBC

Finance Headlines:

As at M10:

	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	-11.9	165.0	TBC	TBC
CIP	-228.0	186.0	1.2	1.0

Quality Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRIs	17	4	147	37
Incidents	438	127	4,328	1,419
Complaints	23	11	282	122

Case for Change:

No. of Active Case for Change:	Red status	Green Status	% Green Status
24	4	21	88%

Note:

Red status is given to any case for change with an overdue milestone

Information presented is the worst case scenario as updated information may show that some of the actions have been completed.

SLA Performance:

As at M09:

	Activity		Income - £000	
	Actual	Var to Plan	Actual	Var to Plan
Emergency Spells	6,375	398	12,168	1,036.7
Elective Spells	157	4	254	18.9
Outpatients Attendances	21,840	3,663	3,485	469.4
Total			15,907	1525.0

Overall demand placed on the directorate is above plan, particularly in outpatients (20% above plan M09 YTD). Despite this increased demand workforce indicators remain broadly on target, absenteeism (3.52% M10 YTD) and FTE below budget (14.2 M10 YTD).

Increased demand also does not appear to be leading to a decline in the majority of performance indicators with almost all being achieved. However, whilst performance remains above target measures are declining in some areas due to pressures in patient flow e.g. Emergency Care 4 hour standard (94.2% M10) which was below 95.0% target.

Increased demand does not appear to be having negative impact on quality indicators. Performance on indicators such as MRSA, and Mixed sex accommodation has been maintained from previous months, however, there was one case of C.Diff reported during M10.

Over performance in pay budget (£1,019k M10) when compared with under performance in FTE numbers are the result of a high use of Locums within the directorate. This is partially offset by under-spend in non-pay (£238k) and over performance in income (£616k).

Isle of Wight NHS Trust Board Performance Report 2012/13

January 13

Performance Summary - Planned Directorate

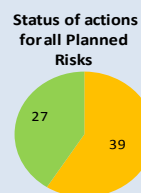
Performance on a Page - Planned Directorate

Governance Risk Rating M10:

0.5 - G

Risk Register Summary: As at 01/02/2013

Risk Title	Risk Score	Type
Endoscopy new build	25	QCE
Track and trace of re-usable medical devices to patients	20	QCE
Heating in NICU	20	PATSAF
Significant loss of business	16	PATEXP



Key Performance Indicators:

As at M10:

	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
A&E Waits - Total time in A&E	Jan-13	94.2%		95.2%	
MRSA	Jan-13	0	0	2	1
CDIFF	Jan-13	1	0	12	4
RTT Admitted - % within 18 Weeks	Dec-12	94.2%	94.2%		
RTT Non Admitted - % within 18 Weeks	Dec-12	97.2%	96.8%		
RTT Incomplete - % within 18 Weeks	Dec-12	95.5%	95.5%		
RTT delivery in all specialties	Dec-12	1	1		
Diagnostic Test Waiting Times	Jan-13	1	1	7	7
Cancer 2 wk GP referral to 1st OP	Jan-13	87.66%	87.66%	92.97%	92.97%
Breast Symptoms 2 wk GP referral to 1st OP	Jan-13	100.00%	100.00%	93.50%	93.50%
31 day second or subsequent (surgery)	Jan-13	94.4%	94.4%	97.3%	97.3%
31 day second or subsequent (drug)	Jan-13	100.0%	100.0%	99.6%	99.6%
31 day diagnosis to treatment for all cancers	Jan-13	100.0%	100.0%	99.0%	99.0%
62 day referral to treatment from screening	Jan-13	100.0%	100.0%	100.0%	100.0%
62 days urgent referral to treatment of all cancers	Jan-13	88.1%	88.1%	91.4%	91.4%
Delayed Transfers of Care	Sep-12	0.10%		0.10%	
Mixed Sex Accommodation Breaches	Jan-13	0	0	15	0
VTE Risk Assessment	Jan-13	95.7%		93.1%	
% of Category A calls within 8 minutes (Red 1)	Jan-13	76.9%		77.0%	
% of Category A calls within 8 minutes (Red 2)	Jan-13	76.3%		76.9%	
% of Category A calls within 19 minutes	Jan-13	97.0%		97.4%	

*Cancer figures for January are provisional

Workforce Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	4.73%	4.63%	3.61%	3.80%
FTE vs Budget			-53.3	-16.6
Appraisals			81.7%	96.4%
Agency Cost	TBC	£130,917	TBC	TBC
Agency Usage	TBC	TBC	TBC	TBC

Finance Headlines:

As at M10:

	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	-11.9	1596.7	TBC	TBC
CIP	-228.0	-400.8	1.2	-186.7

Quality Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRIs	17	3	147	28
Incidents	438	95	4,328	1,193
Complaints	23	10	282	114

Case for Change:

No. of Active Case for Change:	Red status	Green Status	% Green Status
24	4	21	88%

Note:

Red status is given to any case for change with an overdue milestone

Information presented is the worst case scenario as updated information may show that some of the actions have been completed.

SLA Performance:

As at M09:

	Activity		Income - £000	
	Actual	Var to Plan	Actual	Var to Plan
Emergency Spells	3,772	-44	8,350	-160.1
Elective Spells	6,601	365	9,919	-93.4
Outpatients Attendances	64,162	4,266	8,628	493.9
Total			26,897	240.3

Overall demand placed on the directorate is slightly above plan, particularly in outpatients (6% above plan M09 YTD). Workforce indicators suggest a workforce operating at capacity, absenteeism (3.80% M10 YTD) and FTE below budget (16.6 M10 YTD).

Increased demand appears to be leading to some issues in waiting times with both diagnostic wait and RTT breaches. However, provisional results for performance in the majority of cancer targets suggests that the directorate is performing well.

Performance on indicators such as MRSA, C.Diff and Mixed sex accommodation has been maintained from previous month.

Over performance in pay budget (£753k M10) and non-pay (£1,153k) have been affected by the provision of a significant number of medical beds and associated staff & non staff costs in Wards.

Isle of Wight NHS Trust Board Performance Report 2012/13

January 13

Performance Summary - Community Health Directorate

Performance on a Page - Community Directorate

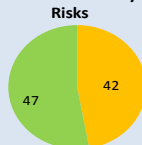
Governance Risk Rating M10:

0 - G

Risk Register Summary: As at 01/02/2013

Risk Title	Risk Score	Type
Reprovision of Shackleton House Dementia Unit	25	QCE
Low Staffing Levels within Occupational Therapy	20	PATEXP
Vacancies in adult speech & language therapy team	20	PATSAF
Low staffing levels within occupational therapy	20	PATSAF

Status of actions
for all Community
Risks



Key Performance Indicators:

As at M10:

	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
A&E Waits - Total time in A&E	Jan-13	94.2%		95.2%	
MRSA	Jan-13	0	0	2	0
CDIFF	Jan-13	1	0	12	2
RTT Admitted - % within 18 Weeks	Dec-12	94.2%			
RTT Non Admitted - % within 18 Weeks	Dec-12	97.2%	99.2%		
RTT Incomplete - % within 18 Weeks	Dec-12	95.5%	96.1%		
RTT delivery in all specialties	Dec-12	1	0		
Diagnostic Test Waiting Times	Jan-13	1	0	7	0
Cancer 2 wk GP referral to 1st OP	Jan-13	87.66%		92.97%	
Breast Symptoms 2 wk GP referral to 1st OP	Jan-13	100.00%		93.50%	
31 day second or subsequent (surgery)	Jan-13	94.4%		97.3%	
31 day second or subsequent (drug)	Jan-13	100.0%		99.6%	
31 day diagnosis to treatment for all cancers	Jan-13	100.0%		99.0%	
62 day referral to treatment from screening	Jan-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Jan-13	88.1%		91.4%	
Delayed Transfers of Care	Sep-12	0.10%		0.10%	
Mixed Sex Accommodation Breaches	Jan-13	0	0	15	0
VTE Risk Assessment	Jan-13	95.7%		93.1%	
% of Category A calls within 8 minutes (Red 1)	Jan-13	76.9%		77.0%	
% of Category A calls within 8 minutes (Red 2)	Jan-13	76.3%		76.9%	
% of Category A calls within 19 minutes	Jan-13	97.0%		97.4%	

*Cancer figures for January are provisional

Workforce Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	4.73%	5.21%	3.61%	3.71%
FTE vs Budget			-53.3	-5.2
Appraisals			81.7%	75.4%
Agency Cost	TBC	£130,917	TBC	TBC
Agency Usage	TBC	TBC	TBC	TBC

Finance Headlines:

As at M10:

	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	-11.9	-307.6	TBC	TBC
CIP	-228.0	-11.2	1.2	143.8

Quality Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRIs	17	10	147	79
Incidents	438	146	4,328	1,263
Complaints	23	1	282	37

Case for Change:

No. of Active Case for Change:	Red status	Green Status	% Green Status
24	4	21	88%

Note:

Red status is given to any case for change with an overdue milestone

Information presented is the worst case scenario as updated information may show that some of the actions have been completed.

SLA Performance:

As at M08:

	Activity		Income - £000	
	Actual	Var to Plan	Actual	Var to Plan
Community Contacts	154,432	10,520	n/a	n/a
Mental Health Community	44,965	2,799	n/a	n/a
Mental Health Consultant Led Outpatients	4,600	-306	n/a	n/a
Mental Health Inpatients	596	91	n/a	n/a
Total			0	0.0

Overall demand placed on the directorate is above plan, particularly in Community Contacts. Absenteeism (3.71% M10 YTD) and FTE below budget (5.2 M10 YTD) coupled with increased demand may suggest a workforce being stretched.

In general increased demand does not appear to be having an adverse effect on key performance indicators for the directorate with all being shown to be better than plan.

General quality indicators for the directorate appear to be better than plan. One focus area is serious incidents requiring investigation reported to the SHA (SIRI's). Over half of the SIRI's are attributed to the directorate (79/147 at M10). Detailed root cause analysis is being undertaken into these incidents and early indication suggests a large amount relate to pressure ulcers.

Pay budget is slightly over-spent (£129k M10, 0.5%). However, this is being offset by an under-spend in non-pay (£370k) and increased income (£66k) giving an overall positive financial position (£307k).

REPORT TO THE TRUST BOARD ON 27 February 2013

Title	Rental Payment to PCT	
Sponsoring Director	Director of Finance and Performance	
Author(s)	Clive Wodbridge – Deputy Director of Finance	
Purpose	Approaval of Payment of Rental ncome to the PCT.	
Previously considered by (state date):		
Acute Clinical Directorate Board	N/A	
Audit and Corporate Risk Committee	N/A	
Finance Investment and Workforce Committee	20 th February 2013	
Charitable Funds Committee	N/A	
Community Health Directorate Board	N/A	
Executive Board	N/A	
Foundation Trust Programme Board	N/A	
Mental Health Act Scrutiny Committee	N/A	
Nominations Committee (Shadow)	N/A	
Planned Directorate Board	N/A	
Quality & Clinical Governance Committee	N/A	
Remuneration Committee	N/A	
Staff, stakeholder, patient and public engagement:		
Executive Team		
Executive Summary:		
<p>Under the terms of the Business Transfer Agreement (BTA) between the Trust and the PCT the estate remained with the PCT. Within the BTA was a Memorandum of Occupancy in which the PCT granted permission for the Trust to occupy the Premises as licensee only for the period 1 April 2012 to 31 March 2013. There was to be an annual occupation fee payable as agreed with the Owner.</p> <p>The budet set for this was £9.6m as set out in the budget paper approved by the Board in April 2012. This was based on an estimate of the capital charge equivalent. It was agreed that the payment of this would occur once the final cash settlement of the balance sheet split was finalised. This has now taken place and the Trust has been invoiced £7,536,000 for the rent up until end of December 2013. This has been planned within our cashflow forecast.</p> <p>This exceeds normal SFI limits and the Board is asked to APPROVE the payment of the rental charge due to the PCT.</p>		
Related Trust objectives		Sub-objectives
Be unrelenting in our pursuit of better		Improve the value for money we offer and generate

efficiency, productivity and financial sustainability	a surplus Develop our organisational culture, processes and capabilities to be a thriving FT dedicated to our patients
Risk and Assurance	
Related Assurance Framework entries	N/A
Legal implications, regulatory and consultation requirements	Legal requirement under the terms of the Business Transfer Agreement
Action required by the Board: To Approve: <ul style="list-style-type: none"> The payment of the rental invoice for the period April to December for the amount of £7,536,000 	
Date	20 February 2013

FOR PRESENTATION TO PUBLIC BOARD ON 27/02/2013

FINANCE, INVESTMENT AND WORKFORCE COMMITTEE MEETING

Wednesday 20th February 2013

1.00pm – 2.50pm

Present:

Nick Wakefield	Non-Executive Director (Vice-Chair) (NW)
Peter Taylor	Non-Executive Director (PT)
Chris Palmer	Executive Director of Finance (CP)
Alan Sheward	Executive Director of Nursing and Workforce (AS)
Felicity Greene	Executive Director of Strategic Planning and Commercial Development (FG)
Karen Jones	Workforce Planning & Information Manager (KJ)
Clive Woodbridge	Deputy Director of Finance (CW)

Minuted by: Sarah Booker PA to Executive Director of Finance (SB)

Key Issues to be reported to the Trust Board:

	Financial performance – Non recurring CIPs still a concern.
	Workforce performance – Poor sickness absence in month. AS developing workforce controls.
	Self certification review – Committee recommends sign off of FIWC relevant areas.

Action

045/12 APOLOGIES

Mark Pugh, Executive Medical Director (MPu); Mark Elmore, Deputy Director of Human Resources (ME). Karen Jones attended on behalf of Mark Elmore; Anu Babu Assistant Director of Finance (AB).

046/12 CONFIRMATION OF QUORACY

The quorum was confirmed with members including two Non-Executive Directors in attendance.

047/12 DECLARATIONS OF INTEREST

None were declared.

048/12 APPROVAL OF MINUTES

Minutes from the previous meeting on 22nd January 2013 were approved by the Chair.

049/12 SCHEDULE OF ACTIONS

The schedule of actions taken from the previous meeting on 22nd January was discussed. Outstanding actions will be considered at the next meeting to ensure completion.

050/12 FINANCIAL PERFORMANCE – MONTH 10

Finance key performance indicators:

- Financial Risk Rating – overall ratings unchanged from previous month, overall rating of 3 after normalisation adjustments.
- Summary – I & E position on plan in the month and year end forecast of £500k surplus on plan.
- CIPs – CIPs of £1042k vs plan of £702k. Year to date (YTD) delivered £6298k against plan of £5825k. Need to look at Facilities CIP which may be able to be rebadged as recurrent. £701k of banked CIPs brought forward in the month. Work is ongoing to analyse CIPs and non-recurrent spend.
- Working Capital and Treasury – Cash ‘in-hand’ and ‘at-bank’ exceeded the planned balance of £1.6m by £3.1m leaving a closing cash balance of £4.7m.
- Capital – All capital now allocated for 12-13.

Financial Risk Rating: Maintained a normalised Level 3 score in accordance with the approach recommended by Grant Thornton.

Action note: Further discussion to take place regarding EBITDA and Liquidity at a Board seminar.

CW

Income and Expenditure:

- Month surplus and YTD on plan.
- Income in the month is higher than plan and includes an accrual of income for Dermatology, Q3 activity and FT support income. YTD income is higher than plan by £2982k. Corporate in month figures reflect the budget correction for EMH and budget phasing to realign reserves.
- Total month pay overspend is £270k primarily in Acute, Community and Corporate. The year to date pay overspend of £1968k is mainly due to Bank and Locum costs incurred in Acute and Planned.
- Non-pay: In month Corporate area overspend is £392k, mainly due to FT Programme costs for which a further £300k support is expected.
- CIPs achieved in the month exceeded plan by £340k.
- Medics recruitment is an ongoing concern and is now identified on the risk register.
- Planned coming in within budget.

Cost Improvement Programme – CIP analysis: As at Month 10 the YTD CIP plan was overachieved by £473k. The Planned Directorate continue to be the major non-achiever YTD. The overall year end forecast is for achievement of the full year plan of £7271k. This depends on a positive

outcome from recent funding requests to Commissioners. At January forecast year end level of non-recurring CIPs is £1593k and the forecast carried forward risk at Month 10 £1182k – this would impact the budget for 2013/14 CIP if they remain non recurring.

Action note: FG has asked Estates to look at turning non-recurrent CIPs into recurrent and will chase up.

FG

Debtor Analysis: The University Hospital Southampton NHS FT debt is expected to be paid in February; the Hospedia debt will be discussed at Audit Committee on the 8th March 2013; HMP Albany debt is expected to be paid next week. IW Council have paid £35k so far. Hampshire PCT now paid. Committee recommends that terms and conditions of contracts are reviewed to ensure we are commercial in our approach. The debtor provision was considered to be appropriate.

FG noted the rent for East Cowes site is £24k and this will need to be factored into Community budgets as a cost pressure.

CW

Action note: CW will look into the rental charges at East Cowes.

051/12

WORKFORCE PERFORMANCE INCLUDING PAYROLL – MONTH 10

Action note: AS is now looking at all Workforce Controls.

AS

Workforce: The workforce variable FTE and the total in month staff in post paybill are on target (green rag rating); the workforce FTE, workforce total FTE and the in month total paybill require some corrective action believed to be achievable (amber rag rating); the in month variable hours, year to date paybill and in month absence rates have been given a red rag rating and there is a significant challenge to the delivery of target. This month is a truer reflection compared to last month where the variable hours were under reported.

Action note: AS to look into use of bank staff for facilities which is due to covering sickness. KJ to provide breakdown of staffing by type and additional staff brought in to deal with waiting lists. Sickness mainly due to colds and d & v. KJ to look into Bradford Scores. KJ is working with the SHA on benchmarking.

AS/KJ

Action note for the sub group: AS will be discussing back fill with directorate ADs outside of this group.

AS

Sickness Absence: Actions from sickness absence analysis are followed up at Performance Reviews and Directorate meetings. Actively encouraging the Bradford Score System, focussing on areas with high absence rates, to encourage a timely return to work. All bank, agency and locum requests must be approved by either Clinical or Associate Directors. Managers are asked to plan annual leave in advance with consideration to the service needs.

Action note: ME to update committee at the next meeting. The Committee were concerned at the high level of sickness absence in January.

ME

Appraisals: A cumulative figure of 67.9% of renewed appraisals have been undertaken to date. The Trust aims for a target of 100% of current appraisals. Currently working on appraisal competencies on the E-Rostering system to enable managers to input appraisal data which will ensure more accurate and robust monthly reporting. Action for Workforce Delivery Group – look at using Pro 4 to record appraisals as opposed to MAPs.

AS

Action note: ME to update committee at the next meeting.

ME

Turnover: In Month turnover for January 2013 was 0.60% against the Trust expectation of a minimum of 5%. The rolling annual NHS South ceiling is 15% and currently rolling annual turnover is 1.52%. Turnover/natural wastage will be used to identify skill mix or cost improvement opportunities. Currently 100 vacancies which could possibly be offered at a lower band. This will be discussed at Performance Reviews. There will be an impact on CIPs

Action note: HR directorate analysing detail of difficult to fill posts, with particular focus on medical recruitment. The Committee was concerned about the staff replacement policy and its effect on sustainability and redesign. This will be picked up through the Workforce Delivery Group and AS will bring a plan back to this Committee regarding how this will be addressed.

AS

Overpayment: Details of overpayments are sent directly to the Associate Directors and these errors are actively followed up with Directorates, Managers and HR. Action plans have been requested to prevent possible future overpayments by late termination forms.

Underpayment: January has seen an increase of £3,366 against the December figure, mainly due to late time sheets from bank staff. HR are working closely with departments to ensure forms are submitted in a timely fashion. Late submission of expense time sheets have also attributed to underpayments. HR is working towards being paper free by April 2013. The Trust is currently 96% live on e-expenses. Time sheets will not be accepted on paper after 1st April.

Employee Relations: There were 122 Employee Relations cases in December, all of which are supported by Human Resources. Line managers to follow through and manage employee relation issues more effectively and in a timely manner, with professional support from HR Advisors. Customer satisfaction results for December 2012 has shown feedback to be positive on the Employee Relation service that HR provide. We are likely to see an increase in these when we go into the new year and many of these are linked to sickness absences.

Development and Training: Line Managers are encouraged to register on Training Manager Pro4 to encourage the use of self service and line manager access and monitoring. A text message has been sent to all bank staff that require IG training. These staff have been given two weeks to complete this. After the 28th February if training has not been

undertaken, bank shifts will not be offered.

Action note: ME to update this group for assurance levels of compliance are being followed up. KJ to confirm how compliance is measured.

KJ/ME

Health and Safety: Staff incidents are running within normal levels, with no unusual trends, the incident handlers will be dealing with corrective actions. 30 areas have performed Fire Drills out of 99 departments for the current year. Over 100 Fire Marshalls are currently working on a plan to achieve 100% fire drills across the Trust.

Action note: KJ to clarify with Connie Wendes.

KJ

Medics Data: 100% of Job Plans to be completed by March 2013 has been deferred due to the Trust reviewing On-Call arrangements. 63% of Job Plans have been electronically signed off. 4% are waiting for 2nd Manager sign off.

Action note: Cut off date required for the job plan.

AS/KJ

Health and Wellbeing: Changes implemented to reduce waiting times to see an Occupational Health consultant have been working well and as a result have reduced from 8 to 2 weeks. Referrals are available to staff to access 12 weeks free to a weight management group, 40 staff have accessed this so far.

052/12

LTFM AND FRR UPDATE

No change regarding the assumptions on income and expenditure and the LTFM was locked down at the end of January. The Month 10 position has been loaded into the LTFM.

Downsides: Need as a Board to go through the downsides and discuss and agree them.

Action note: CW to provide the Committee with more information regarding calculations for impairment losses and cash flow and to arrange a seminar session to work through downside scenarios.

CW

053/12

CONTRACT PERFORMANCE AND INCOME

CP discussed the contract values and CQUIN totals for each Directorate for both 2012/13 and 2013/14. No known risks to current year out turn at this stage.

054/12

SELF CERTIFICATION REVIEW – BOARD STATEMENT

Following discussion, the Committee agreed to give assurance to the Board on the Financial Risk Rating (FRR) and the Financial Risk Triggers (FRT). The FRR has not changed since last month and the Committee agreed to give their assurance to the Board.

055/12 BUDGET FRAMEWORK

The Committee discussed the budget framework and the Committee gave their recommendation for this to be presented at the relevant Board meeting. The paper has some out of date references included and is therefore not the latest version. The Committee supports the principal of zero based budgeting which should be implemented as soon as practical.

Action note: CW to look into and ensure the information is correct to produce a final version.

CW

056/12 REFERENCE COSTS AND SERVICE LINE REPORTING (SLR)

CW discussed the Reference Costs and the SLR with the Committee. The sub-objectives for the SLR were shared and the Committee agreed they are to improve the value for money we offer and generate a surplus and to develop our organisational culture, processes and capabilities to be a thriving FT dedicated to our patients. The Committee agreed to give their assurance and recommendation for reference costs but wish to look in depth at a future meeting for SLR.

Action note: Committee to look at SLR in more depth at a future meeting. SB to add to future agenda.

SB/CW

057/12 FT PROGRAMME COSTS

There was a discussion around the FT Programme costs and CP challenged this paper as the budget figures are not correct. FG previously asked AB for further clarification on this paper. Subject to the budget adjustment being made the Committee are happy to give their assurance on this.

058/12 POLICIES AND STRATEGIES – IW TREASURY MANAGEMENT POLICY

The Committee recommended this policy should now be sent to the next Audit Committee and Policy Management Group for ratification. This follows current Monitor guidelines.

059/12 ANY OTHER BUSINESS

Delivering sustainable CIPs questionnaire – the Board, Finance, Medical Director and Assistant Clinical Directors have completed a questionnaire regarding delivering successful CIPs. PT and NW to undertake the questionnaire on behalf of the Board and then the Board should review.

NW/PT

Action note: CW will send these through to PT and NW to complete to inform a Board seminar agreement. **CW**

060/12 KEY ISSUES FOR REPORTING TO BOARD

Financial performance – Non recurring CIPs still a concern.

Workforce performance – Poor sickness absence in month. AS developing workforce controls. **AS**

Self certification review – Committee recommends signed off as draft.

061/12 DATE OF NEXT MEETING: Wednesday 20th March 2013, 2.00pm – 3.50pm in the Small Meetings Room, South Block.

TO
FOLLOW

**ISLE OF WIGHT NHS TRUST
FOUNDATION TRUST PROGRAMME BOARD**

**TUESDAY 23 JANUARY 2013 BETWEEN 10:00 – 12:00
LARGE MEETINGS ROOM, PCT HQ, SOUTH BLOCK**

NOTES

PRESENT

Karen Baker (Chair)
Alan Sheward
Mark Pugh

Sue Wadsworth
Felicity Greene

Mark Price
Peter Taylor

Chris Palmer
Danny Fisher

1. APOLOGIES

Mark Elmore (item 3)

IN ATTENDANCE

Andrew Shorkey

Andy Hollebon

Kevin Bolan (item 3)

Brian Johnston (item 3)

Top Key Issues	Subject
3	Chairman's action was approved with respect to the final approval of the FT application products prior to submission to the SHA.
5	Positive outcome from Quality Governance Framework third party assessment.
7	Additional funding approved to deliver Integrated Business Plan.

ACTION

2. Notes and matters arising from 18 December 2012

The notes were accepted as a correct record of the meeting. Action updates would be co-ordinated in advance of the next meeting.

AS

3. Products for Submission 31 January 2013

Danny Fisher suggested that it was the SHA's view, as communicated by Geoff Harris, that there could be no slippage in the submission timeline.

i) Integrated Business Plan (IBP)

Changes to the IBP since the 30 November submission were outlined. The strategy, direction and strategic objectives had not changed. The document had been updated to maintain alignment with the LTFM. It was noted that the presentation of workforce reduction figures needed to be changed to reflect TUPE arrangements.

FG

ii) Appendix 1 - Long Term Financial Model (LTFM)

Changes to the LTFM since the 30 November submission were outlined. Amendments had been made following feedback from SHA and the HDD process. CIPs had been reviewed to filter out any potential double counting. A realistic figure was being pursued with respect to the fair price for services and the 'Island premium' descriptor was being removed. Further iteration would be required following information from commissioners and closedown. The LTFM was forecasting a Financial Risk Rating of 4.0 in early 2013/14. It was noted that a slide identifying cashflow would be useful. The downside relating to the strategic partner would be removed and reflected in capital availability.

**CP
CP**

iii) Appendix 2 – Governance Rationale (GR)

A previous iteration had been reviewed by the executive team. Programme Board were appraised of the function of the GR and key areas for attention were identified. The content was agreed. Work was ongoing to fully align the GR with the other governance products.

iv) Appendix 3 – Model Core Constitution

Legal advice had been sought on aspects of the Constitution and a full legal review of the final draft would be required as part of the application process. This could have implications for the other governance products. A timeline needed to be developed in relation to definition of 'significant transactions'

MP

v) Appendix 4 – Consultation response and staff engagement

The Consultation response was populated to meet the prescribed requirements. It was noted that on page 11 hard to reach groups needed to be more clearly reflected: attendance at the Domestic Abuse Forum could be included. 'Big Discussion' feedback responses would also be reflected. The changes implemented as a result of the consultation demonstrated the effectiveness of the consultation. It was suggested that a deprivation profile by ward might be useful. This would be enabled by the Capita database that was in the process of being implemented.

AH

vi) Appendix 5 – Membership Strategy

The Membership Strategy would be an iterative document that would ultimately be owned by the Council of Governors. The document had been updated to reflect the outcome of the Public Consultation but more work was required to ensure alignment with the other governance documents. On target for delivery to meet submission deadline.

vii) Supporting Strategies: IT, Workforce, Estate

It was acknowledged that more detailed work was required on the workforce strategy, particularly around staff development. There was some clarity within service plans that needed to be reflected within the strategy. Workforce strategy required clear separation from operational HR. A detailed workforce plan was being developed to underpin the workforce strategy.

AWS

The Estates Strategy reflects the role of the estate as a strategic enabler. There was a need to ensure that mobile working was triangulated between the supporting strategies. An additional slide would be produced to illustrate programme phasing. Estates related savings were visible in CIP plans. There had been no further news on the Estate transfer – this was a national issue.

FG
KBo

Given the constrained timeframe for delivery, Chairman of the FT Programme Board's action was approved with respect to the final approval of the products prior to submission to the SHA. A paper on the final IBP would be submitted to the Trust Board for awareness at its 30 January 2013 meeting. Submission of the products to the SHA was being targeted for close of business on 30 January 2013. Required amendments to the FT application products captured would be communicated to the IBP team.

KB
FG

FG/AS

4. **Board Governance**

The Board development activity from 3 reviews had been consolidated. The recommendation to remove closed actions and create 2 separate plans for Board governance/operational and Board development activity was approved.

MP/AS

5. **Quality Governance**

The Quality Governance Framework third party assessment has been completed by KPMG. A paper would be taken to Trust Board including a copy of the assessors final report. Informal feedback indicated that our self-assessment concurred with the third party assessment, which is very unusual, and we had achieved the compliance threshold required. When viewed alongside the Board Governance Assurance Framework review, it demonstrated that the Board had very good insight.

6. **Historical Due Diligence**

With respect to governance, it had been acknowledged by the assessors that things had progressed. There were still some difficulties with respect to historical financial information on approach had been agreed with Grant Thornton. The process to date had placed a significant strain on the finance department: finance had been dealing with in numerous queries. It was noted that the schedule for the delivery of the draft report was likely to slip.

7. **Foundation Trust Programme Budget**

It was noted that there was a risk around receipt of the £250k transition funding. There was some flexibility to mitigate this risk but confirmation was required that the funding would be forthcoming. The reconciled budget document would be submitted to the Finance, Investment and Workforce Committee for assurance. Programme Board approved an additional spend of £5.25k to support the finalisation of the IBP.

AS

8. **Workstream Updates**

Substantially captured under item 3.

9. **Enablers**

Substantially captured under item 3.

10. **Communications and Stakeholder Engagement**

Substantially captured under item 3.

11. **Programme Governance and Approvals**(i) Programme Plan

The updated plan was provided for review and comments. Workstream leads to review and feed back.

Workstream
Leads(ii) Risk Management

It was noted that capacity was still a significant threat to programme delivery. With respect to finance, planning would be undertaken to ensure capacity was available to deal with the requirements of the next phase of the application process.

CP

12. **Feedback from FTN Events and FT Visits**

Notes would be circulated in relation to the recent Council of Governors meetings observed in Guildford and Basingstoke.

AH

13. **Any other Business**

None

14. **Future Meetings**

The next meeting was scheduled for 10:00-12:00hrs, 26 February 2013, Small Meetings Room, South Block