The next meeting in **Public** of the Isle of Wight NHS Trust Board will be held on **Wednesday 31st July 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 a comprehensive reply can be given at the meeting.

Mark Price,
Company Secretary

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**			
	1.1	Apologies for Absence:	Chair	Receive	**Verbal**
	1.2	Confirmation that meeting is Quorate	Chair	Receive	**Verbal**
		No business shall be transacted at a meeting of the Board of Directors unless one-third of the whole number is present including:			
		The Chairman; one Executive Director; and two Non-Executive Directors			
	1.3	Declarations of Interest	Chair	Receive	**Verbal**
09:35	**2**	**Patients Story**			
	2.1	Presentation of this month's Patient Story film	CEO	Receive	**Pres**
09:50	**3**	**Minutes of Previous Meetings**			
	3.1	To approve the minutes from the meeting of the Isle of Wight NHS Trust Board held on 26th June 2013	Chair	Approve	Enc A
	3.2	Chairman to sign minutes as true and accurate record	Chair	Approve	**Verbal**
	3.3	Review Schedule of Actions	Chair	Receive	Enc B
09:55	**4**	**Chairman's Update**			
	4.1	The Chairman will make a statement about recent activity	Chair	Receive	**Verbal**
10:00	**5**	**Chief Executive's Update**			
	5.1	The Chief Executive will make a statement on recent local, regional and national activity.	CEO	Receive	**Pres**
	5.2	Employee Recognition of Achievement Awards	CEO	Receive	**Pres**
10:20	**6**	**Quality and Performance Management**			
	6.1	Performance Report	EDF	Receive	Enc C
	6.2	Reference Costs 2012/13 submission	EDF	Approve	Enc D
	6.3	Quarterly Mortality Update – to include an update on the Independent Review of the Liverpool Care Pathway	EMD	Receive	**Pres**
	6.4	Board Walkabouts Action Tracker	EDNW	Receive	Enc E
	6.5	Staff Story	EDNW	Receive	**Pres**
11:10	**7**	**Strategy and Business Planning**			
	7.1	FT Programme Update	CEO	Receive	Enc F
	7.2	FT Self Certification	CEO	Approve	Enc G
	7.3	Revised Trust Board & Board Sub Committee Terms of Reference	CEO	Approve	Enc H
	7.4	Annual Research & Development report	EMD	Approve	Enc I

	7.5	Research & Development Operational Capability Statement (RDOCS)	EMD	Approve	Enc J
11:30	**8**	**Governance and Administration**			
	8.1	Quarterly Report on Use of IW NHS Trust Board Seal	CEO	Approve	Enc K
	8.2	Board Assurance Framework (BAF) Monthly Update	CEO	Approve	Enc L
	8.3	Future Board Dates	CEO	Approve	Enc M
11:35	**9**	**Board Sub Committee Minutes & Reports – to receive and approve**			
	9.1	Minutes of the Nominations Committee held on 14th May 2013	NC Chair	Receive	Enc N
	9.2	Minutes of the Foundation Trust Programme Board held on 25th June 2013	FTPD Chair	Receive	Enc O
	9.3	Minutes of Finance, Investment & Workforce Committee held on 24th July 2013	FIWC Chair	Receive	Enc P
	9.4	Minutes of the Mental Health Act Scrutiny Committee held on 24th July 2014	MHASC Chair	Receive	Enc Q
	9.5	Minutes of the Quality & Clinical Performance Committee held on 24th July 2013	QCPC Chair	Receive	Enc R
	9.6	Summary of Minutes of the Remuneration Committee April – June 2013	RC Chair	Receive	Enc S
11:50	**10**	**Matters to be reported to the Board**	**Chair**		
11:50	**11**	**Questions from the Public**	**Chair**		
		To be notified in advance			
11:55	**12**	**Any Other Business**	**Chair**		
12:00	**13**	**Issues to be covered in private.**	**Chair**		

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). On this occasion the Chairman will ask the Board to resolve:

'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act l960.

The items which will be discussed and considered for approval in private due to their confidential nature are:

- *Business Case – Estates rationalisation*
- *Strategic Business Partner*
- *Reports from Serious Incidents Requiring Investigation (SIRIs)*
- *Safeguarding Update*
- *Junior Doctor training update*
- *GP & IW NHS Trust Service Review*
- *Quarterly Claims Report*
- *End of Year Governance & Assurance Report 2012/13*

The Chairman or Chief Executive will indicate if there are any other issues which may be discussed in private without entering into detail about them. Members of the public, the press and members of staff will then be asked to leave the room.

14 Date of Next Meeting:

The next meeting of the Isle of Wight NHS Trust Board to be held in public is on **Wednesday 28th August 2013** in the Conference Room at St. Mary's Hospital, Newport, Isle of Wight, PO30 5TG.

The Annual General Meeting of the Isle of Wight NHS Trust will also be held on Wednesday 31st July at 5.00p.m. in the Conference Room at St Mary's Hospital, Newport, Isle of Wight, PO30 5TG

Enc A

Isle of Wight NHS Trust

Minutes of the meeting in **Public** of the Isle of Wight NHS Trust Board held on **Wednesday 26th June 2013** in the Conference Room, St Mary's Hospital, Newport, Isle of Wight commencing at 09:30

PRESENT:	Danny Fisher	Chairman
	Karen Baker	Chief Executive (CE)
	Felicity Greene	Executive Director of Strategy and Commercial Development (EDSCD)
	Mark Pugh	Executive Medical Director (EMD)
	Alan Sheward	Executive Director of Nursing & Workforce (EDNW)
	John Matthews	Non Executive Director
	Nina Moorman	Non Executive Director
	Sue Wadsworth	Non Executive Director
	Nick Wakefield	Non Executive Director (Senior Independent Director)
Observers:	Chris Orchin	Non Executive Director of Health Watch
	Nancy Ellacott	Patients Council
	Mike Carr	Patients Council
	Tina Harris	Chief Executive of Earl Mountbatten Hospice
In Attendance:	Mark Price	Foundation Trust Programme Director/Company Secretary (FTPD/CS)
	Andy Hollebon	Head of Communication (HC)
	Iain Hendey	Assistant Director, PIDS - Deputy for Executive Director of Finance
	Katie Parrott	Senior Financial Accountant *(for item 13/116)*
	Isla Gubbins	Capital Accountant *(for item 13/116))*
	Robert Graham	Capital Planning & Development Manager *(for item 13/116)*
	Dionne Davies	Play Specialist *(for item 13/116)*
	Sarah Butler	Modern Matron *(for item 13/116)*
	Bronwen Vearncombe	Head of Business Planning *(for item 13/116)*
	Sarah Stringer	Public Health *(for item 13/116)*
	Sarah Turtle	Public Health *(for item 13/116)*
	Di Eccleston	Head of Occupational Health *(for item 13/123)*
	Stephanie Stanley	Deputy Head of Podiatry *(for item 13/123)*
Minuted by:	Lynn Cave	Acting Trust Board Administrator (BA)

Members of the Public in attendance: There was 1 member of the public present

Minute No.

13/108 APOLOGIES FOR ABSENCE, DECLARATIONS OF INTEREST AND CONFIRMATION THAT THE MEETING IS QUORATE

Apologies for absence received from Chris Palmer, Executive Director of Finance and Peter Taylor, Non Executive Director.

John Matthews confirmed that he was the Assistant Deputy Coroner and a Deputy District Judge.

The Chairman announced that the meeting was quorate.

13/109 PATIENT STORY

The Chief Executive stated that the two films that would be shown were largely very positive in their outcome. Sandie Paice, Practice Development Co-ordinator, had conducted the interviews on this occasion but plans were in place for Health Watch to work with the Patient Advice and Liaison Service (PALS) team in the future on these films.

There were two films shown to the meeting, the first being from Emergency Department and the second from Osborne Ward. Both patients shown gave very positive feedback on services and support they received. However, the question of patient car park charges was raised as a concern. The Executive Director of Strategy and Commercial Development advised the meeting that the contract for the car parking services was currently being reviewed and that the concerns outlined in the film would be taken into consideration.

The Isle of Wight NHS Trust Board received the Patient Story

13/110 MINUTES OF PREVIOUS MEETING OF 29th MAY 2013

Minutes of the meeting of the Isle of Wight NHS Trust Board held on 29th May 2013 were approved.

Proposed by Sue Wadsworth and seconded by John Matthews

The Chairman signed the minutes as a true and accurate record.

13/111 MINUTES OF PREVIOUS MEETING OF 5th JUNE 2013

Minutes of the Extraordinary meeting of the Isle of Wight NHS Trust Board held on 5th June 2013 were approved.

The representatives from the Patient Council advised the meeting that their paper copies had not arrived until 6th June. It was agreed that delivery arrangements would be reviewed by Trust Board Administrator

Action by BA

Proposed by Sue Wadsworth and seconded by Nina Moorman.

The Chairman signed the minutes as a true and accurate record.

13/112 REVIEW OF SCHEDULE OF ACTIONS

a) TB/012 – The Executive Medical Director wanted to reassure that meeting that there was no evidence that the levels of mortality on the Island were increasing but he would be giving the Board quarterly updates. This action was now closed.

It was confirmed that other open items would be covered through other agenda items.

The Isle of Wight NHS Trust Board received the Review of Schedule of Actions

13/113 CHAIRMAN'S UPDATE

The Chair reported that he had signed this week a covenant for the Armed Forces Community Council, which was made up of Isle of Wight Council, representatives of charitable and voluntary Sectors and the civilian community of the island.

He also reported that the Board walkabouts were continuing and would be updated later in the meeting.

It was the 25th anniversary of the Breast Screening service on the Isle of Wight and he reported that he had attended their celebratory event last week. He congratulated them on all their good work over the years.

8th -11th July is National transplant & Blood Donor week – there would be leaflets around the Trust and the community supporting this.

Isle of Wight Festival was attended by NHS staff on a number of levels very successfully and again a full report would be made later in the meeting.

The new Shackleton Ward was now open and was very impressive. He gave congratulations to the Estates department for the work they had done to make this such a success for the patients and staff alike.

The Isle of Wight NHS Trust Board received the Chairman's Statement

13/114 CHIEF EXECUTIVE'S UPDATE

The Chief Executive gave the following update on recent national, regional and local activity:

National & Regional Issues

a) Emergency care – continued national debate

A national review of urgent and emergency care announced in January 2013 has moved into a wider engagement phase which runs until 11th August 2013. The aim of the review is to develop a national framework to help clinical commissioning groups ensure high-quality, consistent standards of care across the country.

b) Publication of consultant-level outcome data

At the end of June 2013 NHS England is publishing consultant-level outcome data for ten national audits, as part of its *Everyone Counts* guidance, to drive up quality and help patients make informed decisions. Data will be published in the following ten specialties:

- upper gastro-intestinal surgery;
- colorectal surgery;
- orthopaedic surgery;
- urological surgery;
- thyroid and endocrine surgery

c) NHS Confederation Conference

The Chief Executive reported back on the conference she had attended earlier this month. An alliance of the NHS Confederation, National Voices and the Academy of Medical Royal Colleges called for 'more meaningful' engagement in how health services are arranged and changed with all those groups impacted by them. As we move forward on the Island it will be important for us to ensure that every service engages with staff, patients, carers and key stakeholders. At the Conference Secretary of State Jeremy Hunt set out plans for dealing with the pressures we face and also outlined a Vulnerable Older People's Plan – to be implemented from April

13/0115 Local Issues

a) **Shackleton Ward, St. Mary's - Opened on 3rd June 2013**

The new Shackleton Ward at St. Mary's is a purpose designed conversion of part of the old Newchurch Ward to meet the needs of the patients and this extends to ensuring that their settings are consistent – for example the toilet doors have all been painted yellow so that the patients can identify easily where the facilities are.

b) BBC Breakfast report on NHS 111 on the Isle of Wight – 4th June 2013

The BBC came to the St Mary's site and with the assistance of the Comms Team visited and the reporter Graham Satchel interviewed and the following were filmed:

- Urgent Care Hub including – 999 and 111 call takers, clinical supervision staff, Wight Care, Patient Transport, District Nursing
- Beacon Health Centre and the Emergency Department
- District Nursing service

c) Allied Health Professions Conference – 4th June 2013

The Island's Allied Health Professionals (AHPs) met in Cowes on 4th June 2013 for what we expect will become an annual gathering. Along with Executive Medical Director and Executive Director of Nursing and Workforce, we heard from NHS England's Chief Health Professions Officer Karen Middleton who spoke about the new 'architecture of the NHS, QIPP and the NHS outcomes framework. She also told us how impressed she is with AHPs on the Island and our joined up way of thinking.

d) Integrated Services Information System (ISIS) and Technology Awareness Day – 13th June 2013

Over 100 staff visited the Technology Awareness Day in the Conference Room with many of those visiting being surprised at how much progress we have already made.

e) IoW Festival – 13th – 16th June 2013

Congratulations to everyone who was involved in the successful provision of services at Isle of Wight Festival.

- The number of patients seen by Ambulance response teams on site was 130.
- The number of patients seen in the main medical facility on site was 219 including 11 transfers to St Mary's Hospital including a serious burn.
- Over 1,000 customers were served by the Pharmacy

Planning is now underway for the summer including Cowes Week and Bestival.

f) Licensing Service for Rev Janet Hallam – 22nd June 2013

On Saturday 22nd June the Bishop of Portsmouth visited St. Mary's to hold a licensing service for Janet Hallam, one of our Chaplains.

g) Membership

We have passed the October 2013 target; had an excellent response at the festival but still need to get to 4,000 by April 2014.

h) New over bed tables

273 of them have been delivered to the wards.

i) Memory Service

Following a review by the Royal College of Psychiatrists the Memory Service has achieved Memory Services Accreditation Service (MSNAP) accreditation.

j) Occupational Health accreditation

The Occupational Health service has achieved full SEQOHS (Safe Effective Quality Occupational Health Services!) accreditation.

k) Hospital Sterilisation and Disinfection Unit ISO audit
Hospital Sterilisation and Disinfection Unit (HSDU) has had a successful International Organization for Standardization (ISO) audit.

l) Staff Health & Wellbeing 'Open Day' on 28/6/13

This will be held in the Conference Room at St. Mary's between 10:30a.m. and 2.30p.m.

m) Children's Memorial Service – 30/6/13 at 3.00p.m.
The 14th Annual Service of Thanksgiving and Remembrance for children who have died is being held on Sunday 30th June 2013 at 3.00 p.m. The service, which is being held at St Mary's Hospital by the lake side, is open to anyone who wants to remember a lost child whenever they died, whatever age and in whatever circumstance.

n) Annual General Meeting on 31/7/13
Our Annual General Meeting is being held in the Conference Room on Wednesday 31st July at 5pm– everyone will be welcome to join us for this review of the 2012/13 year.

o) Deaths during/after surgery
The Executive Medical Director had made a statement to the press regarding this area of concern to reassure patients that we take this issue very seriously and our mortality data is reported monthly to our Trust Board meetings which are held in public. St. Mary's is a relatively small hospital and the range of surgery we undertake is limited compared to some of the major mainland hospitals. The national report shows that the risks are small but nevertheless should not be ignored and that is why we will review this area on an ongoing basis.

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

13/116 CERTIFICATES OF ACHIEVEMENT

The Chief Executive presented the Employee Recognition of Achievement Awards to Dionne Davies, Katie Parrott, Bronwen Vearncombe, Robert Graham and Isla Gubbins. She outlined to the meeting their achievements and congratulated them on their awards.

She also presented NHS Trust Special Awards to Sarah Stringer and her team from Public Health who together with Tom Turtle, member of the Youth Council, volunteered their services at the Isle of Wight Festival to promote FT membership. They achieved an impressive 240 members. Sarah Stringer and Sarah Turtle collected the awards on behalf of their colleagues.

The Isle of Wight NHS Trust Board received the Certificates of Achievement

QUALITY AND PERFORMANCE MANAGEMENT

13/117 PERFORMANCE REPORT

The Executive Director of Strategy & Commercial Development presented the Performance Report. She began by highlighting the Workforce overspend which would appear throughout the report and explained that this was due to the delayed transfer of Prison staff.

Key points:

Patient Safety, Quality & Experience:

- Overall performance against our key safety and quality indicators is good.
- Pressure ulcers, hospital acquired pressure ulcers for May (11) are higher than previous year.
- There were no Grade 3 pressure ulcers reported in May
- Grade 4 and 2 Pressure Ulcers above plan
- No new cases of MRSA were reported in May for the 8th consecutive month
- There were 2 new cases of C-Diff.
- The new Root Cause Analysis process has been tested and agreed by the Matrons Action Group.
- The number of complaints for May (14) is down on our previous position of 22.

Operational Performance:

- Highest % of TIA assessment within 24 hours recorded (94.75%)
- Breast cancer referrals seen within 2 weeks not achieved
- 2 week wait from GP cancer referral not achieved
- Action plans to improve our data quality performance continue to be developed.
- 5 cancer targets achieved 100%
- Emergency Care 4 hour standard performance above target

Workforce:

- The total pay bill is above plan for May.
- Significant overspend on Variable Hours pay
- The number of FTEs in post is lower than plan.
- Agency staff pay is above planned levels.
- Sickness absence was above plan in May (3.89%).
- A significant proportion of the pay and non-pay variance is due to the prison contract extension

Finance & Efficiency:

- Achieved our financial plans for May
- Monitor Financial Risk Rating remains 3.
- 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 all directorates.
- Theatre Utilisation now above target (May, 86.82%)
- Cancelled operations (0.21%) shows an improving trend.

a) **MRSA** - Nina Moorman highlighted the difference between MRSA bacteraemia and colonised MRSA. The Executive Director of Nursing and Workforce explained the trust's procedures relating to MRSA and the methods used to reduce cases of MRSA bacteraemia.

b) **2 week Cancer Appointment** – Nina Moorman asked how the trust contacts cancer patients for their appointments. The Executive Director of Nursing and Workforce explained that they were currently offered appointments by phone. He also stressed that the number of patients not seen within 2 weeks was low. He confirmed that if the team failed to reach the patient by phone

they would follow up with additional phone calls and by post.

c) **Pressure Ulcers** - The Executive Director of Nursing and Workforce reported that the Trust had set itself a tough target for this area, but that levels against this were improving.

d) **Staff sickness** – Danny Fisher asked how the Trust compared nationally in this area. A discussion was held regarding the difference in commercial and public sector terms and conditions and the ability of the Trust to bring sickness below 3%. It was noted that the current NHS terms and conditions can provide an impediment to improving sickness absence rates, whereas in the commercial sector this was different. The Executive Director of Nursing and Workforce noted that other Trusts were proposing to make changes to Agenda for change terms and conditions and that it would be interesting to see the effect this had on sickness. He also stressed that staff should be made aware of the effect their absence had on their colleagues and patients

e) Renewable energy – Danny Fisher mentioned that there was government money available for renewable energy projects. The Executive Director of Strategy and Commercial Development advised the meeting that this would be addressed at the executives meeting on Monday and that there were a number of partnership working options available. She further confirmed that there were a number of commercial options open who would assist with funding in return for a percentage of the savings. It was requested that a report on the outcome of this would be presented to the Board

Action by EDSCD

f) Glossary – It was appreciated that there was a Glossary at the end of the report. However, Sue Wadsworth requested that the report use academic protocol when using abbreviations and acronyms. It was agreed that this would be done for the reports in future.

Action by EDF Dep

The Isle of Wight NHS Trust Board received the Performance Report

13/118 DATA QUALITY

The Executive Director of Finance Deputy reported that the paper had been written in response to various recommendations in external reports undertaken as part of our Foundation Trust assessment and related in particular to the Key Performance Indicators (KPI's) for the trust.

He advised that there was an Information Assurance Directory of all KPI's with their reporting source and budget and that this was a live document. He explained the process and indicators which allowed the performance to be measured against the KPI's and made the following recommendations:

a) An Action Plan for the period up to end of December 2013 be developed
b) The Board would receive regular updates
c) An External assessment would be arranged for further assurance.

The Foundation Trust Programme Director stated that there was a clear need for Board members to have confidence in the data produced. Sue Wadsworth complemented the PIDS team on a very comprehensive and accessible document but queried why item 18 on page 5 of appendix 1 had no rating. It was explained that some of the KPI's were still under development but that this would be updated as the process developed.

Proposed by John Matthews and seconded by Sue Wadsworth.

The Isle of Wight NHS Trust Board approved the Data Quality report

13/119 SELF ASSURANCE QUALITY CHECKLIST – REFERENCE COSTS (2ND ITERATION)

The Executive Director of Finance Deputy reported that the final submission dates for this report did not tie up with the Board meeting dates. He then proceeded to outline the current position.

a) To date the team have produced a number of fully balanced submission models.
b) The template delivers both mandatory and non mandatory error reports, enabling review and corrective action to be taken prior to submission.
c) The team is working to clear all mandatory and, where relevant, non mandatory errors
d) The national process includes a three week open submission period, which commenced on Monday 24th June.
e) Revise submission to reflect all mandatory errors, relevant non mandatory errors and other feedback by 12th July
f) It is proposed to prepare the Final submission and complete the Self Assurance Quality Checklist by 15th July. The deadline for final submission and signoff is the 16th July.

Proposed by Sue Wadsworth and seconded by John Matthews

The Isle of Wight NHS Trust Board approved the Self Assurance Quality Checklist – Reference Costs (2nd iteration) report

13/120 QUALITY GOALS 2013/14

The Executive Director of Nursing and Workforce outlined the purpose of the Quality Goals. He explained that these were being developed for the benefit of the patients.

He outlined the toolkit which is provided by the Department of Health and how this encouraged the identification of 3-5 priority quality goals. He went on to report how the key goals which have been identified were researched. The quality goals which came out of this research were from the organisation and the people who use the Trust's services:

- Patient Safety: Prevention of Pressure Ulcers. Aims to heighten awareness and monitor from the start of the patients treatment journey.
- Clinical Effectiveness: Reducing Mortality Rates.
- Patients Experience: Improving Communication.
- Stakeholder Recommended Goal: Implementation of the End of Life Care (Amber Care Bundle).

He confirmed that a quarterly report would be submitted to the Quality & Clinical Performance Committee and Sue Wadsworth confirmed that this would be discussed at the committee meetings.

Proposed by Sue Wadsworth and seconded by Nina Moorman

The Isle of Wight NHS Trust Board approved the Quality Goals 2013/14

13/121 QUALITY ACCOUNT 2012/13 FORMAL SIGN OFF

The Executive Director of Nursing and Workforce explained that each NHS Trust had to produce an annual quality report generated against a standard template nationally. He outlined areas where goals had not been reached and also where CQUINS

results were achieved.

He mentioned that a number of changes had been made to the Quality Account since the original circulation of the papers which are as follows particularly following feedback from stakeholders:

- Quality Indicator information updated, including addition of mandatory statements attached to each indicator – section 3.1.9
- Statement from IW Council's Overview & Scrutiny Committee added – section 3.2 (statements from the Commissioners; Healthwatch and Patient's Council expected by Thursday 27 June)
- Summary of CQUIN achievement during 2012/13 updated following confirmation of quality performance from Commissioners – section 2.2.6
- Error in data relating to Concerns for March 2013 corrected (changed from 88 to 68) and total number updated – section 3.1.11
- Formatting improvements
- Updating contents page / page numbers

Approval was also required for the Annual Complaints report following feedback from the external audit for the Quality Account in order to gain the relevant assurance. This report had been circulated to Board members.

Proposed by Sue Wadsworth and seconded by John Matthews

The Isle of Wight NHS Trust Board approved the Quality Account and Annual Complaints report 2012/2013 formal sign off

13/122 BOARD WALKABOUTS ACTION TRACKER

The Executive Director of Nursing and Workforce confirmed that there had been a significant number of walkabouts carried out since February 2013. He confirmed that there were 61 actions which had resulted from the 25 visits. He confirmed that those which were still outstanding would be taken to performance reviews with clinical directorates.

Nick Wakefield questioned if the actions prior to February were now complete. He was assured that they were largely completed. He also queried the area of Patient Records and fire risk assessments. He questioned if all measures had been undertaken to ensure that they were protected from fire. The Executive Director of Nursing and Workforce assured the meeting that a full risk assessment had been carried out for the OPARU area with our Fire Manager to discuss alternative fire prevention which would not have a negative effect on the paper notes. Nick Wakefield felt that there were potential solutions and requested that this matter be looked into further.

Action by EDSCD

Sue Wadsworth mentioned that the Out of Hours visit on 6 June mentioned a roof tile was missing. The Executive Director of Strategy and Commercial Development confirmed that this was now being followed up.

The Company Secretary requested that the template for the Action Tracker be amended to include the Time of Visit for out of hours visits.

Action by EDNW

The Isle of Wight NHS Trust Board received the Board Walkabout Action Tracker

13/123 STAFF STORY

The Head of Occupational Health outlined how the staff weight loss programme was introduced to the Trust in June 2012 and how this had grown to include the current

programme on which the Staff Story was based.

Stephanie Stanley, a member of staff in Podiatry, described how she had come to join the staff weight loss programme and how it had benefited her health and wellbeing.

The Head of Occupational Health advised the meeting that the current programme by which staff could sign up for 12 free weeks with Weight Watchers, Slimming World or Rosemary Conley, was funded by NHS England.

The Chairman stated that this was a brilliant scheme and was impressed considering its benefits to health including diabetes. He thanked Mrs Stanley for her story.

The Isle of Wight NHS Trust Board received the Staff Story

STRATEGY AND BUSINESS PLANNING

13/124 NHS CONSTITUTION – ENDORSEMENT BY TRUST BOARD

The Chief Executive advised the meeting that the Trust should adopt the NHS Constitution as it clearly outlined values which the Trust endorsed. The document presented here today is the draft version which included the Trust's values taken from the NHS Constitution but also a proposed set of behaviours which was proposed would be discussed further with staff before their approval.

The Company Secretary stated that this was very timely especially in view of the Mid Staffs outcomes. It was very important that the Board endorse and agree the NHS Constitution.

Proposed by John Matthews and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the NHS Constitution

13/125 FT PROGRAMME UPDATE

The Foundation Trust Programme Director reported that the FT Pipeline was moving more positively with 2 Trusts being authorised by Monitor in the last month. The Trust Development Authority (TDA) approved in May two applications for submission to Monitor. This brings the current level of applications with Monitor for consideration to 16.

He confirmed that much work was being undertaken on the development of the Long Term Financial Model (LTFM) and Integrated Business Plan (IBP) for the 31st August 2013 submission to TDA.

TDA were expecting the Board 2 Board assessment to occur around October 2013. The mock Board 2 Board would be carried out in advance.

Membership was at 1721 which was just short of the 1750 needed to allow elections. He apologised that the membership for North & East Wight – 551 and South Wight 468, are not as shown in the report. Elections were planned for January 2014 by which time the "Elsewhere" total would hopefully have reached the required level of 250 – currently at 200.

Nick Wakefield asked that with the summer season now in progress was there a plan to recruit members at future events. The Foundation Trust Programme Director confirmed that this was the case.

The Isle of Wight NHS Trust Board received the Foundation Trust (FT) Programme Report.

13/126 FT SELF CERTIFICATION

The Foundation Trust Programme Director reported that of the 14 Board Statements required 12 were compliant. One at risk, statement 5 was covered by the NHS Constitution item on today's Board meeting and statement 11 was currently under review.

He reported that the TDA would expect to see assurance and evidence to support Monitor licence conditions. He further confirmed that the TDA had accepted the proposed FT milestones outlined in the report provided to the meeting.

Proposed by Sue Wadsworth and seconded by John Matthews

The Isle of Wight NHS Trust Board approved the FT Self Certification

GOVERNANCE & ADMINISTRATION

13/127 Amendments to Charity Commission Registration (as Corporate Trustee)

The Executive Director of Strategy and Commercial Development advised that it was necessary to amend the charity registration name from Isle of Wight NHS PCT Charitable Funds to Isle of Wight NHS Trust Charitable Funds and to the dissolution of the "linked" charity Isle of Wight NHS PCT General Charity. This had been approved at the recent Charitable Funds Committee meeting.

Proposed by John Matthews and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the Amendments to the Charity Commission Registration.

13/128 STATUTORY & FORMAL ROLES - 2013

The Company Secretary advised that there were some changes including that the Senior Information Risk Owner (SIRO) was now himself with the Executive Director of Finance as deputy.

Proposed by Sue Wadsworth and seconded by John Matthews

The Isle of Wight NHS Trust Board approved the Statutory & Formal Roles - 2013

BOARD SUB-COMMITTEE MINUTES & REPORTS

13/129 MINUTES OF THE FOUNDATION TRUST PROGRAMME BOARD HELD ON 28TH MAY 2013

The Chief Executive presented the Minutes of the Foundation Trust Programme Board held on 28th May 2013. She confirmed that the definition of significant transaction was being reviewed and would be brought back to the Foundation Trust Programme Board.

The Isle of Wight NHS Trust Board received the Minutes of the Foundation Trust Programme Board

13/130 MINUTES OF THE EXTRAORDINARY AUDIT & CORPORATE RISK COMMITTEE MEETING HELD ON 5TH JUNE 2013

Sue Wadsworth presented the minutes and outlined the highlights to the board. She stated that there was significant assurance and that it had been a very positive meeting with the auditors.

It was noted that using the phone link to enable Nick Wakefield to attend whilst in London was successful.

Recommendations of the Audit Committee:
Audit Results Report:

- A report to be presented to the Finance, Investment & Workforce Committee detailing the HR processes in place for the annual accounts audit and the sign off of MAPS roster by managers
- Appointments to Financial vacancies to be taken forward as a matter of urgency

Annual Report 2012/13 Incorporating The Quality Account:

- The Annual Report to be a single, comprehensive and concise document
- A timescale for the production of the Report to be prepared for commencement in January
- A standardised template to be prepared with a deadline for receipt of completed templates (maximum number of words stated)
- In anticipation of FT status next year, a dry run to be undertaken using the standard template
- The timetable and draft outline to be presented to the Audit & Corporate Risk Committee at its November 2013 meeting

The Isle of Wight NHS Trust Board received the Minutes of the Extraordinary Audit & Corporate Risk Committee and approved the committee's recommendations.

13/131 MINUTES OF THE CHARITABLE FUNDS COMMITTEE HELD ON 11TH JUNE 2013

John Matthews reported that some items had been deferred to 9th July. He also confirmed that Nina Moorman had been appointed as Vice Chair.

The Green Gym had been approved and it was agreed that the Board would undertake a joint tour around the trim trail once it was open. A Screensaver promoting the Green Gym and Trim Trail was also being developed.

The Isle of Wight NHS Trust Board received the Minutes of the Charitable Funds Committee

13/132 MINUTES OF THE QUALITY & CLINICAL PERFORMANCE COMMITTEE HELD ON 19TH JUNE 2013

Sue Wadsworth reported that the Draft Long Term Quality Plan was to replace the Quality Improvement Strategy and was more generic and would be underpinned by the Quality Goals. Ward dashboards were up but more was needed to ensure that all staff were aware of them. The Joint Safeguarding Steering Group had met and more evidence would be gathered concerning this area. Pressure Ulcers were continuing to be actively worked on to reduce number of cases. Staffing levels would need to be constantly reviewed to ensure quality of service is maintained throughout the Trust.

The Isle of Wight NHS Trust Board received the Minutes of the Quality & Clinical Performance Committee

13/133 MATTERS TO BE REPORTED TO THE BOARD

None

13/134 QUESTIONS FROM THE PUBLIC

There were no formal questions received from the public.

13/135 ANY OTHER BUSINESS

a) The Chairman stated that he had been informed that cataract operations had been cancelled with very short notice due to machine failure. He requested that this be investigated.

Action by EDNW

13/136 ISSUES TO BE COVERED IN PRIVATE

Danny Fisher announced that the public meeting would now close and the private meeting would now commence by declaring *"That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, Section 1(2) Public Bodies (Admission to Meetings) Act 1960".*

Items which will be discussed and considered for approval in private due to their confidential nature are:

- *Estates Update*
- *Reports from Serious Incidents Requiring Investigations (SIRIs)*
- *Safeguarding Update*
- *Board Assurance Framework (BAF) Monthly Update*

13/137 DATE OF NEXT MEETING

The Chairman confirmed that next meeting of the Isle of Wight NHS Trust to be held in public is on Wednesday 31st July 2013 in the Conference Room, St Mary's Hospital, Newport, Isle of Wight.

The meeting closed at 12.30

Signed…… Chair Date:……

ISLE OF WIGHT TRUST BOARD Pt 1

ROLLING SCHEDULE OF ACTIONS TAKEN FROM THE MINUTES

Key to LEAD: Chief Executive (CE) Executive Director of Strategy and Commercial Development (EDSCD) Executive Director of Finance (EDF)

Executive Medical Director (EMD) Executive Director of Nursing & Workforce (EDNW)
Foundation Trust Programme Director/Company Secretary (FTPD/CS) Trust Board Administrator (BA) Head of Communication (HC) Executive Director of Finance Deputy (EDF Dep)

Non Executive Directors: Danny Fisher (DF) Sue Wadsworth (SW) John Matthews (JM) Peter Taylor (PT) Nick Wakefield (NW) Nina Moorman (NM)

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Date Closed	Status
29-May-13	13/082(e)	TB/012	**Death in Surgery vs Day of Week** - The Executive Director of Finance will ask the PIDs department to review the trends and compare with our figures and report back at a future meeting	EDF	The Executive Medical Director wanted to reassure that meeting that there was no evidence that the levels of mortality on the Island were increasing but he would be giving the Board quarterly updates. This action was now closed.	26/06/2013	Closed
29-May-13	13/083	TB/013	**Island Death Rate** - Peter Taylor asked if the death rate on the island was rising. It was discussed and felt that it would be appropriate to approach Jennifer Smith in Public Health to request data on the increasing island population, increasing age of population compared to increasing death rate.	EMD	EMD to approach Public Health and report back to board in July. 18/07/13 now discussed with Public Health and will report to the Board on 31st July 2013 Agenda Item 6.5. Will also include update on the Liverpool Path Way	18/07/2013	Closed
29-May-13	13/089	TB/016	**Patient Unavailability** - Peter Taylor also asked if the term "unavailability" could be redefined for future reports to allow for more detailed reasons to be factored in for greater clarity. The Executive Director of Finance agreed to ask PIDS to do this.	EDF	Report to be provided for the July Board. 16/07/13 confirmed that this will be included within the Performance Report - Agenda item 6.1	16/07/2013	Closed
29-May-13	13/092	TB/018	**Walkabout Feedback** - Danny Fisher asked that the return forms for the visits be returned as soon as possible so that the action tracker could be kept up to date.	All Board Members	Vanessa Flower sent reminder as still not coming back 13/06/13. Update - all members now aware of process	26/06/2013	Closed
29-May-13	13/102	TB/022	**Lack of doctors able to cover the S12 criteria** - discussions were to be held over appropriate cover.	EMD	Verbal update for under Agenda Item 3.3 for the July E	18/07/2013	Closed
29-May-13	13/090	TB/023	**Patient Story** - Sue Wadsworth requested feedback from patients and staff viewing the films.	EDNW	Report to be provided for the July Board. **18/07/13** - investigating how films can be put onto internet. Need further guidance on how to obtain feedback from staff and other patients. More work to be done on this area		Progressing
29-May-13	13/090	TB/024	**Patient Story** - Concerns and items highlighted in films to be followed up.	EDNW	Report to be provided for the July Board. **18/07/1**3 EDNW to provide more information on what is required on this area.		Progressing
29-May-13	13/090	TB/025	**Patient Story** - patients who would be willing to come and discuss their concerns/complaints with the board	EDNW	Suitable candidates would be looked into and an update given to the Board in July. **18/07/13** this is being actively researched at this time.		Progressing
26-Jun-13	13/111	TB/026	**Board Papers** - The representatives from the Patient Council advised the meeting that their paper copies had not arrived until 6th June. It was agreed that delivery arrangements would be reviewed by Trust Board Administrator	BA	Agreed arrangements now in place - email notification of paper availability with internet link and confirmation that paper copies to be posted on that day first class or hand delivered	26/06/2013	Closed
26-Jun-13	13/117	TB/027	**Renewable energy** – It was requested that a report on the outcome of this would be presented to the Board	EDSCD	Renewal energy has been to trust exec committee and approval given to investigate with carbon energy fund to get ready to take to tender. Will then go to FIW at that point.	16/07/2013	Closed

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Date Closed	Status
26-Jun-13	13/117	TB/028	**Glossary –** Sue Wadsworth requested that the report use academic protocol when using abbreviations and acronyms. .	EDF Dep	This item will be covered within the Performance Report on 31st July - Agenda Item 6.1	16/07/2013	Closed
26-Jun-13	13/122	TB/029	**Fire Prevention - OPARU** - Nick Wakefield felt that there were potential solutions and requested that this matter be looked into further.	EDSCD	Review to be carried out and reported back to the Board		Open
26-Jun-13	13/122	TB/030	**Board Walkabouts Action Tracker** - The Company Secretary requested that the template for the Action Tracker be amended to include the Time of Visit for out of hours visits.	EDNW	Update Action Tracker master file - 22/07/13 Times have been added to the action tracker as required	16/07/2013	Closed
26-Jun-13	13/131	TB/031	**The Green Gym** - had been approved and it was agreed that the Board would undertake a joint tour around the trim trail once it was open.	EDSCD	Organise for all Board to walk around the trim trail - 16/07/13 Scheduled for Board day 28th August 2013	16/07/2013	Closed
26-Jun-13	13/135	TB/032	**Machine Failure -**The Chairman stated that he had been informed that cataract operations had been cancelled with very short notice due to machine failure. He requested that this be investigated.	EDNW	Investgate and report back to board		Open

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Isle of Wight NHS Trust

Title	**Isle of Wight NHS Trust Board Performance Report 2013/14**			
Sponsoring Executive 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 regarding progress against key performance measures and highlight risks and the management of these risks.			
Action required by the Board:	**Receive**	**X**	**Approve**	
Previously considered by (state date):				
Trust Executive Committee			Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee			Nominations Committee (Shadow)	
Charitable Funds Committee			Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee	24/07/2013		Remuneration Committee	
Foundation Trust Programme Board				
Please add any other committees below as needed				
Other (please state)				
Staff, stakeholder, patient and public engagement:				
Executive Summary:				
This paper sets out the key performance indicators by which the Trust is measuring its performance in 2013/14. A more detailed executive summary of this report is set out on page 2.				

For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	Quality, Resilience,Productivity & Workforce		
Critical Success Factors *(see key)*	CSF1, CSF2, CSF6, CSF7, CSF9		
Principal Risks *(please enter applicable BAF references – eg 1.1; 1.6)*			
Assurance Level *(shown on BAF)*	☐ Red	☐ Amber	☐ Green
Legal implications, regulatory and consultation requirements	None		

Date: Wednesday 31st July 2013 **Completed by: Iain Hendey**

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Executive Summary

Isle of Wight NHS Trust

Patient Safety, Quality & Experience:

Overall performance against our key safety and quality indicators is good. However, focus areas include:

Pressure ulcers, hospital acquired pressure ulcers for June (14) are higher than previous year. There were no Grade 3 pressure ulcers reported in June, but there is still some work required on grades 2 (10) and 4 (4) pressure ulcers to bring them in line with the desired trajectory.

Healthcare Acquired infections remain a focus area. 1 case of MRSA bacteraemia was reported in June as well as 2 new cases of C-Diff. There is an action plan in place to ensure lessons learned and actions have been taken.The new Route Cause Analysis process has been tested and agreed by the Matrons Action Group.

The number of complaints for June (15) is up on our previous position of 14 but well within the reduced target of 23..

Workforce:

The total pay bill for June is below plan although it remains over plan year to date. The number of FTEs in post is lower than plan. Agency staff pay is above planned levels.

Sickness absence was above plan in June (3.67%). Specific problem areas are identified and challenged at directorate performance review meetings.

A significant proportion of the pay and non-pay variance is due to the prison contract extension and will be offset by additional income received.

Operational Performance:

Stroke patients spending 90% of their stay on a designated Stroke Uniti achieved 100% in June at the same time as achieving the target for a 12 full months. High risk TIA fully investigated and treated within 24 hours continues to achieve the national target of 60% although the very demanding local stretch target remains challenging largely due to the small numbers involved.

Provisional data for June indicates that the 2 week target for 'Symptomatic Breast Cancer Referrals Seen' was not achieved in month again. Work took place in May 2013 to ensure that the first offered appointment is within the first week after referral and alternative dates/times offered if not suitable, the effects have not yet resulted in the anticipated improvement.

Emergency readmissions in June within 30 days of previous discharge are down to 3.29%, inside the national target for the first time.

Finance & Efficiency:

Overall we have achieved our financial plans for June and for the first time our Monitor Financial Risk Rating has improved to 4.

The in month CIP target for planned schemes in June underachieved by £246k, although the year to date target is showing as fully delivered.

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 all directorates.

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Balanced scorecard

Isle of Wight NHS Trust

To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience						
Patient Safety, Quality & Experience	**Annual Target**	**Actual Performance**		**YTD**	**Month Trend**	
Quality Acct #1 Summary Hospital-level Mortality Indicator (SHMI)* Oct11-Sept12	N/A	1.0609	Q4	N/A	N/A	
Quality Acct #1Hospital Standardised Mortality Ratio (HSMR) Dec11 - Dec12	TBC	102.80	Q4	N/A	N/A	
Quality Acct #2 Patients admitted that develop a grade 4 pressure ulcer	3	4	Jun-13	8	↘	
Quality Acct #2 Patients admitted that develop a grade 2,3 pressure ulcer	60	10	Jun-13	29	↘	
Quality Acct #3 Reduction in communiction complaints/concerns	18	11	Jun-13	45	↗	
Quality Acct #4 Amber care bundle (once implemented)	-	-	-	-	-	
Level 1 & 2 CAHMS seen within 18 weeks referral to treatment	>95%	100%	Jun-13	100%	↔	
VTE (Assessment for risk of)	>90%	88.31%	Jun-13	89.85%	↘	
MRSA (confirmed MRSA bacteraemia)	1	1	Jun-13	1	↘	
C.Diff (confirmed Clostridium Difficile infection - stretched target)	8	2	Jun-13	4	↔	
Clinical Incidents (Major) resulting in harm	TBC	9	Jun-13	23	↘	
Clinical Incidents (Catastrophic) resulting in harm	TBC	5	Jun-13	7	↘	
Falls - resulting in significant injury	10	1	Jun-13	3	↘	
Delivering C-Section	<25%	22.22%	Jun-13	20.83%	↘	
Normal Vaginal Deliveries	>70%	58.59%	Jun-13	62.82%	↘	
Breast Feeding at Delivery	>85%	82.83%	Jun-13	79.81%	↗	
Formal Complaints	<276	15	Jun-13	51	↘	
Patient Satisfaction (Friends & Family test - aggregated score)	Q3>Q1	68	Jun-13	64.3	↗	
Mixed Sex Accomodation	0	0	Jun-13	0	↔	

To develop our people, culture and workforce competencies to implement our vision and clinical strategy						
Workforce	**In Month**	**Actual Performance**		**YTD**	**Month Trend**	**YTD plan**
Total workforce SIP (FTEs)	2,678.0	2,664.7	Jun-13	N/A	↗	
Total pay costs (inc flexible working) (£000)	£9,789	9,645.0	Jun-13	£29,488	↗	£28,317
Variable Hours (FTE)	144	126.00	Jun-13	415.77	↗	432
Variable Hours (£000)	£68	£397	Jun-13	£1,689	↗	£229
Staff absences	3%	3.67%	Jun-13	3.68%	↗	3%
Staff Turnover	5%	0.67%	Jun-13	3.50%	↘	
Mandatory Training	80%	72%	Jun-13	72%	↔	
Appraisal Monitoring	100%	32.9%	Jun-13	32.9%	↗	
Employee Relations Cases	0	18	Jun-13	144		

To build the resilience of our services and organisation through partnerships within the NHS, with social care and with the private sector						
Operational Performance	**Annual Target**	**Actual Performance**		**YTD**	**Month Trend**	
Emergency Care 4 hour Standards	95%	97.93%	Jun-13	97.69%	↘	
Ambulance Category A Calls % < 8 minutes	75%	76.24%	Jun-13	76.45%	↗	
Ambulance Category A Calls % < 19 minutes	95%	97.27%	Jun-13	97.30%	↘	
Stroke patients (90% of stay on Stroke Unit)	80%	100.00%	Jun-13	91.78%	↗	
High risk TIA fully investigated & treated within 24 hours (National 60%)	95%	83.33%	Jun-13	89.36%	↘	
Breast Symptoms Referrals Seen <2 weeks*	93%	91.23%	Jun-13	91.91%	↘	
Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100%	Jun-13	100%	↔	
Cancer Patients receiving subsequent surgery <31 days*	94%	100%	Jun-13	100%	↔	
Cancer Patients treated after screening referral <62 days*	90%	100%	Jun-13	100%	↔	
Cancer Patients treated after consultant upgrade <62 days*	85%	No Patients	Jun-13	100%	↗	
Cancer diagnosis to treatment <31 days*	96%	98.41%	Jun-13	98.48%	↘	
Cancer urgent referral to treatment <62 days*	85%	96.97%	Jun-13	90.23%	↗	
Cancer patients seen <14 days after urgent GP referral*	93%	94.33%	Jun-13	93.31%	↗	
RTT:% of admitted patients who waited 18 weeks or less	90%	95.28%	Jun-13	93.48%	↗	
RTT: % of non-admitted patients who waited 18 weeks or less	95%	97.59%	Jun-13	97.47%	↘	
RTT % of incomplete pathways within 18 weeks	92%	94.88%	Jun-13	95.25%	↘	
No. Patients waiting > 6 weeks for diagnostics	100	2	Jun-13	16	↗	
%. Patients waiting > 6 weeks for diagnostics	1%	0.23%	Jun-13	0.60%	↗	
Elective Activity (Spells) (M2 target - 682)	8683	687	May-13	596	↗	
Non Elective Activity (Spells) (M2 target - 1,251)	13,199	1,121	May-13	1,171	↔	
Outpatient Activity (Attendances) (M2 target - 9744)	136,390	9,684	May-13	9,811	↗	
Data Quality (see detail sheet for explanation of scoring)	2	2	Apr-13	2	↗	

***Cancer figures are provisional for June**

To improve the productivity and efficiency of the trust, building greater financial sustainability						
Finance & Efficiency	**Annual Target**	**Actual Performance**		**YTD**	**Month Trend**	
Achievement of financial plan	£1.6m	£973k	Jun-13	£973k	↔	
Underlying performance	£1.6m	£973k	Jun-13	£973k	↔	
Net return after financing	0.50%	7.52%	Jun-13	7.52%	↔	
I&E surplus margin net of dividend	=>1%	2.37%	Jun-13	2.37%	↗	
Liquidity ratio days	=>15	31	Jun-13	31	↗	
Monitor Financial risk rating	3	4	Jun-13	4	↗	
Capital Expenditure as a % of YTD plan	=>75%	63%	Jun-13	63%	↘	
Quarter end cash balance (days of operating expenses)	=>10	68	Jun-13	68	↗	
Debtors over 90 days as a % of total debtor balance	=<5%	4.0%	Jun-13	4.0%	↔	
Creditors over 90 days as a % of total creditor balance	=<5%	0.00%	Jun-13	0.00%	↔	
Recurring CIP savings achieved	100%	100%		100%	↔	
Total CIP savings achieved	100%	100%		100%	↔	
Contract Penalties	TBC					
Theatre utilisation	83%	83.00%	Jun-13	83.38%	↘	
Cancelled operations on day of / after admission	TBC	0.55%	Jun-13	0.54%	↘	
Average LOS Elective (non-same day)	TBC	2.83	Jun-13	3.51	↗	
Average LOS Non Elective (non-same day)	TBC	8.35	Jun-13	8.16	↘	
Outpatient DNA Rate	TBC	8.38%	Jun-13	7.69%	↘	
Emergency Readmissions <30 days (with exclusions)	TBC	3.29%	Jun-13	4.53%	↗	
Daycase Rate	68%	73.54%	May-13	71.03%	↗	

Highlights

- **Stroke Patients 90% of stay on Stroke unit achieved 100% for the first time in June.**
- **In month total pay costs achieved for June**
- **Emergency Care 4 hour standard performance above target**
- **Formal complaints within reduced target**
- **Emergency Readmissions below 4% National target for the first time**
- **Monitor Financial Risk Rating improved from 3 to 4**

Lowlights

- **1 case of MRSA bacteraemia in June**
- **2 Cases of C Difficile identified in June**
- **Grades 4 and 2 Pressure Ulcers above plan (3rd month)**
- **VTE risk assessment target not achieved**
- **Symptomatic Breast Cancer Referrals Seen within 2 weeks' target not achieved**

Commentary:

We continue to be above trajectory for pressure ulcers for grade 2 and 4 in the hospital setting, while no grade 3s occurred in the hospital during June. In the community, grade 2 pressure ulcers remain below baseline based on 2012-2013 figures, while grades 3 and 4 are above the baseline set in the previous year.

The Clinical Nurse Specialist continues to conduct pressure ulcer competency testing for the senior nurses, and senior nurses are working to roll this out to their teams. The Clinical Nurse Specialist is providing educational sessions for ward teams as required, and supporting teams to roll out their own educational programmes. The Tissue Viability Service is continuing to support wards by auditing documentation and feeding back on improvements that can be made. The District Nursing Service has developed their action plan for addressing pressure ulcer development in primary care. The Tissue Viability Service will repeat baseline quality audits in July to feed in to the Organisational Action plan on service quality and effectiveness

Analysis:

Quality Account Priority 2 - Prevention & Management of Pressure Ulcers

KPI Description	Target (cumulative)	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total ytd
Hospital Setting															
Grade 4 pressure ulcers	0	2012/13	0	0	4	1	2	2	2	2	4	2	2	1	22
		2013/14	2	2	4										8
Grade 2 pressure ulcers	↓50%	2012/13	12	7	1	13	11	6	5	11	6	9	13	9	103
		2013/14	9	9	10										28
Grade 3 pressure ulcers	↓50%	2012/13	3	0	0	0	2	0	5	0	1	2	2	2	17
		2013/14	1	0	0										1
Community Setting															
Grade 2 pressure ulcers	↓50%	2012/13	8	10	14	14	9	9	14	6	12	8	11	11	126
		2013/14	7	6	9										22
Grade 3 pressure ulcers	↓50%	2012/13	1	4	3	2	4	5	4	3	2	1	4	3	36
		2013/14	2	3	4										9
Grade 4 pressure ulcers	↓50%	2012/13	0	0	0	1	3	0	3	2	1	0	4	4	18
		2013/14	3	3	4										10

Action Plan:	Person Responsible:	Date:	Status:
There is ongoing work to ensure trained nurse competency in all patient settings to ensure competency and confidence of all trained nurses at the patient bedsides. This complements the continuing work of the Nutrition and Tissue Viability Service to highlight areas where documentation and care planning can be improved.	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Mar-13	Ongoing

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Patient Safety

Isle of Wight NHS Trust

Commentary:

Clostridium difficile

The Trust has 2 cases of Clostridium Difficile (C Diff) in June 2013;

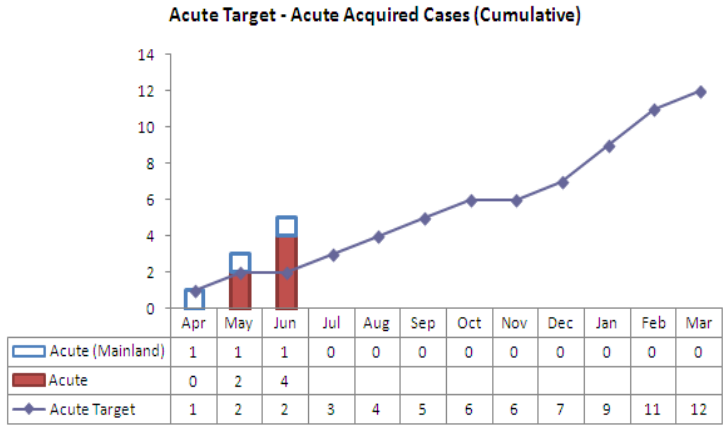
The new Route Cause Analysis (RCA) process has been tested and agreed by the Matrons Action Group, co-ordination of the RCA reviews will be lead by the Modern Matrons with administrative support provided by the IPC Team. The first RCA meeting was well attended with good clinician engagement, clear outcomes and excellent reflective practice. The outcomes will focus of communicating best practice in relation to prescribing Proton Pump Inhibitiors (PPI's) and Antibiotics, as well as the documentation of bowel habits and appropriate sampling

Although the national target set for the trust is 12, we are currently working toward a locally stretched target of 8.

Methicillin-resistant Staphylococcus Aureus (MRSA)

There has been 1 case of MRSA bacteraemia in the Acute hospital during June. The RCA has been completed. The patient was MRSA positive on admission. There is an action plan in place to ensure lessons learned and the staff involved are aware of the deficiencies and actions have been taken.

Analysis: **Clostridium Difficile infections against national target**



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	0	1										1

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 Director of Infection Prevention & Control (DIPC) in conjunction with the infection prevention and control team.A review of the existing CDI policy is currently underway which will strengthen practice around source isolation.	Executive Director of Nursing & Workforce	Aug-13	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 recommended by the Quality and Clinical Performance Committee in January.	Executive Director of Nursing & Workforce	Jan-13	In progress

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Formal Complaints

Commentary:

There were 15 formal provider complaints received in June 2013 (14 previous month).

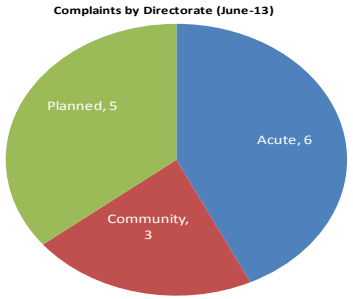
Across all complaints and concerns in June 2013:
Top 3 areas complained about were:
- Out-patient appointments & records unit (5)
- General surgery/Urology (4)
- Medical services (4)

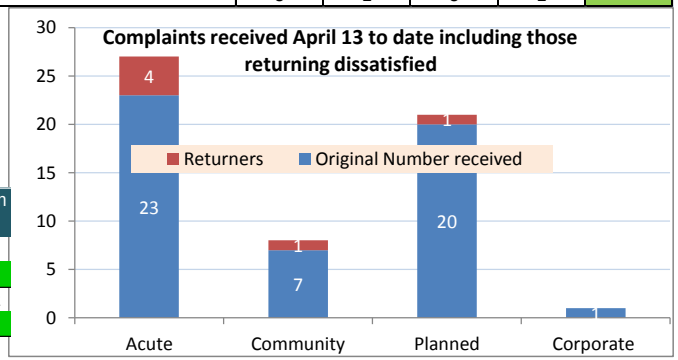
Across all complaints and concerns in June 2013:
Top 3 subjects complained about were:
- Out-patient delay/cancellations(16);
- Clinical Care (14);
- Communication (10)

Quality Account Priority 3 - Improving Communication
The target of a 20% reduction in both complaints & concerns regarding communication is being monitored and this was achieved across both categories again in June.

Analysis:

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





KPI Description	Target (cumulative)	Year	Apr	May	Jun
Reduction in complaints relating to communication	↓20%	2012/13	3	4	6
		2013/14	4	1	3
Reduction in concerns relating to communication	↓20%	2012/13	20	19	12
		2013/14	17	12	8

Action Plan:	Person Responsible:	Date:	Status:
The internal management of complaints has been reviewed to ensure that we are working to drive down the number of formal complaints being managed by the Trust, with Clinical Directorates taking greater ownership on the initial reciept of written complaints.	Executive Director of Nursing & Workforce / Quality Manager	Jun-13	Ongoing
As part of the change in how we work, we will be looking at the Patient Experience Officers supporting and educating staff in dealing and managing the concerns and being more visible in relation to Patient Experience.	Executive Director of Nursing & Workforce / Quality Manager	Jun-13	Ongoing

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Venous ThromboEmbolism Assessment (VTE)

Isle of Wight NHS Trust

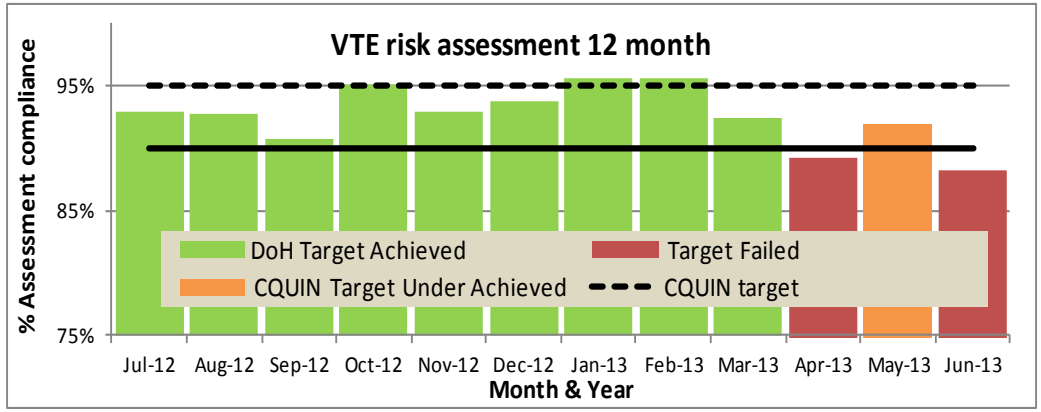
Commentary:

In June 2013 the Trust achieved an overall percentage of 88%, against the national target of 90% and local Commissioning for Quality & Innovation (CQUIN) target of 95%.

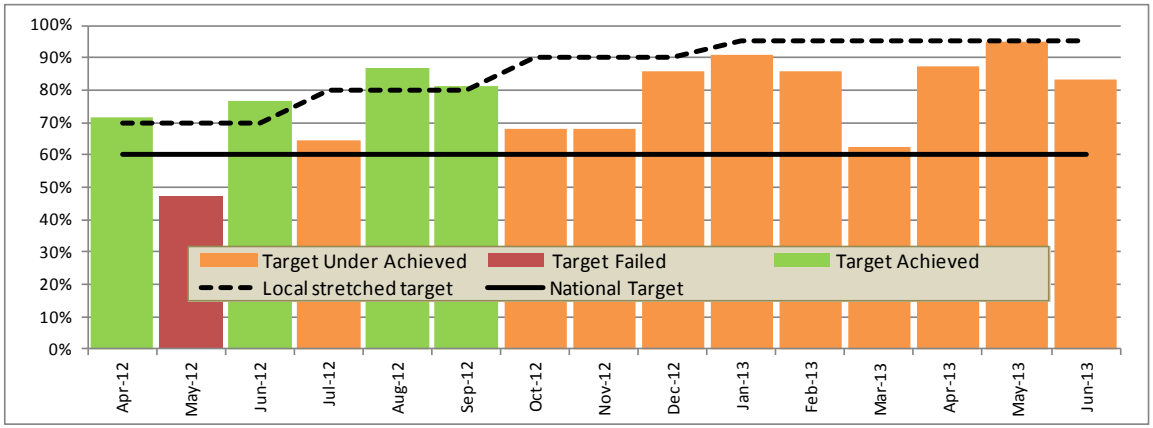
The drop in performance over the last 3 months currently is explained by data gathering, which is done by hand by ward pharmacists accessing patient notes. Previously this was done from drug prescription sheets but has been made more difficult by the move to JAC, the computerised prescription system on the wards. Next month, August, a new upgrade to JAC will force entry of the VTE assessment status which should guarantee compliance with this standard and make data gathering simpler.

Analysis:

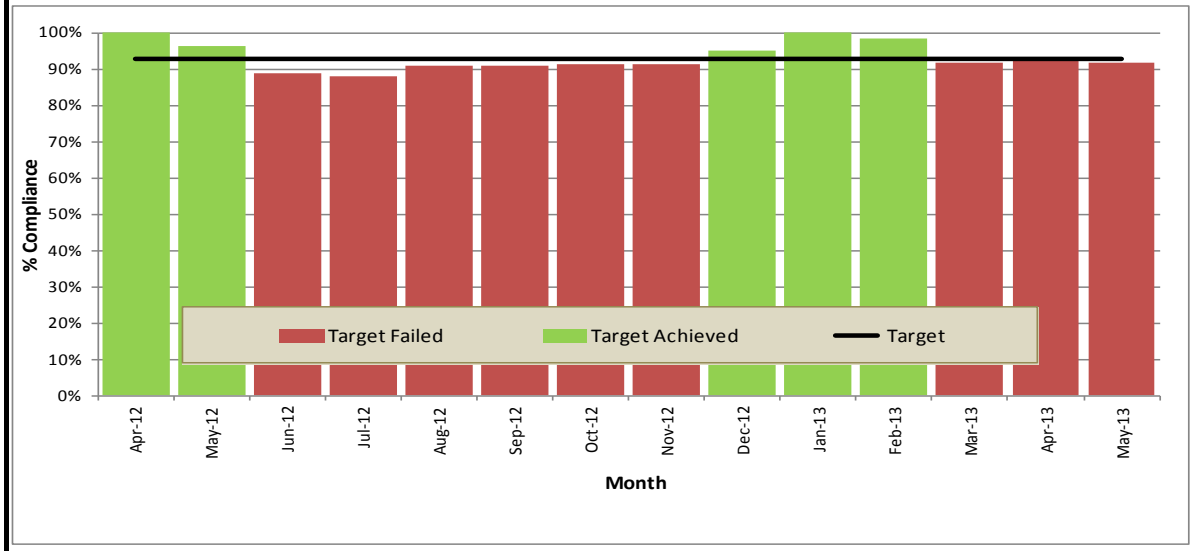
VTE assessment compliance



Action Plan:	Person Responsible:	Date:	Status:
Planned upgrade to computerised prescription system will facilitate data collection.	Executive Medical Director	Jul-13	

Commentary:	**Analysis: TIA June 2013**
Proportion of people with high-risk TIA fully investigated and treated within 24 hours: 2 of the 12 patients were unable to be contacted this month and this reduced the total achieved due to the lower numbers. The National target of 60% continues to be exceeded.	

Action Plan:	**Person Responsible:**	**Date:**	**Status:**
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 Isle of Wight (IOW)	Clinical Lead for Stroke	Ongoing	19.03.2013 National team contacted: These problems are nationwide, hence why National Target was kept at 60%
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.	Clinical Lead for Stroke	07/09/2012	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 19.03.2013 Data analysed and Action plan in place
Ambulance service to commence direct referrals to TIA Clinic	Clinical Lead for Stroke / Clinical Practice Development Officer (Ambulance)	Feb-13	19.03.2013 Ambulance Audit to commence end of March for 2 months to look at potential impact on service

Commentary:	Analysis: Symptomatic Breast Cancer Referrals Seen within 2 weeks.
All June figures are still provisional. **'Symptomatic Breast Cancer Referrals Seen' (where cancer was not initially suspected) within 2 weeks.** Cancer Nurse Specialists continue to contact patients who decline appointments within the 2 week time period.	

Action Plan:	Person Responsible:	Date:	Status:
Choice of appointment for patients has been raised as a constraint and work has taken place in May 2013 to ensure that 1st offered appointment is within 1st week after referral. This will improve performance as alternative dates/times can be offered if not suitable.	Lead Cancer Manager Lead Cancer Nurse /OPARU	May-13	in progress

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Benchmarking Update

Periodically NHS England 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%	62%	92.1%	92.9%	85/175	Better than national average	May-13
RTT: % of non-admitted patients who waited 18 weeks or less	95%	100%	87%	97.5%	97.7%	126/203	Better than national average	May-13
RTT % of incomplete pathways within 18 weeks	92%	100%	82%	94.8%	96.0%	99/203	Better than national average	May-13
%. Patients waiting > 6 weeks for diagnostic	1%	0%	20%	0.9%	0.8%	148/183	Better than national average	May-13
Emergency Care 4 hour Standards	95%	100%	85%	95.7%	97.7%	41/169	Top Quartile	Qtr 1 13/14
Ambulance Category A Calls % < 8 minutes - Red 1	75%	83%	68%	77.8%	68.2%	11/11	Bottom Quartile	May-13
Ambulance Category A Calls % < 8 minutes - Red 2	75%	81%	74%	77.4%	75.4%	9/11	Bottom Quartile	May-13
Ambulance Category A Calls % < 19 minutes	95%	99%	95%	96.9%	97.3%	5/11	Better than national average	May-13
Cancer patients seen <14 days after urgent GP referral*	93%	100%	83%	95.7%	90.8%	167/169	Bottom Quartile	Qtr 4 12/13
Cancer diagnosis to treatment <31 days*	96%	100%	94%	98.3%	100.0%	=1/171	Top Quartile	Qtr 4 12/13
Cancer urgent referral to treatment <62 days*	85%	100%	50%	86.3%	95.5%	17/174	Top Quartile	Qtr 4 12/13
Symptomatic Breast Cancer Referrals Seen <2 weeks*	93%	100%	85%	95.7%	96.5%	60/141	Better than national average	Qtr 4 12/13
Cancer Patients receiving subsequent surgery <31 days*	94%	100%	77%	97.1%	97.7%	105/161	Better than national average	Qtr 4 12/13
Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100%	96%	99.6%	100.0%	=1/153	Top Quartile	Qtr 4 12/13
Cancer Patients treated after screening referral <62 days*	90%	100%	0%	94.9%	100.0%	=1/143	Top Quartile	Qtr 4 12/13
VTE Risk Assessment	90%	100%	88%	94.2%	94.6%	82/163	Better than national average	Qtr 4 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

Narrative:

The analysis above shows that the IW NHS Trust is failing against the national target in two key indicators and is in the bottom quartile in three. During May we were the lowest performing of the 11 Ambulance Trusts for Red 1 Category A calls. It should be noted however that we have very small numbers (just 22 during May), consequently our performance can fluctuate significantly. For example in June we achieved 92% higher than the national best in May. We achieved the national target for Red 2 calls but were in bottom quartile although the performance for this indicator has a much smaller range. The 14 day cancer target also failed during quarter 4 2012/13 and we were in the bottom quartile for that period. Whilst we achieved this target in June 13 performacnce will continue to be closely monitored to ensure that actions in place to improve performance are effective.

We were in the top quartile for five of the indicators, four of which were cancer targets and the other was the Emergency Care 4 hour standard, this reflects the significant improvement in performance against this target during the first quarter of 2013/14.

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Data Quality

Isle of Wight NHS Trust

Commentary:

The information centre carry out an analysis of the quality of provider data submitted to Secondary Uses Service (SUS). They review 3 main data sets - Admitted Patient Care (APC), Outpatients (OP) and Accident & Emergency (A&E).

Overall our data quality reporting to SUS has improved in month 1 compared to the financial year 2012/13. Areas that still require attention in APC are Primary Diagnosis and HRG4, both of which will improve if we can reduce delays in the completing discharge summaries and therefore ensure timely coding. We also need to investigate the Site of Treatment code being submitted in both APC and OP and make any necessary corrections. In the A&E data set we need to investigate the attendance disposal code and make any necessary corrections.

Analysis:

Total APC General Episodes: 2,738

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	50	98.2%	99.0%
Patient Pathway	49	93.6%	57.0%
Treatment Function	0	100.0%	99.8%
Main Specialty	0	100.0%	100.0%
Reg GP Practice	1	100.0%	99.8%
Postcode	0	100.0%	99.9%
Org of Residence	2	99.9%	80.7%
Commissioner	3	99.9%	87.3%
Primary Diagnosis	829	69.7%	92.5%
Primary Procedure	0	100.0%	99.7%
Ethnic Category	0	100.0%	98.1%
Neonatal Level of Care	0	100.0%	98.9%
Site of Treatment	1,113	59.3%	95.7%
HRG4	829	69.7%	92.2%

Total Outpatient General Episodes: 13,214

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	82	99.4%	99.3%
Patient Pathway	5,585	54.2%	46.4%
Treatment Function	0	100.0%	99.7%
Main Specialty	0	100.0%	99.8%
Reg GP Practice	1	100.0%	99.8%
Postcode	2	100.0%	99.8%
Org of Residence	2	100.0%	79.3%
Commissioner	2	100.0%	87.8%
First Attendance	0	100.0%	99.9%
Attendance Indicator	0	100.0%	99.7%
Referral Source	111	99.2%	98.9%
Referral Rec'd Date	111	99.2%	96.2%
Attendance Outcome	6	100.0%	98.7%
Priority Type	111	99.2%	97.6%
OP Primary Procedure	0	100.0%	99.3%
Ethnic Category	0	100.0%	93.9%
Site of Treatment	6,411	51.5%	98.1%
HRG4	0	100.0%	99.2%

Total A&E Attendances 5,069

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	81	98.4%	95.2%
Registered GP Practice	2	100.0%	99.6%
Postcode	2	100.0%	99.9%
Org of Residence	926	81.7%	78.3%
Commissioner	935	81.6%	81.1%
Attendance Disposal	1,597	68.5%	99.6%
Patient Group	0	100.0%	95.4%
First Investigation	81	98.4%	95.0%
First Treatment	169	96.7%	92.8%
Conclusion Time	28	99.4%	98.7%
Ethnic Category	0	100.0%	91.5%
Departure Time	19	99.6%	99.9%
Department Type	0	100.0%	99.4%
HRG4	94	98.1%	96.5%

Key:

- % valid is equal to or greater than the national rate
- % valid is up to 0.5% below the national rate
- % valid is more than 0.5% below the national rate

Action Plan:	Person Responsible:	Date:	Status:
Investigate Site of Treatment code in APC and OP datasets	Head of Information / Asst. Director - PIDS	Jul-13	Ongoing
Investigate Attendance Disposal code in A&E dataset			

Data Quality - April 2013

Dataset	Measure	IW Performance	National	Threshold G	Threshold A	Threshold R	Status	Weighting	Score	Notes
APC	Total Invalid Data Items	4	n/a	=<2	>2 =<4	>4	A	2	1.0	Performance relates to the no. of Red rated data
APC	Valid NHS Number	98.2%	99.0%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	R	1	1.0	
APC	Valid Ethnic Category	100.0%	98.1%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
OP	Total Invalid Data Items	1	n/a	=<2	>2 =<5	>5	G	2	0.0	Performance relates to the no. of Red rated data
OP	Valid NHS Number	99.4%	99.3%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
OP	Valid Ethnic Category	100.0%	93.9%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Total Invalid Data Items	1	n/a	=<2	>2 =<4	>4	G	2	0.0	Performance relates to the no. of Red rated data
A&E	Valid NHS Number	98.4%	95.2%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Valid Ethnic Category	100.0%	91.5%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
	Total			= < 2	2 > = < 4	= > 4	G	12	2.0	

Source: Information Centre, SUS Data Quality Dashboard

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Workforce - Key Performance Indicators

Isle of Wight NHS Trust

Measure	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	In Month Final RAG Rating	Trend from last month
Workforce FTE	Jun-13	2678	2665	-13			
Workforce Variable FTE	Jun-13	144	126	-18			
Workforce Total FTE	Jun-13	2822	2791	-31			
Finance (£000's)	**Period**	**Month Target/Plan**	Month Actual	In Month Variance	**RAG rating**	**Year-to Date Final RAG Rating**	
Total In Month Staff In Post Paybill	Jun-13	£9,721	£9,248	-£473			
In Month Variable Hours	Jun-13	£68	£397	£329			
In Month Total Paybill	Jun-13	£9,789	£9,645	-£144			
Year-to Date Paybill	Jun-13	£28,317	£29,488	£1,171			
Sickness Absence	**Period**	**Month Target/Plan**	**Month Actual**		**RAG Rating**		
In Month Absence Rate	Jun-13	3%	3.67%				

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

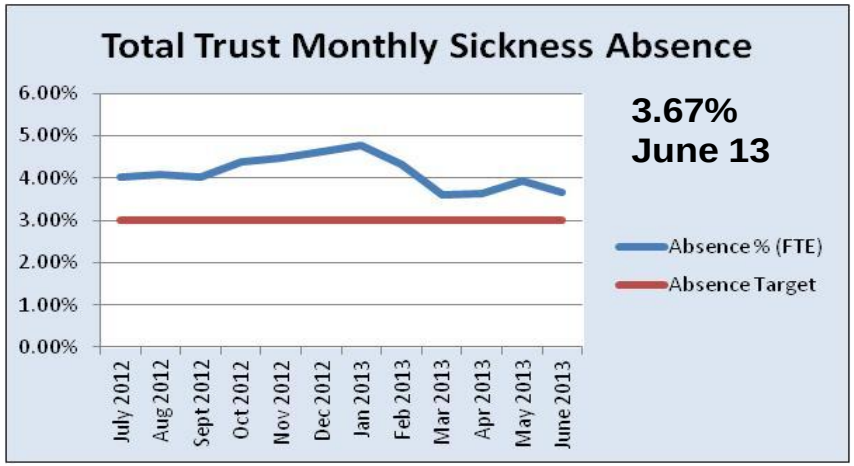
Action:
All data is monitored with the Finance team, weekly, fortnightly and monthly. Extraordinary meetings are held with Clinical Directorates to discuss variances and courses of action. The HR Directorate is closely monitoring and supporting clinical directorates with their workforce plans, in particular 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.

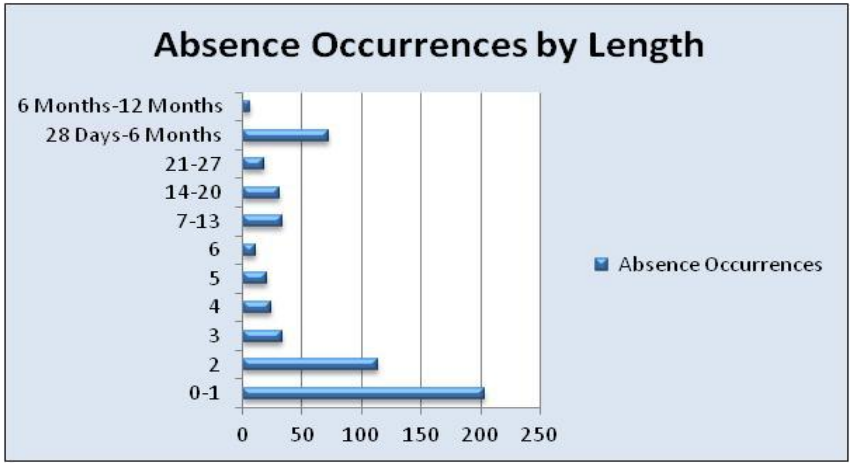
Data Source:
FTE data, and Absence data, all taken directly from ESR,
Financial Data, provided by Finance

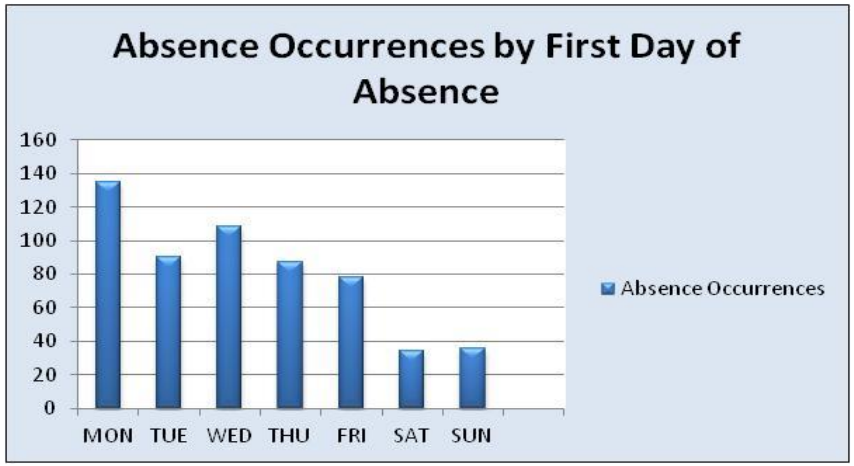
Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Sickness Absence - Monthly Sickness Absence







Top 10 Absence Reasons by Absence Days

Absence Reason	Absence Days	%
Anxiety/stress/depression/other psychiatric illnesses	871	25.6
Other known causes - not elsewhere classified	590	17.4
Back Problems	338	9.9
Other musculoskeletal problems	333	9.8
Gastrointestinal problems	277	8.2
Cold, Cough, Flu - Influenza	164	4.8
Headache / migraine	124	3.7
Pregnancy related disorders	110	3.2
Ear, nose, throat (ENT)	103	3.0
Genitourinary & gynaecological disorders	99	2.9

Data Source: ESR Business Intelligence

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Key Performance Indicators - June

Performance Area	Commentary	RAG Rating In Month	RAG Rating YTD	RAG Rating Full Year Forecast
Financial Risk Rating	• Overall Rating of **4** after normalisation adjustments.	Green	Green	Green
Summary	• Month 3 Income & Expenditure position is on plan at a surplus of **£973k**	Green	Green	Green
Cost Improvement Programme (CIP)	• Month 3- Year-to-date CIPs achieved **£1,821k** against a plan of **£1,821k** by recognising a risk rated element of the full year schemes totalling **£1,037k**.	Amber	Amber	Red
Working Capital & Treasury	• Cash 'in-hand' and 'at-bank' at Month 3 was **£8,369k**	Green	Green	Green
Capital	• Capital YTD spend **£716k** . Forecast **£7,560k** to year end	Green	Green	Green

Isle of Wight NHS Trust Board Performance Report 2013/14

Isle of Wight NHS Trust

June 13

Income & Expenditure - Key Highlights

Month 3 (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:									
Income									
Income - Patient Care Revenue	12,647	12,373	(273)	37,251	37,361	110	145,971	146,082	110
Acute	314	473	159	932	1,830	898	3,821	4,719	898
Community Health	175	253	78	526	794	269	2,099	2,367	269
Planned	212	282	70	634	813	179	2,697	2,876	179
Corporate	755	712	(43)	1,163	1,775	612	4,651	5,263	612
Reserves	-	-	-	-	-	-	-		
Total Income	**14,104**	**14,094**	**(10)**	**40,506**	**42,574**	**2,068**	**159,239**	**161,307**	**2,068**
Pay									
Acute	2,848	2,843	(5)	8,466	9,053	587	34,078	34,665	587
Community Health	2,695	2,718	23	8,047	8,245	198	32,067	32,265	198
Planned	2,552	2,659	107	7,683	7,917	234	30,928	31,162	234
Corporate	1,694	1,425	(269)	4,121	4,273	152	16,573	16,725	152
Reserves	-	-	-	-	-	-	-	-	-
Total Pay	**9,789**	**9,645**	**(144)**	**28,317**	**29,488**	**1,171**	**113,647**	**114,818**	**1,171**
Non-Pay									
Acute	1,032	1,122	90	3,228	3,595	367	8,572	8,940	367
Community Health	118	385	267	842	1,149	307	2,148	2,455	307
Planned	468	779	311	1,802	2,190	388	5,133	5,521	388
Corporate	1,742	1,746	4	4,806	5,179	373	21,570	21,943	373
Reserves	538	0	(538)	538	0	(538)	6,547	6,009	(538)
Total Non-Pay	**3,898**	**4,032**	**134**	**11,216**	**12,113**	**897**	**43,971**	**44,868**	**897**
Net Surplus / (Loss)	**416**	**417**	**0**	**972**	**973**	**0**	**1,622**	**1,622**	**0**

Overall Position

Month 3 position shows a surplus of **£973k** as per plan.

Income -The YTD position shows an over-achievement of **£2,068k** which included the extension to the prison contract until 31st May. The variance of **£898k** in the Acute directorate is due largely to the dermatology element within the Beacon contract and drug cost recharges. Income relating to Corporate areas is showing a favourable variance of **£612k** mainly because of the adjustment to the EMH budget and income relating to NHS Creative and training income being above plan by **£190k** and **£70k** respectively.

Pay – The YTD position on pay budgets is an overspend of **£1,171k**. This includes **£587k** in the Acute directorate, attributable to the additional costs relating to the 2 month extension to the Prison Contract and the Beacon dermatology contract; **£198k** overspend in Community which is due to HV Trainee costs funded by income and 1 to 1 supervison costs funded by Commissioners; an overspend of **£234k** in the Planned directorate which is due to Locum Costs to cover vacancies and sickness and **£152k** in Corporate areas which is mainly due to costs relating to NHS Creative **(£113k)** and EMH **(£68k)**.

Non Pay – The non pay budgets are overspent by **£897k.** All clinical directorates and Corporate area overspends are due to non-achievment of CIPs as per plan.

CIP – Plan of **£1,821k** achieved at month 3 with the recognition of **£1,037k** of the full year savings of banked CIPs.

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Cost Improvement Programme - CIP by Directorates

	Month			YTD			Full Year			
Directorates	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**	**Plan**	**Revised Plan**	**Forecast**	**Variance**
Acute	198	276	78	477	397	-80	2,461	2,575	2,575	0
Community Health	213	50	-163	562	171	-391	2,236	2,340	2,340	0
Finance and Performance Mgt	14	12	-2	42	35	-7	160	167	167	0
Nursing and Workforce	39	10	-30	118	29	-89	450	534	534	0
Planned	184	48	-136	520	110	-410	2,506	2,622	2,622	0
Strategic & Commercial Directorate	34	41	7	101	41	-61	448	406	406	0
Total	**683**	**436**	**-246**	**1,821**	**784**	**-1,037**	**8,260**	**8,644**	**8,644**	**0**
Banked CIPs		246	246		1,037	1,037				
	683	**682**	**0**	**1,821**	**1,821**	**0**	**8,260**	**8,644**	**8,644**	**0**

Commentary:

The CIP plan for M3 is **£683k**. The actual savings totalled **£436k** and therefore there is an in month underachievement of **£246k**. The year-to-date target of **£1,821k** is shown as being fully delivered although only **£784k** of planned schemes have has been achieved to date. The full year effect of schemes banked amounting to **£1,037k** has been recognised.

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Capital Programme - Capital Schemes

Isle of Wight NHS Trust

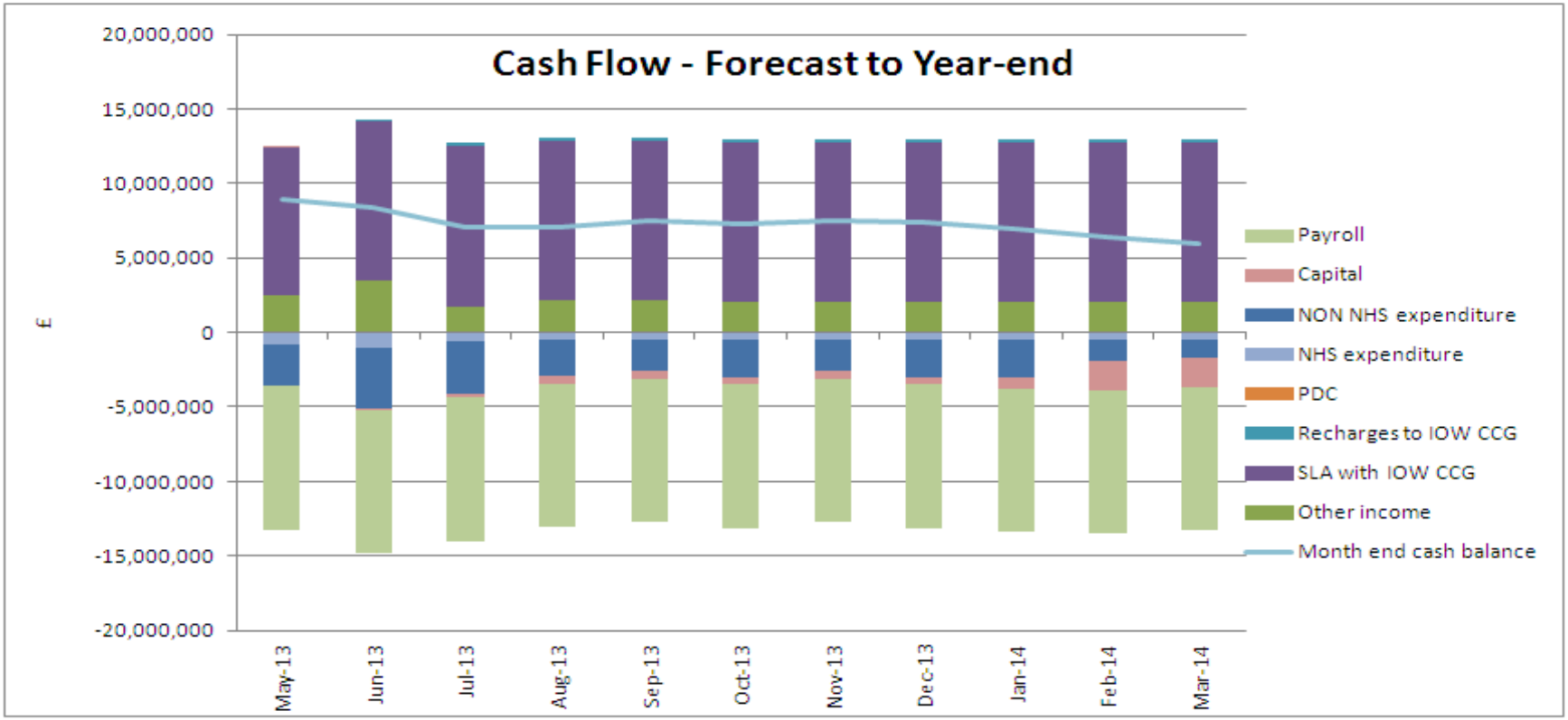
Capital Scheme	YTD Spend £'000	F'cast to Year End £'000	Full Year Cost £'000
Carried forward from 12.13			
2012 / 13 Backlog Maintenance/ Chillers	220	22	241
Onsite Helipad	36	1	37
Replacement of 2 Main Hospital Passenger Lifts	0	296	296
Old HSDU Refurb (Phase 1)	81	1	82
Shackleton Newchurch Move	92	0	92
Improving Birthing Environment	40	1	41
Pit Alarms - Personal Alarm System - Sevensacres	29	1	30
Cashiers Drop Safe Location	0	7	7
Modernisation of Pathology	43	43	86
Emergency Dept Redevelopment	44	1	45
Approved Schemes for 13.14			
Pathology Phase 2	0	857	857
MAU Extension Fees	5	20	25
Ophthalmology/Endoscopy Fees	10	40	50
ISIS - IT Partner Project Management	9	65	73
CT Scanner	0	57	57
Endoscopy Camera and Insufflator	0	95	95
JAC Symphony Interface	0	15	15
Theatre Stock Inventory	0	144	144
Community Health System	70	0	70
Schemes not yet approved but in the revised Plan for 13.14			
Ophthalmology/Endoscopy	0	1,250	1,250
MAU Extension (now in 14.15)	0	0	0
Maternity Upgrade	0	456	456
Dementia Wing	0	0	0
Community Health Hub	0	700	700
Stroke & Rehab Ward Reconfiguration (Nth Wing)	0	600	600
Backlog high/medium risk &fire safety	0	900	900
Information Technology	0	342	342
Rolling Replacement Programme – Equipment / Ambulances	0	348	348
Infrastructure (e.g. underground services)	0	300	300
Staff Capitalisation	38	62	100
Contingency	0	222	222
Gross Outline Capital Plan	**716**	**6,845**	**7,560**

Commentary:

Associate Directors met to reconsider priorities this year which are reflected in the table. (main impact MAAU into 14.15)

£2.3m approved to date, £5,218k to approve

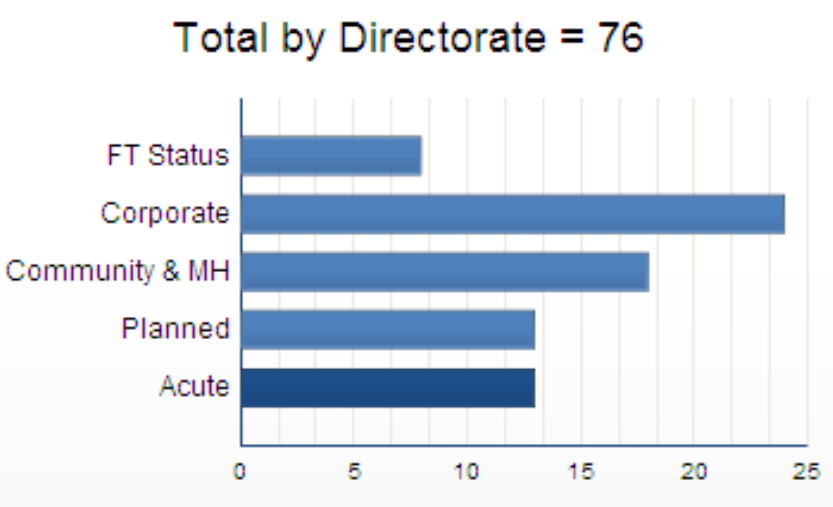
Rolling Replacement Programme (RRP) Prioritisation ongoing



Commentary:

The table above shows the items that affect the cash flow for both the year-to-date and forecast to the year-end and the projected month-end cash balances. The cash at bank and in hand at the end of June amounted to **£8.3m** although this is likely to decrease to **c£6m** by the year end as per plan. Once the Treasury and Cash Management Policy is approved, the investment of surplus cash in line with the Policy will be investigated. From month 4 onwards the cash flow forecast will be extended to include a 2-year rolling estimate.

Analysis:



Risk Title	Directorate	Type	Rating
OPHTHALMOLOGY DEPARTMENT (BAF 6.10)	PLANND	PATEXP	25
ENDOSCOPY NEW BUILD (BAF 6.10)	PLANND	QCE	25
FIRE COMPARTMENTS - CAUSE AND EFFECT OF FIRE ALARM SYSTE	CORPRI	GOVCOM	20
BLOOD SCIENCES OUT-OF-HOURS STAFFING (BAF 4.4)	ACUTE	QCE	20
VACANT CONSULTANT PHYSICIAN POSTS (BAF: 10.73)	ACUTE	QCE	20
BREAKDOWN OF 4 SLICE CT SCANNER (BAF 2.26)	ACUTE	QCE	20
INCREASED DEMAND ON ORTHOTICS (BAF: 8.2)	COMMH	GOVCOM	20
FAILING PIT SYSTEM (BAF 6.4)	COMMH	PATSAF	20
LOW STAFFING LEVELS WITHIN OCCUPATIONAL THERAPY ACUTE T	COMMH	PATSAF	20
VACANCIES IN ADULT SPEECH & LANGUAGE THERAPY TEAM (BAF:	COMMH	PATSAF	20
END OF CURRENT PACS CONTRACT 2013 (BAF 6.10)	ACUTE	GOVCOM	20
MANDATORY TRAINING (BAF 10.13)	CORPRI	GOVCOM	20
SEGREGATION, CONSIGNING AND COLLECTION OF CLINICAL WAS	CORPRI	GOVCOM	20
SUBSTANTIAL FIRE RISK TO BUILDING 02 (Old Social Club) (BAF 6.:	CORPRI	GOVCOM	20
PRESSURE ULCERS (BAF 2.22)	CORPRI	PATEXP	20
INFECTION CONTROL RISK DUE TO UNEXPECTED SHORTAGE OF DI	CORPRI	PATSAF	20
DECONTAMINATION MACHINES (Links with 428)(BAF 2.21)	PLANND	GOVCOM	20
HEATING IN NICU (BAF 2.22)	PLANND	PATSAF	20
PAED OCCUPATIONAL THERAPY EXTENDED WAITING TIMES (BAF:	COMMH	PATSAF	20

Data as at 19/07/2013 Risk Register Dashboard

Commentary

The risk register is reviewed monthly both at Trust Executive Committee/Directorate Boards and relevant Trust Executive sub-committee meetings. The Risk Register dashboard is now live and Execs/Associate Directors/Senior Managers all have access.
All risks on the register have agreed action plans with responsibilities and timescales allocated.

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

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Finance Risk Rating - June (month 3)

Isle of Wight NHS Trust

								Insert the Score (1-5) Achieved for each Criteria Per Month				
			Risk Ratings					Reported Position		Normalised Position		
Criteria	Indicator	Weight	5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	Comments where target not achieved
Underlying performance	**EBITDA margin %** EBITDA = Earnings Before Interest, Taxes, Depreciation, Amortisation	25%	11	9	5	1	<1	3	3	3	3	
Achievement of plan	**EBITDA achieved %**	10%	100	85	70	50	<50	4	4	4	4	
Financial efficiency	**Net return after financing %**	20%	>3	2	-0.5	-5	<-5	5	5	5	5	
	I&E surplus margin % I&E= Income & Expenditure	20%	3	2	1	-2	<-2	5	4	5	4	
Liquidity	**Liquid ratio days**	25%	60	25	15	10	<10	4	4	4	4	
Weighted Average		**100%**						**4.2**	**4.0**	**4.2**	**4.0**	
Overriding rules												
Overall rating								**4**	**4**	**4**	**4**	

GOVERNANCE RISK RATINGS

Isle of Wight NHS Trust

See 'Notes' for further detail of each of the below indicators

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)
See separate rule for A&E

Area	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Historic Data: Qtr to Sep-12	Historic Data: Qtr to Dec-12	Historic Data: Qtr to Mar-13	Current Data: Apr-13	Current Data: May-13	Current Data: Jun-13	Current Data: Qtr to Jun-13	Board Actions
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	No	yes	Yes	Yes	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	N/A	N/A	Yes	Yes	Yes	N/A	N/A	
	1c	Data completeness: outcomes for patients on CPA		50%	0.5	Yes	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	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	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	Yes	Yes	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	No	yes	Yes	Yes	Yes	Yes	Yes	
	3a	All cancers: 31-day wait for second or subsequent treatment, comprising :	Surgery	94%	1.0	No	No	yes	Yes	Yes	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	Yes	Yes	
			From NHS Cancer Screening Service referral	90%									
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	no	yes	Yes	Yes	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	No	No	Quality and Clinical Performance Ctte to closely monitor delivery of cancer action plans
			for symptomatic breast patients (cancer not initially	93%									

GOVERNANCE RISK RATINGS

Isle of Wight NHS Trust

See 'Notes' for further detail of each of the below indicators

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)
See separate rule for A&E

Area	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Historic Data: Qtr to Sep-12	Historic Data: Qtr to Dec-12	Historic Data: Qtr to Mar-13	Current Data: Apr-13	Current Data: May-13	Current Data: Jun-13	Current Data: Qtr to Jun-13	Board Actions
Quality	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	no	No	No	Yes	Yes	Yes	Yes	Quality and Clinical Performance Ctte 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	no	yes	Yes	Yes	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	Yes	
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	yes	Yes	Yes	Yes	Yes	Yes	Yes	
	3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	No	yes	Yes	Yes	Yes	Yes	Yes	
	3j	Category A call – emergency response within 8 minutes	Red 1	80%	0.5	No	yes	Yes	Yes	No	Yes	No	
			Red 2	75%		Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	12	1.0	Yes	Yes	No	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	12		No	No	No	Yes	Yes	No	Yes	
	4b	MRSA	Is the Trust below the de minimus	6	1.0	Yes	Yes	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	1		no	No	No	Yes	Yes	Yes	Yes	
		CQC Registration											
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0%	2.0	No	No	No	No	No	No	No	
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0%	4.0	No	No	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	No	No	
			TOTAL			**6.5**	**2.5**	**2.5**	**0.5**	**1.0**	**0.0**	**1.0**	
						R	AR	AR	G	G	G	G	

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Performance Summary - Acute Directorate

Isle of Wight NHS Trust

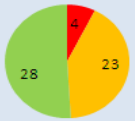
Performance on a Page - Acute Directorate

Governance Risk Rating M03: 0 - G

Risk Register Summary: As at 12/07/2013

Risk Title	Risk Score	Type
Breakdown of 4 slice CT scanner	20	QCE
Vacant Consultant Physician Posts	20	QCE
Blood Sciences out-of-hours staffing	20	QCE
End of current PACS contract 2013	20	GOVCOM

Status of actions for all Acute Risks



Key Performance Indicators:

As at M03:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
A&E Waits - Total time in A&E	Jun-13	97.9%	97.9%	97.7%	97.7%
MRSA	Jun-13	1	1	1	1
CDIFF	Jun-13	2	1	4	1
RTT Admitted - % within 18 Weeks	Jun-13	95.3%			
RTT Non Admitted - % within 18 Weeks	Jun-13	97.6%	97.9%		
RTT Incomplete - % within 18 Weeks	Jun-13	94.9%	93.9%		
RTT delivery in all specialties	Jun-13	1	1		
Diagnostic Test Waiting Times	Jun-13	2	0	16	0
Cancer 2 wk GP referral to 1st OP	Jun-13	94.3%		93.3%	
Breast Symptoms 2 wk GP referral to 1st OP	Jun-13	91.2%		91.9%	
31 day second or subsequent (surgery)	Jun-13	100.0%		100.0%	
31 day second or subsequent (drug)	Jun-13	100.0%		100.0%	
31 day diagnosis to treatment for all cancers	Jun-13	98.4%		98.5%	
62 day referral to treatment from screening	Jun-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Jun-13	93.9%		89.3%	
Delayed Transfers of Care	Q4 12/13	0.0%		0.0%	
Mixed Sex Accommodation Breaches	Jun-13	0	0	0	0
VTE Risk Assessment	Jun-13	88.3%		89.8%	
% of Category A calls within 8 minutes (Red 1)	Jun-13	92.3%	92.3%	76.5%	76.5%
% of Category A calls within 8 minutes (Red 2)	Jun-13	75.9%	75.9%	76.4%	76.4%
% of Category A calls within 19 minutes	Jun-13	97.3%	97.3%	97.3%	97.3%

**Cancer figures for June are provisional*

Workforce Headlines:

As at M03:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.67%	3.95%	3.68%	4.00%
FTE vs Budget			-117.0	-30.0
Appraisals			61.0%	41.1%

Finance Headlines:

£000

As at M03:	YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	0.1	56.6	0.1	0.0
CIP	-0.2	tbc	0.0	tbc

Quality Headlines:

As at M03:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs	9	2	34	9
Incidents	428	122	1233	406
Complaints	15	6	51	23

Case for Change:

No. of Active Case for Change:	Red status	Green Status	% Green Status
32	4	28	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 M02:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Emergency Spells	972	-128	2,287	-101
Elective Spells	31	5	49	7
Outpatients Attendances	4,749	457	701	49
Total			3,037	-45

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Performance Summary - Planned Directorate

Isle of Wight NHS Trust

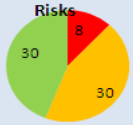
Performance on a Page - Planned Directorate

Governance Risk Rating M03: 0.5 - G

Risk Register Summary: As at 12/07/2013

Risk Title	Risk Score	Type
Endoscopy new build	25	QCE
Ophthalmology Department	25	PATEXP
Heating in NICU	20	PATSAF
Decontamination Machines	20	GOVCOM

Status of actions for all Planned Risks



Key Performance Indicators:

As at M03:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
A&E Waits - Total time in A&E	Jun-13	97.9%		97.7%	
MRSA	Jun-13	1	0	1	0
CDIFF	Jun-13	2	1	4	1
RTT Admitted - % within 18 Weeks	Jun-13	95.3%	95.3%		
RTT Non Admitted - % within 18 Weeks	Jun-13	97.6%	97.1%		
RTT Incomplete - % within 18 Weeks	Jun-13	94.9%	95.2%		
RTT delivery in all specialties	Jun-13	1	0		
Diagnostic Test Waiting Times	Jun-13	2	2	16	16
Cancer 2 wk GP referral to 1st OP	Jun-13	94.3%	94.3%	93.3%	93.3%
Breast Symptoms 2 wk GP referral to 1st OP	Jun-13	91.2%	91.2%	91.9%	91.9%
31 day second or subsequent (surgery)	Jun-13	100.0%	100.0%	100.0%	100.0%
31 day second or subsequent (drug)	Jun-13	100.0%	100.0%	100.0%	100.0%
31 day diagnosis to treatment for all cancers	Jun-13	98.4%	98.4%	98.5%	98.5%
62 day referral to treatment from screening	Jun-13	100.0%	100.0%	100.0%	100.0%
62 days urgent referral to treatment of all cancers	Jun-13	93.9%	93.9%	89.3%	89.3%
Delayed Transfers of Care	Q4 12/13	0.0%		0.0%	
Mixed Sex Accommodation Breaches	Jun-13	0	0	0	0
VTE Risk Assessment	Jun-13	88.3%		89.8%	
% of Category A calls within 8 minutes (Red 1)	Jun-13	92.3%		76.5%	
% of Category A calls within 8 minutes (Red 2)	Jun-13	75.9%		76.4%	
% of Category A calls within 19 minutes	Jun-13	97.3%		97.3%	

**Cancer figures for June are provisional*

Workforce Headlines:

As at M03:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.67%	3.28%	3.68%	3.25%
FTE vs Budget			-117.0	-20.0
Appraisals			61.0%	51.2%

Finance Headlines:

£000

As at M03:	YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	0.1	442.3	0.1	0.0
CIP	-0.2	336.2	0.0	0.0

Quality Headlines:

As at M03:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs	9	2	34	5
Incidents	428	68	1233	247
Complaints	15	5	51	20

Case for Change:

No. of Active Case for Change:	Red status	Green Status	% Green Status
29	10	19	66%

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 M02:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Emergency Spells	1,313	-58	2,042	-135
Elective Spells	1,260	-79	2,067	-188
Outpatients Attendances	14,797	-399	1,930	10
Total			6,039	-313

Isle of Wight NHS Trust Board Performance Report 2013/14

June 13

Performance Summary - Community Health Directorate

Isle of Wight NHS Trust

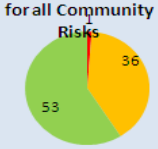
Performance on a Page - Community Directorate

Governance Risk Rating M03: 0 - G

Risk Register Summary: As at 12/07/2013

Risk Title	Risk Score	Type
Paed Occ Therapy Entended Waiting Times	20	PATSAF
Vacancies in adult speech & language therapy tear	20	PATSAF
Low Staffing Levels within Occ Therapists Acute Te	20	PATSAF
Failing PIT System	20	PATSAF

Status of actions for all Community Risks



Key Performance Indicators:

As at M03:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
A&E Waits - Total time in A&E	Jun-13	97.9%		97.7%	
MRSA	Jun-13	1	0	1	0
CDIFF	Jun-13	2	2	4	2
RTT Admitted - % within 18 Weeks	Jun-13	95.3%			
RTT Non Admitted - % within 18 Weeks	Jun-13	97.6%	100.0%		
RTT Incomplete - % within 18 Weeks	Jun-13	94.9%	95.1%		
RTT delivery in all specialties	Jun-13	1	0		
Diagnostic Test Waiting Times	Jun-13	2	0	16	0
Cancer 2 wk GP referral to 1st OP	Jun-13	94.3%		93.3%	
Breast Symptoms 2 wk GP referral to 1st OP	Jun-13	91.2%		91.9%	
31 day second or subsequent (surgery)	Jun-13	100.0%		100.0%	
31 day second or subsequent (drug)	Jun-13	100.0%		100.0%	
31 day diagnosis to treatment for all cancers	Jun-13	98.4%		98.5%	
62 day referral to treatment from screening	Jun-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Jun-13	93.9%		89.3%	
Delayed Transfers of Care	Q4 12/13	0.0%		0.0%	
Mixed Sex Accommodation Breaches	Jun-13	0	0	0	0
VTE Risk Assessment	Jun-13	88.3%		89.8%	
% of Category A calls within 8 minutes (Red 1)	Jun-13	92.3%		76.5%	
% of Category A calls within 8 minutes (Red 2)	Jun-13	75.9%		76.4%	
% of Category A calls within 19 minutes	Jun-13	97.3%		97.3%	

**Cancer figures for June are provisional*

Workforce Headlines:

As at M03:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.67%	4.24%	3.68%	4.17%
FTE vs Budget			-117.0	-36.0
Appraisals			61.0%	77.0%

Finance Headlines:

£000

As at M03:	YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	0.1	236.4	0.1	0.0
CIP	-0.2	TBC	0.0	TBC

Quality Headlines:

As at M03:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs	9	5	34	20
Incidents	428	186	1233	416
Complaints	15	3	51	7

Case for Change:

No. of Active Case for Change:	Red status	Green Status	% Green Status
26	6	20	77%

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 M02:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Community Contacts	12,007	-723	n/a	n/a
Mental Health Community	8,163	-3,582	n/a	n/a
Mental Health Consultant Led Outpatients	1,160	-10	n/a	n/a
Mental Health Inpatients	136	-15	n/a	n/a
Total			n/a	n/a

Terms and abbreviations used in this performance report

Quality & Performance terms

Ambulance category A	Immediately life threatening calls requiring ambulance attendance
CAHMS	Child & Adolescent Mental Health Services
CDS	Commissioning Data Sets
CQUIN	Commissioning for Quality & Innovation
DNA	Did Not Attend
DIPC	Director of Infection Prevention and Control
KPI	Key Performance Indicator
LOS	Length of stay
MRSA	Methicillin-resistant Staphylococcus Aureus (bacterium)
PEO	Patient Experience Officer
PPIs	Proton Pump Inhibitors (Pharmacy term)
PIDS	Performance Information Decision Support (team)
Provisional	Raw data not yet validated to remove permitted exclusions (such as patient choice to delay)
RCA	Route Cause Analysis
RTT	Referral to Treatment Time
SUS	Secondary Uses Service
TIA	Transient Ischaemic Attack (also known as 'mini-stroke')
VTE	Venous Thrombo-Embolism
YTD	Year To Date - the cumulative total for financial year so far

Workforce and Finance terms

CIP	Cost Improvement Programme
EBITDA	Earnings Before Interest, Taxes, Depreciation, Amortisation
ESR	Electronic Staff Roster
FTE	Full Time Equivalent
I&E	Income and Expenditure
RRP	Rolling Replacement Programme
SIP	Staff in Post

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 31st July 2013

Title	2012-13 Reference Costs overview Board update paper			
Sponsoring Executive Director	Executive Director of Finance			
Author(s)	Iain Hendey, Assistant Director – Performance Information & Decision Support, Carol Ogilvie, Senior Finance Manager			
Purpose	Following presentations on the 22nd May and 26th June to inform the Board on changes to national standards for the annual Reference Costs submission. This paper is the final update on the 2012/13 submission process and initial findings.			
Action required by the Board:	**Receive**	√	**Approve**	

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee	24th July 2013	Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

Executive Summary:

Following the completion of the 2012/13 Reference Costs submission and as part of the national drive to improve both costing standards and data quality, in particular within the Reference Costs submission submitted annually to the Department of Health (DOH), the guidance included the necessity for the organisation to keep the Board up to date on the process and progress.

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	Productivity					
Critical Success Factors *(see key)*	CSF7, CSF8					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	√
Legal implications, regulatory and consultation requirements						

Enc D

Isle of Wight NHS
NHS Trust

2012-13 Reference Costs Submission 23rd July 2013

Aim and Purpose

As part of the national drive to improve both costing standards and data quality, and in particular within the Reference Costs submission submitted annually to the Department of Health (DOH), the changes to the 2012/13 Reference Costs guidance included the necessity for the organisation to complete a Self Assurance Quality Checklist and for the Board to be advised of the current position. The process for the 2012/13 submission commenced during May 2013, with process and progress presented to the Trust Board on the 22nd May and the 26th June. That paper, in conjunction with presentation's, aimed to inform the Board on the organisations current position following the first draft submission on the 24th June and to request approval for the Finance Director's sign off of the final submission's. The reference costs submission was subsequently achieved on Tuesday 16th July and Tuesday 23rd July (Spells) in accordance with the required deadline. The summary below highlights the main variations that have been observed at this stage, although the full reference cost analysis and national data will not be available for some months.

Overview of Reference Costs Submission

The overall movement between the 2011/12 and 2012/13 submissions were an increase in costs of 2% and an increase in activity of 4%.

Inpatient Areas – Elective, Non Elective and Daycase.

Overall costs remained virtually static (-2.02% or £9k) with activity increasing slightly by 504 (1.89%) Finished Consultant Episodes (FCE's)

Outpatients – Attendances and Procedures.

Overall costs increased by £717k (2%), whilst activity showed a reduction of 34,942 (15.5%). A validation of the activity levels for 2011/12 and 2012/13 indicate that due to the changes to recording methods occurring during the year, which led to data having to be sourced from more than one data set, some double counting occurred. This accounts for the change. As changes to recording methodology are a continuing pattern, checks are now in place to support accuracy.

The change in costs has been impacted by more accurate cost apportionments, especially around clinicians, anaesthetics and diagnostics, plus improved patient matching.

Diagnostics – Imaging and Pathology

During 2011/12 costs relating to unmatched patients were spread across matched patients, leading to high costs in Direct Access. Improved patient matching has reduced the costs in this element of the submission by £1.1m which has been reallocated to the appropriate Healthcare Resource Group (HRG or treatment code).

Chemotherapy and High Cost Drugs

The costs for these areas move in direct relation to the drugs designated as high cost drugs and the level of prescribing. The cost of the drugs is reimbursed by the Commissioners as incurred during the financial year. The movement in activity shows an increase in each area, however this reflects more accurate coding of the data, which was carried out from the notes by the Chemotherapy ward and by clinical coding from the data.

Critical Care Unit

A reduction of costs reflects the re-deployment of CCU staff throughout the organisation when there is reduced demand in the unit, plus the improved matching and costing of diagnostic activity impacting on costs. The reduction in activity is a reflection on the work of the Critical Care outreach team aimed at reducing the admissions to ITU.

Mental Health – All Services included with Reference Costs

The submission indicates a reduction in costs, and an extensive validation exercise has been carried out to give assurance of accuracy. On completion it was confirmed that year on year, costs have reduced by £1.3m (6.5%) reflecting one off workforce restructure costs built into the 2011/12 cost base, the recurrent workforce reduction impact and a redesign of the service during 2012/13. During 2012/13 the service made a successful contribution to the Community Health cost improvement (CIP) target. Activity figures show a reduction of 5%, however it should be noted that extensive work has been undertaken to validate the new Mental Health PbR currency clusters and this will have had an impact on reducing the levels reported.

Community Services

Overall costs have risen by £3.3m reflecting a move to support early discharge of patients who can be supported in community beds, including their own homes. The costs for the Community Rehab team which was initiated during 2011/12 have risen by an additional £1.6m with a corresponding increase of activity of an additional 17,827 contacts. The costs for the Hospital at Home team, who deliver antibiotics, are showing the full year effect of the team with an increase in costs of £83k and additional contacts of 672 (86%)

Ambulance Services

A recent external review by Deloitte's supported the service lead to identify staffing resources relating to various aspects of the service, including excluded elements, eg 111 Hub (£230k funded non recurrently as a pilot), Patient Transport and Out of Hours services. Overall the costs for the service have risen by £567K (7% overall) and activity 4821 appointments (11%).

Summary

Although it is too early to give an indication of the final outcome from the 2012/13 reference cost submission, it can be confirmed that the submission has been completed and signed off within the DOH deadline of the 23rd July 2013.

Iain Hendey, Assistant Director, PIDS

Carol Ogilvie, Snr Finance Manager

23rd July 2013

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 31 JULY 2013

Title	Trust Board Walkabouts – Patient Safety Assurance Visits			
Sponsoring Executive Director	Alan Sheward – Executive Director of Nursing and Workforce			
Author(s)	Vanessa Flower, Quality Manager			
Purpose	To provide assurance of progress of actions identified as part of the Patient Safety Assurance Visits Programme			
Action required by the Board:	**Receive**	✓	**Approve**	

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

Staff and patients where appropriate are engaged during the walkabout undertaken.

Executive Summary:

Since February 2013 a total of 28 visits have been under taken resulting in 83 individual actions being identified following all Patient Safety Assurance Visits, both by Board, and during the weekly scheduled visits. Of these 66 have been completed and are rag rated green, 16 are amber, and 1 remains red either due to no feedback being received/action taken.

The attached report shows the status of the actions as of 19 July 2013.

The feedback sheets from 5 visits are yet to be received by the Quality Team to allow feedback to areas and the progress of any identified actions.

For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	Quality Goal		
Critical Success Factors *(see key)*	CSF1, CSF2 and CSF10		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	10.75		
Assurance Level ***(shown on BAF)***	☐ Red	☐ Amber	✓ Green
Legal implications, regulatory and consultation requirements			

Date: 19.7.13 **Completed by: Vanessa Flower**

Key

Trust Goals	Critical Success Factors	
Quality **To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience**	**CSF 1** - Improve the experience and satisfaction of our patients, their carers, our partners and staff	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients
Clinical Strategy **To deliver the Trusts clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective**	**CSF3** - Continuously develop and successfully implement our Business Plan	**CSF4** - Develop our relationships with key stakeholders to continually build on our integration across health and between health and social care, collectively delivering a sustainable local system
Resilience **To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector**	**CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients	**CSF6** - Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA
Productivity **To improve the productivity and efficiency of the Trust, building greater financial sustainability**	**CSF7** - Improve value for money and generate our planned surplus whilst maintaining or improving quality	**CSF8** - Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide
Workforce **To develop our people, culture and workforce competencies to implement our vision and clinical strategy**	**CSF9** - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care	**CSF10** - Develop our organisational culture, processes and capabilities to be a thriving FT

TRUST BOARD WALKABOUTS - ACTION TRACKER

Key: Green - Completed / action not due: Amber - in progress. Red - action behind deadline / no response received despite chasing.

Date Visited	Time of Visit (24hr clock)	Area Visited	Who Visited	Tracker ID No	Issue No	Actions	Directorate	Person Responsible	Due Date	Completion Status	Date Completed	Comments from Directorate/area
27-Feb-13		Maxillofacial unit	Susan Wadsworth/John Matthews/Alan Sheward/Mark Price	**AT/001/2013**	**1**	A system for explaining why patients are waiting should commence.	Planned	Martin Robinson	31-Mar-13	GREEN	23-Apr-13	Update 23.4.13 Staff reminded to inform patients of delays giving apology and approximate time of delay in appointments.
					2	The shortage of alcohol gel dispensers needs to be resolved.	Planned	Sue Bradshaw	31-Mar-13	GREEN	23-Apr-13	Update 23.4.13 Following improvement works alcohol gel dispensers sited.
27-Feb-13		ENT	Chris Palmer/Nick Wakefield/Karen Baker	**AT/002/2013**	**1**	Relocate admin support from kitchen to main reception area	Planned	Martin Robinson	31-Mar-13	GREEN	17-Jul-13	Update 23.4.13 Work being undertaken to relocate admin support to old dermatology office. Leann Hetherington leading on this piece of work. Storage and security of patient records is an issue in reception and purchase of lockable cupboard being sourced. **Update: 17.7.13:**Admin team relocated , Casenotes for clinics arrive and are return with the OPARU staf
					2	Ensure appropriate storage of and security of patient records.	Planned	Martin Robinson	31-Mar-13	AMBER		Update 23.4.13 Capital bid being compiled and aiming for August CIG that would resolve issue 2. **Update 17.7.13**: still awaiting August CIG.
					3	Ensure cleaning of scopes meets standards and consider decontamination of equipment instead	Planned	Martin Robinson	31-Mar-13	AMBER		Update 23.4.13 Capital bid being developed for complete refurbishment, aim for August CIG. **Update 17.7.13:** still awaiting August CIG.
27-Feb-13		Luccombe	Danny Fisher/Peter Taylor/Felicity Green/Mark Price	**AT/003/2013**	**1**	Complaints being reviewed by Sister	Planned	Heidi Meekins	25-Mar-13	GREEN	22-Apr-13	UPDATE 22 .4.13: Complaints reviewed at Quality meeting and feedback to staff via ward meetings
					2	Discharge planning - patient relatives need more information	Planned	Heidi Meekins	25-Mar-13	AMBER		UPDATE 22.4.13 Information books being developed via Quality meeting to ensure up to date imparted to patients/ relatives. **Update 17.7.13:** Information books drafted and should be in place by Mid August once printed
27-Mar-13		Shackleton		**AT/004/2013**	**1**	Review Housekeeping suppport as their was no cover due to sickness.	Community Health	Mo Smith	12-Apr-13	AMBER		Update 9.4.13 The housekeepers are in the MH&LD establishment and managed by us and not the cleanliness team, the establishment and shift pattern will change when they move to St Marys. MH&LD currently pay overheads to the cleanliness team however receive no service, the team are currently establishing what support we are paying for and how that support can be provided on-site. **18/07/13** Update, the CHD management team are continuing to investigate how to ensure the overheads paid to corporate departments are realised in practical services being recieved.
					2	Confirm whether washing machines are transferring to St Marys	Community Health	Mo Smith	12-Apr-13	GREEN	09-Apr-13	Update 9.4.13 There issue of washing facilities has been addressed as part of the project to relocate Shackleton on site to St Marys. The staff have been involved. For patients own clothes there will be a washing machine and dryer on the new ward
					3	Concern for new unit on Newchurch lack of separate dedicated garden to be able to take patients.	Community Health	Mo Smith	12-Apr-13	GREEN	09-Apr-13	Update 9.4.13 Directorate response Each patient will have an individual activity plan detailing all activities including time off the ward, time out will be easier to arrange when the new staffing model is in place – still awaiting confirmation from the Trust that recruitment can begin.
					4	Review the one patient ready for discharge in December still not moved due to funding concerns.	Community Health	Mo Smith	12-Apr-13	GREEN	09-Apr-13	Update 9.4.13 Directorate Response Patient has since moved continuing care process adhered to
					5	Resolve how to ensure that bank staff are available to cover shifts and 1:1's	Community Health	Mo Smith	12-Apr-13	AMBER		Update 9.4.13 Directorate response It is always a challenge to have a sufficiently staffed MH bank; most of our existing staff also undertakes bank work. MS has suggested a dementia recruitment drive for the staff bank; this would also benefit Acute Hospital. 1**8/07/13 Update**, there is a recruitment drive for bank staff for MHLD, a training/competency framework has been agreed to ensure staff are equipped to work in these areas.
27-Mar-13		Arthur Webster	Danny Fisher / Mr John Matthews / Mr Alan Sheward	**AT/005/2013**	**1**	Submit bid to the charitable trustees to provide art and pictures for the consulting rooms.	Community Health	Anthea Church	26-Apr-13	AMBER		Update:5.4.13 Directorate response Anthea Church has raised this as a concern with the ICT as its been prohinbited in the past because they can be an Infection Control issue. Update: Request has been submitted to Charitable funds 31/5/13 as yet no response from Linda Mowle 14.6.13 AC. **Update10.07.13**:Bid has been accepted by Charitable Funds, Guy Eades and A Church meeting with artist to select artwork early August 10.7.13 AC

Date Visited	Time of Visit (24hr clock)	Area Visited	Who Visited	Tracker ID No	Issue No	Actions	Directorate	Person Responsible	Due Date	Completion Status	Date Completed	Comments from Directorate/area
					2	The IPC procedures are in need of review with a particular focus on podiatry department, the hand wash and alcohol dispensers are out of date. The waste bins lack lids and are also very out of date. The consulting room smelt offensive. The directorate should ask for this to be remedied. This may require use of an air freshening device. The Trust Board would support a visit from the Head of Estates to review the property.	Community Health	Lisa Reed / David Shields/Kevin Bolan	26-Apr-13	GREEN	14-Jun-13	Update 5.4.13 Directorate Response David Shields will address the issies raised in relation to podiatry and IPC. Kevin Bolan has visited AW and is keen to review use as parts of the estates development programme. The unpleasant smell in the consulting room has been an issue since the changes to the building took place several years ago. The room is used for 1-1 consultations in the main by Mental Health. It has never been possible to determine where this is coming from although the carpet in the room has been clean on more than one occasion? The service has been prohibited in the past from using air fresheners of an effective kind as it was an infection control issue this has been queried with the ICT by Anthea Church **UPDATE**: Visit made by Kevin Bolan estates source of smell still uncertain, not present at the time of visit due to overriding smell of perfume from member of staff present in the room at the time. Air Freshner has now been placed in the room 14/6/13 AC
11-Feb-13		Colwell	Danny Fisher/ Sarah Johnston	**AT/006/2013**	1	Identify a method to ensure assurance is provided that all documentation for pressure ulcers is up to date and reflects appropriate care given	Acute	Tina Beardmore	01-Apr-13	GREEN	08-May-13	Update: 08.05.13 (TB)When patient is being handed over from transferring ward information regarding waterlow and pressure areas is shared so as to ensure appropriate mattress in use from the point of transfer. All trained staff have been advised to assess patients pressure areas on transfer and to update Risk assessment and Tissue viability care plan Coordinator advised to check new patients documentation the following day to monitor compliance. Intentional rounding in progress on the ward. All staff have been advised to update TV care plan daily and to personalise this Patient s with a score above 10 are advised if they can change their own position to do so every 1 and a half hours and if assistance needed to change position staff record times of position change. This is reviewed by ward sister Glenn Smith TVN has been carrying out regular audits and reviews which also monitor compliance Nutritional aspects of skin integrity are also monitored and close working with the dietician.
07-Mar-13		Luccombe	Danny Fisher/Mark Price/ Deborah Matthews	**AT/007/2013**	1	1. Mark Price has agreed to contact estates to request urgent replacement of the ceiling tiles above the nurses station. (completed 10.3.13) 2. DM to ensure sister/Matron have a robust system in place for reporting urgent maintenance works and ensuring these are regularly pursued until concluded.	Planned	Sue Bradshaw	21-Mar-13	GREEN	17-Apr-13	UPDATE 17/4/13 Ceiling tiles replaced as agreed. Book held by ward clerks and if unresolved escalated to Sister then Matron. UPDATE 17/4/13
					2	1. Mark Price will raise this issue of cleaning the paving and erecting bird netting or some other device with Kevin Bolan. 2. DM will highlight this issue and the proposed actions to Sister/Matorn /HOCS and aks them how they might consider this area for the benefit of patients.	Planned	Sue Bradshaw	21-Mar-13	GREEN	17-Apr-13	UPDATE 17/4/13 Estates will clean area on a regular basis. Area is used by patients and rubber mat ramp utilised to permit beds to be pushed outside.
					3	1. The Ward Sister and matron should review the elements marked as no with the audit domanes and associated comments and progress actions to improve compliance.	Planned	Sue Bradshaw	21-Mar-13	GREEN	14-Jun-13	**UPDATE 17/4/13** Sister working with staff to ensure NO's turned to YES's **Upate 14/6/1**3 This is being continually monitored to ensure compliance
					4	1. Several patients made positive comments about the quality of the food. We would recommend consideration be given to how we might obtain real time feedback from patient on the quality of the food. DM to discuss with Jo Sheppard.	Planned	Jo Sheppard	21-Mar-13	AMBER		DM d/w Jo Sheppard, Catering Services Manager. 'To try and receive as near to real time as possible feedback from patients, the current menu is being re-designed, to provide an opportunity on the back of the menu for patients to send comments back to catering when their meal tray is returned. This system is currently on trial in one ward area.' **19.7.13 - No update received**
06-Feb-13		Opthalmology Outpatients	Danny Fisher / Alan Sheward	**AT/008/2013**	1	The Directorate need to work up a Business Case to understand the future requirements of the Opthalmology Department	Planned	Jonathon Lochead	20-Feb-13	AMBER		Update 23.4.13 Joint business case looking at opthalmology and endoscopy being undertaken. **Update 17.7.13:** 17.7.13 - Business case on track for Capital relocation scheme. Presenting to exec board September 2013. 25K allocated for Estates feasibility
					2	Although far from ideal the current environment should be regualry assessed by the Directorate leads for cleanliness and IPC compliance.	Planned	Sue Bradshaw	20-Feb-13	AMBER		Update 23.4. 13 Further to redecoration which was completed November 2012, cleanliness has improved although without relocation this will not be further improved to be fully compliant **UPDATE 14/06/2013** - Painting of area continues and ICPT working with department on new audit tool or this department. **Update 17.7.13:** Decoration still in progress
					3	Provide Glove Holders to all Clinical Areas	Planned	Sue Bradshaw	20-Feb-13	AMBER		Update 23.4.13 Supplies are sourcing and once painting in consultation rooms is undertaken these holders will be in place. **UPDATE 14/06/2013** Painting continues so glove holders are not yet in situ. **Update 17.7.13:** Decoration still in progress

Date Visited	Time of Visit (24hr clock)	Area Visited	Who Visited	Tracker ID No	Issue No	Actions	Directorate	Person Responsible	Due Date	Completion Status	Date Completed	Comments from Directorate/area
					4	Work with Sarah Finch to ensure all invoices to private Optomotrists use current IT PO system	Planned	Sarah Finch/Leanne Hetherington	20-Feb-13	AMBER		**Update received 19.6.13:** This is to do with Opticians invoicing the Trust through me for glasses provided to children via the HES1 forms. Leanne Hetherington and I are discussing ways round this to see if we can change the route the invoices take. **Update 17.7.13** - Leanne Hetherington is liaisng with SBS to resolve this issue by the beginning of August.
					5	IPC to undertake an assessment of Hand Hygiene availability in the FFA room	Planned	Sanchia Chiverton	20-Feb-13	GREEN	14-Jun-13	Hand Hygiene Monitor will undertake a monthly audit of FFA Clinics in addition to normal monthly monitoring of hand hygiene.
					6	Purchase retractable Tapemeasure for use with viewing box instread of gauze ribbon	Planned	Judie McDowell	20-Feb-13	GREEN	14-Jun-13	Feed back from dept - completed
					7	Staff food and Patient Food should be seperated.	Planned	Katherine Taylor	20-Feb-13	GREEN	14-Jun-13	Feed back from dept - completed
					8	Assessment of equipment that has not been used for >18 months and whether this should be removed.	Planned	Jonathon Lochead	20-Feb-13	GREEN	14-Jun-13	This is being undertaken with the assistance of the Consultants when consultation rooms are being redecorated.
					9	Staff drinks should be taken in a non clinical area. Reception should be free of hot drinks.	Planned	Katherine Taylor	20-Feb-13	GREEN	14-Jun-13	Expectations that no drinks will be consumed at Reception area. For compliance Lead nurse will audit on a daily basis and Matron to undertake spot checks (at least twice monthly).
24-Apr-13		Appley Ward	Mark Price / Nick Wakefield	**AT/009/2013**	1	De-clutter ward	Acute	Jo Payne	31-May-13	GREEN	20-Jun-13	Update 20.6.613 There has been a change of use to the Matrons room which has enabled the storage areas to be relooked at. As a consequence, the ward has been decluttered although this will be work in progress as well
					2	Ensure patients are aware of the availability of snacks during evening especially in diabetic patients	Acute	Jo Payne	Immediate	GREEN	30-Apr-13	Feedback received from sister, to advise that all staff have been reminded to offer patients snacks if appropriate to do so, a notice has been put up in kitchen to this effect.
					3	Review jnr dr rota to esnure adequate ward cover	Acute	Alison Price	31-May-13	GREEN	31-May-13	Update from AP:I have collated the number of junior doctors per grade for each ward for a three month period from 1st Feb 2013 to 30th April 2013. I have also reviewed the rotas and have increased the numbers of doctors by 1 FY1 and 1 FY2 as a result of disbanding the outlier team.
					4	Review consultant attendance at MDT meetings	Acute	Chris Sheen	31-May-13	GREEN	20-Jun-13	17.6.13 Feedback from CS not sure what action is required to make this happen Update from DM HOCS 20.6.13 Medical/Consultant representation at MDT Board meetings in improved and attendance is constantly under review
					5	Organise fire practice	Acute	Jo Payne	31-May-13	GREEN	20-Jun-13	Update 20.6.13 Fire practice has taken place and this has highlighted issues that are being adressed by the fire officer. The ward fire marshall is cascading training and awareness of fire safety
					6	Review and resolve issue of water leakage into food cupboard when it rains.	Acute	Kevin Bolan	06-May-13	GREEN	19-Jun-13	Response received from Kevin Bolan 19.6.13 issue has now been rectified
					7	Consider permanent use for bathroom space which is being used inappropriately for storage.	Acute	Deborah Matthews	13-May-13	AMBER		Storage space is extremely limited on Appley Ward and consideration has been given to the use of the Bathroom for additional formal storage. The preference is for en-suite facilitates to be added within the current 6 bedded bays – similar to the arrangements on the surgical wards. This will negate the need for the separate bathroom. Estates have undertaken an initial survey of space utilisation and potential for re-design n the ward. However, plans going forward are dependent upon the decisions around the reconfiguration of acute in-patient beds and are also linked to the Dementia friendly refurbishment intentions. DM 14.06.13 **22.7.13 No update recieved**
					8	Review medical gas provision to ensure it is available for all beds	Acute	Kevin Bolan	13-May-13	AMBER		**update from KB 10.7.13**: Estates supplied an estimate for the new works to DM/JP, to provide additional oxygen points, waiting for a cost centre or confirmation where this is going to be funded from . Meanwhile double-ported oxygen is in place.
					9	As part of the existing service development plan in the IBP consider the development of a "step down" facility for appropriate acute patients	Acute	Donna Collins	31-Jul-13	GREEN		**22.7.13 Action not due yet**
05-Apr-13	13:00	Clinical Coding	Karen Baker/Danny Fisher Deborah Matthews	**AT/010/2013**	1	Need to ensure, in the absence of a Liverpool Care Pathway, that doctors where end of life is imminent specifically write the words 'Palliative Care' or this cannot be coded.	Acute	Mark Pugh	31-May-13	RED		**22.7.13 No update received**
					2	N/B - Dr Fosters mortality Data is compiled from 'Admission Diagnoses'. Whereas we code on Discharge Diagnoses.	Acute	Mark Pugh	31-May-13	GREEN	31-May-13	This is a national standard and we have no influence over the way the Dr Foster data is compiled.

Date Visited	Time of Visit (24hr clock)	Area Visited	Who Visited	Tracker ID No	Issue No	Actions	Directorate	Person Responsible	Due Date	Completion Status	Date Completed	Comments from Directorate/area
					3	Concerns expressed about the high number of outstanding Discharge Summaries – that come through late. Question: Why do we not code from the Electronic Discharge Summary, rather than wait for a paper copy to be delivered to the department?	Acute	Mark Pugh	31-May-13	AMBER		There are many systems in which Discharge Summaries are currently completed and there is an aim to move to a corporate approach and utilise ISIS. Currently we only have General Medicine on ISIS, therefore we need to ensure that we have robust processes in place so that admissions / transfers / discharges are not missed. Longer term we will be looking at how we can streamline processes and the aim is indeed to code from the e-discharge summary rather than from paper copy. There are two issues here really that need to be reviewed - the timeliness of Discharge Summary completion for Coding purposes against the need for paper copies for validation of ATD processes. The second part is currently under review to see if we can remove this additional admin step but still be confident that both clinical data and revenue are not being missed due to poor recording. Regardless of whether the Coders code from electronic systems or not, they may be unable to do so currently unless the timeliness of Discharge Summary completion is improved. **22.7.13 No update receieved**
03-May-13	14:30	Pathology	Chris Palmer / Sarah Johnston	**AT/011/2013**	1	Areas for improvement/review: In addition to the actions above: Immediate action – the roof void area (known to estates, dept, and health and safety) was unlocked and filled with items that appeared to be from the contractors – this is a fire risk and needs to be reviewed and clarity sought on what the space can be safely used for – CP contacted estates on 3rd May and actions taken to remedy Actions • Address the roof void space as a matter of urgency Local Lead	Acute	Liz Thorne	10-May-13	GREEN	20-May-13	20.05.13 (LT): The interstitial space is restricted access only, so remains locked at all times and the key is held by Estates. The door should have been locked. This area was cleared and checked by MK before the key was handed over to Estates.
					2	Notice boards were untidy and in one case personal notices had been added (advertising painting baby bumps)	Acute	Liz Thorne	10-May-13	GREEN	20-May-13	20.05.13 (LT): Notice boards have been tidied. Staff have been reminded to keep them tidy
					3	General estate issues need to be addressed – paint peeling, screws in walls that had been removed, broken fittings – general appearance in some front line areas was shabby and could be improved quickly by estates	Acute	Liz Thorne	10-May-13	AMBER		**Update 11.7.13** (LT) Estates have been contacted and this area will be redecorated.
					4	Clean lab coats were stuffed on top of cupboards rather than inside	Acute	Liz Thorne	10-May-13	GREEN	11-Jul-13	Update 11.7.13 (LT) Now clear
					5	Many storage areas/rooms were untidy and lacked order	Acute	Liz Thorne	10-May-13	GREEN	11-Jul-13	Update 11.7.13 (LT) Now clear - the walk round took place 2 days after phase 1 of refurb completed, so equipmenet and stores were in process of being moved. Now in their proper locations
29-May-13		Orthotics / Prosthetics	Chris Palmer / Nick Wakefield	**AT/012/2013**	1	Promote understanding of the service with the GPs.	Community Health	Carol Mabey	31-Jul-13	GREEN		**22.7.13 Action not due yet**
					2	Promote Wig Service.	Community Health	Carol Mabey	31-Jul-13	GREEN		**22.7.13 Action not due yet**
					3	Pursue sub lamination of design transfers with Print room / NHS Creative	Community Health	Carol Mabey	31-Jul-13	GREEN		**22.7.13 Action not due yet**
24-Apr-13		DSU	Alan Sheward/Sue Wadsworth	**AT/013/2013**	1	Staff not wearing ID	Planned	Mandy Webb	30-Jun-13	AMBER		**Update 22.7.13** All Ward Staff are in process of changing to nursing uniform from theatre scrubbs. Ward staff were not clearly identifiable to patietns to deliver and help patietsn with the care they require, all DSU staff are now in acceptable unitform and all staff are expected to wear their new ID badges.
					2	Standard operating procedure for the undressing of patients	Planned	Mandy Webb	30-Jun-13	AMBER		**Update 22.7.13** Scoping work is currently underwate to put in a changing room to main theatres for patients.
					3	Privacy and dignity – patients not undressed	Planned	Mandy Webb	30-Jun-13	AMBER		**Update 22.7.13** As above - mobile patietns who are able to mobilise will be able to change when they arrive in main theatres to ensure privacy and dignity for patients.
					4	Confirm the process for parents escorting patients	Planned	Mandy Webb	30-Jun-13	RED		**22.7.13** No update received
06-Jun-13	21:30	ITU	Sue Wadsworth/Mark Pugh/Sarah Johnston	**AT/014/2013**	1	Ensure elements of sluice that were needing cleaning are addressed	Acute	Laura Moody	30-Jun-13	GREEN	13-Jun-13	Completed 13/6/13 Sluice was cleaned immediately after visit and cleanliness assistant informed that this area requires more frequent attention. LM
					2	Ensure public poster areas are up to date - i.e. clinical audit data	Acute	Laura Moody	30-Jun-13	GREEN	13-Jun-13	Completed 13/6/13 Productive Ward data is no longer being collected and will be replaced with up to date data regarding performance LM
					3	Focus on pressure ulcers and provide demonstrable actions are in place to address this issue	Acute	Laura Moody	30-Jun-13	GREEN	13-Jun-13	Completed 13/6/13 Pressure ulcer audit data on door of ICU office for Nurse-in charge to complete daily. Intentional rounding documents for every patient kept at bedside with all other patient documentation.
					4	Ensure tile in ceiling is recitified	Acute	Laura Moody	30-Jun-13	GREEN	work completed w/c 31st June	Awaiting completion 13/6/13 This tile has been reported 4 times, awaiting estates to repair.
					5	Storage areas look cluttered - probably not any more suitable place ot keep kit but please check this is the case.	Acute	Laura Moody	30-Jun-13	GREEN	13-Jun-13	Completed 13/6/13 ICU has limited space and has a lot of equipment. All equipment possible kept in ICU storeroom and storage areas within the unit kept as tidy as possible. Vital equipment only kept in unit. All stored equipment is covered and has green cleanliness sticker attached.

Date Visited	Time of Visit (24hr clock)	Area Visited	Who Visited	Tracker ID No	Issue No	Actions	Directorate	Person Responsible	Due Date	Completion Status	Date Completed	Comments from Directorate/area
06-Jun-13	21:30	Stroke Rehab	Sue Wadsworth/Mark Pugh/Sarah Johnston	**AT/015/2013**	**1**	Reiterate dress code policy to all staff	Community Health	Marjorie Martch	Immediate	GREEN	17-Jun-13	**Update 17.6.13**: The uniform policy has been printed out and all staff have been asked to read and sign it to reiterate the dress code.
					2	Can a more suitable place be found for large items of kit	Community Health	Marjorie Martch	30-Jun-13	GREEN	17-Jun-13	**Update 17.6.13:** Phase 1 of the upgrading may start this year. In the meantime the shower room which is not used is being utilised as the store room for large items of equipment a temporary sign has been put up to indicate this.
					3	Ensure all staff are aware of key indicators and that notice boards displaying this type of information are up to date.	Community Health	Marjorie Martch	30-Jun-13	GREEN	15-May-13	**Update 17.5.13**: The notice boards are not used for key performance indicators the information is now on the quality dashboard which is in the process of being updated.
					4	Review possibilities of gaining more kit i.e. charitable funds and League of Friends.	Community Health	Marjorie Martch	30-Jun-13	AMBER		**Update 17.5.13**: More equipment could be purchased through charitable funds. There is a business case being put together for specialist chairs. **19.7.13 No Update Received.**
20-Jun-13	20:00	Whippingham Ward	Sue Wadsworth/Deborah Matthews	**AT/016/2013**	**1**	Staff need to be wearing name badge	Planned	Fiona Mitchell	31-Jul-13	GREEN	10-Jul-13	All staff have name badges and have been reminded of the uniform policy.
					2	It was staed that there was a problem in obtaining bed sensors when needed	Planned	Fiona Mitchell	31-Jul-13	GREEN	10-Jul-13	The ward have 2 bed sensors which had been borrowed by another ward. These have now been returned and are available for use.
					3	Ensure Appropriate actions are taken and /or escalated when patients with potentially infective conditions cannot be isolated in a side room	Planned	Fiona Mitchell	31-Jul-13	GREEN	10-Jul-13	The ward have 2 bed sensors which had been borrowed by another ward. These have now been returned and are available for use.
					4	Promote the dating and signing of the bed space cleaning checklist	Planned	Fiona Mitchell	31-Jul-13	GREEN	10-Jul-13	All staff have been reminded to complete checklist when cleaning a bed space
20-Jun-13	20:00	St Helens	Sue Wadsworth/Deborah Matthews	**AT/017/2013**	**1**	The current bins in patient bays are noisy and there needs to be a rolling replacement programme for 'silent closing bins' in patient sleeping areas.	Planned	Mandy Webb	31-Jul-13	GREEN		**22.7.13 Action not due yet**
					2	There is a need to introduce the Falls Care Bundle onto the	Planned	Mandy Webb	31-Jul-13	GREEN		**22.7.13 Action not due yet**
					3	There is a need to improve the bed space checklist by ensure dates and signatures are included	Planned	Mandy Webb	31-Jul-13	GREEN		**22.7.13 Action not due yet**
05-Jul-13	13:00	Diabetes Centre	Danny Fisher/Felicity Green & Deborah Matthews	**AT/018/2013**	**1**	The brass plate adjacent to the entrance to the Centre needs to be cleaned and polished	Acute	Liz Whittingstall	31-Jul-13	GREEN	11.7.13	update from Lw 11.7.13: Sign out side has been polished.
					2	A lock is required on the server cupboard	Acute	Liz Whittingstall	31-Jul-13	GREEN	11.7.13	update from Lw 11.7.13: Lock has been placed on server cupboard
					3	To re-contact IT with additional information concerning their requirement for additional IT equipment to support education and information sharing with patients.	Acute	Liz Whittingstall	31-Jul-13	GREEN		**22.7.13 Action not due yet**
26-Jun-13		Breast Screening Unit	Mark Price / Nina Moorman	**AT/019/2013**	**1**	Complete data migration for RIS/PACS	Acute	Jill Shead / Paul Dubery	31-Jul-13	GREEN		**22.7.13 Action not due yet**
					2	Review Surgical Capacity	Acute	Jill Shead/Martin Robinson	31-Jul-13	GREEN		**22.7.13 Action not due yet**
					3	Review appointment letter	Acute	Jill Shead/Deborah Matthews	31-Jul-13	GREEN		**22.7.13 Action not due yet**
26-Jun-13		Afton Ward	Karen Baker / Sue Wadsworth	**AT/020/2013**	**1**	Agree a mechanism to ensure all staff are made aware of the Francis Report and the Trusts Response to the recommendations	Community Health	David Stratton	31-Jul-13	GREEN		**22.7.13 Action not due yet**
12-Jul-13	14:00	Laidlaw	Mark Price/John Matthews/Vanessa Flower	**AT/021/2013**	**1**	Urgent bid to be submitted to refurbish kitchen and shutter.	Community Health	Elaine Healey	02-Aug-13	GREEN		**22.7.13 Action not due yet**
					2	Check value for money on quote for removal of sink in Amputee Physiotherapy room	Estates	Kevin Bolan	02-Aug-13	GREEN		**22.7.13 Action not due yet**
					3	Car Park markings to be reviewed and spelling corrected	Estates	Kevin Bolan	02-Aug-13	GREEN		**22.7.13 Action not due yet**
					4	Utilise the Productive Ward Module to improve storage facilities in order to de-clutter corridor areas and cupboard space.	Community Health	Elaine Healey	31-Aug-13	GREEN		**22.7.13 Action not due yet**
					5	Link with Ambulance Services to review how improvements can be made to widen the window available to patients needing appointments and improve the patient experience.	Community Health	Elaine Healey to link with Chris Smith / Dana Whawell	31-Aug-13	GREEN		**22.7.13 Action not due yet**
24-May-13	12:00	Diagnostic Imaging	Danny Fisher/Chris Palmer/Annie Hunter	**AT/022/2013**	**1**	Review best use of wating area and segregated area	Acute	Diane Adams	01-Oct-13	GREEN		**22.7.13 Action not due yet**
					2	Review open entrance access from A & E recently added	Acute	Diane Adams	01-Oct-13	GREEN		**22.7.13 Action not due yet**
26-Jun-13		Osborne Ward	Mark Pugh / John Matthews	**AT/023/2013**	**1**	Progress the roll out of Patient alarms – to get back on track	Community Health	Bev Fryer	01-Aug-13	GREEN		**22.7.13 Action not due yet**

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD ON 31 JULY 2013

Title	FOUNDATION TRUST PROGRAMME UPDATE
Sponsoring Director	Chief Executive
Author(s)	Foundation Trust Programme Management Officer
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. A membership recruitment campaign was launched in March 2013.

Executive Summary:

This paper provides an update on work to achieve Foundation Trust status in late 2014.

The key points covered include:

- 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	22 July 2013

ISLE OF WIGHT NHS TRUST
NHS TRUST BOARD MEETING WEDNESDAY 31 JULY 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.

3. Communications and Stakeholder Engagement

As at 19 July 2013 the Trust has 1925 public members on the membership database, with 450 additional new members waiting to be added. Each member will receive an acknowledgement via email or post. The table below identifies the current membership breakdown by constituency:

Constituency	Membership	Required before election
North and East Wight	605	500
South Wight	517	500
West and Central Wight	744	500
Elsewhere	59	250
Total	**1925**	**1750**

A successful recruitment drive was undertaken at the County Show with 147 application forms completed. A press release is planned to mark the achievement of the 2000th member. There are several additional public events planned over the summer involving the Ambulance Service where possible to attract members of the public.

The Chamber of Commerce Business Breakfast was hosted by the Trust in the Full Circle Restaurant and offered a platform to promote the Foundation Trust to 34 businesses across the Island. The Foundation Trust Programme, Ambulance Commercial Training, Pathology, Pharmacy and Mottistone all exhibited at the event. Tours of St Mary's were offered to visitors. The Chamber of Commerce have since reported positive feedback from their members. A follow up email with further information on FT membership was sent to attendees.

Our membership must be demographically representative and activity is underway to ensure we achieve a representative balance from across the Island. Currently, those of moderate means, under 49, male, mixed race, Asian, black and young people are underrepresented. A number of activities have been undertaken and are planned to access these underrepresented groups involving schools, local businesses and community groups with the support of the Trust's Equality and Diversity Lead. Work is also ongoing to ensure that we have sufficient representation within our 'elsewhere' constituency.

A feature has been published by the County Press following the success of the IOW Festival and more coverage of with respect to the FT application is planned over the summer. An advertisement for the FT will be included in the County Press Glossy Supplement on 2 August with a circulation of 32,000.

Information on Governor development and training is being gathered with an information day for staff planned for September.

4. Programme Plan

The high level programme plan is attached as appendix 1. This plan sits above the detailed FT integrated action plan and workstream plans and identifies key activity and deliverables to provide an overview of programme progress.

Work continues to meet the 31 August 2013 target for our application to the TDA. In the main revised chapters for the Integrated Business Plan (IBP) have been submitted according to schedule. However, there has been some slippage in the IBP development timeline as work continues to ensure that cost improvement proposals, which inform the long term financial plan, are sufficiently robust. Overall the IBP remains on schedule to meet the current submission timeline.

5. Key Risks

Capacity remains a key issue and is impacting on progress with the development of the IBP and Long Term Financial Model (LTFM) with some activity running behind schedule. Delays in the cost improvement programme development process have caused slippage within the IBP delivery schedule. Although, the overall IBP schedule remains on track the revised schedule will compress the review/sign-off process increasing risk to the quality of the end product. Failure to develop a robust programme would put the overall Long Term Financial Plan and IBP at risk.

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

Karen Baker
Chief Executive
22 July 2013

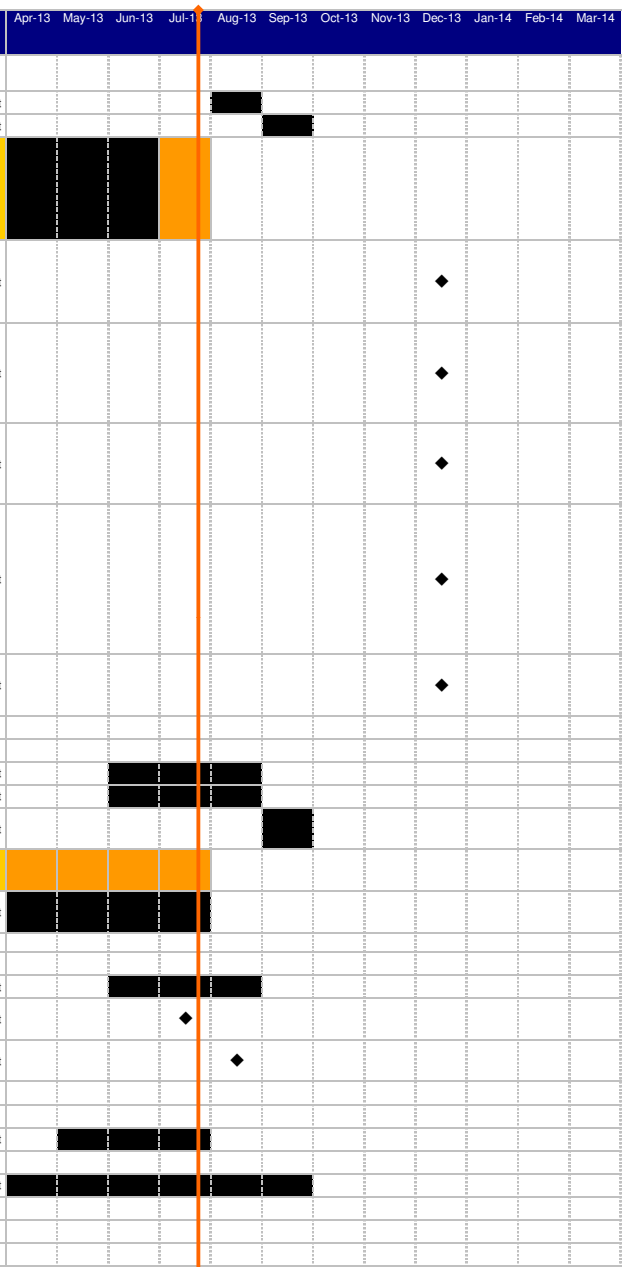
Appendix 1

Foundation Trust - High Level Programme Plan

(Monthly View)

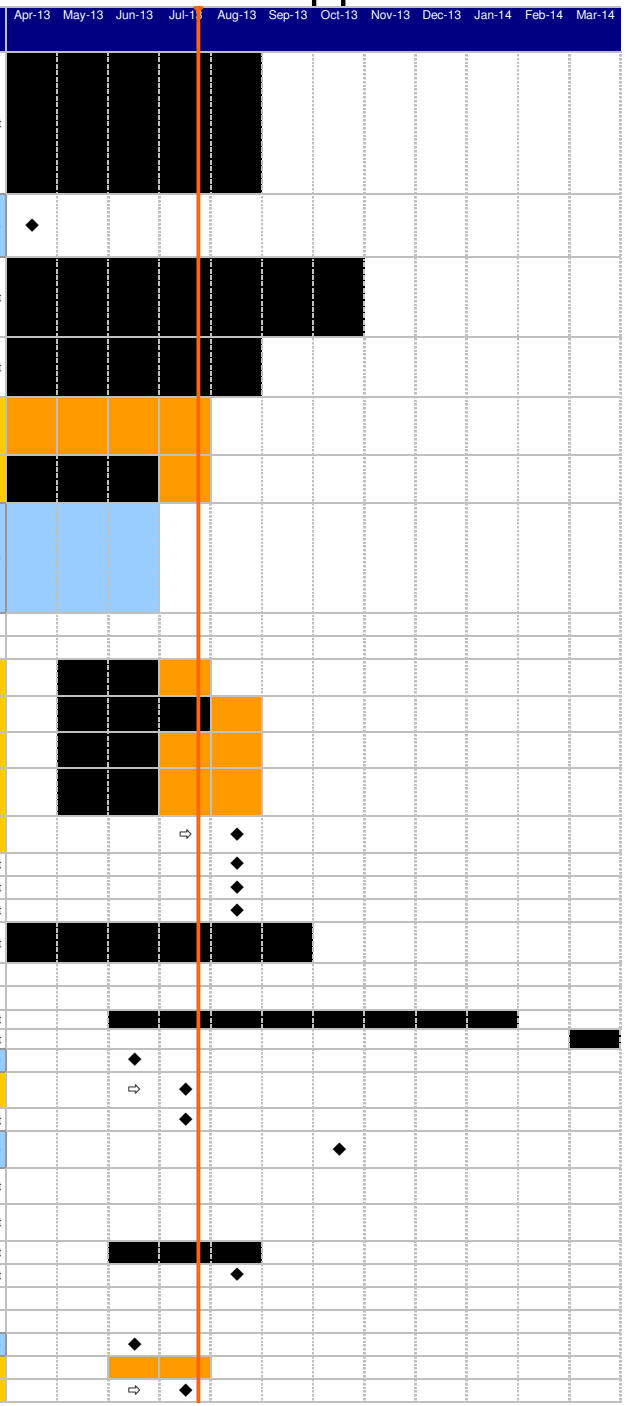
Key					
	Complete	◆	Milestone		Slipped Activity
	In Progress	⇨	Slipped Milestone		
D	Dependent	#	Has Dependents		

Ref.	Activity / Deliverables	◆	Responsible	Status Comment	Start	Planned	Forecast	Actual	Dur	Status
4	**Quality & Safety**		Alan Sheward Mark Pugh							
5	Internal review of quality information		TDA	Schedule to TBC	01-Aug-13	31-Aug-13	31-Aug-13		22	On Target
6	Rapid responsive review of quality		TDA	Schedule to TBC	01-Sep-13	30-Sep-13	30-Sep-13		21	On Target
7	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] [TDA Lttr - 5]		Alan Sheward Mark Pugh	Score of 2.5 being targeted for June 2013 by agreement with TDA. QGF action plan in place and being implemented. External review postponed due to requirement being met by TDA quality review process. Self-assessment underway for validation by EDoNW.	01-Apr-13	30-Jun-13	31-Jul-13		88	Slipped
8	Registered without compliance conditions [P8.0]		Alan Sheward Mark Pugh	The Trust currently received regular unannounced inspections from the regulator (Care Quality Commission). There are currently no compliance comidions imposed on the organisation.	31-Dec-13	31-Dec-13	31-Dec-13		0	On Target
9	Continue to meet the quality threshold set by the Department of Health at the time of ~~Secretary of State~~ TDA referral [P9.0]		Alan Sheward Mark Pugh	The quality requirements will be assured at the Board Sub Committee Quality and Clinical Performance Committee. Unannounced Trust Board visits continue. The patient council and local healthwatch will be undertaking regualr inspections set agains the prescribed quality thresholdlds.	31-Dec-13	31-Dec-13	31-Dec-13		0	On Target
10	The CQC's current judgement shows the overall level of concern is no worse than moderate concerns and high confidence in capacity [P10.1]		Alan Sheward Mark Pugh	There is no existing concerns against the Trust. The Organisation encourages external scrutiny. The Organisation uses the CQC Quality Risk Profile to assess itsself against the stanadrds requireed by the commission.	31-Dec-13	31-Dec-13	31-Dec-13		0	On Target
11	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]		Alan Sheward Mark Pugh	We are responsive to our quality riskprofile as an early warning indicator of any emerging issues or potential breach of regulations. A summary report is provided monthly to the Quality and Clincal Performance committee and periodically to Trust Board. Hopsital mortality rate continues to be within the normal range. CQC have requested feedbcak on AKI mortality which is being completed currently-Jul-13	31-Dec-13	31-Dec-13	31-Dec-13		0	On Target
12	Quality dashboards - Acute Trust Quality dahsboard Midlands and East Quality Obersvertory		Alan Sheward Mark Pugh	The existing Quality Dashboards (Nationally, Locally and within the Organisation are being used as part of the Trust Performance and Quality reporting system.	31-Dec-13	31-Dec-13	31-Dec-13		0	On Target
13										
14	**Corporate Governance**		Mark Price							
15	IBP Appendix 2 – Governance rationale refreshed		Shorkey Andrew		01-Jun-13	26-Aug-13	26-Aug-13		61	On Target
16	IBP Appendix 3 – Model Core Constitution refreshed		Johnston Brian		01-Jun-13	26-Aug-13	26-Aug-13		61	On Target
17	Provide evidence of third party assurance against BGAF through HDD and/or Board Development work [TDA - Lttr - 10]		Price Mark		01-Sep-13	15-Sep-13	15-Sep-13		10	On Target
18	Succession Plans to be put in place for all NED and ED Roles. [E&Y 8; HDD1-4; HDD2-24]		Fisher Danny Baker Karen		31-Jul-12	31-Mar-13	31-Jul-13		262	Slipped
19	Develop detailed plan to engage and develop the Council of Governors [E&Y 20]		Hollebon Andy		31-Jul-12	31-Jul-13	31-Jul-13		262	On Target
20										
21	**Leadership**		Baker Karen							
22	Implement Board development action plan [P12]		Price Mark		14-May-13	31-Aug-13	31-Aug-13		79	On Target
23	Compliance achieved against Board Governance Assurance Framework [P15]		Price Mark	Board Governance Action Plan being implemented	31-Jul-13	31-Jul-13	31-Jul-13		0	On Target
24	Compliance validated against Board Governance Assurance Framework [P15]		Price Mark	HDD 2 refresh and Foresight work to be used to validate compliance	31-Aug-13	31-Aug-13	31-Aug-13		0	On Target
25										
26	**Workforce**		Sheward Alan							
27	Refresh Workforce Strategy		Elmore Mark		01-May-13	26-Jul-13	26-Jul-13		63	On Target
28	Develop Staff Engagement strategy		Elmore Mark							
29	Implement staff engagement in response to staff survey		Elmore Mark		01-Apr-13	30-Sep-13	30-Sep-13		131	On Target
30	Workforce assurance tool in place		Elmore Mark							
31										
32	**Performance**		Pugh Mark							



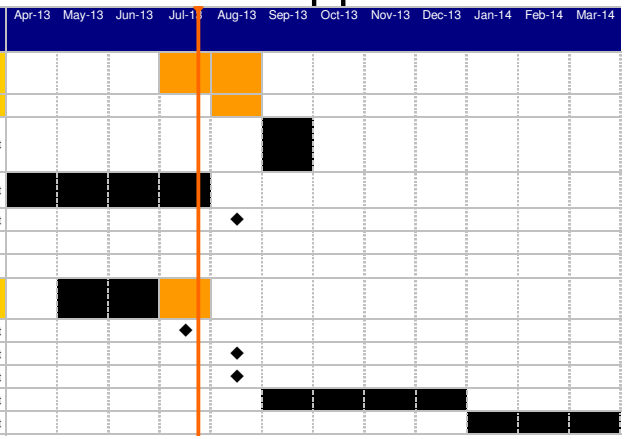
Appendix 1

Ref.	Activity / Deliverables	◆	Responsible	Status Comment	Start	Planned	Forecast	Actual	Dur	Status
33	Deliver GRR score of 0 [TDA - Lttr - 1; Mon-15]		Pugh Mark	GRR currently 1.5. whilst this is not the zero score recommended in the TDA letter it is within Amber – Green limits. The indicators which have historically fallen below trajectory within quarters all have recovery plans in place (symptomatic breast, CDiff and ED 4 hr ECS) for achieving during 13/14. These are monitored via the Clinical Directorate Performance Review structure. ON TARGET	01-Apr-13	01-Aug-13	01-Aug-13		89	On Target
34	Directorate level KPIs formed i.e. targets for average LOS		Pugh Mark	KPIs – the Directorate monthly Performance reviews now contain directorate specific programmes such as LOS monitoring, Theatre efficiency etc.	30-Apr-13	30-Apr-13	30-Apr-13	30-Apr-13	0	Complete
35	Pilot service for SLM identified		Pugh Mark	Pilot service for SLM have been selected and steering group established. Oral Surgery/Maxio facial/Orthodontics, Theatre Efficiency tool, ITU, CCU, Urology for completion Oct 2013. IN PROGRESS	01-Apr-13	31-Oct-13	31-Oct-13		154	On Target
36	Formal benchmarking partners identified NHS & non-nhs		Pugh Mark	Formal benchmarking partners have not yet been selected. This would probably be achievable within a few months – is you could put an August end date. IN PROGRESS	01-Apr-13	31-Aug-13	31-Aug-13		110	On Target
37	Develop QIPP reporting. [E&Y - 13]		Iain Hendey	The detail of the 13/14 schemes is still being refined and once we have this we can implement a mechanism to monitor QIPP schemes and include in the report to Board (11-Apr-13).	31-Jul-12	31-Jan-13	31-Jul-13		262	Slipped
38	SLR into the Trust's standard reporting procedures [HDD - 2 - 24]		Mark Pugh	SLR into the Trusts standard reporting procedures . Not yet interated into the Performance Review structure SLIPPED	31-Jan-13	30-Jun-13	31-Jul-13		130	Slipped
39	Establish a process for assuring the Board on data quality [KPMG-18]		Mark Pugh	Data Quality Policy approved by Exec Board 7th January 2013. Data quality now in monthly Board performance report. Board report to be provided to June meeting. Further progress pending recruitment of Hoead of Information Management	31-Jul-12	31-Mar-13	30-Jun-13	25-Jun-13	239	Complete
40										
41	**Business planning**		Greene Felicity							
42	Context of strategy refreshed - Chapters 2-4 & 9		Vearncombe Bronwen	Gaps identified and leads notified of timelines.	30-Apr-13	30-Jun-13	25-Jul-13		63	Slipped
43	Chapters 6-8 refreshed		Vearncombe Bronwen		30-Apr-13	31-Jul-13	05-Aug-13		70	Slipped
44	Service Developments refreshed - Chapter 5		Vearncombe Bronwen	Content provided, revised figures awaited. Editorial underway to meet 1st draft deadline (6 Aug 13)	30-Apr-13	30-Jun-13	05-Aug-13		70	Slipped
45	Develop Clinical Strategy		Pugh Mark Sheward Alan	Draft in place for review by senior clinicians and HMSC.	30-Apr-13	30-Jun-13	02-Aug-13		69	Slipped
46	Executive Summary and chapter alignment		Vearncombe Bronwen		22-Jul-13	22-Jul-13	05-Aug-13		11	Slipped
47	1st Draft IBP to IBP Steering Group		Greene Felicity		06-Aug-13	06-Aug-13	06-Aug-13		0	On Target
48	FT Programme Board approves IBP for submission to TDA		Greene Felicity		27-Aug-13	27-Aug-13	27-Aug-13		0	On Target
49	Final IBP submitted to TDA		Greene Felicity		28-Aug-13	28-Aug-13	28-Aug-13		0	On Target
50	Implement IBP stakeholder engagement plan [E&Y - 18]		Bronwen Vearncombe		31-Jul-12	30-Sep-13	30-Sep-13		305	On Target
51										
52	**Communications and engagement**		Price Mark							
53	Details of electoral process [Mon - 30 - a]		Hollebon Andy		01-Jun-13	31-Jan-14	31-Jan-14		175	On Target
54	Report on initial elections [Mon - 30 - b]		Hollebon Andy		01-Mar-14	31-Mar-14	31-Mar-14		21	On Target
55	Membership Manager in post		Hollebon Andy	Completed, Margaret Eaglestone in post on 3/6/13	03-Jun-13	03-Jun-13	03-Jun-13	03-Jun-13	0	Complete
56	New Trust Website launched		Hollebon Andy	Work underway to populate new website prior to switchover	30-Jun-13	30-Jun-13	31-Jul-13		23	Slipped
57	Media analysis requirement agreed with TDA		Hollebon Andy		30-Jul-13	30-Jul-13	30-Jul-13		0	On Target
58	Members recruited = 1500		Membership Manager	Completed, 1,700 members recruited by 12/6/13	01-Oct-13	01-Oct-13	01-Oct-13	01-Jun-13	0	Complete
59	Members recruited = 4000		Membership Manager		01-Apr-14	01-Apr-14	01-Apr-14		0	On Target
60	Members recruited = 6000		Membership Manager		01-Apr-17	01-Apr-17	01-Apr-17		0	On Target
61	IBP Appendix 5 – Membership strategy refreshed [P3.6] [SoS]		Hollebon Andy		01-Jun-13	23-Aug-13	23-Aug-13		60	On Target
62	Proposals and timetable for initial elections [P4.1]		Hollebon Andy		23-Aug-13	23-Aug-13	23-Aug-13		0	On Target
63										
64	**Finance**		Palmer Chris							
65	LTFM support recruited and in post		Palmer Chris	Role currently fulfilled by Assista Consulting.	03-Jun-13	03-Jun-13	18-Jun-13	30-Jun-13	12	Complete
66	Revised Monitor LTFM Model reviewed and populated		LTFM Lead		28-May-13	31-May-13	31-Jul-13		47	Slipped
67	Base model for activity and manpower figures triangulated		LTFM Lead	Pending additional CIP information.	07-Jun-13	07-Jun-13	31-Jul-13		39	Slipped



Appendix 1

Ref.	Activity / Deliverables	◆	Responsible	Status Comment	Start	Planned	Forecast	Actual	Dur	Status
68	CIP modelling for LTFM across activity, manpower and costs developed		LTFM Lead		17-Jun-13	21-Jun-13	02-Aug-13		35	Slipped
69	LTFM lockdown		DDoF		22-Jul-13	31-Jul-13	02-Aug-13		10	Slipped
70	Undertake HDD Stage 2 refresh [TDA - Lttr - 9]		DDoF	Informal agreement reached with TDA to reduce scope. TDA looking at ToRs previously used for refresh as basis. (15-May-13)	*09-Sep-13*	*23-Sep-13*	23-Sep-13		11	On Target
71	Ensure downside case is sufficiently severe [HDD - 2 - 18]		DDoF LTFM Lead		31-Jan-13	31-Jul-13	31-Jul-13		130	On Target
72	IBP Appendix 1 – Fully completed long-term financial model		LTFM Lead		31-Aug-13	31-Aug-13	31-Aug-13		0	On Target
73										
74	**Programme governance and approvals**		Price Mark							
75	Ensure processes in place to identify compliance with TDA self-certification process		Shorkey Andrew	Pending provision of submission templates and detailed requirements from TDA	01-May-13	30-Jun-13	31-Jul-13		66	Slipped
76	Content of submission to FT Programme Board for review		Price Mark		23-Jul-13	23-Jul-13	23-Jul-13		0	On Target
77	Application documentation to FT Programme Board for approval		Price Mark		27-Aug-13	27-Aug-13	27-Aug-13		0	On Target
78	Submit application to TDA		Shorkey Andrew		31-Aug-13	31-Aug-13	31-Aug-13		0	On Target
79	TDA review of application		TDA		01-Sep-13	31-Dec-13	31-Dec-13		87	On Target
80	Application to Monitor		TDA		01-Jan-14	30-Jun-14	30-Jun-14		129	On Target



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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD 31 JULY 2013

Title	Self-certification
Sponsoring Director	Chief Executive
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	24 July 2013
Executive Board	
Foundation Trust Programme Board	
Mental Health Act Scrutiny Committee	
Nominations Committee (Shadow)	
Planned Directorate Board	
Quality & Clinical Performance Committee	
Remuneration Committee	

Staff, stakeholder, patient and public engagement:

Executive Directors, Performance Information for Decision Support (PIDS) and relevant lead officers have been consulted

Executive Summary:

This paper presents the July 2013 Trust Development Authority (TDA) self-certification return covering June 2013 performance period for approval by Trust Board.
The key points covered include:

- Background to the requirement
- Assurance
- Performance summary and key issues
- 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 *Compliance Framework* is necessary for FT Authorisation.

Action required by the Board:

(i) Approve the submission of the TDA self-certification, return acknowledging current gaps in assurance relating to our ability to certify against elements of the revised requirements at this stage

(ii) Identify if any Board action is required

Date	22 July 2013

ISLE OF WIGHT NHS TRUST

SELF-CERTIFICATION

1. Purpose

To provide an update to the Board on changes to the self-certification regime and seek approval of the proposed self-certification return for the June 2013 reporting period, prior to submission to the Trust Development Authority (TDA).

2. Background

Since August 2012, as part of the Foundation Trust application process the Trust has been required to self-certify on a monthly basis against the requirements of the SHA's Single Operating Model (SOM). The Trust Development Authority (TDA) have now assumed responsibility for oversight of NHS Trusts and FT applications and the oversight arrangements outlined in the recently published *Accountability Framework for NHS Trust Boards* came into force from 1 April 2013.

According to the TDA:

> The oversight model is designed to align as closely as possible with the broader requirements NHS Trusts will need to meet from commissioners and regulators. The access metrics replicate the requirements of the NHS Constitution, while the outcomes metrics are aligned with the NHS Outcomes Framework and the mandate to the NHS Commissioning Board, with some adjustments to ensure measures are relevant to provider organisations. The framework also reflects the requirements of the Care Quality Commission and the conditions within the Monitor licence – those on pricing, competition and integration – which NHS Trusts are required to meet. Finally, the structure of the oversight model Delivering High Quality Care for Patients. The Accountability Framework for NHS Trust Boards reflects Monitor's proposed new Risk Assessment Framework and as part of oversight we will calculate shadow Monitor risk ratings for NHS Trusts. In this way the NHS TDA is seeking to align its approach wherever possible with that of the organisations and to prepare NHS Trusts for the Foundation Trust environment.[1]

Access to submission templates for Board Statements and Licence Condition returns have been provided via an internet portal by the TDA. No submission arrangements are as yet in place with respect to FT Programme Milestones. The timeframe for submissions has been revised from July 2013 onwards and now accords with our internal process to obtain Board Assurance prior to submission. This will now ensure that timely returns are provided to the TDA whilst demonstrating Board ownership and accountability through the self-certification process.

Where non-compliance is identified, an explanation is required together with a forecast date when compliance will be achieved.

3. Assurance

The Foundation Trust Programme Management Office (FTPMO) works with Executive Directors, PIDS and Finance to ensure the provision of supporting information and the identification of gaps, issues and actions required to provide a sufficient degree of assurance to the Trust Board to enable approval of the self-certification return as an accurate representation of the Trust's current status.

Draft self-certification returns have been considered by the 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,

[1] Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards, (2013/14), p15

contra indicators and threats to current status together with action plans and activity to maintain or improve the current assessed position and this process has been extended to include Monitor Licence Conditions. 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

Board Statements

1. No further detailed guidance/information has as yet been provided by TDA with respect to the *Accountability Framework* and PIDs are reviewing the 'new' measures within the *Framework* to identify whether there are any risks to compliance and therefore Board Statement 5 remains marked as "at risk". Board Statement 11 has been flagged as 'at risk' as issues arising in relation to compliance with a particular aspect of the IG toolkit requirements following an internal audit review remained unresolved in June 2013. This position is reflected within the draft sample return document (Appendix 1a) and the Board Statement Assurance Documents (Appendix 2).

Licence Conditions

2. The only area where compliance can be confirmed at present is against G7. Work is ongoing to implement systems and processes to identify compliance status and provide assurance of compliance against the required Licence Conditions to the Board. Additional guidance has been sought from Monitor with respect to the evidence base required to provide sufficient assurance. This position is reflected within the draft sample return document (Appendix 1b) and the Licence Condition Assurance Documents (Appendix 3).

Foundation Trust Milestones

3. Milestones were agreed by the FT Programme Board on 28 May 2013. A self-assessment has been undertaken and milestone 1 has been marked complete, subject to confirmation by the Executive Director of Nursing and Workforce. The draft return document is attached as Appendix 1c.

5. Recommendations

It is recommended that the Trust Board:

(i) Approve the submission of the TDA self-certification return, acknowledging current gaps in assurance relating to our ability to certify against elements of the revised requirements at this stage;

(ii) Identify if any Board action is required

Andrew Shorkey
Foundation Trust Programme Management Officer
22 July 2013

6. Appendices

1a – Board Statements
1b – Licence Conditions
1c – Foundation Trust Milestones

7. Supporting Information

- *Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards,* TDA, 05 April 2013
- *Compliance Framework 2013/14,* Monitor, 28 March 2013
- *Draft Risk Assessment Framework,* Monitor, 10 January 2013

TDA Accountability Framework - Board Statements

Appendix - 1(a)

For each statement, the Board is asked to confirm the following:

	For CLINICAL QUALITY, that:	Response	Comment where non-compliant or at risk of non-compliance	Timescale for Compliance	Executive Lead
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's Oversight Regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	Yes			Alan Sheward Mak Pugh
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Yes			Mark Price
3	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	Yes			Mark Pugh
	For FINANCE, that:	**Response**			
4	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	Yes			Chris Palmer
	For GOVERNANCE, that:	**Response**			
5	The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.	At risk	Formerly assessed as compliant. An assessment of new measures/indicators is required as part of the TDA oversight model/accountability framework before an affirmative Board declaration can made	31-Aug-13	Karen Baker Mark Price
6	All current key risks to compliance with the NTDA accountability framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner	Yes			Mark Price
7	The board has considered all likely future risks to compliance with the NTDA accountability framework and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	Yes			Mark Price
8	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes			Felicity Greene
9	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes			Mark Price
10	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the NTDA oversight model; and a commitment to comply with all commissioned targets going forward.	Yes			Alan Sheward Mark Pugh
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	At risk	Pending outcome of review following internal audit obsevations regarding pseudonymisation.	31-Jul-13	Mark Price

TDA Accountability Framework - Board Statements

Appendix - 1(a)

For each statement, the Board is asked to confirm the following:

12	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies, and that any elections to the shadow board of governors are held in accordance with the election rules.	Yes			Mark Price
13	The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	Yes			Karen Baker
14	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.	Yes			Karen Baker Alan Sheward

TDA Accountability Framework - Licence Conditions

Appendix - 1(b)

	Licence condition Compliance	Compliance (Yes / No)	Comment where non-compliant or at risk of non-compliance	Timescale for compliance	Accountable
1	Condition G4 – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	At risk	No contra indicators highlighted during recruitment processes. However, there is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined. Standard employment checks do not reveal the requisite financial information. Further guidance being sought from Monitor.	31-Aug-13	Alan Sheward
2	Condition G5 – Have regard to Monitor guidance	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Mark Price
3	Condition G7 – Registration with the Care Quality Commission	Yes			Mark Price
4	Condition G8 – Patient eligibility and selection criteria	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Alan Sheward
5	Condition P1 – Recording of information	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Chris Palmer
6	Condition P2 – Provision of information	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Mark Price
7	Condition P3 – Assurance report on submissions to Monitor	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Mark Price
8	Condition P4 – Compliance with the National Tariff	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Chris Palmer
9	Condition P5 – Constructive engagement concerning local tariff modifications	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Chris Palmer
10	Condition C1 – The right of patients to make choices	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Alan Sheward

	Licence condition Compliance	Compliance (Yes / No)	Comment where non-compliant or at risk of non-compliance	Timescale for compliance	Accountable
11	Condition C2 – Competition oversight	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Felicity Greene
12	Condition IC1 – Provision of integrated care	At risk	There is a requirement to implement systems and processes to identify and provide assurance of compliance status. Until work required to provide assurance is scoped a reliable compliance timescale cannot be determined.	31-Aug-13	Alan Sheward Mark Pugh

TDA Accountability Framework - FT Milestones

Appendix - 1(c)

	Milestone (all including those delivered)	Milestone date	Performance	Comment where milestones are not delivered or where a risk to delivery has been identified
1	Quality Governance Framework score at 2.5	30-Jun-13	Complete	Subject to confirmation by Executive Director of Nursing and Workforce
2	Board Approved IBP and LTFM submitted to TDA	31-Aug-13	On target	
3	Historical Due Diligence stage 2 refresh commences	09-Sep-13	On target	
4	Historical Due Diligence at majority GREEN status	30-Sep-13	On target	
5	Board Governance Assurance Framework at majority GREEN status	30-Sep-13	On target	
6	Representative membership of 1500 achieved	30-Sep-13	On target	
7	Board to Board meeting with TDA	31-Oct-13	On target	
8	TDA approval to proceed and application to Monitor	31-Dec-13	On target	

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 – Public)

ON 31st July 2013

Title	Board Sub-Committee Terms of Reference		
Sponsoring Executive Director	Company Secretary / FT Programme Director		
Author(s)	Head of Corporate Governance and Risk Management		
Purpose	To advise the Board on a range of proposed changes to Board sub-committee terms of reference		
Action required by the Board:	☐ Receive	■ Approve	
Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	24th July 2013
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	24th July 2013
Finance, Investment & Workforce Committee	24th July 2013	Remuneration Committee	
Foundation Trust Programme Board	23rd July 2013		
Please add any other committees below as needed			
Board Seminar	9th July 2013		
Other (please state)			
Staff, stakeholder, patient and public engagement:			
None			
Executive Summary:			

A number of significant changes to the membership and working arrangements of Board Sub committees are proposed for the agreement of the Board. These changes have been reflected in the terms of reference of the sub-committees and details of the changes are as listed in the attached paper. Some relate to external issues eg inclusion of references to the recently revised NHS Constitution, whilst others are proposed in order to further standardise our corporate governance arrangements in relation to the membership and workings of our board sub-committees.

It is further proposed that the Board consider the drafting of a set of Terms of Reference for the Trust Board itself, ie separate from the existing Standing Orders, and set out in the accepted format for Board and Sub-Committee terms of reference. If agreed then a draft set of TOR for the Board will be developed for further discussion at a future Board Seminar.

For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	Workforce		
Critical Success Factors *(see key)*	CSF10		
Principal Risks ***(please enter applicable BAF numbers – eg 1.1; 1.6)***	9.63		
Assurance Level ***(shown on BAF)***	☐ Red	☐ Amber	■ Green
Legal implications, regulatory and consultation requirements	The structure and governance arrangements for our board sub-committees are maintained in accordance with our constitution and standing orders		

Date: 11th July 2013 **Completed by: Brian Johnston**

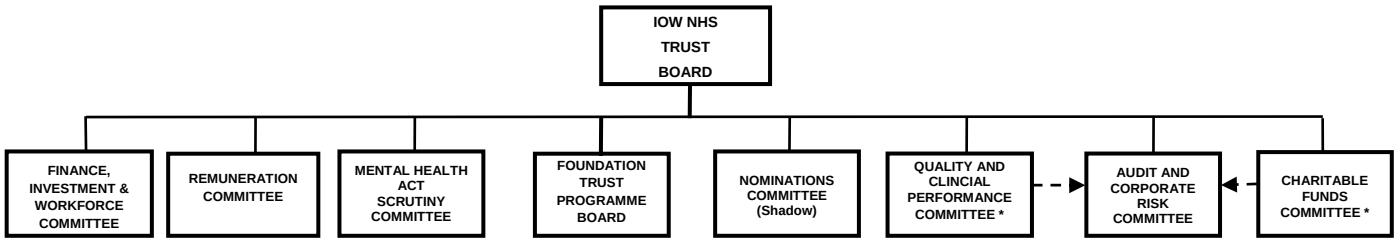
Key

Trust Goals	Critical Success Factors	
Quality **To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience**	**CSF 1** - Improve the experience and satisfaction of our patients, their carers, our partners and staff	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients
Clinical Strategy **To deliver the Trusts clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective**	**CSF3** - Continuously develop and successfully implement our Business Plan	**CSF4** - Develop our relationships with key stakeholders to continually build on our integration across health and between health and social care, collectively delivering a sustainable local system
Resilience **To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector**	**CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients	**CSF6** - Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA
Productivity **To improve the productivity and efficiency of the Trust, building greater financial sustainability**	**CSF7** - Improve value for money and generate our planned surplus whilst maintaining or improving quality	**CSF8** - Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide
Workforce **To develop our people, culture and workforce competencies to implement our vision and clinical strategy**	**CSF9** - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care	**CSF10** - Develop our organisational culture, processes and capabilities to be a thriving FT

Isle of Wight NHS Trust

Briefing Paper to Trust Board 31st July 2013

In response to a number of external drivers; the outcomes of sub-committee annual reviews undertaken during April/May 2013, and the further standardisation of the terms of reference of our Board Sub-Committees, the following changes are proposed for the consideration and agreement of the Board. The sub-committees this paper relates to are as follows:



1. General Changes applicable to all sub-committee terms of reference

1.1 Addition of 'Duty of Candour' to the existing duties and administration section

1.2 Addition of the requirement to uphold the principles of and values as set out in the NHS Constitution for England, revised March 2013

1.3 Standardisation of the administration support section to include the following:

The Committee shall be supported administratively by the …….who will act as Committee Secretary, and whose duties in this respect will include:

- Agreement of agenda with Chairman and collation of papers;
- Circulate agenda papers a minimum of 5 working days in advance of the meeting;
- Take the minutes;
- In Line with Standing Orders 4.12.5 Electronic Communication, the meeting minutes must state whenever a member/director was in attendance via electronic communication. In order for the meeting to be quorate the member/director must have been able to communicate interactively and simultaneously with all parties attending the meeting for the whole duration of the meeting, so that all members/directors were able to hear each other throughout the meeting;
- Keeping a record of matters arising and issues to be carried forward;
- Maintaining an Action Tracking System for agreed Committee actions;
- In conjunction with the Chairman and Lead Executive Director, prepare an annual report on the effectiveness of the Committee for submission to the Audit & Corporate Risk Committee;
- Maintain an Attendance Register. The completed Register to be submitted to the Trust Chairman and attached to the Committee's annual report ;
- Advising the Committee on pertinent areas; and
- To maintain agendas and minutes in line with the policy on retention of records.

1.4 Addition of 'These Terms of Reference will be reviewed annually to ensure that the Committee is carrying out its functions effectively. This annual review will include a self-assessment of performance against the specific duties as listed above, together with a review of attendance at Committee meetings'.

1.5 Addition of 'A Designate NED can also be included as part of the quorum' to the Membership and Quorum section

1.6 Change of 'Executive Board' to 'Trust Executive Committee'

2. Further changes to specific Board Sub- Committees terms of reference

2.1 Quality and Clinical Performance Committee

- Additions to the main purpose of the committee to include: 'In addition, the Committee will be responsible for overseeing the development of a long term quality plan for the Trust', and 'The Committee will continue to monitor patient safety, quality and experience, including clinical governance, to ensure that this is maintained whilst delivering the FT Business Plan'

- Additional attendees to the committee, to include: Deputy Director of Nursing, Heads of Clinical Services x 3 (or deputies) and a representative from Healthwatch.

- An additional paragraph to the Quality and Clinical Effectiveness list of responsibilities, transferred from the Audit and Corporate Risk Committee, as follows:

- Receive and approve the annual clinical audit programme and monitor its implementation, including:
  - Review the clinical audit plan at the beginning of each year;
  - Confirm that clinical audit plans are derived from clear processes based on risk assessment with clear links to the Assurance Framework;
  - Receive periodic reports from the person responsible for clinical audit;
  - Effectively monitor the implementation of management actions arising from clinical audit reports;
  - Ensure that the person responsible for clinical audit has a direct line of access to the Committee and its Chair;
  - Review the effectiveness of clinical audit and the adequacy of staffing and resources available for clinical audit;
  - Evaluate clinical audit against the Healthcare Quality Improvement Partnership's publication *Clinical Audit: A simple guide for NHS Boards;* and
  - Confirm that there are quality assurance procedures in place to whether the work of clinical auditors is properly planned, completed, supervised and reviewed.

- Additional paragraphs to the list of Patient Experience responsibilities as follows:
  - Assure the Trust has reliable, real time, up to date information about what it is like to be a patient experiencing care provided by the Trust, so as to identify areas for improvement and ensure those improvements are effected;

- Receive and review quarterly reports detailing trends in clinical incidents, complaints, clinical claims and clinical effectiveness. Make recommendations for further action as appropriate; and

- Undertake a quarterly review of the Friends and Family test outcomes and make recommendations for improvements as necessary

2.2 Charitable Funds Committee

Change of membership to the following:

4 Non-Executive Directors

Executive Director of Finance

Executive Director of Strategy and Commercial Development

Executive Medical Director

2.3 Remuneration Committee

- Committee attendees (subject to agenda) proposed as:

  Chief Executive Officer

  Executive Director of Finance

  Executive Director of Nursing and Workforce

  Foundation Trust Programme Director/Company Secretary

- Reporting arrangements section to be amended to:

  The Remuneration Committee will record its decisions in formal minutes, a summary of which will be received by the Trust Board.

Note: The Terms of Reference for the Remuneration Committee are under specific review and will be debated further at its next meeting.

3. Recommendations

- **Approve changes outlined above**

- **Support development of Terms of Reference for the Trust Board**

Brian Johnston
Head of Corporate Governance and Risk Management
July 2013

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 31 JULY 2013

Title	ANNUAL RESEARCH REPORT – 2012/13			
Sponsoring Executive Director	DR MARK PUGH			
Author(s)	ALEXANDRA PUNTER RESEARCH MANAGEMENT & GOVERNANCE MANAGER			
Purpose	FOR INFORMATION			
Action required by the Board:	**Receive**		**Approve**	X

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	June 2013
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

Executive Summary:

The report gives an overview of research activity during the period April 2012 to March 2013, including the number and range of new studies approved, the number of staff who participated in portfolio research and the number of patients recruited during the year.

It outlines the sources and level of funding received and how this money was utilised to provide the clinical infrastructure to support delivery of the research portfolio.

It also outlines our progress on implementing the Trust's 5 year Research Strategy and finally our achievement against Key Performance Indicators.

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	Quality					
Critical Success Factors *(see key)*	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients **CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements						

Date: **21 July 2013** **Completed by:** **Alexandra Punter**

Key

Trust Goals	Critical Success Factors	
Quality **To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience**	**CSF 1** - Improve the experience and satisfaction of our patients, their carers, our partners and staff	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients
Clinical Strategy **To deliver the Trusts clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective**	**CSF3** - Continuously develop and successfully implement our Business Plan	**CSF4** - Develop our relationships with key stakeholders to continually build on our integration across health and between health and social care, collectively delivering a sustainable local system
Resilience **To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector**	**CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients	**CSF6** - Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA
Productivity **To improve the productivity and efficiency of the Trust, building greater financial sustainability**	**CSF7** - Improve value for money and generate our planned surplus whilst maintaining or improving quality	**CSF8** - Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide
Workforce **To develop our people, culture and workforce competencies to implement our vision and clinical strategy**	**CSF9** - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care	**CSF10** - Develop our organisational culture, processes and capabilities to be a thriving FT

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Isle of Wight NHS
NHS Trust

RESEARCH & DEVELOPMENT COMMITTEE

ANNUAL REPORT – 2012/13

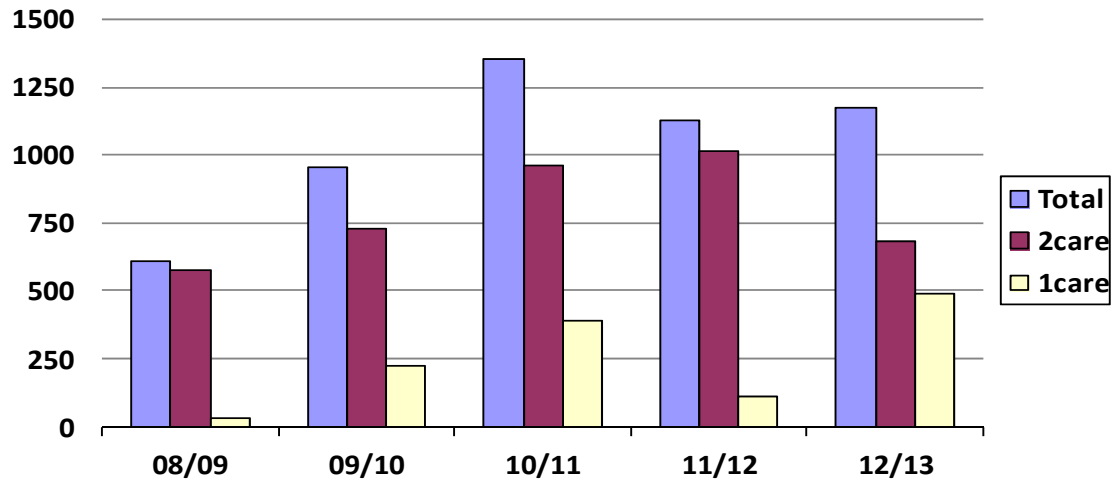
Overview of R&D year:

Our participation in clinical research projects continued during the year, with **56 new** studies approved, compared with 56 during 2011/12 (see Appendix A) representing a healthy research portfolio for the Island.

These studies include a mix of mainly multi-centre non-commercial externally funded projects and projects associated with postgraduate education studies involving both primary and secondary care professionals (*Appendix A refers*). The current split between portfolio and non-portfolio studies approved during the year is 73:27 respectively; 30% of these are interventional studies and 70% are observational.

Twenty-nine clinical staff participated in research during 2012/13, covering 14 clinical specialties (Cardiovascular, Immunology & Inflammation, Cancer, Dementia, Diabetes, Mental Health, Stroke and Rehabilitation, Ophthalmology, Paediatrics, Reproductive Health and Childbirth, Respiratory and Pre-Hospital Care).

The NHS Operating Framework published in December 2008 set out a goal of doubling the number of patients taking part in clinical trials and other well-designed research studies within five years. The PCT has achieved this and recruited **1172** patients to forty-three portfolio studies during the year, compared with 1129 in 2011/12, across the clinical specialities of Cardiovascular, Immunology & Inflammation, Cancer, Dementia, Diabetes, Mental Health, Stroke and Rehabilitation, Musculoskeletal, Renal & Urogenital, Ophthalmology, Paediatrics, Reproductive Health and Childbirth, Respiratory and Pre-Hospital Care.



*** excludes non-portfolio activity*

The impact of research activities of the David Hide Asthma & Allergy Centre continues to be substantial, delivering high impact publications and facilitating the development of further funding applications. As a result, there has been better targeting of preventative interventions to manage food allergy in childhood and also guidance for clinicians, health visitors and parents on best infant feeding practices in early life based on a host of outcomes including taste and food preferences as well as immunological and growth parameters.

Financial information: (*Appendix B refers*)

Hampshire & Isle of Wight Comprehensive Local Research Network 2012/13 Funding
A central annual allocation of **£478,243** was made available to the PCT by HIOW CLRN to provide NHS infrastructure support to studies within the National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio. This funding covers clinician sessions, research nurses and associated staff, NHS service support (pathology, radiology & pharmacy) and research management and governance.

Having forecast a break-even position ahead of the year end, due to an unforeseen change to the accounting rules at the year end, the Trust actually reported a spend of £459,614 against an income of £478,243 which showed an under spend of £18,629 – Consultant sessions (Programme Activity (PAs)) did not attract overheads or non-pay costs in the same way as other clinical staff.

Deferred Income relating to DH Research and Development and NIHR funding
At the end of 2011/12, a substantial number of NHS organisations had reported significant levels of deferred income associated with funding from NIHR and from DH Research and Development (R&D). Our Trust was holding R&D deferred income to the value of £134,030 (£4,890 (NIHR), £37,291 (NIHR), £65,432 (DH FSF) and £26,417 (DH FSF)). The NIHR CRN Coordinating Centre (CC) undertook a financial health-check exercise in Autumn 2012 across all NHS organisations in receipt of CRN funding to provide sufficient assurance that CRN funding was used only on eligible CRN activity, in accordance with DoH funding agreement terms and HM Treasury rules. Trusts were required to ensure that levels of deferred income were reduced to an absolute minimum from 2012/13 onwards and as a result of this exercise, the CRN recovered **£37,291** from the Trust, which represented residual funding for 3 part-time fixed-term research nurse posts planned to be spent in 2013/14. Their recruitment had been delayed until January 2012.

NIHR Research Capacity Funding (RCF) 2012/13
NIHR Research Capability Funding replaced Flexibility and Sustainability Funding (FSF) in April 2012. As with FSF, Research Capability Funding is allocated to research-active NHS organisations in proportion to the total amount of other NIHR income received by that organisation, and on the number of NIHR Senior Investigators associated with the organisation. The Trust received a fixed basal amount of **£20,000** in 2012/13. This funding, together with the NIHR FSF under spend from 2010/11 (£65,432) has been used to continue funding Dr V Patil, a clinical research fellow at the David Hide Asthma and Allergy Research Centre at St Mary's Hospital. This has allowed the Centre to successfully recruit participants into the FAIR study (UKCRN ID 9054) which includes food provocation testing. He has also coordinated the successful recruitment of children and parents in the Third Generation Study (UKCRN ID 12110), a large NIH (US) funded project investigating the role of epigenetics in the development of asthma and allergy

The NIHR FSF under spend from 2011/12 (£26,417) has continued to part fund Kate Maslin, PhD student dietician, who started in July 2012. Kate is looking into the effect of using hydrolysed formulae (compared to ordinary cow's milk formula with breast fed children as the control group) in early life on a host of outcomes including taste and food preferences as well as immunological and growth parameters.

R&D Set-Up Fee
The PCT continues to charge an R&D set-up fee of £700 for processing commercial and non-portfolio studies for R&D approval as central funding is no longer received to support the RM&G costs associated with these studies. The R&D Office does not charge a fee to process student research projects.

Revised R&D Strategy 2010-2015
The Strategy was approved by the Board in June 2011 and the following progress has been made against achievement of the key objectives to date:

- To increase annually overall recruitment to portfolio studies by 20% and maintain the activity based funding element of our CLRN budget allocation
    - *Dr P Vandekerckhove was appointed as Clinical Lead for Reproductive Health*
    - *Investigator sessions are currently being funded for Drs Khan (1PA), Baksi (1PA), Vandekerckhove (1PA), Arshad (1PA), Hakim (1PA), Grellier (0.5PA), Kurukularratchy (1PA), Roberts (2PA), Pugh (0.5PA), Harms (0.5PA) and Butterworth (0.5PA*
    - *Four part-time research nurses were appointed in January 2012 (Diabetes/Stroke/ Ophthalmology/Gastroenterology)*

- To increase recruitment in Topic Specific Research Network (TCRN) areas - Mental Health, Medicines for Children, Diabetes, Stroke
    - *Following the appointment of the Diabetes and Stroke Research Nurses, recruitment has increased in Diabetes Research Network (DRN) and Stroke Research Network (SRN studies)*
- To increase recruitment to Industry Studies (10% of portfolio)
    - *Five new commercial studies were approved last year*
- To increase GP engagement in Primary Care Research Network (PCRN) portfolio studies
    - *Dr Richard Foster was appointed as a GP Clinical Champion until he left the IOW in Autumn 2011. Six practices initially signed up to the PCRN Primary Care Incentive Scheme and 5 remain*
    - *Recruitment into Primary Care Research Network (PCRN) studies has increased*
    - *Following 3 unsuccessful recruitment attempts, primary care support to Island practices is now being provided by the PCRN team in Southampton*
- To continue developing research capacity within the Trust
    - *CRN funding has been utilised to support staff attending NIHR accreditated training courses/events, including Good Clinical Practice (GCP)*
- To provide a facilitative "Investigator focused" service
    - *A Research Department was established in the South Hospital during Summer 2012, bringing together CLRN-funded Research Nurses, Clinical Trial Practitioners and RM&G staff to enable closer working and cross cover for local research activity*
    - *The Research Team continue to support researchers and local investigators with their R&D submission for approval*
- To work towards accreditation as a National Institute for Health Research (NIHR) Research Support Service
    - *Work is ongoing to adopt national standards, systems and operating procedures and the RM&G team has received accredited training to support a more Proportionate and Pragmatic Review of studies*
    - *The Trust is no longer required to become accredited. The Health Research Authority established in 2012 has set a revised agenda.*
- To ensure that patients are made aware of research that is of particular relevance to them and are notified of opportunities to join in relevant ethically approved research
    - *St Mary's Hospital joined forces with research organisations around the country to support "It's OK to ask" – a new campaign led by NIHR to encourage patients to ask their family doctor, nurse or consultant about clinical research. The "It's OK to ask" campaign launched on International Clinical Trials Day (20 May 2013) and the Research Team is now developing a webpage to promote research opportunities that are available and also to enable patients/carers to register their interest to participate in future studies*

<u>Serious Adverse Events</u>
Six serious adverse events were reported during the year, related to 5 Cancer Research Network studies and 1 DHAARC study.

<u>Hampshire and Isle of Wight Comprehensive Local Research Network (HIOW CLRN)</u>
The CLRN Executive identified the following Key targets and objectives for 2012/13 for Member Organisations:

Achieved

NHS Engagement

√ *> All NHS Organisations to report research Key Performance Indicators to own Executive Group*

Supporting Life-sciences

√ *> To open an additional 10 portfolio commercial studies in 2012/13 (all MOs)*

√ *> Increase the number of investigators undertaking commercial portfolio research by 10% (n=4 all MOs)*

Increase recruitment and delivering to time and target

X > Increase recruitment by 13% in 2012/13

X > 80% of CCRN portfolio studies recruit to planned local recruitment goals when study closes

X > studies delivering to time and target

X NHS permissions to be achieved in 30 calendar days (median)

Financial Management
√ *> NHS organisations to have a financial audit trail of CLRN funding allocations*

Key Performance Indicators

1. To increase the number of patients recruited into NIHR CRN Portfolio studies
Measures: Increase in proportion of studies reporting recruitment
*Proportion of **non-commercial** sites recruiting to time and target*

During 2012/13, 43 portfolio studies (commercial and non commercial) reported recruitment,compared with 47 in the previous year.

	Activity 2011/12		Activity 2012/13	
	No. of accruals	**No of recruiting studies**	**No. of accruals**	**No of recruiting studies**
University Hospitals Southampton NHS FT	15913	245	7825	190
Portsmouth Hospitals NHS Trust	3362	125	4159	102
Hants Hospitals NHS Trust *(incorp former Winchester & Eastleigh HC NHS Trust)*	1090 (507 HHFT) (583 W/E)	100 (69 HHFT) (31 W/E)	811	76
IOW PCT	1129 (1016 2care) (113 1care)	47	1172 (684 2care) (488 1care)	43
Solent NHS Trust *(incorp former Soton City PCT)*	868 (339 Solent) (529 SCPCT)	32 (15 Solent) (17 SCPCT)	5001 (3721 Solent) (1280 SCPCT)	36 (15 Solent) (21 SCPCT)
Southern Health NHS FT	375	29	636	30
Hampshire PCT	4647	29	5815	39
Portsmouth City Teaching PCT	907	13	2386	19
NHS Direct	2777	1	684	2
South Central Ambulance Service (SCAS)	362	3	121	2

Recruitment to Time and Target – non commercial (*n=16 studies, CCRN only, excludes TCRNs)*

Work is in progress and ongoing in partnership with HIOW CLRN to develop better reporting against this target. Data is only available currently for 16.

Black - Incomplete data-set	**0**
Red - % Difference of recruitment to date > -30%	**7**
Amber - % Recruitment >15% behind and ≤30% behind % time elapsed	**1**
Hatched Green - % Recruitment >0% behind and ≤15% behind % time elapsed	**1**
Green - % Recruitment ≥ % time elapsed	**7 (44%)**

2. To increase the number of commercial studies on the NIHR CRN Portfolio
   *Measures: Increase in the **number** of commercial studies undertaken*
   Proportion of studies recruiting to time and target

During 2012/13, six commercial portfolio studies were approved, compared with two in the previous year.

Recruitment to Time and Target – commercial (n= 5 studies, CCRN and TCRNs)

Black - Incomplete data-set	**0**
Red - % Difference of recruitment to date > -30%	**2**
Amber - % Recruitment >15% behind and ≤30% behind % time elapsed	**0**
Hatched Green - % Recruitment >0% behind and ≤15% behind % time elapsed	**1**
Green - % Recruitment ≥ % time elapsed	**2 (40%)**

3. To ensure efficient and effective systems and research delivery models are in place to facilitate the speedy set-up and start of NIHR CRN Portfolio studies
   *Measures: Median time in calendar days for **study-wide** checks to be completed*
   *Median time in calendar days for **local** checks to be completed and NHS permission issued*
   Proportion of studies achieving NHS permission to first patient first visit within 30 days (CCRN non-commercial studies only adopted on the portfolio on or after 1/4/10)

RAG Rating for Global Review Completion (study-wide)

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	42 (1)										

RAG Rating for Local Review Completion & NHS Permission Issued

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
65 (2)	**65 (1)**	**58 (1)**	**56 (5)**		**138 (1)**	**25 (2)**	**35 (2)**	**31 (2)**	**30 (1)**	**24 (3)**	**28 (5)**

Target = 30 calendar days
≤ 30 days
31-36 days
≥ 37 days

RAG Rating for First Patient First Visit

Again, work is in progress and ongoing in partnership with HIOW CLRN to develop better reporting against this target. Data is only available currently for 16 non-commercial studies.

(*n=16 studies,* *CCRN non-commercial)*

Black – Incomplete data-set	**6**
Red - % Difference of recruitment to date > -30%	**4**
Amber - % Recruitment >15% behind and ≤30% behind % time elapsed	**0**
Hatched Green - % Recruitment >0% behind and ≤15% behind % time elapsed	**2**
Green - % Recruitment ≥ % time elapsed	**4 (67%)**

Alexandra Punter, Research Management and Governance Manager
IOW NHS Trust, 10 June 2013

Research Projects approved – April 2012 to March 2013

Secondary Care:

- CSP 92727: CANTOS: CACZ885M2301 Canakinumab in postMI patients with raised hsCRP (Novartis/Dr Baksi) *Interventional*

- UKCRN ID: 11610: Experiences of continence services in people with multiple sclerosis (Dr Doreen McClurg, Glasgow Caledonian University) *Observational*

- CSP 79820: UKALL 2011: United Kingdom National Randomised Trial for Children and Young Adults with Acute Lymphblastic Leukaemia and Lymphoma 2011 (Dr Nicholas Goulden, Univ of Birmingham/Dr Bettina Harms) – *Interventional - approval in principle, still pending*

- CSP 27423: The United Kingdom Aneurysm Growth Study (Matthew James Bown, Univ of Leicester) - *Observational*

- CSP 28180: Validation of risk assessments for patients from MSS (VoRAMSS) (Prof Jenny Shaw, Centre for suicide prevention, Univ of Manchester) *Observational*

- CSP 81684: The Brightlight Study (2012 TYA Cohort Study) Do specialist cancer services for teenagers and young adults (TYA) add value? (Dr Jeremy Whelan, UCL/Dr Vicky MacFarlane) *Observational*

- CSP: 64812: ICON8: An international phase III randomised trial of dose-fractionated chemotherapy compared to standard three-weekly chemotherapy, following immediate primary surgery or as part of delayed primary surgery, for women with newly diagnosed epithelial ovarian, fallopian tube or primary peritoneal cancer (Andrew Clamp, The Christie NHS Foundation Trust/Dr Vicky MacFarlane) *Interventional*

- CSP Ref: 96893 111 urgent care: Work, workforce, technology and organisation – Survey (Univ of Southampton/IOW NHS 111 service) *Observational*

- Non-Portfolio: Survey of Emergency departments in acute NHS hospital trusts in England (Picker Institute) *Observational*

- Non Portfolio (Student): What type of clothing do children prefer doctors to wear? (Jilly Baker, FY1 Paediatrics) *Observational*

- Non Portfolio (Student): An exploration of the informal learning experiences of people providing case management to clients with TBI to support their professional role - Allison Saltrese, PhD, Univ Soton) *Observational*

- Non Portfolio (Student): Investigating the job demands and resources available to Improving Access to Psychological Therapies (IAPT) workers (Sophie Westwood, Univ Surrey PhD) *Observational*

- Non Portfolio (Student): An exploratory study to gain insight into patients' experiences and perceptions of extended scope physiotherapy practice within a neuro-rehabilitation outpatient setting (CBird, Univ of Soton MSc) *Observational*

- CSP 20459: CACHE - Clopidogrel versus Aspirin in Chronic Heart Failure (Prof John Cleland, Castle Hill Hospital, Hull + Vectasearch/Dr Dallas Price) – *Interventional, subsequently withdrawn as HTA funding withdrawn*

- CSP 88262: CRASH-3: Tranexamic Acid for the Treatment of Significant Traumatic Brain Injury: An International, Randomised, Double Blind, Placebo Controlled Trial (Dr Ian Roberts, London School of Hygiene and Tropical Medicine/Mr Robin Beal) - *Interventional, approval in principle, still pending*

- UKCRN ID: 4307: ESPAC-4: European Study Group for Pancreatic Cancer – Trial 4. Combination versus single agent chemotherapy in resectable pancreatic cancer (Prof John Neoptolemos, Univ of Liverpool/Dr Judith Cave) *Interventional*

- Non-Portfolio: Supporting patients using a mobile 'phone based application. Measuring the effect of assistive technology across four defined groups in mental health *Learning disability, autism / Asperger's, anxiety and personality disorder (Dr Richard Thomas/Dr Lara Akers-Douglas) *Interventional*

- Non-Portfolio (Service Evaluation): Frail Older persons ACP Pilot (Yasmin Wills, Commissioning Manager IOW NHS) *Observational*

- Non-Portfolio (Service Evaluation): Service Review to assess customer satisfaction with NHS funded continuing Healthcare (Elaine Garrett, IW Rural Community Council) *Observational*

- Non-Portfolio (Service Evaluation): Investigating the job demands and support available to Improving Access to Psychological Therapies (IAPT) Workers (Sophie Westwood, Doctorate in Clinical Psychology, Surrey Univ) *Observational*

- Non-Portfolio (Service Evaluation): An exploration of peer supervision for nurses and its relationship with psychological wellbeing and engagement in change within the Isle of Wight Healthcare Trust (Claire Carbonell, MSc Leadership in Health & Well-Being, Portsmouth Univ) *Observational*

- UKCRN ID: 4746: The Genetics of the Immune Response to Hepatitis C (Prof Salim Khakoo, Imperial College London/Dr Leonie Grellier) *Observational*

- UKCRN ID 5657 : The Sudden Death of In-patients (SUDS) Study (Prof Jenny Shaw, Univ of Manchester) *Observational*

- CSP 109880 : Long-term safety of once daily QVA149 for 52 weeks in COPD (Novartis + Vectasearch/Dr Woolley) *Interventional*

- Non Portfolio (Student): The Relationship between waiting time and outcomes within an IAPT Primary Care Mental Health Service (Peter Bullard – Psychological Wellbeing Practitioner Clinical Lead – MSc Mental Health & Psychological Therapies, Queen Mary University of London) *Observational*

- Non Portfolio (Student): DGH clinical staff's understanding of a 'Do not attempt CPR' order (Dr Jillian Baker, SHO Orthopaedics) *Observational*

- CSP 19267 Seroquel XL Hospital Event Monitoring Study (OASIS) (Prof Anthony Hale, Univ of Kent and Kent & Medway NHS & Social Care Partnership NHS Trust) *Observational*

- CSP 114095: DRN656: Dapagliflozin vs Placebo plus Saxagliptin & Metformin in T2DM (Michael Baker, Greensands Medical Practice + Vectasearch/Dr Victor Lawrence) *Interventional*

- CSP 100703: CONSTANCE: Post-Authorisation Safety study of OZURDEX® (Dexamethasone Intravitreal Implant): A Prospective Observational Study to Evaluate Long-Term Safety in Real-World Clinical Practice (Mr Faruque Ghanchi, Bradford Teaching Hospitals NHS Foundation Trust/Mr Javeed Khan) *Observational*

- CSP 15672: PIT: a Phase III randomised trial of Prophylactic Irradiation of Tracts in Patients with Malignant Pleural Mesothelioma following Invasive Chest Wall Intervention (Dr Corinne Faivre-Finn, The Christie NHS Foundation Trust/Dr Chris Baughan) *Interventional*

- CSP 98650: CAM-THY: Keratinocyte Growth Factor promoting thymic reconstitution and preventing Autoimmunity after alemtuzumab (Campath1H) treatment of multiple sclerosis (Alasdair Coles, Cambridge University Hospitals NHS Foundation Trust and University of Cambridge) – *Interventional, for noting only*

- CSP 114652: AlePrevent: BC28027 - A phase 3b study to evaluate the potential of aleglitazar to reduce cardiovascular risk in patients with stable cardiovascular disease and glucose abnormalities (ICON Clinical Research + Vectasearch/Dr Price) – *Interventional, approval in principle, still pending*

- Non Portfolio (Student): An exploration of the effectiveness of different treatment modalities (telephone versus face-to-face) and the analysis of patients' and practitioners' views of these in an IAPT low-intensity service (Joshua Turner, MPhil/PhD Student, Univ of Soton) *Observational*

- Non Portfolio (Student): Proposed study into Comparison of detection methods for Trichomonas vaginalis (Lisa Marie Williams) *Observational*

- CSP 185780: DRN082 (DARE) Diabetes Alliance for Research in England (Prof Andrew Hattersley, Royal Devon & Exeter NHS Foundation Trust/Dr Baksi) *Observational*

- A pilot study on the risk factors for Toxoplasma Gondii infection in England and Wales (Dr Dilys Morgan, Health Protection Agency) – *Observational, for noting only*

- CSP 101415: ACT-TAPER ML28096: Randomised, phase IV, placebo-controlled study to evaluate the efficacy and safety of tapering methotrexate dosage versus maintaining the dosage in patients with severe active rheumatoid arthritis who have demonstrated an inadequate response to prior DMARDs and have initiated RoActemara in combination with methotrexate (Roche + Vectasearch/Dr Telegdy) *Interventional*

- UKCRN ID: 4903: A comparison of the effects of insulin Detemir with insulin Glargine on weight gain in female adolescents and young adults with Type 1 Diabetes on a basal bolus regime (DETEMIR GLARGINE) (Prof David Dunger, Addenbrooke's Hosp + Vectasearch/Dr Victor Lawrence) *Interventional*

- CSP 118814 : Models of care for the delivery of secondary fracture prevention after hip fracture: a health service cost, clinical outcomes and cost-effectiveness study within the South Central Region (Dr A Judge, Oxford/Dr Mark Pugh) *Observational*

- CSP 115652 (PIC): DRN 768 Health Literacy and Alcohol Risk for Young Adults with Type 1 Diabetes (Dr Katharine Barnard, Univ of Soton/Diabetes Centre) *Observational*

- CSP 115252 (PIC): Screening for obstructive sleep apnoea in children with Down syndrome (Dr Catherine Hill, Univ of Soton/Dr Bettina Harms) – *Observational, approval in principle, still pending*

- CSP 106526 : Improving breast cancer screening detection rates through understanding, modelling, and adapting patterns of radiologist performance Changing case Order to Optimise patterns of Performance in Screening (CO-OPS) Trial (Dr Sian Taylor-Phillips, Univ of Warwick/Dr Eluizai Hakim) – *Observational, approval in principle, still pending*

- CSP 102416 : UK use of aqueous zanamivir during the 2009 A/H1N1 Influenza pandemic (Prof Nick Phin, HPA) *Observational*

- CSP 98570: Rivaroxaban Observational Safety Evaluation (ROSE) Study (Prof Saad Shakir, Drug Safety Research Unit) – *Observational, approval in principle, still pending*

- CSP 79817: COMO Study : A 12-month Multicentre, Randomised, Parallel group study to compare the Efficacy and safety of Ozurdex vs Lucentis in patients with Branch Retinal Vein Occlusion (BRVO) (Allergan/INCResearch - Prof A Tufail, Moorfields Eye Hospital & Mr J Khan) *Interventional*

- CSP 120800 : The Cultural Representation of Older People: Cultural Ageism and the Health and Social Care Sector (Mr Simon Read, Univ of Cardiff) *Observational*

- CSP 111987 : OSCAR 1 Study - An observational study of AVASTIN® (Bevacizumab) as first line therapy in patients with advanced ovarian cancer (Dr Marcia Hall, East + North Herts NHS Trust/Dr Vicky MacFarlane) *Interventional*

- Non-Portfolio: OHCAO Project (Out of Hospital Cardiac Arrest Outcomes) – Warwick CTU, University of Warwick/Dr R Andrews) *Observational*

- MRC START Study: Systematic Techniques for Assisting Recruitment to Trials: a study of the feasibility of testing recruitment interventions by nesting across multiple trials in primary care and community settings (Dr P Bower, Univ of Manchester) *Observational*

Primary Care:

- CSP 50482: QUEAN (QUalitative process Evaluation of ANtibiotics pilot RCT) (Dr Joy Adamson, Univ of York) *Observational*

- CSP 103258 (PIC) : Health risks and benefits of extended working life (the HEAF Study) (Prof Keith Palmer, Medical Research Council, Univ of Soton) *Observational*

- CSP 111879: GP experience of recurrent urinary tract infections (UTIs) (Dr Andrew Flower, Aldermoor Health Centre) *Observational*

- CSP 85145: CANcer Diagnosis Decision rules (CANDID) study (Prof Paul Little, Univ of Soton) *Observational*

- CSP 112111: Healthtalk Online Project: Narratives of health and illness for research, teaching and dissemination via www.healthtalkonline.org (formerly DIPEx) and www.youthhealthtalk.org (PIC) (Ms Sue Ziebland, Univ of Oxford) *Observational*

- CSP 111559 (PIC): PLEASANT - Preventing and Lessening Exacerbations of Asthma in School age children Associated with a New Term (Dr Steven Julious, Univ of Sheffield) *Interventional*

- CSP 87709 (PIC): A study of common and rare genetic variants associated with thinness (Prof I S Farooqi, Univ of Cambridge) *Observational*

- MRC START Study: Systematic Techniques for Assisting Recruitment to Trials: a study of the feasibility of testing recruitment interventions by nesting across multiple trials in primary care and community settings (Dr P Bower, Univ of Manchester)

APPENDIX B:

FINANCIAL INFORMATION

New Income 2012/13	
CLRN Core Funding 2012/13	478,243
NIHR Research Capability Funding (RCF) 2012/13	20,000
ID 9656 - ASDD Study (Nuffield Orthopaedics) – *refund of xray*	78
ID 85898 – AURA (Baer UK) – *per patient fees + R&D*	16,958
ID 92727 – CANTOS (Novartis) – *R&D Fee*	736
ID 62040 - ISICA Study (LA-SER Europe Ltd) – *additional nurse time*	2,825
ID 69800 - LUMINOUS Study (Outcome Europe SARL) – *R&D fee*	700
ID 46986 PAICE Trial (SHS International) – *R&D fee*	500
ID 4935 – AVERT (NHS Glasgow & Clyde) – *physio time*	2,300
ID 4078 – Persephone (Univ of Cambridge) – *blood sample fee*	75
Allocations 2012/13:	
Clinical Staff	
Diabetes Consultant (A Baksi) 1 PA	11,208
Diabetes Research Nurse (E Nicol) 0.5 WTE *[CLRN Contingency Funding 09/10 (9/12mth) + CLRN Core Funding 10/11 (3/12mth)]*	17,624
Stroke Consultant (E Hakim) 1 PA	11,208
Stroke Research Nurse (T Norman) 0.5 WTE *[CLRN Contingency Funding 09/10 (9/12mth) + CLRN Core Funding 10/11 (2/12mth)]*	18,457
Reproductive Health & Childbirth Consultant (P Vanderkerckhove) 1 PA	11,208
Reproductive Health & Childbirth Nurse (J Long) 0.2 WTE	9,958
Reproductive Health & Childbirth Nurse (L Rashley) 0.2 WTE	9,958
Musculoskeletal Consultant (M Pugh) 0.5 PA	5,604
Paediatric Consultant (Harms, Butterworth) 1 PA	11,208
Cancer Consultant (Baughan, MacFarlane, J Cave) 0.5 PA	5,604
Cancer Clinical Trials Practitioner (A Brown) 0.6 WTE	26,858
Ophthalmology Consultant (J Khan) 1 PA	11,208
Ophthalmology Research Nurse (R Bryan) 0.4 WTE *[+CLRN Contingency Funding 10/11 (9/12mths)]*	3,654
Gastrointestinal Consultant (L Grellier) 0.5 PA	5,604
Gastrointestinal Research Nurse (C Whitbread/J Wilkins) 0.4 WTE *[+CLRN Contingency Funding 10/11 (7/12mths)]*	7710
DHAARC Consultant (G Roberts) 2 PA	22,416
DHAARC Consultant (H Arshad) 1 PA	11,208
DHAARC Consultant (R Kurukulaaratchy) 1 PA	11,208
DHAARC Research Nurse (D Chiverton) 0.7 WTE	25,574
DHAARC Research Nurse (R Bryan) 0.2 WTE	7,306
DHAARC Research Nurse (J Grundy) 0.8 WTE	33,914
DHAARC Senior Research Nurse (S Matthews) 0.5 WTE	24,898
DHAARC Research Fellow (V Patil) *[DH FSF 10/11 £7682 + NIHR RCF 12/13 £20k + DHAARC £19651]*	47,333
DHAARC Research Dietician (K Maslin) *[DH FSF 11/12 £26,417]*	14,124
Service Support	
Research Pharmacist (L Harrison) 0.2 WTE	9,004
Research Pharmacy Technician (N Culshaw) 0.6 WTE	22,662
Research Radiographer (J Pettitt) 0.2 WTE	6,586
MLSO Allergy (Roger Twiselton) 0.1 WTE	6,074
Biomedical Scientist (C Tracey/M Francis) 0.2 WTE	8,076
Cancer Clinical Trials Assistant (S Richards) 0.4 WTE	9,549
Reproductive Health & Childbirth Nurse (Y Harris) 0.1 WTE	4,980

Immunology/Inflammation (G Glasbey) 0.6 WTE	17,550
DHAARC Research Administrator (C Fox) 0.4 WTE	10,761
DHAARC Research Administrator (E Crabbe) 0.4 WTE	10,761
OSS – ID 12110 (3rd Generation) – labour/antenatal staffing	4,500
OSS – ID 6352 (Cost Efficient Neurorehab) – data entry nursing scores	1,077
OSS – ID 5655/5657 (NCISH/VoRAMMS) – Dept of Psychiatry	1,200
OSS – ID 4935 (AVERT) Physio Dept	2,445
OSS – ID 4496 (OPPTIMUM) – speculums/cassettes	693
RM&G	
Research Governance Officer (T Tidbury)	15,718
RM&G Manager (A Punter) – *Salary £23,488 + Travel & Subsistence £6,517 [CLRN Core Funding 12/13 £19,048]*	30,005
R&D Director (M Pugh) 0.5 PA	5,604
Non-Pay Expenditure:	
General Business/Management – *meetings/conference/catering (R&D Cmttee)*	3,808
Workforce Development - *staff dvlpmt, training event/conference*	2,836
Office Expenses - *stationery, consumables, mobile/pager*	2,731
Equipment (under £5K) - *Computer equipment/furniture*	10,587
Other – *uniforms*	332
Overheads (*8% of pay costs*)	23,228

Enc J

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 31 JULY 2013

Title	**Research - Operational Capability Statement**			
Sponsoring Executive Director	Dr Mark Pugh			
Author(s)	Alexandra Punter, Research Management & Governance Manager			
Purpose	For Information			
Action required by the Board:	**Receive**		**Approve**	X

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

Executive Summary:

The Department of Health expects NHS organisations to publish an operational capability statement (OCS). NHS organisations that do so make a clear statement about what they are able to do to host or sponsor health research. Sponsors and researchers can see and use the information to inform and speed up decisions about where to carry out research.

The OCS must be agreed and signed at Chief Executive or Board Level and then once approved, they can be posted onto the National Institute for Health Research (NIHR) website to make the information more easily available to researchers and sponsors. This also shows organisations are using the NIHR Research Support Services Framework to facilitate research and, through the development of the OCS, have demonstrated that health research is a core activity within the organisation.

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	Quality					
Critical Success Factors *(see key)*	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients **CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***						
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements						

Date: 22 July 2013 **Completed by: Alexandra Punter**

Key

Trust Goals	Critical Success Factors	
Quality **To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience**	**CSF 1** - Improve the experience and satisfaction of our patients, their carers, our partners and staff	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients
Clinical Strategy **To deliver the Trusts clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective**	**CSF3** - Continuously develop and successfully implement our Business Plan	**CSF4** - Develop our relationships with key stakeholders to continually build on our integration across health and between health and social care, collectively delivering a sustainable local system
Resilience **To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector**	**CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients	**CSF6** - Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA
Productivity **To improve the productivity and efficiency of the Trust, building greater financial sustainability**	**CSF7** - Improve value for money and generate our planned surplus whilst maintaining or improving quality	**CSF8** - Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide
Workforce **To develop our people, culture and workforce competencies to implement our vision and clinical strategy**	**CSF9** - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care	**CSF10** - Develop our organisational culture, processes and capabilities to be a thriving FT

NIHR Guideline B01
R&D Operational Capability Statement

Version History

Version number	Valid from	Valid to	Date approved	Approved by	Updated by
Statement 1			06/10/2011	R&D Committee	
Statement 1.1	31/07/2013	31/03/2014	31/07/2013	Trust Board	

Contents

Organisation R&D management arrangements

Information on key contacts.

Organisation details	
Name of organisation	Isle of Wight NHS Trust
R&D lead / Director (with responsibility for reporting on R&D to the organisation Board)	Dr Mark Pugh, Executive Medical Director/Consultant Rheumatologist
R&D office details:	
Name:	Research Department
Address:	St Mary's Hospital, Parkhurst Road, Newport, Isle of Wight, PO30 5TG
Contact number:	01983 552354
Contact email:	alexandra.punter@iow.nhs.uk
Key contact details e.g. Research governance lead, NHS Permissions signatory contact details	
Contact 1:	
Role:	Research Management & Governance Manager (NHS Permissions Signatory)
Name:	Alexandra Punter
Contact number:	01983 552354
Contact email:	alexandra.punter@iow.nhs.uk
Contact 2:	
Role:	Research Governance Officer
Name:	Tracey Tidbury
Contact number:	01983 552354
Contact email:	tracey.tidbury@iow.nhs.uk
Contact 3:	
Role:	Lead Research Nurse
Name:	*To be appointed*
Contact number:	
Contact email:	

Go to top of document

Information on staffing of the R&D office.

R&D team		
R&D office roles (e.g. Governance, contracts, etc)	Whole time equivalent	Comments indicate if shared/joint/week days in office etc
Manager (Governance, Contracts, Finance, Research Passport)	0.4	
Research Governance Officer (Governance)	0.65	Mon to Thu - 0830 to 1430
Research Nurses	3.22	Diabetes (0.5), Stroke (0.5), Ophthalmology (0.4), Gastroenterology (0.4), Cancer (1.42)
Administrator	0.4	*to be appointed*

Go to top of document

Information on reporting structure in organisation (include information on any relevant committees, for example, a clinical research board / research committee / steering committee).

Reporting structures

The Lead Director with responsibility for reporting on R&D to the Trust Board is Dr Mark Pugh, Executive Medical Director/Consultant Rheumatologist. Dr Pugh is authorised to decide whether research studies should commence and chairs the R&D Committee which considers and approves all research studies for local research governance approval. The R&D Committee oversees the Trust R&D Office. Research activity/capability items are regularly reported to the Quality and Clinical Performance Committee and are included within Trust Board agenda papers mid-year and at year end.

The reporting structure is as follows:

Trust Board
▲▲
Quality and Clinical Performance Committee
▲▲
R&D Committee

Go to top of document

Information on research networks supporting/working with the organisation.
Information on how the organisation works with the Comprehensive Local Research Network (CLRN), Primary Care Research Network (PCRN), Topic Specific Clinical Research Networks (TCRN).

Research networks	
Research network (name/location)	Role/relationship of the research network e.g. host organisation
Hampshire and Isle of Wight Comprehensive Local Research Network (HIOW CLRN) Southampton	IOW NHS Trust is a NHS Member Organisation of HIOW CLRN
TCRN – Cancer: Central South Coast Cancer Research Network Southampton	Central South Coast Cancer Research Network (CSC CRN) is hosted by Southampton University Hospitals NHS Trust, with coverage across 3 CLRNs (HIOW, Western, Surrey and Sussex). Established in 2002 as one of the first of cancer research networks, serving a population of around 2.3 million and includes nine local NHS Organisations (across three CLRNs including Guernsey and Jersey). IOW NHS Trust currently participates in NCRN studies. Lead Contact: Dr Andrew Bateman (a.r.bateman@soton.ac.uk)
TCRN – DeNDRON South Coast Dementias and Neurodegenerative Diseases Research Network Southampton	Southern Health NHS Foundation Trust hosts the South Coast Dementia and Neurodegenerative Diseases Research Network (DeNDRoN) IOW NHS Trust does not currently participate in any DeNDRON studies. Local Contact: Dr Helen Roberts (h.c.roberts@soton.ac.uk)
TCRN – Non-diabetes and diabetes + Metabolic and Endocrine Thames Valley DRN, Churchill Hospital, Headington, Oxon, OX3 7LJ	The Thames Valley Research Network covers hospitals and Primary Care Practices in Oxfordshire, Buckinghamshire, Berkshire, Coventry, and Warwickshire. The total population served is over 3 million. The TV DLRN is working in collaboration with Professor Mike Cummings, Portsmouth Hospitals NHS Trust and Dr Arun Baksi, IOW NHS Trust, in the HIOW CLRN area. IOW NHS Trust currently participates in DRN Studies Local contact: Prof Mike Cummings (Michael.cummings@porthosp.nhs.uk)

TCRN – Mental Health West Mental Health Research Hub, Bristol	The Bristol and Peninsula West Hub of the Mental Health Research Network (MHRN) is a consortium of Universities and NHS Trusts across the South West including Avon, Wiltshire, Devon and Cornwall, with linked sites in Hampshire (Hampshire Partnership Foundation NHS Trust) and Gloucestershire. IOW NHS Trust currently participates in MHRN studies. Local Contact: Shanaya Rathod (shanaya.rathod@hantspt-mid.nhs.uk)
TCRN – Medicine for children + paediatrics South Centre MCRN Local Research Network (LRN), Oxford	The South Central MCRN Local Research Network (LRN) has established a partnership with HIOW CLRN. IOW NHS Trust currently participates in MCRN Studies Local Contacts: Dr Saul Faust (saul.faust@suht.swest.nhs.uk) and Professor Howard W Clark (h.w.clark@soton.ac.uk)
TCRN – Primary Care South West Primary Care Research Network, Exeter	The East Hub of the Primary Care Research Network South west (PCRN SW) is hosted by the University of Southampton (UoS). Department of Primary Care. IOW NHS Trust works collaboratively with GP Practices on the Island to support PCRN studies Local Contact: Dr Mike Moore (mvm198@soton.ac.uk)
TCRN – Stroke South East SRN, London, SW17	HIOW CLRN has developed collaborative working with the South East Stroke Research Network, responsible for a population of over 7 million, facilitating research at 33 hospitals in Kent, Surrey & Sussex, South London, Hampshire & Isle of Wight IOW NHS Trust currently participates in SRN studies Local Contact: Professor Ann Ashburn (ann@soton.ac.uk)

Go to top of document

Information on collaborations and partnerships for research activity (e.g. Biomedical Research Centre/Unit, other NHS organisations, higher education institutes, industry).

Current collaborations / partnerships

Organisation name	Details of collaboration / partnership (e.g. university/organisation joint office, external provider of pathology services to organisation, etc, effective dates)	Contact name	Email address	Contact number
NIHR Biomedical Research Units – Respiratory Southampton	University Hospitals Southampton NHS Foundation NHS Trust hosts the Biomedical Research Unit in Respiratory disease University Hospitals Southampton NHS Foundation NHS Trust			
The Wellcome Trust Clinical Research Facility (WTCRF) Southampton				
University of Southampton Clinical Trials Unit (CTU) Southampton				
University of Southampton – School of Medicine	Current partnership – academic collaboration			
University of Portsmouth – School of Health & Social Science	Current partnership – academic collaboration			
Research Design Service South Central (RDS SC) Southampton	NIHR Research Design Service South Central (RDS SC) is based in the University of Southampton's School of Medicine at Southampton General Hospital, in collaboration with colleagues from the Universities of Oxford, Portsmouth and Reading			
Vectasearch Clinic Limited St Mary's Hospital, Newport, Isle of Wight	A private company that conducts clinical trials for pharmaceutical companies at St Mary's Hospital. It was set up in 1991 by Dr Arun Baksi, a former Diabetes Consultant at St Mary's Hospital who retired in 2005, and conducts about 5 studies each year. Dr Baksi employs two part-time Research Nurses (20 and 30 hours respectively) and all 3 hold an honorary research contract with the Trust. Vectasearch Clinic is recognised as an NHS site for research purposes.		clinic@vectasearch.co.uk	01983 524081 x 4455

Go to top of document

Organisation study capabilities

Information on the types of studies that can be supported by the organisation to the relevant regulatory standards.

Types of studies organisation has capabilities in (please tick applicable)							
	CTIMPs (indicate phases)	Clinical trial of a medical device	Other clinical studies	Human tissue: Tissue samples studies	Study administering questionnaires	Qualitative study	OTHER
As sponsoring organisation	N	N	Y	N	Y	Y	Y
As participating organisation	' - Phase II(*), III + I	Y	Y	Y	Y	Y	Y
As participant identification centre	Y	Y	Y	Y	Y	Y	Y

** CTIMP Phase II only where **oral** drugs are being considered – Phase II **intravenous** studies requiring appropriate resuscitation facilities cannot be accommodated.*

Go to top of document

Information on any licences held by the organisation which may be relevant to research.

Organisation licences			
Licence name Example: Human Tissue Authority licence	Licence details	Licence start date (if applicable)	Licence end date (if applicable)

Go to top of document

For organisations with responsibilities for GPs: Information on the practices which are able to conduct research.

Number/notes on General Practitioner (GP) practices
There are 17 practices on the Isle of Wight. However, only the following practices are signed up to the PCRN Primary Care Incentive Scheme (PCIS) to participate in primary care research: - Brookside Health Centre, Queens Road, Freshwater, PO40 9DT (brookside@gp-j84019.nhs.uk) - Carisbrooke Health Centre, 22 Carisbrooke High Street, Carisbrooke, Newport, PO30 1NR (carisbrooke@gp-j84011.nhs.uk) - Argyll House Surgery, Argyll House, West Street, Ryde, PO33 1UG (carisbrooke@gp-j84011.nhs.uk) - Shanklin Medical Centre, Carter Road, Shanklin, PO37 7HR (shanklinmc@gp-j84010.nhs.uk) - St Helens Medical Centre, Upper Green Road, St Helens, PO33 1UG (sthelens@gp-j84007.nhs.uk) - Sandown Medical Centre, Broadway, Sandown, PO36 9GA (sandown@gp-j84013.nhs.uk)

Go to top of document

Organisation services

Information on key clinical services contacts and facilities/equipment which may be used in studies for supporting R&D governance decisions across the organisation.

Clinical service departments					
Service department	Specialist facilities that may be provided (e.g. number/type of scanners)	Contact name within service department	Contact email	Contact number	Details of any internal agreement templates and other comments
Pathology		Liz Thorne, Pathology General Manager	liz.thorne@iow.nhs.uk	01983 534830	0.1WTE MLSO and 0.2WTE Biomedical Scientist currently funded for research activity
Radiology		Diane Adams, Diagnostic Imaging Manager	diane.adams@iow.nhs.uk	01983 534678	0.2WTE Radiographer currently funded for research activity
Pharmacy		Liz Harrison, Aseptic Services/Clinical Trials Pharmacist	liz.harrison@iow.nhs.uk	01983 534181	0.2WTE Pharmacist and 0.6WTE Technician currently funded for research activity

Go to top of document

Information on key management contacts for supporting R&D governance decisions across the organisation.

Management Support e.g. Finance, legal services, archiving					
Department	Specialist services that may be provided	Contact name within service department	Contact email	Contact number	Details of any internal agreement templates and other comments
Archiving	In-house	Alexandra Punter	alexandra.punter@iow.nhs.uk	01983 552354	
Contracts & Costing	In-house	Alexandra Punter	alexandra.punter@iow.nhs.uk	01983 552354	
Data management support	In-house	Tony Martin	tony.martin@iow.nhs.uk	01983-534230	DPA / IG Lead
Finance	In-house	Andrew Wheeler OR Alexandra Punter	andrew.wheeler@iow.nhs.uk alexandra.punter@iow.nhs.uk	01983-524081 ext 6604 01983-552354	
Human Resources	In-house	Hilary Salisbury	hilary.sainsbury@iow.nhs.uk	01983-822099 ext 3199	
Statistical support	Contracted – accessible via NIHR	Bernie Higgins	Rds-sc@soton.ac.uk	0238 079 4778	

Go to top of document

Organisation R&D interests

Information on the research areas of interest to the organisation (provide detailed or summary information as appropriate).

Organisation R&D areas of interest				
Area of interest	Details	Contact name	Contact email	Contact number
Respiratory disease	Over the last two decades, the David Hide Asthma and Allergy Research Centre has delivered world leading asthma and allergy research. Researchers at the Centre have been pioneers in delivering both observational epidemiological research and testing new interventions within clinical studies. The Centre represents an extremely successful partnership between the Universities of Southampton and Portsmouth and the Trust	Dr Graham Roberts, Director, DHAARC	g.c.roberts@soton.ac.uk	
Diabetes	Research active since 1991	Dr Arun Baksi	clinic@vectasearch.co.uk	
Stroke	Acute & Rehabilitation Services	Dr Eluzai Hakim	Eluzai.hakim@iow.nhs.uk	
Ophthalmology		Mr Javeed Khan	Javeed.khan@iow.nhs.uk	
Gastroenerology		Dr Leonie Grellier	Leonie.grellier@iow.nhs.uk	
Acute Coronary Syndrome / MI / Heart Failure		Dr Dallas Price	Dallas.price@iow.nhs.uk	
COPD		Dr Andrew Woolley	Andrew.woolley@iow.nhs.uk	

Go to top of document

Information on local / national specialty group membership within the organisation which has been shared with the CLRN.

Specialty group membership (local and national)					
National / local	Specialty group	Specialty area (if only specific areas within group)	Contact name	Contact email	Contact number
	Example: Injuries and accidents	Example: Burns			
None to date					

Go to top of document

Organisation R&D planning and investments

Planned investment			
Area of investment (e.g. Facilities, training, recruitment, equipment etc.)	Description of planned investment	Value of investment	Indicative dates
Research Nurse – Diabetes	Band 6 0.5 WTE fixed term – 2 years		wef January 2012
Research Nurse – Stroke	Band 6 0.5 WTE fixed term – 2 years		wef January 2012
Research Nurse – Ophthalmology	Band 6 0.4 WTE fixed term – 1 year		wef January 2012 – extended for a second year
Research Nurse – Gastroenterology	Band 6 0.4 WTE fixed term – 1 year		wef January 2013
Consultant Session (1 PA) – gastroenterology and ophthalmology	Develop participation in portfolio studies and work with CLRN Specialty Area Leads		wef January 2012 (ophthalmology) and January 2013 (gastroenterology)
Identification of larger office accommodation on the St Mary's Hospital site	To achieve a fully integrated research and development facility by increasing and developing capacity		Achieved August 2012
Travel and subsistence to attend mainland NIHR / RDS training events	eg GCP for research active professionals		Ongoing

Go to top of document

Organisation R&D standard operating procedures register

Standard operating procedures				
SOP ref number	SOP title	SOP details	Valid from	Valid to
Work in progress				

Go to top of document

Information on the processes used for managing research passports.

Indicate what processes are used for managing research passports
Research passports are accepted by Trust. The contact point within the R&D Team is Alexandra Punter and the contact point within the Trust's HR Department is Hilary Sainsbury. Letters of Access / Honorary Research Contracts are issued by the Trust R&D Office.

Go to top of document

Information on the agreed escalation process to be used when R&D governance issues cannot be resolved through normal processes.

Escalation process
When R&D governance issues cannot be resolved through normal processes, the matter would be escalated to the R&D Director, Dr Mark Pugh.

Go to top of document

Planned and actual studies register

The organisation should maintain or have access to a current list of planned and actual studies which its staff lead or in which they are involved.

Comments

This is accessible via the Trust R&D Office.

• 56 new studies were approved in 2012/13, compared with 56 during 2011/12.
• The current split between portfolio and non-portfolio studies approved during 2012/13 was 73:27 respectively; 30% of these are interventional studies and 70% are observational.
• Twenty-nine clinical staff participated in research during 2012/13, covering 14 clinical specialties.
• Across the Island 1172 patients were recruited across primary and secondary care to forty-three portfolio studies during 2012/13, compared with 1129 in 2011/12, across the clinical specialities of Cardiovascular, Immunology & Inflammation, Cancer, Dementia, Diabetes, Mental Health, Stroke and Rehabilitation, Musculoskeletal, Renal & Urogenital, Ophthalmology, Paediatrics, Reproductive Health and Childbirth, Respiratory and Pre-Hospital Care

Go to top of document

Other information

For example, where information can be found about the publications and other outcomes of research which key staff have led or have otherwise contributed.

Other information (relevant to the capability of the organisation)

The range and volume of clinical research undertaken on the Isle of Wight has increased sharply during the 5 year period and our research activity continues to grow – 1172 patients across primary and secondary care during 2012/13, compared with 608 back in 2008/9 - together with the core clinical infrastructure funding received centrally - from £66,068 (DOH) in 2003/4 to £478,243 (HIOW CLRN) in 2012/13.

Our aim is to continue to grow this and consolidate what we do over the next 5 years via our integrated research facility undertaking and promoting research across the Trust.

Our third Strategy for NHS IOW sets out our vision for the period 2010-2015 and includes the following strategic objectives:

- To increase annually overall recruitment to portfolio studies by 20% and maintain the activity based funding element of our CLRN budget allocation.
- To increase recruitment in TCRN areas – Mental Health, Medicines for Children, Diabetes, Stroke
- To increase recruitment to Industry Studies (10% of portfolio)
- To increase GP engagement in PCRN portfolio studies
- To continue developing research capacity within the Trust
- To provide a facilitative “Investigator focused” service
- To work towards accreditation as a NIHR research support service
- To ensure that patients are made aware of research that is of particular relevance to them and are notified of opportunities to join in relevant ethically approved research

Go to top of document

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 31st July 2013

Title	Quarterly Report on the Use of Isle of Wight NHS Board Seal			
Sponsoring Executive Director	Foundation Trust Programme Director/Company Secretary			
Author(s)	Brian Johnston, Head of Corporate Governance & Risk Management			
Purpose	To receive information on the use of the Board Seal for 1st quarter of financial year – April, May and June 2013 and To decide and approve frequency of future reporting.			
Action required by the Board:	**Receive**		**Approve**	X

Previously considered by (state date):			
Trust Executive Committee	17th June 2013	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

N/A

Executive Summary:

There have been two occasions on which the Isle of Wight NHS Trust Board Seal has been used since its use was last reported.

Action required by the Board:

1. Note the use of the Board seal between April 2013 and June 2013
2. To decide how often the Board would require the reporting of the Board Seal. Suggested options are:
   a) Every Board meeting following the use of the seal
   b) Quarterly Reporting
   c) Twice per annum

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	Productivity		
Critical Success Factors *(see key)*	CSF8		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	Risk 6.5		
Assurance Level ***(shown on BAF)***	☐ Red	☐ Amber	☐ Green
Legal implications, regulatory and consultation requirements			

Date: 10 July 2013 **Completed by: Brian Johnston**

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Use of the Isle of Wight NHS Trust Board Seal

Isle of Wight NHS Trust

Date Used:	Details of Document	Parties Concerned		Area Concerned
18-Apr-13	Capital Scheme -Minor Works Contract	Isle of Wight NHS Trust	DM Habens Ltd	Improving Birth Environments, Labour Suite, St Mary's Hospital
18-Apr-13	Capital Scheme - Intermediate Works	Isle of Wight NHS Trust	DM Habens Ltd	Theatre Admissions - Phase one of improovements to Theatre

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 31 JULY2013

Title	Board Assurance Framework (BAF)			
Sponsoring Executive Director	Company Secretary			
Author(s)	Head of Corporate Governance and Risk Management			
Purpose	To review Red rated Risks and Assurance ratings and to approve recommended changes to Assurance RAG ratings.			
Action required by the Board:	**Receive**		**Approve**	X

Previously considered by (state date):			
Trust Executive Committee	1.07.2013	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

None

Executive Summary:

As of July 2013 there was one Risk rated RED under either the Risk Score or Assurance Level.

A spreadsheet of Risks for which a change to the Board Assurance RAG rating is recommended, against the following risks, which includes one being moved from Green to Amber, as underlined in bold: 5.10; **5.44**; and 10.37.

The full BAF document, updated for 2013/14, will be submitted to the Board for approval in August 2013. The Board to decide if they wish to receive the whole document or exception reports only for the remainder of the year.

For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	All five goals		
Critical Success Factors *(see key)*	All Critical Success Factors		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	All Principal Risks		
Assurance Level ***(shown on BAF)***	■ Red	☐ Amber	■ Green
Legal implications, regulatory and consultation requirements	None		

Date: 18 July 2013 **Completed by: Brian Johnston**

Key

Trust Goals	Critical Success Factors	
Quality **To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience**	**CSF 1** - Improve the experience and satisfaction of our patients, their carers, our partners and staff	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients
Clinical Strategy **To deliver the Trusts clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective**	**CSF3** - Continuously develop and successfully implement our Business Plan	**CSF4** - Develop our relationships with key stakeholders to continually build on our integration across health and between health and social care, collectively delivering a sustainable local system
Resilience **To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector**	**CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients	**CSF6** - Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA
Productivity **To improve the productivity and efficiency of the Trust, building greater financial sustainability**	**CSF7** - Improve value for money and generate our planned surplus whilst maintaining or improving quality	**CSF8** - Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide
Workforce **To develop our people, culture and workforce competencies to implement our vision and clinical strategy**	**CSF9** - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care	**CSF10** - Develop our organisational culture, processes and capabilities to be a thriving FT

Principal Risks (What could prevent this objective being achieved?)	Initial RS	Mid year RS	End of Year RS	Controls in Place (What controls/systems do we have in place to assist in securing delivery of the objective?)	Assurances on Controls (Where can the board gain evidence that our controls/ systems on which we are placing reliance, are effective)	Positive Assurance to Board (Actual evidence that our controls/systems are effective and the objective is being achieved)	Assurance Level	Gaps in Control (Where we are failing to put controls/ systems in place)	Gaps in Assurance (Where we are failing to provide evidence that our controls/ systems are effective)	Action Plan to Address Gaps in Controls / Assurances Performance management and monitoring committee - Provider Executive Board
Principal Objective 5: *WORKFORCE - To develop our people, culture and workforce competencies to implement our vision and clinical strategy* **Executive Sponsors: Executive Director of Nursing and Workforce, Executive Medical Director**										
Critical success factor CSF9 **Leads: Executive Director of Nursing and Workforce, Executive Medical Director** ***Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care*** Links to CQC Regulations: 15, 22, 24					MEASURES:				TARGETS:	
4.10 Unfilled vacancies or high turnover within financially related Board positions (F31) Executive Director of Nursing and Workforce	4			The Trust Board has the required financial capacity and capability. The Trust has substantive appointments for all (or the majority of) Board members (Executive and Non-Executive) with key roles within financial governance.	Board Structure	p	Red	Recruitment Strategy alignment		Alan Sheward/Mark Elmore Update June 2013: Need recruitment strategy to confirm recruitment processes meet demand Change of assurance rating from Green to Red approved June 2013 Review date: August 2013

Board Assurance Framework column headings: Guidance for completion and ongoing review (N.B. Refer to DoH publication 'Building an Assurance Framework' for further details)

Principal Risks: All risks which have the potential to threaten the achievement of the organisations principal objectives. Boards need to manage these principal risks rather than reacting to the consequences of risk exposure.
RISK LEVEL = S (Severity where 1 = insignificant; 2 = minor; 3=moderate; 4=major; 5=catastrophic) X L (Likelihood where 1=rare; =unlikely; 3=possible; 4=likely; 5=certain)= RS(Risk Score). Code score: 1-9 GREEN; 10-15 AMBER; 16+ RED

Controls in Place: To include all controls/systems in place to assist in the management of the principal risks and to secure the delivery of the objectives.

Assurances on Controls: Details of where the Board can find evidence that our controls/systems on which we are placing reliance, are effective. Assurances can be derived from independent sources/review e.g. CQC, NHSLA, internal and external audit; or non-independent sources e.g. clinical audit, internal management reports, performance reports, self assessment reports etc.
NB 1: All assurances to the board must be annotated to show whether they are POSITIVE (where the assurance evidences that we are reasonably managing our principal risks and the objectives are being delivered) or NEGATIVE (where the assurance suggests there are gaps in our controls and/or our assurances about our ability to achieve our principal objectives)
NB 2: Care should be taken about references to committee minutes as sources of assurance available to the board. In most cases it is the reports provided to those committees that should be cited as sources of assurance, together with the dates the reports were produced/ reviewed, rather than the minutes of the committee itself.

Assurance Level RAG ratings:
Effective controls in place and Board satisfied that appropriate positive assurances are available OR Effective controls in place with positive assurance available to Board and action plans in place which the Executive Lead is confident will be delivered on time = GREEN (+ add review date)
Effective controls mostly in place and some positive assurance available to the board . Action plans are in place to address any remaining controls/assurance gaps = AMBER
Effective controls may not be in place or may not be sufficient. Appropriate assurances are either not available to Board or the Exec Lead has ongoing concerns about the organisations ability to address the principal risks and/or achieve the objective = RED
(NB - Board will need to periodically review the GREEN controls/assurances to check that these remain current/satisfactory)

Gaps in Control: details of where we are failing to put controls/systems in place to manage the principal risks or where one or more of the key controls is proving to be ineffective.

Gaps in Assurance: details of where there is a lack of board assurance, either positive or negative, about the effectiveness of one or more of the controls in place. This may be as a result of lack of relevant reviews, concerns about the scope or depth of any reviews that have taken place or lack of appropriate information available to the board.

Action Plans: To include details of all plans in place, or being put in place, to manage/control the principal risks and/or to provide suitable assurances to the board. NB: All action plans to include review dates (to enable ongoing monitoring by the board or designated sub-committee) and expected completion dates (to ensure controls/assurances will be put in place and made available in a timely manner)

Assurance Framework 2013/14 working document - April 2012. Guidance last updated December 2009.

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 31st July 2013

Title	Future Board Dates			
Sponsoring Executive Director	Company Secretary			
Author(s)	Lynn Cave, Trust Board Administrator			
Purpose	To set Board meeting dates up the end of 2014			
Action required by the Board:	**Receive**		**Approve**	**X**

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

N/a

Executive Summary:

To agree Trust Board dates for the next year to allow forward planning of associated meetings and sub committees. Venues and dates are indicated up to March 2015, however, dates are included up to March 2016 for information and consideration.

To agree date of Board meeting for the December dates whether to undertake meeting on last Wednesday of December which is between Christmas and New Year or postpone this until January date indicated.

For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	Quality		
Critical Success Factors *(see key)*	CSF1		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	N/a		
Assurance Level ***(shown on BAF)***	☐ Red	☐ Amber	☐ Green
Legal implications, regulatory and consultation requirements			

Date: 16 July 2013 **Completed by: Lynn Cave**

Key

Trust Goals	Critical Success Factors	
Quality **To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience**	**CSF 1** - Improve the experience and satisfaction of our patients, their carers, our partners and staff	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients
Clinical Strategy **To deliver the Trusts clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective**	**CSF3** - Continuously develop and successfully implement our Business Plan	**CSF4** - Develop our relationships with key stakeholders to continually build on our integration across health and between health and social care, collectively delivering a sustainable local system
Resilience **To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector**	**CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients	**CSF6** - Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA
Productivity **To improve the productivity and efficiency of the Trust, building greater financial sustainability**	**CSF7** - Improve value for money and generate our planned surplus whilst maintaining or improving quality	**CSF8** - Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide
Workforce **To develop our people, culture and workforce competencies to implement our vision and clinical strategy**	**CSF9** - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care	**CSF10** - Develop our organisational culture, processes and capabilities to be a thriving FT

Trust Board Schedule - Aug 13 to March 2016

Month	Board Seminar Dates	Seminar Venues (bookings confirmed by Angie)	Board - WEDNESDAY - Conference Room	Please Note Date
Aug-13	13-Aug-13	Quay Arts	28-Aug-13	
Sep-13	10-Sep-13	Conference Room	25-Sep-13	
Oct-13	08-Oct-13	Quay Arts	30-Oct-13	
Nov-13	12-Nov-13	Conference Room	27-Nov-13	
Dec-13	10-Dec-13	Quay Arts	08-Jan-14	*
Jan-14	14-Jan-14	Conference Room	29-Jan-14	
Feb-14	11-Feb-14	Quay Arts	26-Feb-14	
Mar-14	11-Mar-14	Conference Room	26-Mar-14	
Apr-14	08-Apr-14	Quay Arts	30-Apr-14	
May-14	13-May-14	Conference Room	28-May-14	
Jun-14	10-Jun-14	Quay Arts	02-Jul-14	*
Jul-14	15-Jul-14	Conference Room	30-Jul-14	
Aug-14	12-Aug-14	Quay Arts	27-Aug-14	
Sep-14	09-Sep-14	Conference Room	01-Oct-14	*
Oct-14	14-Oct-14	Quay Arts	29-Oct-14	
Nov-14	11-Nov-14	Conference Room	03-Dec-14	*
Dec-14	09-Dec-14	Quay Arts	07-Jan-15	*
Jan-15	13-Jan-15	*TBC*	28-Jan-15	
Feb-15	10-Feb-15	*TBC*	04-Mar-15	*
Mar-15	10-Mar-15	*TBC*	01-Apr-15	*
Apr-15	14-Apr-15	*TBC*	29-Apr-15	
May-15	12-May-15	*TBC*	27-May-15	
Jun-15	09-Jun-15	*TBC*	01-Jul-15	*
Jul-15	14-Jul-15	*TBC*	29-Jul-15	
Aug-15	11-Aug-15	*TBC*	26-Aug-15	
Sep-15	08-Sep-15	*TBC*	30-Sep-15	
Oct-15	13-Oct-15	*TBC*	28-Oct-15	
Nov-15	10-Nov-15	*TBC*	02-Dec-15	*
Dec-15	08-Dec-15	*TBC*	06-Jan-16	*
Jan-16	12-Jan-16	*TBC*	27-Jan-16	
Feb-16	09-Feb-16	*TBC*	02-Mar-16	*
Mar-16	08-Mar-16	*TBC*	30-Mar-16	

ISLE OF WIGHT NHS TRUST

SHADOW NOMINATIONS COMMITTEE

TUESDAY 14 MAY 2013 BETWEEN 09:30 – 10:00
CONFERENCE ROOM, ST MARYS HOSPITAL

NOTES

PRESENT

Danny Fisher (Chair) Peter Taylor John Matthews

1. APOLOGIES

Nick Wakefield Sue Wadsworth

IN ATTENDANCE

Andrew Shorkey Karen Baker Chris Palmer Mark Price Felicity Greene
Alan Sheward Lynn Cave

Top Key Issues	Subject
3.0	Annual Report and Terms of Reference approved.
4.2	The Committee agreed that the Foresight Action Plan with one additional action would replace the existing Board Development Action Plan.

ACTION

2. **Notes and matters arising from** 8 January 2013
The notes were accepted as a correct record of the meeting.

3. **Annual Report and Terms of Reference**
The Annual Report and revised Terms of Reference were approved by the Committee. The Annual Report would be submitted to the Audit Committee for noting. **AS**

4. **Board Development Plan – revised plan from Foresight**

4.1 Feedback Report

MP highlighted key areas of the report. It was agreed that the organisation had matured in the last 18 months and the Board was better placed to provide assurance that it had the necessary capacity and capability required for the divestment of local NHS service provision. The skills audit tool provided by Foresight would be used to identify and address any remaining gaps. There would also be opportunities to appoint an additional NED or associate NEDs if required. **MP** The requirement for two NEDs with financial qualifications was discussed. The Committee concluded that this was not a priority and it was more important to have the right balance of skills. CP advised that any related risk would need to be reflected in the BAF. **CP**

4.2 Action Plan

It was noted that Foresight had strong credibility as advisors to the DH with respect to building Board capacity and capability. It was agreed that Foresight's guidance should be followed. The actions identified would become the revised Board Development Action plan and recommendations with respect to extant actions within the plan were agreed. **AS** An additional action would also be included: 'Engage with key stakeholders about links / partnership with other Trusts to provide best/safest options of care' in response to a specific question raised within the Feedback Report (page 10). **AS** With respect to Board reporting, there were still questions in relation to the quality of information reported and a Board Report on data quality was programmed to go to the Board. **MP**

5. **Board Governance Action Plan**
Progress against the Board Governance Action Plan was noted. The plan was monitored monthly by the FT Programme Board. **MP**

6. **Any other Business**
None.

7. **Future Meetings**
The next meeting of the Committee would be scheduled to align with a Board seminar in July or August 2013. **AS**

ISLE OF WIGHT NHS TRUST

FOUNDATION TRUST PROGRAMME BOARD

TUESDAY 25 JUNE 2013 BETWEEN 11:00 – 12:30
SMALL MEETINGS ROOM, PCT HQ, SOUTH BLOCK

NOTES

PRESENT

Mark Price (Chair)	Felicity Greene	Alan Sheward	Iain Hendey (for Chris Palmer)
Sue Wadsworth	Danny Fisher		

1. APOLOGIES

Chris Palmer	Karen Baker	Mark Pugh	Peter Taylor

IN ATTENDANCE

Andrew Shorkey	Andy Hollebon	John Cooper	Margaret Eaglestone

Top Key Issues	Subject
3B	Decision taken to underwrite cost to ensure that messaging via screensavers was in place in advance of the Quality Governance Framework external review
6(ii)	Risk relating to programme resources to be escalated to red status.

ACTION

2. **Notes and matters arising from** 23 April 2013
The minutes of the meeting were received and accepted as a correct record.
Action Tracker
292 – TDA finance team finalising HDD terms of reference.
342 – AS to advise MP, MTP and KB of the issue requiring discussion. **AS**
344 – Question put to lawyers and pending a response.
348 – to be closed. **AS**
351 – to be closed. Risk re: finance capacity reflected in risk report. **AS**
355 – to be closed. **AS**
358 – No transitional funding planned for by CCG. TDA finalising budgets. Reflected in risk report.

3. **Action Plan Assurance**
A - Integrated Action Plan Status Report
AS advised that the Programme Board should focus on the actions flagged as requiring 'urgent review' within action plan exception reports.
B - Quality Governance Framework Exception Report
1 – 3-b-3: AWS advised that the review was complete and this was now in place.
2 – 3-b-5: AWS advised that Health Assure Audits were being progressed.
3 – TDA-Lttr-7: Outstanding SIRIs still with commissioners for sign off.
Commentary to be updated and forecast dates to be updated. **AWS**
Although not flagged as requiring review, it was noted that action 1-a-1, relating to messages to staff via screensavers, could not be implemented prior to the external review due to the requirement to seek funding from Charitable Funds Committee. It was agreed that the cost (circa £8K) would be underwritten by the FT Programme budget and the work would be implemented immediately. **AWS/FG**
C – HDD Exception Report
1 – HDD-1-4: Will be completed in July 2013. Forecast date to be amended. **AS**
2 – HDD-1-14: to be closed. **AS**
3 – HDD-2-16: New CIP schemes need to be considered. Commentary and forecast to be updated. **FG**
4 – HDD-1-22: To be considered at Policy Management Group (PMG) 25 June 2103. Update required following PMG meeting. **JC**
5 – HDD-2-26: Update by owners required. **AS**
D – BDAP Exception Report
1 – Foresight-23: Required action to be clarified and communicated to AH. **AS**
16 – Foresight-8: Clarity required with respect to action ownership. **AS/AWS**
E – BGAP Exception Report
MP advised that there was a need to be substantially GREEN by the end of August.
1 – KPMG-21: Stakeholder engagement to be discussed at IBP Steering Group. **FG**
2 – KPMG-24: to be discussed at Executive Team Meeting. **MP**
3 – SHA-1: Action absent from report. AS to update report. **AS**
4 –SHA-2: Resources for website population being put in place. Commentary and forecast to be **AH**

updated.
5 – E&Y-1: To be updated. **MP**

It was agreed that an additional column would be added to exception reports to identify the accountable ED. MP asked that an overarching exception report be provided for Executive Team on Monday 1 July 2013. **AS** **AS**

4. **Workstream Updates**

Finance

JC reported that Asista consulting were in place and progressing the latest LTFM model. Legacy knowledge on how Asista undertake the work will be available to the Trust as part of the contract. Interviews for the short-listed Deputy director of Finance candidates had been scheduled for 4 July 2013. It was agreed that NEDs would be invited to candidates' presentations. **AS**

Business Planning

The Capacity, Demand, Activity, and Worforce working group was now in place and being facilitated by Consilium. This was a crucial workstream in the delivery of a robust IBP.

Communications and Engagement

The requirement to provide an update to TDA on Media Analysis had been discussed with Dominic Benson at the TDA. A regular brief report was required without supporting evidence. Dominic Benson would visit the Trust in the near future when our approach to meeting this requirement could be discussed in more detail.

5. **Communications and Stakeholder Engagement**

Membership Update

AH introduced Margaret Eaglestone the Trust's Membership Officer and provided an update on membership recruitment. Membership was ahead of the target set by TDA for October 2013 with respect to numbers but work was required and ongoing to ensure the membership was representative and to meet the current shortfall in the 'elsewhere' category. AH advised that our membership strategy outlined how we would access hard to reach groups. Advice was provided by Programme Board with respect to accessing sailing club memberships and foreign workers and these avenues would be pursued. **AH/ME** It was suggested that other organisations be consulted with respect to identifying the most successful activity to access hard to reach communities. **AH/ME**

6. **Programme Governance and Approvals**

(i) Programme Plan

AS introduced the high level Programme Plan that would be provided to Trust Board monthly. The plan was derived from the extensive FT Integrated Action Plan. It was noted that target dates were still required against a number of activities and that workstream leads would be providing this information. Programme Board members agreed that the plan provided sufficient detail to monitor progress. It was noted that the appointment of an LTFM Lead was red flagged. JC advised that in the short term Asista Consulting were meeting this requirement. The plan would be updated accordingly. **AS/JC**

(ii) Risk Management

AS drew members attention to particular risk areas. It was agreed that due to the capacity constraints in Finance and the uncertainty relating to transitional resources, R001 would be moved to RED status. **AS** With respect to R007, AS advised that there was now an assurance gap relating to the Governance Risk Rating, as it sat outside of the TDA's self-certification regime, and recommended that this needed to be taken to Board sub-committees for assurance. It was agreed that this would be implemented. **AS/IH** IH reported that PIDS were preparing a report for quarter 1 based on the revised Monitor Compliance Framework.

With respect to R008, AS advised that the relationship with the TDA was more distant than the Trust's previous relationship with the SHA and that we were unable to clarify matters as quickly at present. This was noted.

(iii) Programme Budget

AS provided a high level update and advised that a detailed update would be provided as soon as the budget reconciliation had been undertaken. **AS**

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

MP had attended a recent FT event where an update on the FT Pipeline was presented. Stephen Dunn from TDA was speaking together with representatives from Monitor. There still appeared to be duplication between the two organisations. A 'landscape' document had been produced by FTN and this would be circulated to members. **MP** A presentation was given on the 'Road to FT' by Kingston Foundation Trust, the most recently authorised FT, who advised that the Monitor assessment period was significantly longer than stated and that lessons had been learned with respect to:

- Ensuring sufficient resource was in place at the earliest opportunity
- Understanding the importance of 'implied efficiency'
- Starting downside modelling earlier in the process

- Engaging front line staff well in advance of the QGF assessment

MP advised that the Director of Finance at Kingston would be happy to be contacted for advice.

DF suggested that it would be useful to learn lessons relating to Board to Board meetings from some of the recently authorised Trusts. MP would look into this. **MP**

8. **Any other Business**
   None
9. **Future Meetings**
   The next meeting was scheduled for 11:00-12:30hrs, Tuesday 23 July 2013, Large Meetings Room, South Block

Isle of Wight NHS Trust

FOR PRESENTATION TO PUBLIC BOARD ON 31/07/2013

FINANCE, INVESTMENT AND WORKFORCE COMMITTEE MEETING
Wednesday 24th July 2013
2.00pm – 3.50pm

Present:	Peter Taylor	Non-Executive Director (Chair) (PT)
	Chris Palmer	Executive Director of Finance (CP)
	Mark Pugh	Executive Medical Director (MPu)
	Kevin Bolan	Associate Director Facilities (KBo)
	Mark Elmore	Deputy Director of Human Resources (ME)
	John Cooper	Assistant Director of Finance, Strategy, Planning & Reporting (JC)
In Attendance:	Anu Babu	Interim Assistant Director of Finance (AB)
	Andrew Shorkey	Programme Management Officer – Transition Programme (AS)
	Abolfazl Abdi	Assistant Director of Contracting (AA)
	Andy Hollebon	Head of Communications (AH)
	Karen Jones	Workforce Planning & Information Manager (KJ)
Observer:	Charles Rogers	Designate Non-Executive
Minuted by:	Sarah Booker	PA to Executive Director of Finance (SB)

Key Issues to be reported to the Trust Board:
Financial Performance - LTFM and CIP. **Workforce Performance -** Good progress and hopefully some of the real overspend can be clawed back. **Self Certification Review -** Need clarification so effective progress can be achieved.

Action

109/13 APOLOGIES

Alan Sheward, Executive Director of Nursing and Workforce (AWS) (Mark Elmore deputising); Felicity Greene, Executive Director of Strategic Planning and Commercial Development (FG) (Kevin Bolan deputising). The Chairman welcomed Charles Rogers and effected introductions.

110/13 CONFIRMATION OF QUORACY

The quorum was confirmed with members including one Non-Executive Director in attendance and deputies present to represent the Executive Director of Nursing and Workforce and the Executive Director of Strategic Planning and Commercial Development.

111/13 DECLARATIONS OF INTEREST

None were declared.

112/13 **APPROVAL OF MINUTES**

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

113/13 **SCHEDULE OF ACTIONS**

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

114/13 **LONGER TERM STRATEGY AND PLANNING**

LTFM Status Update:
The revised template can only be completed on the basis of the CIPs being delivered which at the time of the meeting were still incomplete. We remain very concerned at the timescale as it is very tight. The LTFM will be submitted at the end of August and the CCG will need to formally approve it before the submission.

115/13 **FINANCIAL PERFORMANCE**
Month 3 Financial Performance Report

Financial Risk Rating:
Overall rating of 4 after normalisation adjustments.

Summary:
Month 3 position shows a surplus of £973k as per plan.

- Income – The year-to-date (YTD) position shows an over-achievement of £2,068k which is due primarily to the extension to the prison contract until 31st May. The variance of £898kin the Acute directorate is due largely to the dermatology element within the Beacon contract and drug cost recharges. Income relating to Corporate areas is showing a favourable variance of £612k mainly because of the adjustment to the EMH budget and income relating to NHS Creative and training being above plan by £190k and £70k respectively.
- Pay – The YTD position on pay budgets is an overspend of £1,171k. This includes £587k in the Acute directorate, attributable to the additional costs relating to the 2 month extension to the prison contract and the Beacon dermatology contract; £198k overspend in Community which is due to HV Trainee costs funded by income and 1 to 1 supervision costs funded by Commissioners; an overspend of £234k in the Planned directorate which is due to Locum costs to cover vacancies and sickness and £152kin Corporate areas which is mainly due to costs relating to NHS Creative (£113k) and EMH (£68k).
- Non Pay – The non pay budgets are overspent by £897k. All clinical directorates and Corporate area overspends are due to non-achievements of CIPs as per plan.

- Capital Plan – The large capital schemes are being taken forward and the updated Capital Plan will be included in the IBP.

Cost Improvement Programme (CIP):
Plan of £1,821k achieved at Month 3 with the recognition of £1,037k of the full year savings of banked CIPs. The Committee expressed their concerns relating to the unidentified CIP schemes of circa £2 million.

Debtor Analysis:

- The total aged debt over 90 days fell from £167k in April to £121k in June. The top ten debts over 90 days represent 43% of this total.
- The total debt over 30 days to the end of June is £819k.
- HMP Prison invoice of £43k has now been paid.
- The outstanding Book People debt is held with the previous franchisee although there is no contract available. The continuation of any attendance on site is being looked into by the Site Manager.

Cashflow:
The cash at bank and in hand at the end of June amounted to £8.3m although this is likely to decrease to c£6m by the year end as per plan. Once the Treasury and Cash Management Policy is approved, the investment of surplus cash in line with the Policy will be investigated. From month 4 onwards the cash flow forecast will be extended to include a 2 year rolling estimate.

FINANCE FUNCTIONS

Contract Status Report:

116/13

Summary of Risk:

- £760k of activity has been transferred back from NHS England to the IW CCG. This has not yet been paid and has been escalated to the Executive SLA Meeting.
- Stroke contract query – there has been a significant improvement and the query will be removed following 3 consecutive green achievements.
- Ambulance handover contract query – the Trust is now able to record the handover times and it is anticipated that the contract query will be removed at the next SLA meeting.
- Capita work – the resource funding had been agreed however the Trust requested 150days of support and have only been allocated payment for 50 days of support which could be a risk. The Trust has included a caveat into the response back to the CCG that once the funded days have been utilised, this should be reviewed to avoid cost pressure to the Trust.
- The committee requested that any contract risk to the budget was summarised at the end of the comprehensive report.

117/13

Self Certification Review
AS presented the self-certification return for June 2013/14 to the Committee and advised that the submission schedule had been revised by the TDA and, therefore, we would no longer need to submit returns in arrears to ensure that the submission was assured by the Board.

- Board Statements- AS advised that statement 5 was currently flagged as at risk reflecting remaining gaps in our current understanding of the *Accountability Framework* and a clear definition of how 'having regard to the NHS constitution' should be interpreted in practical terms. Statement 11 relating to the IG Toolkit remained flagged as 'at risk' for the June period. However, AS informed the committee that in early July auditors had been provided with sufficient evidence to revise their initial judgement and Statement 11 would be marked as compliant in the August return.

- Licence Conditions - AS was concerned that little progress had been made since the committee last met as the timeframe for compliance communicated to TDA was approaching. A request for clarification had been submitted to Monitor with respect to the evidence base required to provide sufficient assurance. At present only 1 condition was marked as compliant. All other conditions were flagged as 'at risk'.

- FT Milestones - No mechanism had as yet been provided as part of the self-certification process. AS advised that milestone 1 had been marked complete following an internal assessment and this was subject to confirmation by the Executive Director of Nursing and Workforce. CP suggested that milestones 6 should also be marked complete as the current membership had exceeded the target number set by the TDA. AS advised that although the number had been exceeded we would need to ensure that this membership was representative of the Island's communities and he would seek advice from the Head of Communications and Engagement. All other milestones were currently on target.

It was agreed that a) sufficient assurance had been provided for the Committee to recommend that Trust Board approve the self-certification returns as proposed, and b) clarification issues preventing the submission of positive responses within the self-certification return would be escalated. However the committee thought the lack of clarification in delivering the TDA's conditions should be escalated as there had been little progress in resolving this matter.

118/13 Reference Costs Process

The Reference Costs have been signed off and submitted and CP thanked Anu Babu and Carol Ogilvie for making all of the required changes to the document.

The overall movement between the 2011/12 and 2012/13 submissions were an increase in costs of 2% and an increase in activity of 4%.

ISIS could be an enabler if it can be linked to the SLR system it would give more clarity of data. The Committee agreed this is a good piece of work.

119/13 Financial Capacity and Capability

CP updated the Committee on the new appointees within the finance directorate. Kevin Curnow will replace Clive Woodbridge as the Deputy Director of Finance and will commence his role on Monday 2nd September. Kevin will finalise the structure within the finance directorate to identify any gaps and ensure the positions are recruited on a permanent basis.

Lauren Jones replaces Anu Babu as Interim Assistant Director of Finance when she leaves on the 31st July. Lauren Jones started on Monday 15th July. Lauren will attend these meetings in future.

Assista Consulting are supporting John Cooper with the LTFM work.

INVESTMENT/ DISINVESTMENTS

120/13 Treasury Management Policy
The format has been amended as requested by the Policy Management Group and the Committee gave the approval for the paper to be presented to the Executive Board in August.

121/13 Procurement Status Policy
CP noted that there has been very positive feedback from the directorates who have seen achievements as Sara White, Deputy Head of Procurement at Solent Supplies is now driving this forward. The Committee were assured that we are on target.

122/13 Estate Rationalisation- Cases for Change
A discussion was held regarding two Cases for Change which the Committee agreed could both be recommended to the Board on the 31st July.

123/13 NHS Creative Performance and Budget Update
This report has been deferred for presentation and discussion at the next FIWC meeting as the paper was not showing the level of detail required. **AH/FG**

124/13 Beacon Update
The Beacon Dermatology contract is a new contract which is held by the Commissioners and sub contracted by the Trust. This contract is on track and generates a small surplus which has been reflected in the update.

125/13 Mottistone Update
This paper was not presented at the meeting.

Action note: AB to make the paper available to Committee members.
Post meeting note: AB sent paper.

WORKFORCE

126/13 Month 3 Workforce Performance Report:
Workforce:

- The workforce FTE, workforce variable FTE, workforce total FTE, the total in month staff in post paybill and the in month total paybill have been given a green rag rating and have shown a good downward trend. The in month variable hours is still above plan but there has been a reduction so it is moving in the right direction.
- The paybill breakdown indicates the largest pay bands are Bands 5 and 6, clinical and non-clinical.
- As part of the Performance Review, directorates will use the Christmas Trees to extrapolate existing staffing by band to inform future skill-mix configuration. This data has already contributed to a 5 year plan CIP data workshop.

Sickness Absence:

- The sickness absence numbers have been reduced and the trends are going in the right direction. The Committee discussed the detailed breakdowns of the sickness absences including the first days of absence, absence occurrences by length of time and the top 10 reasons for absence, although not all reasons are being reported correctly.

Action note: KJ will send these to directorates. **KJ**

- The main reason for the days lost in June is due to the IW Festival weekend.

Action note: KJ to look further into this information and break it down to give AD's more information on days off being taken. **KJ**

- Cases of long term sickness absence increased by 5 in June. Action plans are in place to ensure a quick return to work.
- 51.85 FTE was used to cover Long Term Sickness Absence and 48.24 FTE for Short Term. In June 100.09 FTE bank was used to cover sickness absence, a decrease of 57.72 FTE against May usage.
- In June 36.5 FTE bank was used to cover annual leave, a decrease of 31.9 FTE on last month.

Appraisals:

- A cumulative figure of 32.09% of renewed appraisals have been undertaken to date, an increase on last month. The Trust aims for a target of 100% of current appraisals.

Turnover:

- In month turnover for June 2013 was 0.67% against the Trust expectation of a minimum of 5%. The turnover or natural wastage will be used to identify skill mix or cost improvement opportunities. HR department is analysing the details of difficult to fill posts, with particular focus on medical recruitment. Vacancies are now being advertised internally for 3 weeks and could be fixed term contracts instead of permanent. The turnover in May was high due to the loss of the Prison contract. Movement on the mainland is also static.
- There are currently 62 outstanding vacancies. The scrutiny for this is good and the HR directorate are analysing detail of difficult to fill posts, with particular focus on medical recruitment. HR has asked directorates to review their postings and identify and scrutinise any gaps.

Overpayment:

- Total outstanding overpayment for June 2013 is £122,651. New overpayments for June amount to £8,377.
- SBS have been asked to look into their processes for recording sickness absence to ensure employees are paid correctly whilst on sick leave.

Underpayment:

- Total outstanding underpayments for June 2013 is £25,227. Underpayments from July 2012 to June 2013 is £140,849. The majority of underpayments are due to late submission of change forms.

Employee Relations:

- 18 new Employee Cases in June, all of which are supported by Human Resources. There are 144 ongoing cases.

Development and Training:

- Organisation wide compliance for core mandatory training is 72%, this indicates we have maintained the compliance percentage from last month. This shows a 13% rise from last month.

Action note: ME to ask Jackie Skeel (Assistant Director for Organisational Development) to attend the next FIWC meeting to discuss the Trust target compared to the actual target. **ME**

- Bank staff must undertake the mandatory training before they can work their first shift.

Medics Data:

- 80% of job plans have been electronically signed off.
- Currently researching the Basingstoke model i.e. 10PA + 2PA job plans across all departments although no agreement has been met, discussions are ongoing. A cap on 14 PA's is in discussion.

Health & Wellbeing:

- Outdoor Gym and Trim Trail – funding has been approved by Charitable Funds and the order has been placed.
- Planned staff HWB Open Days –Wednesday 13th November will have topical themes and health checks i.e. blood pressure, weight etc.
- Free 12 week referral to weight management scheme – 108 staff have now taken up this opportunity.

Action note: ME to speak with FG regarding Health and Wellbeing as the directorate has moved. **ME**

127/13 Minutes from the Strategic Workforce Group

This is a new group which has only met on one occasion. There is another meeting tomorrow and there will be new terms of reference.

ANY OTHER BUSINESS

.

128/13 Prison Assets

Proof is required of when items were purchased for the prison, however due to this meeting over running CP will update at the next meeting.

129/13 KEY ISSUES FOR REPORTING TO BOARD

- Financial performance - LTFM and CIP.
- Workforce performance - Good progress and hopefully some of the real overspend can be clawed back.
- Self certification review - Need clarification so effective progress can be achieved.

DATE OF NEXT MEETING: Wednesday 21st August 2013, 3.00pm – 4.50pm in the Conference Room.

Isle of Wight NHS Trust

Minutes of the Isle of Wight NHS Trust **Mental Health Act Scrutiny Committee** held on Wednesday 24th July 2013 in the Large Meeting Room, South Block

PRESENT:	**Peter Taylor**	**Chair, Non Executive Director**
	John Matthews	**Non Executive Director**
	Stephen Ward	**MCA & MHA Lead**
	Tracey Hart	**AMHP**
	Elisa Stanley	**MHA Manager**
	Jan Gavin	**IMHA**
	Julia Coles	**LD Care Co-ordinator**
Noted by:	**Alison Hounslow**	**Administrator**

13/001 Apologies

Tim Higginbotham - Service User & Carer Link Co-ordinator

13/002 Minutes of the Previous Meeting – 8 May 2013

The minutes were approved and signed by Chair as a correct record of the last meeting.

13/003 Matters arising

- S12 Doctors – see Minute 13/006

- CTO Audit

This is required by October for reporting to the Trust Board prior to the B to B with the TDA. This has not yet been completed. ES is appropriate Manager to take on this audit, but will be going on maternity leave in September. The previous audit was undertaken in 2010.

Dr N Yoganathan will be approached by SW to discuss whether a SHO could undertake this CTO audit.

SW to further discuss with ES.

Action by SW

- Annual Report

The Trust Board viewed and accepted this Annual Report in May. SW highlighted achievements to attendees.

Membership list to be updated.

Action by AH

13/004 Service User Representative

JG was originally invited to the MHASC meetings to support the service user representative. As yet the representative has not attended any meetings as there have been discussions about the appropriateness of a service user who is still subject to the MHA attending. She has recently been discharged from Woodlands and there are potential issues with regard to attendance affecting her mental health and the stresses involved. TH is her allocated social worker and has concerns relating to conflict of interest.

SW has prepared an outline of the service user representative role and will send this to JG and Tony Gregson (IMHA) to be discussed with the representative. SW suggested that he could meet with the representative prior to a meeting and discuss the agenda and her role. It was also suggested that she attend a meeting on a trial basis.

Action by SW

13/005 Changes to Trust Working Practices

- Terms of Reference

'Duties and Administration' and Membership details are to be updated. Dr Yoganathan will be replacing Dr Dixey as the Consultant Psychiatrist. The revised Terms of Reference will be reviewed at the next meeting in October.

Action by AH

There was considerable discussion relating to the attendance of an IMHA as well as the Service User Representative. The IMHA is considered an important and relevant attendee at the meeting. The Service User Representative (see Minute 13/004) was discussed further with regard to what the procedure would be if the representative was found to be inappropriately attending the meetings, if, for example, she had a relapse of her mental health problems and became subject to the MHA.

ES suggested discussing this matter with Tim Higginbotham, the Service User & Carer Link Co-ordinator who is currently working on a Service User Involvement Policy. The Chair would wish to view this Policy once it is approved by the Board and operational.

SW to follow up Service User Involvement Policy with Tim Higginbotham.

Action by SW

In conclusion, it was decided to access the Service User Involvement Policy and then offer a trial attendance to the Service User Representative.

TH has involvement with another service user who could be approached to be a representative should it become appropriate to do so.

- Meeting Dates

The meeting dates were sent out in an email to all and will be 3.30pm-5pm in the Large Meeting Room, South Block. Please see dates listed below minutes.

- Minutes Format

To standardise all documents new formats have been devised and circulated. SW and AH to attend meeting on 20th August for Sub Committee Administrators.

An attendance register is to be maintained and distributed with the Annual Report.

13/006 Independent Section 12 Approved Doctors

The urgent problem relating to the provision of S12 approved Doctors was discussed in the meeting of 8th May 2013 and minuted. This has subsequently been reported to the Board.

In brief, Drs Mark Denman-Johnson and Jane Brand have retired and due to changes in April to the qualifying rules are ineligible to re-register as S12. Dr Tanya Engelbrecht has undertaken a considerable number of MHA assessments; however, she will be leaving the Trust at the end of August.

SW is in ongoing discussions with the Clinical Commissioning Group to make a local agreement with Dr D-J, with the provision of appraisals, a CPD process, and access to training and legal updates. There would have to be negotiation relating to the fee paid. Currently, the CCG has dismissed this option.

The CCG is promoting the S12 role with GPs with one positive response received so far.

The CCG has suggested the Beacon Centre is approached; staffing numbers would become a significant problem.

Drs Ashley Gordon and Peter Randall may become available when they retire, but again, may not be able to be re-approved after 5 years.

The Chair requested that SW escalates this matter to a higher level with Karen Baker.

Action by SW

SW related that the Trust pays their own Doctors, whilst the CCG pays independent Doctors. The Trust's costs have increased by £30,000 over the last year as a result.

13/007 Operation Serenity update

Operation Serenity began in Nov 2012 as a project involving a Police Officer with car and a MH practitioner working in the community on patrol on Friday and Saturday nights. The aim was to reduce the high number of S136 admissions and support police in the management of their time with potential MH patients.

Operation Serenity is now into Phase 2. The Operation is now focussing on a multi-agency co-operative approach, including Ambulance and Fire services. There are now three aspects to Operation Serenity –

- A management meeting working on funding and development;
- Frequent Service User (FSU) meetings to pro-actively manage those people concerned; this could involve care planning, supporting self-management of their health, inclusion of all agencies involved with service user;
- Delivery meeting – this responds to incidents and feedback which in turn will develop policy and training.

As yet it is too early for useful statistics to be drawn from Operation Serenity; however indications are positive.

ES was queried about the evaluation of Operation Serenity. Standards and targets were agreed at the beginning of the operation and are checked and monitored. The patient perspective is to be taken into account, although it was agreed their response may be affected by their health.

It is hoped that by April 2014 the S136 figures will have slowed, if not reduced. In the longer term, hospital admissions will rise.

There has been a positive response from the Police. Sgt Paul Jennings is leading Operation Serenity. He is also the lead for ASBOs on IOW.

SW was requested to keep Operation Serenity on the agenda for updates.

Action by SW

13/008 Key Issues for the Trust Board

- **13/006 S12 doctors**
- **13/007 Operation Serenity**
- **13/009 IT problems**

13/009 ANY OTHER BUSINESS

- <u>CQC visit to Osborne Ward</u>

This was reported very positively. JM also reported that the Board had also recently visited Osborne Ward with a positive outcome.

Within the CQC report, the quality of the food available for patients was deemed poor, mainly due to the fact that it has to be delivered from the main hospital kitchen to Sevenacres.

Two issues were highlighted for response:

1. The use of S5.2. The patient was held almost until expiry (72 hours) to 'see if the patient settles'. This is against the Code of Practice as arrangement for assessment should be put in place as soon as S5.2 is applied for.
2. Assessment and recording of capacity. This has been addressed and the recording form on Paris has been amended. Doctors are to be informed.

- <u>Paris</u>

It has become apparent that nursing staff are not fully trained in the use of Paris (electronic patient records). PT has requested information surrounding IT training issues.

Action by ES

- Elisa Stanley, Mental Health Act Manager – Maternity Leave

SW wished attendees to be aware that ES will be on maternity leave for a year from September. The role, due to ES' experience and knowledge, is difficult to temporarily fill. Alison Bishop, ES' admin support, will increase her hours considerably and there is another p/t staff member available for support.

Mark Edmonds is aware and supportive of plans.

PT thanked all those present for their attendance and closed the meeting.

DATES OF NEXT MEETINGS

23-Oct-13	LARGE MEETING RM	15:30 – 17:00
22-Jan-14	LARGE MEETING RM	15:30 – 17:00
16-Apr-14	LARGE MEETING RM	15:30 – 17:00
23-Jul-14	LARGE MEETING RM	15:30 – 17:00
22-Oct-14	LARGE MEETING RM	15:30 – 17:00

Meeting closed at 1330

Enc R

Isle of Wight NHS Trust

QUALITY & CLINICAL PERFORMANCE COMMITTEE

24 July 2013

PRESENT:	John Matthews (JM) (Chair)	Non Executive Director
	Nina Moorman (NM)	Non Executive Director
	Sarah Johnston (SJ)	Deputy Director of Nursing
	Mark Pugh (MP)	Executive Medical Director
	Deborah Matthews (DM)	Head of Clinical Services, Acute Clinical Directorate
	Lesley Harris (LH)	Head of Clinical Services, Planned Clinical Directorate
	Lisa Reed	Head of Clinical Services, Community Clinical Directorate
	Gill Honeywell (GH)	Chief Pharmacist
	Vanessa Flower (VF)	Quality Manager
	Brian Johnston (BJ)	Head of Corporate Governance and Risk Management
	Ian Bast (IB)	Patient Representative
	Chris Orchin	Non-Executive Director (Governance and Compliance) Healthwatch IW
	Maher El-Alami	ENT Consultant

MINUTED BY: Amanda Garner (AG) Personal Assistant to Alan Sheward

IN ATTENDANCE:

Annie Hunter, Head of Midwifery, Sian Butterworth, Consultant Paediatrician, and Jeannine Johnson, Stroke Nurse Specialist.

FOR PRESENTATION TO PUBLIC BOARD ON: 31 JULY 2013

Top Issues for the attention of the Trust Executive Committee (TEC) and the Trust Board (TB)

- Success of NICU
- Patient Story
- Francis Report – challenge of changing culture

JM welcomed CO to the Committee and introductions were made.

Action

13/142 APOLOGIES FOR ABSENCE

Alan Sheward (AWS), Executive Director of Nursing and Workforce, Sue Wadsworth (SW), Non Executive Director, Sarah Gladdish (SG), Clinical Director, Community Clinical Directorate, Chris Sheen (CS), Clinical Director, Acute Clinical Directorate and Sabeena Allahdin (SA), Clinical Director, Planned Clinical Directorate.

13/143 DECLARATIONS OF INTEREST

Declaration made by JM - Assistant Deputy Coroner and Deputy District Judge.

13/144 MINUTES OF THE LAST MEETING – 19 JUNE 2013

The Quality & Clinical Performance Committee approved the Minutes of the meeting held on 19 June 2013.

13/145 MATTERS ARISING

There were no matters arising from the minutes of the last meeting.

AGENDA

13/146 Term Admissions to Neonatal Intensive Care Unit (NICU)

AH updated the Committee on the work that had been done to improve the ratio of monthly term admissions against births. Sian Butterworth, Lead Clinician for NICU, advised that the figures had been static up until April 2013 however there had been a dramatic change during May and June 2013 and that the CQUIN target had been met. AH advised that the unit was now the best performing unit in the region and were likely to be asked to share their experiences with other organisations. AH acknowledged that a lot of hard work had been done in improving processes. JM expressed his thanks to all concerned.

Patient Experience

13/147 Patient Story

Mr & Mrs C joined the meeting and were welcomed by JM to the Committee. Introductions were made. Mr C described their experiences when Mrs C had been admitted to St Mary's in February 2013 and highlighted the following issues:

- Missed medication
- Dr Lawrence not contacted
- Mrs C being severely sick and being given only oral anti-emetics and medications
- Poor readmission process – doctor not acknowledging that Mrs C had been seen by him on her previous admission the day before
- Incorrect details written in health records by registrar
- Poor communication – fax and test results

Mrs C added that the ward sister, health care assistants were compassionate and caring and in particular the newly qualified nurses were excellent.

MP advised that he would review Mrs C's health records as clearly there were some issues that needed to be addressed and agreed that communication was a recurrent theme. The Committee discussed admissions and how normally patients would be admitted to MAU but there were bed pressures at the time. MP added that doctors are taught to start again when patients are readmitted however acknowledged that a preamble would have helped. SJ advised that she could include many of the items raised in the Development Day meeting.

MP apologised to Mr & Mrs C on behalf of his colleagues and advised that he would

follow this up. JM thanked Mr & Mrs C for attending the meeting adding that it had been very constructive and informative. Mr & Mrs C left the meeting.

JM asked that MP provide the Committee with a verbal update at the September 2013 meeting once he had investigated. DM suggested that this case be debated at Directorate Forum. LR suggested that contact me made with Dr Lawrence who could help by providing a letter for Mrs C regarding contacting him should she be readmitted. **MP**

VF added that Mr & Mrs C's story was being videoed following this meeting to be presented at Board and for training purposes.

Quality

13/148 Quality Report

SJ presented the Quality Report to the Committee and highlighted the following issues:

- Pressure ulcers – there has been a significant improvement with lots of actions on this.
- MRSA – this will be covered as an agenda item.
- Non-elective screening – performance has really improved and the teams are putting a lot of effort into this.
- VTE – MP advised that there had been a problem with data collection in June but there was now a new system in place which will improve this.
- Complaints – these are reducing and the new process is working very well.

The Committee discussed the Friends & Family Test. VF advised that the Trust was doing very well with this but that unfortunately this had worsened and that staff needed to be encouraged to hand out the forms to patients upon discharge. VF advised that Matrons are aware of the response figures for their areas as they are regularly updated. VF added that other Trusts do struggle with this too. JM suggested that this be added to the agenda for the September 2013 meeting to review the returns for individual wards. VF added that the national target for the response rate is 15%. The Committee agreed that the correct amount of importance needed to the communicated to patients when they were given the card and also agreed that it would be useful to talk to wards who are achieving the target to see how they approach this. SJ added that she would take this to the Development Day for further discussion with the ward sisters. **VF** **SJ**

13/149 Agree Revised Terms of Reference (TOR)

BJ updated the Committee on the changes that have been made to the TOR including updating the attendance list and standard expectations regarding administration. The Committee discussed item 7.3.5 regarding safeguarding and suggested that the word "assure" be changed to "ensure". The Committee also discussed item 8.2 regarding the Committees which should report to this Committee and agreed that the Joint Safeguarding Committee be added.

The Committee agreed the TOR subject to the two changes being made. **BJ**

13/150 **Draft Long Term Quality Plan (LTQP)**

The Committee discussed the LTQP and agreed that this be reviewed at the August 2013 meeting for submission to August 2013 Board once AWS and SW had had chance to review.

13/151 **Quality Risk Profile – July Data**

BJ presented the Quality Risk Profile to the Committee and advised that this was the latest information that the CQC have regarding the Trust and the overall RAG rating. BJ reported that the RAG rating/Risk Estimates for July 2013 was 63% where is should be with no red ratings. BJ added that there was one amber rating which was regarding the management of medicines. GH updated the Committee on this regarding it related to mental health and if compared to other mental health trusts it would probably be green. GH added that the related to a specific group of patients and was being addressed however the information related to an annual survey completed in 2011 and the information would not be updated until the next annual survey had been completed.

BJ advised the Committee that the Trust had received a letter from the CQC regarding the changing of their inspection regime and how their teams will change and visits will now include evenings and weekends. BJ advised that the CQC had produced a list of 18 Trusts who this new regime will be undertaken immediately but that the Trust was not on this list.

SJ added that there had been an invitation sent to the Trust regarding Peer Reviews and suggested a co-ordinated approach to this.

13/152 **Claims Received – Quarter 1 Report**

BJ presented a summary of clinical claims received from April to June 2013 and advised that there were 13 new potential claims received. BJ added that 4 claims had been closed following successful defence. BJ advised that when a claim is received a check is always made to see if an incident was reported. SJ suggested that a ratio be included on the report which would be a good indicator. **BJ**

NHSLA – BJ advised that the NHSLA run an accreditation scheme for insurance cover for clinical negligence and regularly assess the Trust against their standards. BJ reported that the NHSLA will be ceasing assessments. BJ added that the Trust will need to decide what to do about maintaining these standards to get assurance regarding patient safety. BJ advised that the Trust will keep the accreditation for this year and NHSLA will be writing further regarding the transition. JM asked that BJ provide a progress report on this at the September 2013 meeting.

BJ

<u>Patient Safety</u>

13/153 **Francis Report**

DM advised that Dallas Price had hoped to be at the meeting but was unable to attend due to clinical commitments. DM presented a draft report on the Trust's response to the Robert Francis QC, Mid Staffordshire Foundation Trust Public Enquiry Report and

Recommendations. DM advised the Committee of the approach taken to review the 290 recommendations. This included reviewing the recommendations in conjunction with key staff within the Trust to identify which of the recommendations were applicable to the Trust, drop-in briefing sessions for staff, a workshop held on 13 May 2013 (another is being planned), and additional briefing sessions for staff. DM advised that 64 of the recommendations require direct action from the Trust and 69 are directed towards outside agencies however these may result in the Trust taking action at a later stage. DM added that 160 recommendations are specifically related to other bodies and are unlikely to require any specific action from the Trust at a later stage.

DM advised that there is a lot of work being done around this and that leads need to be identified for each recommendation or theme. DM added that some of the areas, ie complaints, the Trust is already at the recommended standard however some areas will need work and a lot of the changes are around culture. DM advised that the challenge is how to resolve systems and processes to ensure that they are patient focussed and that communication is key. The Committee discussed this and agreed that there was a need to set out expectations to be delivered on and where these were not met then they were addressed with staff.

LR suggested that following the publication of the Keogh Report that the recommendations of this report were reviewed in conjunction with those contained in the Francis Report.

13/154 Serious Incidents Requiring Investigation – those coming on line

VF presented a summary report to the Committee but advised that it was now out of date as there had been a lot of movement on these over the previous week. VF suggested that this information be tabled at the meeting to ensure accurate figures were presented. **VF**

13/155 Serious Incidents Requiring Investigation final sign off (already closed by SHA and Action Plans Completed)

VF presented a summary sheet of closed SIRIs which had been signed off by the Commissioners for final sign off by the Committee. VF advised that the Heads of Clinical Services will present this item in future and answer any questions.

The Committee signed off the SIRIs presented.

13/156 MRSA Case – Update and Action Plan

SJ advised that the RCA had recently been completed and an action plan produced. SJ advised that failings had been identified in that the patient had not been identified as a patient known for MRSA colonisation and therefore a high risk patient, reduction therapy had not been prescribed and information in the patient's health records were incomplete. SJ advised these issues had been addressed with the staff involved and that this was ongoing. The Committee discussed how the Trust could ensure continued vigilance regarding this, how screening rates had increased and how spot checks had been carried out on the wards. JM suggested that something be included in the e-Bulletin to reaffirm awareness. **SJ**

13/157 **Breast Cancer Appointments**

LH updated the Committee on Breast Care Appointments and two week waits. LH advised that everyone referred by a GP is offered an appointment within the two week period however some women are unable to make their appointments for various reasons including holidays. LH advised that the team is working with their GP colleagues for them to stress the importance of women attending their appointments. LH advised that the Trust has revised the allocation of appointments, built in a "fire break" additional clinic and were looking at possible additional clinics on a Tuesday.

13/158 **Liverpool Care Pathway (LCP)**

MP updated the Committee following recent national publicity surrounding the LCP. MP advised that he had reviewed how many times the Trust had used the LCP and said that it had been used once in the last six weeks but that its use had been appropriate. MP advised that his colleagues had previously reviewed the use of the LCP and had decided to move away from it. MP advised that the LCP can be used if clinically appropriate and that it was a good tool if used properly with clear communication. MP advised that he will continue to monitor through the Bereavement Office and that the LCP will be phased out and replaced with end of life individual care plans.

Safeguarding

13/159 **Joint Safeguarding Report**

SJ advised the Committee that this was a new Committee and that they had met on 22 July 2013 to review their Terms of Reference. SJ advised that she will present these to this Committee in August. SJ advised that there had been 6 children's serious case reviews which had all been completed in time and had all been rated as excellent or good. SJ added that there were likely to be adult serious case reviews as the Safeguarding Adults Board becomes more formal. SJ advised that the Trust had to ensure that all Bank nurses were compliant with their safeguarding. LR suggested that SJ review this with Jackie Humphries. SJ advised that the agenda for future meetings had been discussed and would include performance indicators, themes from learning and good documentation. SJ advised that the top items discussed were

- Good IMRs
- Training for bank nurses
- Investigating officers – SJ advised that there is a problem regarding identifying investigating officers and that this needs to be addressed. JM suggested that there was further research required regarding this and asked that a paper by prepared for October Board. **SJ**

Reports From Directorates

13/160 **Acute Directorate – Quality, Risk and Patient Safety Committee – Minutes of June 2013 Meeting**

DM updated the Committee on the top three items discussed at the June 2013 meeting:

- Diagnostic imaging waiting area upgrade

- Blood sciences OOH cover
- Consultant Cover

DM advised the Committee that these were all being addressed.

13/161 Planned Directorate – Quality, Risk and Patient Safety Committee – Minutes of June 2013 Meeting

LH updated the Committee on the top three items discussed at the June 2013 meeting

- Return Admissions
- SIRIs issues, lessons learnt
- Risk Register - ahead of game, however, needs constant updating.

13/162 Community Directorate – Quality, Risk and Patient Safety Committee – Minutes of June 2013 Meeting

LR updated the Committee on the top three items discussed at the June 2013 meeting and advised that the Community and Mental Health Clinical Quality, Risk and Patient Safety Committee meetings will be merged later in the year.

Community

- Pressure Injuries
- HealthAssure
- Risks/Complaints generated from capacity issues.

Mental Health

- Paris complications regarding quality and patient safety (MH).
- For information: 10 September: World Suicide Prevention Day (WSPD) – a regional conference is being arranged. 10 October: National Mental Health Awareness Day.

13/163 Top Issues for the attention of the Executive Board (EB) and the Trust Board (TB)

- Success of NICU
- Patient Story
- Francis Report – challenge of changing culture

13/164 Any Other Business

None

13/165 DATE OF NEXT MEETING:

Wednesday 21 August 2013
9.00 am to 12 Noon
Conference Room

13/166 **Apologies Received for August Meeting**

Nina Moorman, Sarah Johnston, Mark Pugh, Christopher Sheen, Sarah Gladdish, Sabeena Allahdin, Deborah Matthews and Gillian Honeywell

Signed: _____ Chair

Date: _____

Isle of Wight NHS Trust

Remuneration Committee Summary

Date of Remuneration Committee	Topic	Outcome
24-Apr-13	Local Agreement of Weekend / Out of Hours Payments (temporary local agreement)	Approved
	Redundancy x 5	Deferred
	Directors Remuneration 2013/14	Approved
	Unsocial Hours Payments during Sickness	Noted
	Redundancy x 1 - suitable alternative appointment found	Noted
	HMRC Approval of Dispensation	Noted
	Judicial Mediation by HM Treasury.	Noted
	Pensions Auto Enrolment	Noted
29-May-13	Beacon GP Contracts	Approved
05-Jun-13	Redundancy x 3 (Deferred from 24 April 2013)	Approved
19-Jun-13	Redundancy x 1 (Deferred from 24 April 2013)	Approved
	National Employment Savings Trust (NEST)	Approved
26-Jun-13	Redundancy x 1 (Deferred from 24 April 2013)	Approved
	Pay Increase Circular for Very Senior Managers (Vsms) In Ambulance and Community Services and for Chair/NEDs in all NHS Trusts	Noted