Trust Board Papers

Isle of Wight NHS Trust

Board Meeting in Public (Part 1)

to be held on

Wednesday 27th November 2013

at

09.30am - Conference Room—Level B

St. Mary's Hospital, Parkhurst Road,

NEWPORT, Isle of Wight, PO30 5TG

Staff and members of the public are welcome to attend the meeting.

Isle of Wight NHS Trust

The next meeting in public of the Isle of Wight NHS Trust Board will be held on **Wednesday 27th November 2013** commencing at 10:30hrs.in the Conference Room, St. Mary's Hospital, Parkhurst Road, NEWPORT, Isle of Wight, PO30 5TG. Staff and members of the public are welcome to attend the meeting. Staff and members of the public are asked to send their questions in advance to board@iow.nhs.uk to ensure that as comprehensive a reply as possible can be given.

AGENDA

Indicative Timing	No.	Item	Who	Purpose	Enc, Pres or Verbal
09:30	**1**	**Apologies for Absence, Declarations of Interest and Confirmation that meeting is Quorate**			
	1.1	Apologies for Absence:	Chair	Receive	Verbal
	1.2	Confirmation that meeting is Quorate ***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.*	Chair	Receive	Verbal
	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 30th October 2013 and the Schedule of Actions.	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
10:00	**4**	**Chairman's Update**			
	4.1	The Chairman will make a statement about recent activity	Chair	Receive	Verbal
10:05	**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
	5.3	Employee of the Month	CEO	Receive	Pres
10:25	**6**	**Quality and Performance Management**			
	6.1	Performance Report	EMD	Receive	Enc C
	6.2	Minutes of the Quality & Clinical Performance Committee held on 20th November 2013	QCPC Chair	Receive	Enc D
	6.3	Minutes of the Finance, Investment & Workforce Committee held on 20th November 2013	FIWC Chair	Receive	Enc E
	6.4	Safe Staffing Levels	EDNW	Approve	Enc F
	6.5	Board Walkabouts Action Tracker	EDNW	Receive	Enc G
	6.6	Patient Story Action Tracker	EDNW	Receive	Enc H
	6.7	Staff Story	EDNW	Receive	Pres
11:20		COMFORT BREAK			
11:30	**7**	**Strategy and Business Planning**			
	7.1	Business Case - North East Locality Hub	EMD	Approve	Enc I
	7.2	Business Case - MAU Refurbishment	EDNW	Approve	Enc J
	7.3	FT Programme Update	FTPD	Receive	Enc K
	7.4	FT Self Certification	FTPD	Approve	Enc L
12:10	**8**	**Governance and Administration**			
	8.1	Board Assurance Framework (BAF) Monthly update	Comp Sec	Approve	Enc M

	8.2	Minutes of the Audit & Corporate Risk Committee held on 20th November 2013	ACRC Chair	Receive	Enc N
	8.3	Notes of the FT Programme Board held on 22nd October 2013	CEO	Receive	Enc O
	8.4	Statutory & Formal Roles 2013-14	CS	Approve	Enc P
12:25	**9**	**Matters to be reported to the Board**	Chair		
	9.1				
	10	**Any Other Business**	Chair		
	11	**Questions from the Public**	Chair		
		To be notified in advance			
12:30	**12**	**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:

Trust/CCG/Council - Joint Mission Statement
Reports from Serious Incidents Requiring Investigation (SIRIs)
Safeguarding Update
Employee Relations Issues

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.

13 Date of Next Meeting:

The next meeting of the Isle of Wight NHS Trust Board to be held in public is on
Wednesday 8th January 2014
(December Board Meeting delayed due to Christmas Holidays)
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 30th October 2013 in the Conference Room, St Mary's Hospital, Newport, Isle of Wight

PRESENT:	Danny Fisher	Chairman
	Mark Pugh	Executive Medical Director (EMD) *Deputising for Chief Executive*
	Felicity Greene	Executive Director of Strategy and Commercial Development (EDSCD)
	Chris Palmer	Executive Director of Finance (EDF)
	Alan Sheward	Executive Director of Nursing & Workforce (EDNW)
	John Matthews	Non Executive Director
	Nina Moorman	Non Executive Director
	Charles Rogers	Non Executive Director
	Peter Taylor	Non Executive Director
	Sue Wadsworth	Non Executive Director
In Attendance:	Andy Hollebon	Head of Communication
	Mark Price	FT Programme Director & Company Secretary
	Brian Johnston	Head of Governance & Assurance *(for item 13/242/243)*
	Kay Marriott	Head of Clinical Services – Community *(for item 13/231)*
	Stephanie Spence	Community Clinic Co-ordinator *(for item 13/231)*
	Dawn Malkin	Community Clinic Co-ordinator *(for item 13/231)*
	Margaret O'Brien	Community Clinic Co-ordinator *(for item 13/231)*
	Victoria Hillard	Community Clinic Co-ordinator *(for item 13/231)*
	Andrea Church	Community Clinic Co-ordinator Service Manager *(for item 13/231)*
	Tina Beardmore	Ward Sister – Colwell Ward*(for item 13/232)*
	Kate Nelson	Staff Nurse – Colwell Ward*(for item 13/232)*
	Mark Elmore	Deputy Director of Workforce*(for item 13/239)*
	Marcel Lamothe	Human Resources Officer *(for item 13/239)*
Observers:	Chris Orchin	Health Watch
	Sara Bryce	Isle of Wight County Press
Minuted by:	Lynn Cave	Trust Board Administrator (BA)

Members of the Public in attendance: There were six members of the public present

Minute No.

13/225 APOLOGIES FOR ABSENCE, DECLARATIONS OF INTEREST AND CONFIRMATION THAT THE MEETING IS QUORATE

The Chairman welcomed everyone to the meeting and was pleased to note a number of members of the public attending the meeting.

Apologies for absence from members were received from Karen Baker, Chief Executive. Apologies of absence from regular attendees were also received from Mike Carr - Patients Council and Tina Harris – Earl Mountbatten Hospice.

John Matthews declared that he was an Assistant Coroner and a Deputy District Judge.

The Chairman announced that the meeting was quorate.

13/226 PATIENT STORY

The Executive Director of Nursing & Workforce introduced the patient story and confirmed that this month's film concerned a patient on Luccombe Ward.

The patient outlined her experiences on Luccombe Ward and compared them to her experiences whilst in the Mottistone Suite earlier in the year. She compared them favourably, praising staff and her care. She raised the problem of access to the bedside cabinets whilst in bed – she noted that the design did not make it easy for a patient to access the contents whilst lying in bed. She also commented on the food from a vegetarian's perspective highlighting the fact that most of the available options were hot which was not always appropriate for the patients. The lack of fresh fruit options at all meal times was also noted.

The Executive Medical Director explained to the members of the public and other attendees the purpose of the patient story stressing that the stories were of a varied nature and included both positive and negative comments. He reflected that the comments made in this month's film were very encouraging and showed good comparisons between the private and public facilities within the hospital. He confirmed that fresh fruit was already being added to the menus and a review of the ward furniture was also underway. He confirmed that the Luccombe Ward Sister had been invited but had been unable to attend on this occasion.

Peter Taylor asked if it was known why the patient had used the Mottistone suite – this information was not available.

The Isle of Wight NHS Trust Board received the Patient Story

13/227 MINUTES OF PREVIOUS MEETING OF 25th SEPTEMBER 2013

Minutes of the meeting of the Isle of Wight NHS Trust Board held on 25th September 2013 were approved with the following amendment:

Min No 13.202 – para 3 – add "with Sue Wadsworth" after hospital burial ground

Proposed by Peter Taylor and seconded by John Matthews

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

13/228 REVIEW OF SCHEDULE OF ACTIONS

a) TB/041 – The Executive Director of Nursing & Workforce confirmed that the due date for this item should be amended to read Nov 13.

b) **TB/042 –** The Executive Director of Strategy & Commercial Development confirmed that discussions had taken place and vouchers for free services were available with ward staff to be distributed to patients as needed. Staff needed to be made aware of their availability and it was suggested that hospital volunteers could be asked to assist.

c) TB/043 – The Executive Director of Nursing & Workforce confirmed that a letter had been drafted and would be going out to all relevant parties in the next few days.

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

13/229 CHAIRMAN'S UPDATE

a) **Lord Lieutenant's Awards:** The Chairman received an award on behalf of the Trust at the Lord Lieutenant's recent awards evening from SaBRE (Support for British Reservists & Employers) in recognition of our outstanding support for members of the Reserve Forces. Congratulations also to Dana Whawell, Patient Transport Manager in the Ambulance Service who also received recognition for her long service. Dana was recognised for her 38 years service and being the first woman paramedic in the service

b) **Director of Strategy and Commercial Development:** The Chairman reported that Director of Strategy and Commercial Development Felicity Greene will be leaving the Trust on 8th November. She is going to take up a new role in the local Commissioning Support Unit (CSU) as Director of Operations. Over the past year Felicity has established a strategic and commercial directorate that will ensure we become stronger in the future as an organisation. We wish her all the best in her new role, which involves still having links and working with our CCG and us. We anticipate that Felicity's role will be covered by temporary arrangements whilst a permanent Director replacement is sought.

The Chairman also alluded to the Care Quality Commission Inspections which would be covered in more detail in the Chief Executives report and also the recruitment of a Designate Non-Executive Director for which applications have been received and interviews established for next month.

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

13/230 CHIEF EXECUTIVE'S UPDATE

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

1 National

a) **Care Quality Commission Inspections -** The Care Quality Commission (CQC) have announced this week that the Chief Inspector of Hospitals is to conduct inspections at a further 19 NHS Trusts from January - March 2014 (http://www.cqc.org.uk/public/news/more-hospital-inspections-announced).

The Executive Medical Director reported that we are disappointed that we are not amongst those to be inspected but it is good to know that the CQC ranks us as a 'four' on a scale of one (being poor) to six (being good). Obviously we want to be a six and we are doing lots of work to improve our services but it is good to know that we are not considered a high risk.

We have been in touch with the NHS Trust Development Agency (NHS TDA) to discuss this announcement and they have confirmed that they remain supportive of our application to become an NHS Foundation Trust. We understand that the earliest we can expect an inspection is April 2014.

2 Regional

a) **Pathology Consortium -** Portsmouth Hospitals have decided to withdraw from the Pathology Consortium following a review of their business requirements. We will be refreshing the business case, discussing with our staff and University Hospitals Southampton, the other remaining partner in the consortium, what we should do next including the option to seek an alternative partner or partners. The timeline for this review will be published as soon as we know how long it will take.

3 Local

a) **Outdoor Gym -** Board members visited the Outdoor Gym following the last Board meeting. This is now open and ready to use, with equipment installed by Fresh Air Fitness. It can be used by everyone including members of the public and staff. There are 12 units in total with 2 for disabled users and 2 for children. The outdoor gym came out of the Big Discussion and is the result of what staff wanted. It is located behind the line of trees next to the North Car Park. The Executive Medical Director acknowledged the work of Physical Wellbeing Coordinator Rob Allen and the Staff Health and Wellbeing Committee for progressing this.

Peter Taylor highlighted that the funding for the Outdoor Gym had been granted via the Charitable Funds Committee

b) **Royal College of Nursing (RCN) Chief Executive and General Secretary Visit – 4/10/13 -** The Royal College of Nursing (RCN) held an Education Day on 4th October in the Education Centre at St. Mary's. Speakers included RCN, General Secretary and Chief Executive Dr Peter Carter, RCN Mental Health Advisor, Ian Hulatt and RCN Dementia Advisor, Rachel Thompson. The focus of the event was mental health. He gave an inspirational speech about how nurses are key to providing excellent patient services.

c) Annual Staff Survey - The Annual Staff Survey is underway. Around 850 staff including all Mental Health and all Ambulance staff have been sent the annual staff survey by independent survey company Quality Health.

d) **Organisational Temperature Survey -** We recognise however, that measuring how staff feel just once a year is insufficient. Therefore, we have introduced a monthly 'Organisational Temperature Survey'. This is being run at the beginning of each month for a week and the results are reported back via the Intranet, in Friday Flame and e-Bulletin.

e) **Delivering Intravenous Antibiotics for Sepsis -** We think we are probably the first healthcare organisation in the northern hemisphere to deliver high dose antibiotics intravenously to patients in the community with suspected sepsis. This revolutionary treatment saves lives and could prevent up to a third of admissions to intensive care. From inception to delivery has taken four months, it is ground breaking and demonstrates how quickly we can develop and implement new procedures. More information is available on our website. http://www.iow.nhs.uk/default.aspx.locid-02gnew01y.Lang-EN.htm

f) **Cancer Awareness Day -** Cancer services provided by the Trust and partner organisations held a Cancer Awareness Day in the Conference Room. This is a good example of how we need to reach out to our patients, their carers and relatives and the Island population.

g) **Fight for Finley – 9th October 2013 -** There was a tremendous response to the appeal for Islanders to get themselves swabbed as a possible match for Finley Morris, a young Island boy who has leukaemia. In addition to the events at the Riverside Centre, GKN and Isle of Wight College over 250 staff were swabbed at a session at St, Mary's.

h) First meeting of LGBT Patient and Staff Groups – 9th & 10th October 2013 - Isle of Wight NHS Trust has set up a group for local lesbian, gay, bisexual and transgender (LGB&T) people to ensure that their views, like other groups, help to influence how local health services are managed.

i) **Hospital Car Service –** The Executive Medical Director reported that the Trust is reviewing the proposed closure of the Hospital Car Service. We are holding discussions with a range of Island agencies and organisations to see if there is a better way to provide the service which currently costs the Trust over £30,000 per annum. No final decision will be made until that process of consultation is complete.

j) **Severe Adverse Weather – 27th & 28th October 2013 -** The Island faced severe adverse weather on Sunday evening through to Monday morning this week. Despite the significant challenges this presented our services coped well and we were able to run all our services on Monday 28th October.

k) **Formal opening of Hub and Helipad -** The Integrated Care Hub and the Helipad will be formally opened on the afternoon of Tuesday 12th November by the Duke of Kent.

l) **NHS Choir -** Singing is a fantastic way to relax and entertain others. The 'NHS Nightingales' made their debut in Ryde earlier this month and will be performing at the Trust Awards evening on 19th November.

m) **Isle of Wight NHS Trust Awards – 19th November 2013 -** The shortlist of 24 entries in 8 categories for the Trust's annual awards has been announced following review by a panel of Executive, Non-Executive, Staff and Patient representatives. Further nominations for team and individual awards are now being considered.

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

13/231 EMPLOYEE RECOGNITION OF ACHIEVEMENT AWARDS

The Executive Medical Director on behalf of the Chief Executive presented Employee Recognition of Achievement Awards: This month the Community Clinic Co-ordinating Team from the Community Directorate was recognised under the Category of **Employee Role Model**. The team consists of the following staff:

Stephanie Spence, Beverley Moore, Dawn Malkin, Victoria Hillard, Margaret O'Brien, Kerry Ryan, Jackie Ewens and Samantha Dawkins

The Executive Medical Director congratulated everyone on their achievements.

The Isle of Wight NHS Trust Board received the Employee Recognition of Achievement Awards

13/232 EMPLOYEE OF THE MONTH

The Executive Medical Director on behalf of the Chief Executive presented Employee of the Month award to Kate Hudson who is a Staff Nurse on Colwell Ward. He explained that Kate is the first recipient of this new award. Kate had been nominated by members of the public. Kate was leaving the hospital as her shift had ended, and in her own time put the patient's needs above her own to provide care and support to an individual clearly in a very distressed state.

The Isle of Wight NHS Trust Board received the Employee of the Month Award

QUALITY AND PERFORMANCE MANAGEMENT

13/233 PERFORMANCE REPORT

The Executive Director of Finance presented the Performance report for this month.

She brought to the attention of the meeting two minor errors on page 3 of the report. Under Patient Safety, Quality & Experience:

- Quality Account No 3 Reduction in Communication complaints/concerns Year to Date (YTD) should read 74 not 67
- VTE (Assessment for risk of) Annual Target should read 95% not 90%

Highlights

- Operational performance is very good with all but one Year to Date indicator showing Green ratings
- All 8 Cancer indicators are green for the year to date
- Emergency Care 4 hour standard performance remains above target
- Formal complaints maintained within reduced target

Lowlights

- Grades 2 and 3 Pressure Ulcers above plan
- Transient Ischaemic Attack (TIA) locally stretched target remains challenging
- Total pay bill above plan in month and Year to Date (YTD)
- Venous Thrombo-Embolism (VTE) assessment compliance again below target
- Theatre Utilisation was below target for September

Key Points:

a) **Patient Safety, Quality & Experience:**
An area of particular focus regarding patient safety, quality and experience is Pressure ulcers. Although achieving an overall reduction on last year, we are not meeting our planned reduction for the various grades of pressure ulcers. A range of training for staff including a pressure ulcer awareness campaign has commenced in order to reduce future incidents.

Venous Thrombo-Embolism (VTE) Risk assessment: The percentage of patients that have a VTE risk assessment was again below target for September. The update to the computerised prescription system which should ensure future compliance to this standard has again been delayed by the supplier and is now due in January 2014.

b) **Operational Performance:**
Performance against our key operational performance indicators is largely green with just two amber in month and one amber year to date.

We are still under achieving against our challenging stretched target for high risk transient ischaemic attack (TIA) fully investigated and treated within 24 hours although we continue to achieve the national target of 60%.

All cancer targets are green year to date despite the cancer 31 day chemotherapy target being amber in month. Across all cancer targets for September there were a total of 8 breaches, all of which were patient led. A range of actions are continuing to be progressed against these indicators

c) ***Workforce:***
The total pay bill for September is over plan despite the number of full time equivalents (FTEs) in post currently being lower than plan; this is due to a significant variance on agency staff pay above planned levels. Human Resources are closely monitoring and supporting the clinical directorates with their workforce plans, in particular their control over their spend on variable hours.

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

Sickness absence was above plan in September (3.77%). Specific problem areas are identified and challenged at directorate performance review meetings.

d) **Finance & Efficiency:**
Overall we have achieved our financial plans for September and our Monitor Financial Risk Rating has reduced to 3 due to increased income affecting the metrics.

The in month cost improvement programme (CIP) target for planned schemes in September underachieved by £167k. Despite this, the year to date target is showing as fully delivered although year to date includes an element where the full year effect of banked schemes is being recognised.

Sue Wadsworth requested that the results of the theatre utilisation audit be presented to the Quality & Clinical Performance Committee.

Action Note: The Executive Director of Nursing & Workforce to arrange for the results of the theatre utilisation audit to be presented to the Quality & Clinical Performance Committee.
Action by: EDNW

Charles Rogers queried the figures for Clinical incidents – major and catastrophic as outlined on the Balanced scorecard. He was concerned that the figures given were high. The Executive Director of Finance explained that these figures included both confirmed and potential incidents hence the numbers shown. The Executive Director of Nursing & Workforce also confirmed that of those incidents 5 were going through the investigation process and as such could not yet be validated as this could not occur under the

investigation was complete. John Matthews requested that the figures be clearly separated into confirmed and potential for future reports.

Action Note: PIDs to amend the Balance Scorecard to show separate data for Clinical Incidents major and catastrophic confirmed and also potential.

Action by EDNW

Charles Rogers queried if more detail could be included on the capital programme which showed the items which are being pushed back on the schedule. He noted that the required risks were discussed at the Finance, Investment & Workforce committee and could lead to changes to the dates for the commencement of work. A discussion took place surrounding funding and time lines for work under this schedule.

Action Note: Executive Director of Finance to review detail on the capital programme for December report which will be presented to Board on 8th Jan.

Action by: EDF

Peter Taylor suggested that if would be appropriate for the minutes of the Finance, Investment & Workforce Committee and the Quality & Clinical Performance Committee to be moved up the agenda to this section of the meeting as they have direct influence on the data held within this report. This was agreed.

Action Note: Company Secretary to amend future agendas accordingly.

Action by: CS

Sue Wadsworth asked if the vacancies in the Speech & Language team had been recruited to. The Executive Medical Director confirmed that these posts were currently being actively recruited to. A discussion took place surrounding vacant posts and the use of agency and bank staff. It was noted that certain teams are relatively small and any absence can show as a high ratio of staff absent when compared to larger departments.

The Isle of Wight NHS Trust Board received the Performance Report

13/234 QUARTERLY MORTALITY REPORT

The Executive Medical Director presented the quarterly mortality report. He confirmed that the figures shown in the presentation were retrospective. He discussed the results of the data shown and outlined the timeline for the publication of the Dr Foster information 2013. Summary highlights of the report are:

- Hospital Standardised Mortality Ratio (HSMR) steady decrease
- No weekend effect
- Good results from surgery
- Summary Hospital Mortality Indicator (SHMI) has increased but still within acceptable limits
- Recent expansion of critical care outreach team
- Programme to treat ill patients at home
- Recent work on acute kidney injury with Care Quality Commission
- Recent review of Stroke deaths

The Isle of Wight NHS Trust Board received the Quarterly Mortality Report

13/235 RESPONSIBLE OFFICER UPDATE

The Executive Medical Director reported on the current status of the revalidation of doctors. He explained the process of revalidation and confirmed that of this financial years cohort 20 doctors had successfully revalidated with a further 8 due before the end of the financial year.

He also confirmed that his own appraisal would this year be undertaken by an external assessor to strengthen assurance.

The Isle of Wight NHS Trust Board received the Responsible Officer Update

13/236 5 YEAR CLINICAL STRATEGY – BEYOND BOUNDARIES

The Executive Medical Director presented the Beyond Boundaries slide set presentation which was being shown throughout the organisation. He confirmed a film was being developed which specifically trained staff would be presenting throughout the organisation and beyond.

Peter Taylor observed that the Trust needed to show how it was saving money through efficiency and allow demonstration of value for money. The Executive Medical Director confirmed that data would be available to show this.

The Isle of Wight NHS Trust Board received the 5 Year Clinical Strategy

13/237 BOARD WALKABOUT ACTION TRACKER

The Executive Director of Nursing & Workforce confirmed that since the start of this programme of visits in February 2013 there had been 138 actions raised. Of these 89 were now completed with 27 of the remaining 49 open actions being flagged as Green and 22 as Red (overdue by 14 days or more). The open actions had all been reviewed with any work outstanding with estates being discussed and merged where applicable into larger works orders. The Executive Director of Strategy & Commercial Development confirmed that the estates team were endeavouring to include any small items of work within larger works to reduced costs and to be more patient aware by reducing disturbances to the ward areas.

The Executive Director of Nursing & Workforce also confirmed that work would be reviewed in line with the Keogh Report and the Care Quality Commission recommendations.

Sue Wadsworth asked for an update on the Luccombe Ward discharge action and was advised that this had been approved earlier in the week.

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

13/238 PATIENT STORY ACTION TRACKER

The Executive Director of Nursing & Workforce reported that since the commencement of this action tracker there had been 3 completed actions. Of the remaining 5 which were in progress 2 were within the remit of the capital programme. He confirmed that there would be a summary report given in November on progress.

Action Note: The Executive Director of Nursing & Workforce to arrange for summary report to be presented at the November Board meeting

Action by: EDNW

The Isle of Wight NHS Trust Board received the Patient Story Action Tracker

13/239 STAFF STORY

The Executive Director of Nursing & Workforce introduced the representatives from Human Resources.

The staff story concerned the outcome of a recent employment tribunal in which Human Resources had been praised by the tribunal judge - *Judge stated: "It is the clear view of this Tribunal that the conduct of the investigative process together with the detailed disciplinary hearing and appeal hearing constituted a model process. Both the investigative process and the disciplinary hearings were detailed and thorough and offered the claimant every opportunity to put his case. We can find no proper criticism of the procedure adopted by the respondent."* The Deputy Director of Workforce together with the Human Resources Officer in charge of the case, outlined aspects of the case to the Board.

John Matthews commented how unusual it was for a judge to make such a positive statement and that it was an extremely good accolade. The Executive Director of Nursing & Workforce stated that in response to the Francis Report the public have expectations that staff will be dealt with in a prompt and fair manor and this demonstrated that the Trust was doing this. He confirmed that the process of review would continue to ensure that this standard is adhered to.

Nina Moorman stated how impressed she was with the judge's comments.

The Isle of Wight NHS Trust Board received the Staff Story

STRATEGY AND BUSINESS PLANNING

13/240 FT PROGRAMME UPDATE

The FT Programme Director presented the monthly update:

He confirmed that the timeline for FT status will be amended to accommodate the visit by the Chief Inspector of Hospitals. It had been requested that we were included in the period January to March 2014 but it had been confirmed by the Trust Development Authority (TDA) that they would recommend us for the April – June 2014 cohort. He confirmed that the Trust is classed as a strong candidate for FT status by the TDA. Board 2 Board session would now be delayed from January to April/June period with the final Integrated Business Plan submission now being linked to the yearend accounts giving the Trust 2 full years of audited accounts which will serve to strengthen our application.

Membership was continuing to rise with the first members meeting being scheduled for 28th November. All members would be welcome and it was hoped that Board members would also attend.

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

13/241 FT SELF CERTIFICATION

The FT Programme Director presented the monthly update stating that there was little change from September's data. He reported that there was 1 area of licence conditions showing as non-compliant but that a clear date for completion had been set.

Proposed by Peter Taylor and seconded by John Matthews

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

GOVERNANCE & ADMINISTRATION

13/242 BOARD ASSURANCE FRAMEWORK (BAF) DASHBOARD & SUMMARY REPORT

The Head of Governance & Assurance presented the report which was shown in a summarised format. There were 125 Principal Risks open with 73 risks aligned with the Risk Register. He confirmed that there were 17 risks which were recommended to have their ratings changed – 4 from Amber to Green and 13 from Green to Amber. The 13 whose rating was rising to Amber all have action plans in place.

Of the Red risks he highlighted that risk 576-1 – Social Club Building was remaining open as there was still a risk of fire despite the building now being fully cleared. This was just a precaution and the risk has been significantly reduced. He confirmed that the 3 new risks all had action plans in place.

Sue Wadsworth asked why 514-1 risk level had risen from 16 to 25. It was explained that the Directorate had increased this to cover the winter pressures and the Trust Executive Committee was monitoring.

Charles Rogers queried why 7.23 was raising to Amber. The Head of Governance & Assurance advised that further work was being undertaken to demonstrate compliance.

Charles Rogers also queried why 586 – Endoscopy decontamination machines - was still not actioned. The Executive Director of Finance confirmed that the purchase was included within this financial years funding but it had been undervalued and therefore a review was needed for the additional costs to be included within the capitalisation plan. A discussion took place surrounding how the machines work and that breakdowns were only partial allowing it to continue being used for certain procedures.

Peter Taylor asked for it to be noted that this risk had been logged in the last financial year.

Proposed by Sue Wadsworth and seconded by Peter Taylor

The Isle of Wight NHS Trust Board approved the Board Assurance Framework (BAF) Dashboard & Summary Report

13/243 CORPORATE GOVERANCE DOCUMENTS - ACCOUNTABLE OFFICER MEMORANDUM, CODE OF ACCOUNTABILITY & STANDARDS OF BUSINESS CONDUCT

The Head of Governance & Assurance advised that these documents were part of the Corporate Governance Framework and were based on the national models issued by the Department of Health, which had been updated.

Charles Rogers referred to Standards of Business Conduct item 4d. He asked whether the Trust have procedures in place to cover this clause. The Head of Governance & Assurance confirmed that this was the case.

Proposed by Sue Wadsworth and seconded by John Matthews

The Isle of Wight NHS Trust Board approved the Corporate Governance Documents

13/244 BOARD MEETING FORWARD PLAN

The Company Secretary presented the revised Board Meeting Forward Plan for approval. He explained that this document was good practice and included the regular and predictable items which would come to Board. It did not include any ad-hoc items which may occur from time to time. He confirmed that the document had previously been discussed at a recent Board Seminar and feedback from this forum had been included within the current document.

The Executive Medical Director commented about font size. The Company Secretary advised that for the purpose of presenting to Board it had been printed on A4 but that it would be available in pdf format which would allow the print to be enlarged as required by the viewer.

Proposed by John Matthews and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the Board Meeting Forward Plan

BOARD SUB-COMMITTEE MINUTES & REPORTS

13/245 MINUTES OF THE QUALITY & CLINICAL PERFORMANCE COMMITTEE HELD ON 23RD OCTOBER 2013

Sue Wadsworth reported on the key points raised at the last meeting:

a) **Min No. 13/231 Quality & Clinical Performance Committee**: A review to be undertaken regarding the way the Committee and its Sub Committees operate.

b) **Min No. 13/233 Quality Dashboard:** The EDNW advised that the Quality Dashboard was now live and would be formally launched.

c) **Min No. 13/233 Quality Champions:** 100 Quality Champions to be recruited to undertake set pieces of work i.e. monitoring implementation of Francis Report recommendations.

d) **Min No. 13/245 National Patient Experience Survey 2012-13:** The Lead Cancer Nurse presented the survey findings and subsequent action plan and will update the Committee on progress in April 2104.

e) **Min No. 13/257 TDA Self Certification:** The Committee endorsed this.

Sue Wadsworth advised the meeting that as part of the committee review the Executive

Director of Nursing & Workforce, Nina Moorman and John Matthews together with herself would be attending the daylong meeting of the Quality Committee at the Frimley Park Hospital NHS Foundation Trust to get a fresh look on how other Foundation Trust hospitals operate their committee. The Executive Director of Nursing & Workforce confirmed that this approach was supported within the Deloitte report and it was important that the Trust look forward. Sue Wadsworth further mentioned that as part of the committee review the representatives from the directorates would be assessed to ensure that the right level of seniority was present at the meetings.

She highlighted the Quality Dashboard which was replacing the Ward Dashboards as from 25th October. It was confirmed that these dashboards would be available on the intranet and she requested that all Non Executive Directors add this to their essential reading list.

The Quality Champions leaflets were being distributed to all areas and she asked that the Trust Board take the opportunities given during their hospital visits to promote this initiative amongst the grass root staff as it was essential that there was a good mix of staff from all levels of the organisation amongst the champions.

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

13/246 MINUTES OF THE MENTAL HEALTH ACT SCRUTINY COMMITTEE HELD ON 23RD OCTOBER 2013

Peter Taylor reported on the key points raised at the last meeting:

a) **Min No. 13/011 Section 12 Registered Doctor:** Considerable progress has been made as Clinical Commissioning Group (CCG) has recruited small group of General Practitioners. Not currently S12 registered, but are prepared to undergo training and become registered. The CCG to pay them a higher rate per assessment and receive a standby fee.

b) **Min No. 13/013 Paris implementation:** Used only for in-patient recording currently; issues regarding IT problems, confidentiality, availability of training have impacted considerably on rollout through Mental Health services.

c) **Min No. 13/013 Notification of Care Quality Commission visit:** Advised for 18th/19th December Monitoring under S120 of the Mental Health Act 1983: Assessment and Application of Detention and Admission visit.

He expressed concern on the implementation of the Paris system and questioned if it had been purchased as a cheaper option. He reported that the Care Quality Commission had been critical of the level of training and it was vital that staff training on the system be addressed as a priority. The Executive Medical Director advised that Paris had not been the cheapest option and was recognised nationally as one of the best systems; he also confirmed that work was underway to improve staff training on this system.

The Isle of Wight NHS Trust Board received the minutes of the Mental Health Act Scrutiny Committee

13/247 MINUTES OF THE FINANCE, INVESTMENT & WORKFORCE COMMITTEE HELD ON 23RD OCTOBER 2013

Charles Rogers reported on the key points raised at the last meeting:

Key Points from Minutes to be reported to the Trust Board

a) **Min No. 13/170 Long Term Financial Model (LTFM) Status Update:** Introduction of the QuinCE[1] project management system (Quality and Innovation in Cost Efficiency)

[1] QuinCE is the name of the database solution that we are using to monitor the delivery of the Cost Improvement Plans. It allows project managers to directly enter details about their projects. It also allows Finance to record the delivery against each scheme.

b) **Min No. 13/171 Financial Performance:** Capital Plan Status; Pension Auto Enrolment cost pressure

c) **Min No. 13/174 Estate Rationalisation:** Future use of the Social Club.

d) **Min No. 13/176 Self Certification Review:** Sufficient assurance had been provided for the Committee to recommend that Trust Board approve the self-certification returns as proposed.

He confirmed that the Capital plan would be returning to the committee at the next meeting for further discussion. There had been an uptake by 554 people to the pension auto enrolment which had added a cost pressure of £300,000. The LTFM had been enhanced by the introduction of the new QuinCE system which would allow monitoring of all projects and which will link directly with Estates and Information Management systems. He confirmed that the Transformation and Quality Innovation team were heavily involved with this project and there would be a suite of new reports available to provide assurance.

The Isle of Wight NHS Trust Board received the minutes of the Finance, Investment & Workforce Committee

13/248 NOTES OF THE FOUNDATION TRUST PROGRAMME BOARD HELD ON 24TH SEPTEMBER 2013

The Foundation Trust Programme Director reported on the key points raised at the last meeting:

a) **Note No 3** - New timeline confirmed by Trust Development Authority (TDA)

He confirmed that confirmation of the revised timeline had been received from the Trust Development Authority (which has now been superseded) and that all other key areas had been covered earlier in the meeting.

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

13/249 MATTERS TO BE REPORTED TO THE BOARD

None

13/250 QUESTIONS FROM THE PUBLIC

There were no formal questions received from the public.

13/251 ANY OTHER BUSINESS

None

13/252 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 27th November 2013 in the Conference Room, St Mary's Hospital, Newport, Isle of Wight.

The meeting closed at 12:15

Signed……. Chair Date:……..

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) Charles Rogers (CR) Nina Moorman (NM)

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Due Date	Date Closed	Status
25-Sep-13	13/206	TB/041	**Non Medical Prescribers Register:** Sue Wadsworth asked that the audit when complete was reported to the Quality & Clinical Performance Committee. The Executive Director of Nursing & Workforce confirmed that the Deputy Director of Nursing would be going forward with this project and looking into more ways to use nurses and therapists in the future.	EDNW	The Executive Director of Nursing & Workforce to arrange for results of audit to be presented to the QCPC. **30/10/13** - The Executive Director of Nursing & Workforce confirmed that the due date for this item should be amended to read Nov 13.	30-Nov-13		Open
25-Sep-13	13/199	TB/042	**Patient Entertainment System** - The Executive Director of Nursing & Workforce stated that the services provided were in bundles and that these needed to be reviewed to provide flexibility for the patients. The Chairman requested that a report be brought back to the Board.	EDNW (formerly assigned to EDSCD)	Discussion with current contractor of patient entertainment system and report back. **22/10/13** - Discussions have been opened with Hospedia and another call is scheduled for this week. We have details of all the packages and they have requested that we send the clip of the patient story to them on disk which we will do. **30/10/13** - The Executive Director of Strategy & Commercial Development confirmed that discussions had taken place and vouchers for free services were available with ward staff to be distributed to patients as needed. Staff needed to be made aware of their availability and it was suggested that hospital volunteers could be asked to assist. **18/11/13** - Deputy Director of Nursing advising lead staff. (reassigned to EDNW from EDSCD)	30-Nov-13		Open
25-Sep-13	13/216	TB/043	**Attendance at Committee by CD's:** Sue Wadsworth also advised that the committee were still concerned about the attendance by the Clinical Directors at committee and requested that attendance be a requirement within their job descriptions.	EDNW	Executive Director of Nursing & Workforce to explore this request. **30/10/13** - The Executive Director of Nursing & Workforce confirmed that a letter had been drafted and would be going out to all relevant parties in the next few days. **18/11/13** - Confirmation received that letters have been sent	30-Oct-13	18-Nov-13	Closed
30-Oct-13	13/233	TB/045	**Theatre utilisation audit** - Sue Wadsworth requested that the results of the theatre utilisation audit be presented to the Quality & Clinical Performance Committee.	EDNW	The Executive Director of Nursing & Workforce to arrange for the results of the theatre utilisation audit to be presented to the Quality & Clinical Performance Committee. **18/11/13** - On QCPC agenda for 20 November 2013		18-Nov-13	Closed
30-Oct-13	13/233	TB/046	**Clinical incidents -** Charles Rogers queried the figures for Clinical incidents – major and catastrophic as outlined on the Balanced scorecard. He was concerned that the figures given were high. The Executive Director of Finance explained that these figures included both confirmed and potential incidents hence the numbers shown. The Executive Director of Nursing & Workforce also confirmed that of those incidents 5 were going through the investigation process and as such could not yet be validated as this could not occur under the investigation was complete. John Matthews requested that the figures be clearly separated into confirmed and potential for future reports.	EDF	PIDs to amend the Balance Scorecard to show separate data for Clinical Incidents major and catastrophic confirmed and also potential. **19/11/13** - Changes will occur from December report which will be presented to Board on 8th Jan (reassigned to EDF from EDNW)	08-Jan-14		Open
30-Oct-13	13/233	TB/047	**Capital Programme** - Charles Rogers queried if more detail could be included on the capital programme which showed the items which are being pushed back on the schedule. He noted that the required risks were discussed at the Finance, Investment & Workforce committee and could lead to changes to the led dates for the commencement of work. A discussion took place surrounding funding and time lines for work under this schedule	EDF	Executive Director of Finance to review detail on the capital programme for December report which will be presented to Board on 8th Jan	08-Jan-14		Open
30-Oct-13	13/233	TB/048	**Minutes of Sub Committees** - Peter Taylor suggested that if would be appropriate for the minutes of the Finance, Investment & Workforce Committee and the Quality & Clinical Performance Committee to be moved up the agenda to this section of the meeting as they have direct influence on the data held within this report. This was agreed.	CS	Company Secretary to amend future agendas accordingly. **18/11/13** - confirmed actioned for November meeting	18-Nov-13	18-Nov-13	Closed

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Due Date	Date Closed	Status
30-Oct-13	13/238	TB/049	**Patient Story Action Tracker** - The Executive Director of Nursing & Workforce reported that since the commencement of this action tracker there had been 3 completed actions. Of the remaining 5 which were in progress 2 were within the remit of the capital programme. He confirmed that there would be a summary report given in November on progress	EDNW	The Executive Director of Nursing & Workforce to arrange for summary report to be presented at the November Board meeting. **19/11/13** -Summary of progress provided within action tracker. Confirmation required as to what information should be provided on an ongoing basis eg action tracker and/or summary overview report.	08-Jan-14		Open

Isle of Wight NHS Trust Board Performance Report 2013/14

October 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		19/11/2013
Finance, Investment & Workforce Committee	19/11/2013	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 20th November **Completed by: Iain Hendey**

Isle of Wight NHS Trust Board Performance Report 2013/14

October 13

Executive Summary

Isle of Wight NHS Trust

Patient Safety, Quality & Experience:

Areas of particular focus regarding patient safety, quality and experience include:

Pressure ulcers: Although achieving an overall reduction on last year, we are not meeting our planned reduction for the various grades of pressure ulcers. A range of training for staff including a pressure ulcer awareness campaign is under way to reduce future incidents.

VTE Risk assessment: The percentage of patients that have a VTE risk assessment remains below target for October (89%) despite continued improvement. The Executive Medical Director has undertaken a review at ward level. The system upgrade which will force compliance to this standard is due in January 2014.

HCAI: Our local stretch target for Hospital Acquired Clostridium Difficile infection has been exceeded due to one case during October (5),although we are still within our nationally set trajectory for this point in the year (6).

Workforce:

The total pay bill for October (£9.47m) is over plan (£9.43m) despite the number of FTEs in post currently being lower than plan, this is due a significant variance on agency staff pay above planned levels. The HR Directorate are closely monitoring and supporting the Clinical directorates with their workforce plans, in particular their control over their spend on variable hours.

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

Sickness absence was above plan in October (3.91%). Specific problem areas are identified and challenged at directorate performance review meetings.

Operational Performance:

Performance against our key operational performance indicators is green with just one amber indicator against a stretched local target despite achieving the national target.

We continue to under achieve against our challenging stretched target for high risk TIA fully investigated and treated within 24 hours (81% vs 95%) although we consistently exceed the national target of 60%. This is a recognised national problem.

All cancer targets are green for the month and year to date. A range of actions is continuing to improve the performance of these indicators.

Finance & Efficiency:

Overall we have achieved our financial plans for October and our Monitor Financial Risk Rating continues to be 3 due to increased income affecting the metrics.

The YTD CIP target for planned schemes at October is underachieving by £1,012k.

Isle of Wight NHS Trust Board Performance Report 2013/14

October 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

GRR ref:	Patient Safety, Quality & Experience	Annual Target	Actual Performance		YTD	Month Trend	Sparkline	Year end forecast
	Quality Acct #1 Summary Hospital-level Mortality Indicator (SHMI)* Apr-12 - Mar-13	1.00	1.1230	Q2	N/A			1.118
	Quality Acct #1Hospital Standardised Mortality Ratio (HSMR) Apr-12 - Mar-13	100	103.7	Q2	N/A			102.8
	Quality Acct #2 Patients admitted that develop a grade 4 pressure ulcer	0	2	Oct-13	12	↘		13
	Quality Acct #2 Patients admitted that develop a grade 2 or 3 pressure ulcer	60	10	Oct-13	58	↘		91
	Quality Acct #3 Reduction in communication complaints/concerns	150	21	Oct-13	95	↘		148
	Quality Acct #4 Amber care bundle (once implemented)	-	-		-	-		-
	Level 1 & 2 CAHMS seen within 18 weeks referral to treatment	100%	100%	Oct-13	98%	↔		98%
	VTE (Assessment for risk of)	>95%	90%	Oct-13	89%	↗		88%
4a	MRSA (confirmed MRSA bacteraemia)	0	0	Oct-13	1	↔		1
4b	C.Diff (confirmed Clostridium Difficile infection - stretched target)	8	1	Oct-13	5	↘		6
	Clinical Incidents (Major) resulting in harm (confirmed & potential, includes falls & PU 3&4)	48	4	Oct-13	39	↘		50
	Clinical Incidents (Catastrophic) resulting in harm (confirmed & potential)	8	0	Oct-13	5	↔		5
	Falls - resulting in significant injury	11	1	Oct-13	6	↗		17
	Delivering C-Section	<25%	18%	Oct-13	19%	↗		20%
	Normal Vaginal Deliveries	>70%	75%	Oct-13	68%	↗		72%
	Breast Feeding at Delivery	>85%	74%	Oct-13	76%	↘		74%
	Formal Complaints	<276	9	Oct-13	110	↗		153
	Patient Satisfaction (Friends & Family test - aggregated score)	Q3>Q1	69	Oct-13	67	↗		68

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)	2,674.0	2,650.9	Oct-13	N/A	↘		
Total pay costs (inc flexible working) (£000)	£9,432	£9,468	Oct-13	£67,567	↘		£65,969
Variable Hours (FTE)	139	138.00	Oct-13	963.77	↘		985
Variable Hours (£000)	£56	£555	Oct-13	£3,675	↗		£367
Staff sickness absences	3%	3.91%	Oct-13	3.63%	↗		3%
Staff Turnover	5%	0.90%	Oct-13	6.32%	↘		
Mandatory Training	80%	74%	Oct-13	74%	↔		
Appraisal Monitoring (cumulative)	100%	54.9%	Oct-13	54.9%	↗		
Employee Relations Cases	0	18	Oct-13	143 (live)			

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	Sparkline	Year end forecast
3e	Emergency Care 4 hour Standards	95%	96%	Oct-13	97%	↘		96%
3j	Ambulance Category A Calls % < 8 minutes	75%	76%	Oct-13	76%	↘		76%
3k	Ambulance Category A Calls % < 19 minutes	95%	97%	Oct-13	97%	↗		97%
	Stroke patients (90% of stay on Stroke Unit)	80%	86%	Oct-13	89%	↘		87%
	High risk TIA fully investigated & treated within 24 hours (National 60%)	95%	71%	Oct-13	81%	↘		72%
3d	Symptomatic Breast Referrals Seen <2 weeks*	93%	95%	Oct-13	93%	↘		95%
3a	Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100%	Oct-13	100%	↗		99%
3a	Cancer Patients receiving subsequent surgery <31 days*	94%	100%	Oct-13	100%	↔		100%
3b	Cancer Patients treated after screening referral <62 days*	90%	100%	Oct-13	100%	↔		100%
	Cancer Patients treated after consultant upgrade <62 days*	85%	No Patients	Oct-13	100%	↔		100%
3c	Cancer diagnosis to treatment <31 days*	96%	98%	Oct-13	99%	↘		100%
3b	Cancer urgent referral to treatment <62 days*	85%	92%	Oct-13	93%	↘		97%
3d	Cancer patients seen <14 days after urgent GP referral*	93%	97%	Oct-13	95%	↘		98%
2a	RTT:% of admitted patients who waited 18 weeks or less	90%	91%	Oct-13	93%	↘		92%
2b	RTT: % of non-admitted patients who waited 18 weeks or less	95%	97%	Oct-13	97%	↘		97%
2c	RTT % of incomplete pathways within 18 weeks	92%	96%	Oct-13	96%	↘		96%
	No. Patients waiting > 6 weeks for diagnostics	100	5	Oct-13	29	↘		38
	%. Patients waiting > 6 weeks for diagnostics	1%	0.61%	Oct-13	0.48%	↘		0.4%
	Elective Activity (Spells) (M6 target - 682)	8,683	650	Sep-13	3,846	↗		8,029
	Non Elective Activity (Spells) (M6 target - 1,173)	13,199	1,043	Sep-13	6,658	↔		12,734
	Outpatient Activity (Attendances) (M6 target - 9,889)	136,390	9,773	Sep-13	57,714	↗		113,478
	Data Quality (see detail sheet for explanation of scoring)		2	Sep-13		↔		

***Cancer figures are provisional for October**

To improve the productivity and efficiency of the trust, building greater financial sustainability

Finance & Efficiency	Annual Target	Actual Performance		YTD	Month Trend		YTD Plan
Achievement of financial plan	£1.6m	£2.98m	Oct-13	£2.98m	↗		
Underlying performance	£1.6m	£1.18m	Oct-13	£1.18m	↔		
Net return after financing	0.50%	9.55%	Oct-13	9.55%	↗		
I&E surplus margin net of dividend	=>1%	3.00%	Oct-13	3.00%	↗		
Liquidity ratio days	=>15	41	Oct-13	41	↗		
Monitor Financial risk rating	3	3	Oct-13	3	↔		
Capital Expenditure as a % of YTD plan	=>75%	50%	Oct-13	50%	↗		
Quarter end cash balance (days of operating expenses)	=>10	16	Oct-13	16	↔		
Debtors over 90 days as a % of total debtor balance	=<5%	10.4%	Oct-13	10.4%	↘		
Creditors over 90 days as a % of total creditor balance	=<5%	0.00%	Oct-13	0.00%	↔		
Recurring CIP savings achieved	100%	78.38%	Oct-13	78.38%	↔		
Total CIP savings achieved	100%	78.38%	Oct-13	78.38%	↔		
Contract Penalties	TBC						

				Sparkline	Year end forecast
Theatre utilisation	83%	84%	Oct-13	83%	↗		83%
Cancelled operations on day of / after admission	TBC	0.7%	Oct-13	0.5%	↘		0.5%
Average LOS Elective (non-same day)	TBC	2.85	Oct-13	3.19	↘		2.79
Average LOS Non Elective (non-same day)	TBC	8.42	Oct-13	7.97	↘		7.87
Outpatient DNA Rate	TBC	7.6%	Oct-13	7.7%	↗		7.8%
Emergency Readmissions <30 days (with exclusions)	TBC	4.9%	Oct-13	4.4%	↗		4.4%
Daycase Rate	68%	72%	Sep-13	71%	↗		71%

Highlights

- **Operational performance is very good with no Red rated categories**
- **All 8 Cancer indicators are green for month and year to date**
- **Emergency Care 4 hour standard performance remains above target**
- **Formal complaints maintained within reduced target**
- **Theatre Utilisation back on target**

Lowlights

- **Grades 2 and 4 Pressure Ulcers above plan**
- **TIA locally stretched target remains challenging**
- **Total pay bill above plan in month and YTD**
- **VTE assessment compliance again below target**
- **Hospital acquired Clostridium Difficile case during October**

Commentary:

There has been a change in the reporting process whereby numbers will be reviewed for both the current and previous month and there may be changes to previous figures once validated.

Hospital acquired

There were 2 x grade 4 pressure ulcers reported in the hospital during October. We remain above the planned trajectory for the year. Grade 2 pressure ulcers are high at 10 for this month, equalling our position at the same time last year although the improvement in grade 3 development is maintained.

Community acquired.

The 50% reduction target was achieved for grade 2 ulcers during October but the total pressure ulcer incidence in the community is still not meeting the planned reduction. Grade 4 pressure ulcers continue to exceed the planned trajectory.

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	1	1	0	2						12
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	8	2	7	10						55
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	0	0	2	0						3

Although the final target is cumulative, individual months are colour rated for their achievement of the target for that month .

Action Plan:	Person Responsible:	Date:	Status:
The Nutrition and Tissue Viability Service is currently running a three month campaign to raise awareness among the hospital, community and public around pressure ulcers. This started with a well attended event during October and continues with through November and December. November activities for the week beginning the 11th include an awareness competition with a particular community focus. Activities for the December week (starting 9th of December) are yet to be confirmed.	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Nov-13	In progress/Planned
The Clinical Nurse Specialist is currently supporting Team Leaders and Ward Sisters in assessment of competence of front-line staff throughout the trust and this should be completed by December.	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Nov-13	In progress

Commentary:

Clostridium difficile

Although the Trust had 1 case of Healthcare Acquired Clostridium Difficile (C Diff) in October 2013, we remain within our planned trajectory for the national threshold of 12 for the year.

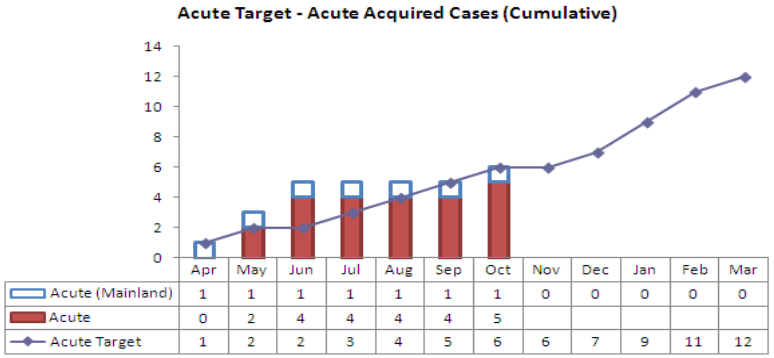
We are currently working towards a locally stretched target of 8. Due to weighting across the year, we are now outside this stretched trajectory for the year to date position.

Methicillin-resistant Staphylococcus Aureus (MRSA)

There have been no cases of Healthcare Acquired MRSA bacteraemia in the Acute hospital during October.

The Action Plan for MRSA is progressing and work continues on the Healthcare Associated Infection agenda.

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	0	0	0	0	0	0	0	0	0	0	0	0	0
Actual	0	0	1	0	0	0	0						1

Action Plan:	Person Responsible:	Date:	Status:
A risk register entry for this target is being prepared by the Director of Infection Prevention & Control (DIPC) in conjunction with the Infection Prevention & Control Team.	Executive Director of Nursing & Workforce	Nov-13	In progress
All cases continue to be subject to root cause analysis to identify actions necessary to ensure the trajectory remains achieved.	Executive Director of Nursing & Workforce	Nov-13	Ongoing

Isle of Wight NHS Trust Board Performance Report 2013/14

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Formal Complaints

Commentary:

There were 9 formal Trust complaints received in October 2013 (17 previous month).

Across all complaints and concerns in October 2013:
Top 2 areas complained about were:

- General Surgery/Urology (7)
- Gastroenterology (6) Maxillo-facial (6), Pathology (6)

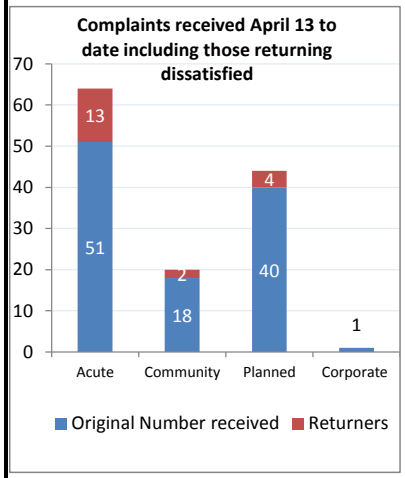
Across all complaints and concerns in October 2013:
Top 3 subjects complained about were:

- clinical care (21)
- communication (19)
- out-patientt appointment delay/cancellation (16)

Quality Account Priority 3 - Improving Communication

The target of a 20% reduction in both complaints & concerns across the year regarding communication is being monitored and this is currently being achieved in both categories YTD despite a rise in concerns managed during October.

Analysis: Complaints



Primary Subject	August 2013	September 2013	October 2013	CHANGE	RAG rating
Clinical Care	6	10	2	-8	↓
Nursing Care	3	3	1	-2	↓
Staff Attitude	3	2	1	-1	↓
Communication	2	1	3	2	↑
Outpatient Appointment Delay/ Cancellation	0	0	0	0	✓
Inpatient Appointment Delay / Cancellation	0	0	0	0	✓
Admission / Discharge / Transfer Arrangements	0	0	0	0	✓
Aids and appliances, equipment and premises	0	1	0	-1	✓
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	1	0	1	1	↑

Quality Account Priority 3 - Improving communications

KPI Description	Target (cumulative)	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total ytd
Reduction in complaints relating to communication	↓20%	2012/13	3	4	6	3	4	6	8	7	1	7	5	2	56
		2013/14	4	1	3	5	2	2	3						20
Reduction in concerns relating to communication	↓20%	2012/13	20	19	12	14	8	10	11	6	6	10	8	8	132
		2013/14	17	12	8	8	7	5	18						75

Individual months are colour rated for their achievement of the target for that month - the Year to Date figure shows the cumulative position

Action Plan:	Person Responsible:	Date:	Status:
Following the review of complaints, recommendations have been made relating to complaints management. Resources will be allocated to Clinical Directorates to assist them in owning their complaints and managing them closer to the point of care.Resource currently being identified from within Corporate Directorate budget.	Executive Director of Nursing & Workforce / Business Manager - Patient Safety; Experience & Clinical Effectiveness	Dec-13	Planned
Review recommendations within the Francis Report, relating to complaints and identify gaps to address.	Executive Director of Nursing & Workforce / Business Manager - Patient Safety; Experience & Clinical Effectiveness	Nov-13	In Progress

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Venous ThromboEmbolism Assessment (VTE)

Isle of Wight NHS Trust

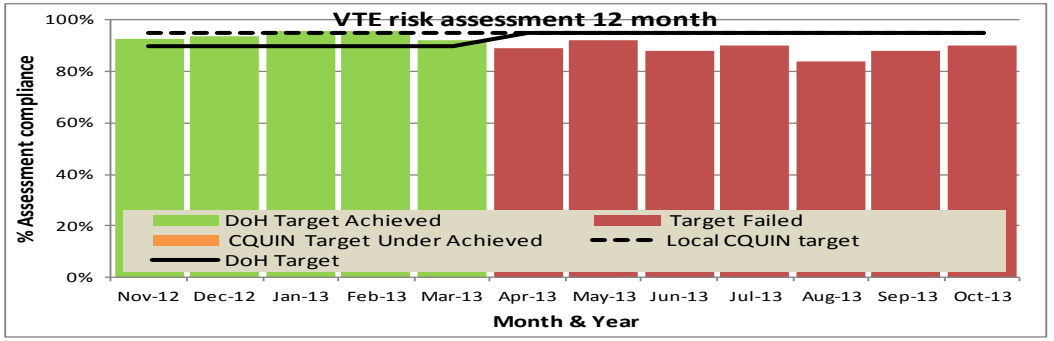
Commentary:

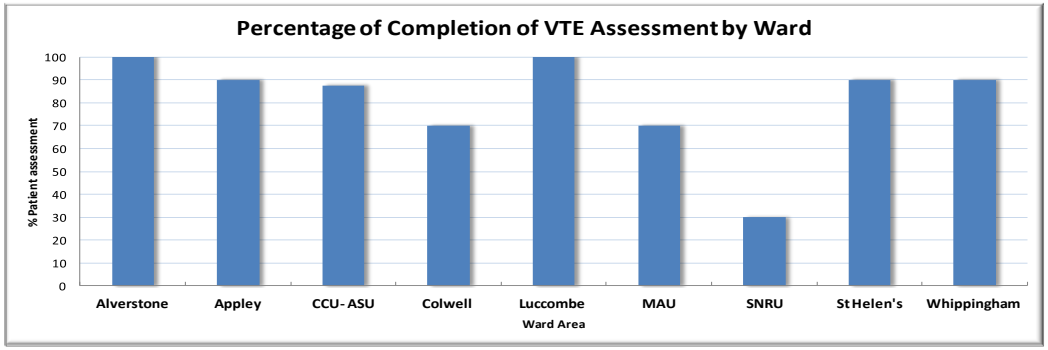
In October 2013 the Trust achieved a slight increase in the overall percentage compliance of 90% (90.31%) against the national target and local Commissioning for Quality & Innovation (CQUIN) target of 95%. The year to date average is remains below target at 89%.

Our results have been affected by problems with data collection and the new upgrade to the computerised ward prescription system which should eliminate this is now not likely to be rolled out until January 2014. This is an issue with the supplier not the Trust.

The Executive Medical director has completed a review at ward level and actions are being developed to address particular problems highlighted.

Analysis:





Action Plan:	Person Responsible:	Date:	Status:
The Executive Medical director led a ward review to identify particular problems to facilitate development of effective action plans.	Executive Medical Director	Nov-13	Completed

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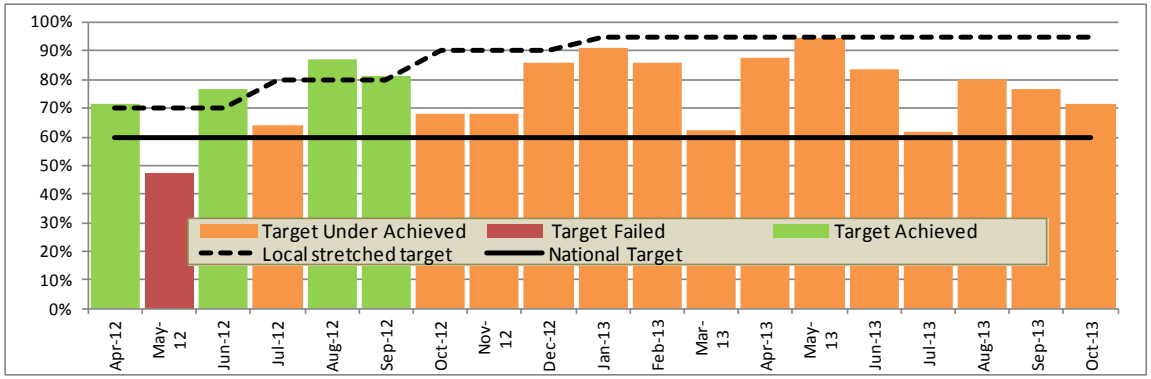
Stroke & Transient Ischemic Attack (TIA)

Isle of Wight NHS Trust

Commentary:	**Analysis: October September 2013**
Proportion of people with high risk TIA fully investigated and treated within 24 hours: The national target of 60% continues to be exceeded. 5 of the 7 TIA patients were fully investigated within the required timescale. Although appointments were available, the remaining 2 patients were unable to get transport to attend. (They are not allowed to drive themselves and may not have friends/family to assist). Hospital transport requires minimum of 24 hours advance notice. The small numbers in this patient group have an exaggerated effect on the percentages.	

Action Plan:	**Person Responsible:**	**Date:**	**Status:**
Patients declining appointments:- Contact is made with all patients where-ever possible to offer an appointment. Transportation within the required timescale remains challenging. The National Stroke Network is working on ways to help resolve this as these problems are nationwide. National Target remains at 60% due to these known problems.	Clinical Lead for Stroke	Nov-13	Ongoing nationally

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Benchmarking Update - NHS England Data release

Isle of Wight NHS Trust

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%	73%	92.3%	92.1%	93/173	Worse than national average	Sep-13
RTT: % of non-admitted patients who waited 18 weeks or less	95%	100%	69%	97.3%	97.0%	113/202	Worse than national average	Sep-13
RTT % of incomplete pathways within 18 weeks	92%	100%	84%	95.3%	96.5%	72/202	Better than national average	Sep-13
%. Patients waiting > 6 weeks for diagnostic	1%	0%	11.9%	0.8%	0.4%	109/183	Better than national average	Sep-13
Emergency Care 4 hour Standards	95%	100%	88%	96.2%	96.5%	74/179	Better than national average	Qtr 2 13/14
Ambulance Category A Calls % < 8 minutes - Red 1	75%	90%	69%	76.5%	90.0%	1/11	Top Quartile	Sep-13
Ambulance Category A Calls % < 8 minutes - Red 2	75%	81%	68%	74.2%	76.3%	3/11	Better than national average	Sep-13
Ambulance Category A Calls % < 19 minutes	95%	98%	93%	96.4%	96.4%	6/11	Equal to national average	Sep-13
Cancer patients seen <14 days after urgent GP referral*	93%	100%	93%	95.6%	93.3%	167/169	Bottom Quartile	Qtr 1 13/14
Cancer diagnosis to treatment <31 days*	96%	100%	93%	99.0%	98.5%	99/165	Worse than national average	Qtr 1 13/14
Cancer urgent referral to treatment <62 days*	85%	100%	0%	87.8%	89.5%	56/158	Better than national average	Qtr 1 13/14
Symptomatic Breast Cancer Referrals Seen <2 weeks*	93%	100%	87%	95.4%	91.9%	127/139	Bottom Quartile	Qtr 1 13/14
Cancer Patients receiving subsequent surgery <31 days*	94%	100%	71%	99.1%	100.0%	=1/155	Top Quartile	Qtr 1 13/14
Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100%	98%	99.8%	100.0%	=1/146	Top Quartile	Qtr 1 13/14
Cancer Patients treated after screening referral <62 days*	90%	100%	0%	96.3%	100.0%	=1/146	Top Quartile	Qtr 1 13/14
VTE Risk Assessment	90%	100%	79%	95.6%	89.9%	163/165	Bottom Quartile	Qtr 1 13/14

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

Commentary:-

This data is the latest release based on the returns submitted nationally by the contributing trusts. It should be noted that the actual numbers vary considerably - for example, our top position for Ambulance Red 1 calls within 8 minutes relates to 9 out of 10 patients in that month, for other trusts it may be 1100 out of 1400 patients. Work has been ongoing to address the position with regard to the Symptomatic Breast referrals and our performance has improved in recent months although continued numbers of patient led breaches still affect the percentages. VTE risk assessment continues to be a problem and has been investigated by the Executive Medical Director.

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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 2013/14 compared to the financial year 2012/13. Areas that still require attention in APC are Primary Diagnosis and HRG4, (Healthcare Resource Grouping) both of which will improve if we can reduce delays in the completing discharge summaries and therefore ensure timely coding. The issue with the Site of Treatment code was due to a change in PAS in mid April meaning records prior to this date were submitted with our old (5QT) code and thus recognised as invalid. In the A&E data set we are now including Beacon data within our SUS submission, unfortunately the Adastra system has a large number of attendance disposal codes missing. A fix to this issue is being sought.

Analysis:

Total APC General Episodes: 15,067

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	286	98.1%	99.1%
Patient Pathway	312	93.1%	59.9%
Treatment Function	0	100.0%	99.7%
Main Specialty	0	100.0%	100.0%
Reg GP Practice	7	100.0%	99.8%
Postcode	2	100.0%	99.9%
Org of Residence	6	100.0%	96.4%
Commissioner	28	99.8%	98.0%
Primary Diagnosis	1,180	92.2%	97.9%
Primary Procedure	0	100.0%	99.9%
Ethnic Category	0	100.0%	98.2%
Neonatal Level of Care	0	100.0%	98.9%
Site of Treatment	866	94.3%	96.3%
HRG4	1,185	92.1%	98.3%

Total Outpatient General Episodes: 78,869

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	501	99.4%	99.3%
Patient Pathway	33,882	53.3%	49.1%
Treatment Function	0	100.0%	99.7%
Main Specialty	0	100.0%	99.7%
Reg GP Practice	8	100.0%	99.8%
Postcode	3	100.0%	99.7%
Org of Residence	8	100.0%	95.6%
Commissioner	44	99.9%	96.8%
First Attendance	0	100.0%	99.9%
Attendance Indicator	1	100.0%	99.7%
Referral Source	477	99.4%	98.1%
Referral Rec'd Date	477	99.4%	96.1%
Attendance Outcome	3	100.0%	98.8%
Priority Type	477	99.4%	97.2%
OP Primary Procedure	0	100.0%	98.2%
Ethnic Category	0	100.0%	92.8%
Site of Treatment	5,058	93.6%	98.3%
HRG4	0	100.0%	99.2%

Total A&E Attendances 32,260

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	711	97.8%	95.7%
Registered GP Practice	34	99.9%	99.9%
Postcode	18	99.9%	99.9%
Org of Residence	963	97.0%	95.0%
Commissioner	1,254	96.1%	97.3%
Attendance Disposal	10,091	68.7%	98.6%
Patient Group	0	100.0%	94.3%
First Investigation	454	98.6%	94.8%
First Treatment	1,031	96.8%	93.2%
Conclusion Time	233	99.3%	98.1%
Ethnic Category	0	100.0%	90.8%
Departure Time	127	99.6%	99.6%
Department Type	0	100.0%	99.4%
HRG4	580	98.2%	96.3%

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

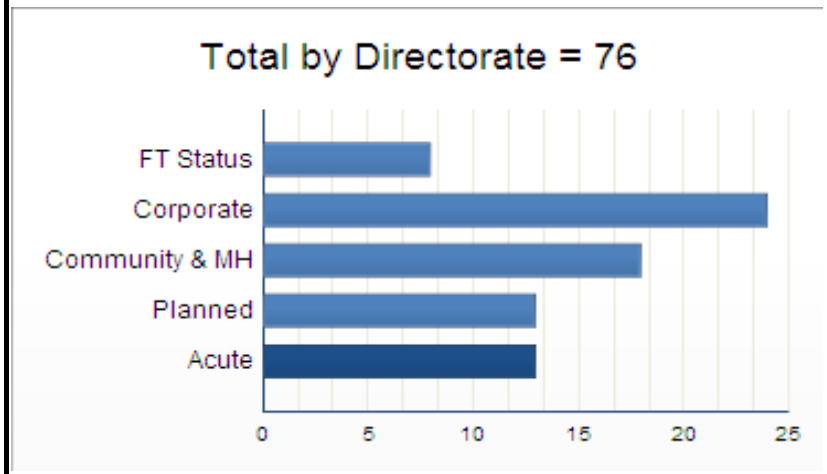
Action Plan:	Person Responsible:	Date:	Status:
Investigate Site of Treatment code in APC and OP datasets	Head of Information / Asst. Director - PIDS	Sep-13	Completed
Resolve Attendance Disposal code in A&E dataset		Dec-13	Ongoing

Data Quality - September 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	98.1%	99.1%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	R	1	1.0	
APC	Valid Ethnic Category	100.0%	98.2%	> = 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%	92.8%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Total Invalid Data Items	2	n/a	=<2	>2 =<4	>4	G	2	0.0	Performance relates to the no. of Red rated data
A&E	Valid NHS Number	97.8%	95.7%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Valid Ethnic Category	100.0%	90.8%	> = 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

Analysis:



Risk Title	Directorate	Type	Rating
MANDATORY TRAINING	CORPRI	GOVCOM	20
RADIO OPAQUE LINE ON PENNINE NG TUBES	ACUTE	PATSAF	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	COMMH	GOVCOM	20
RISK DUE TO BED CAPACITY PROBLEMS (BAF 2.22 & 6.12)	ACUTE	PATSAF	20
VACANCIES IN ADULT SPEECH & LANGUAGE THERAPY TEAM	COMMH	PATSAF	20
Insufficient and inadequate Ophthalmology facilities to meet se	PLANND	QCE	20
FIRE COMPARTMENTS - CAUSE AND EFFECT OF FIRE ALARM SYSTE	CORPRI	GOVCOM	20
SEGREGATION, CONSIGNING AND COLLECTION OF CLINICAL WAS	CORPRI	GOVCOM	20
PRESSURE ULCERS	CORPRI	PATEXP	20
Failing heating/cooling system impacting on service delivery (BA	PLANND	PATSAF	20
Ophthalmic Casenotes - Poor Condition, Misfiling and Duplicatio	PLANND	PATSAF	20
Insufficient and inadequate Endoscopy facilities to meet service	PLANND	QCE	20
LOW STAFFING LEVELS WITHIN OCCUPATIONAL THERAPY ACUTE T	COMMH	PATSAF	20

Data as at 15/11/2013 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.

Since the last report no new risks have been added to the register and no risks have been removed.

Isle of Wight NHS Trust Board Performance Report 2013/14

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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	Oct-13	2674	2651	-23	✓		⇩
Workforce Variable FTE	Oct-13	139	138	-1	✓		⇩
Workforce Total FTE	Oct-13	2813	2789	-24	✓	✓	⇩

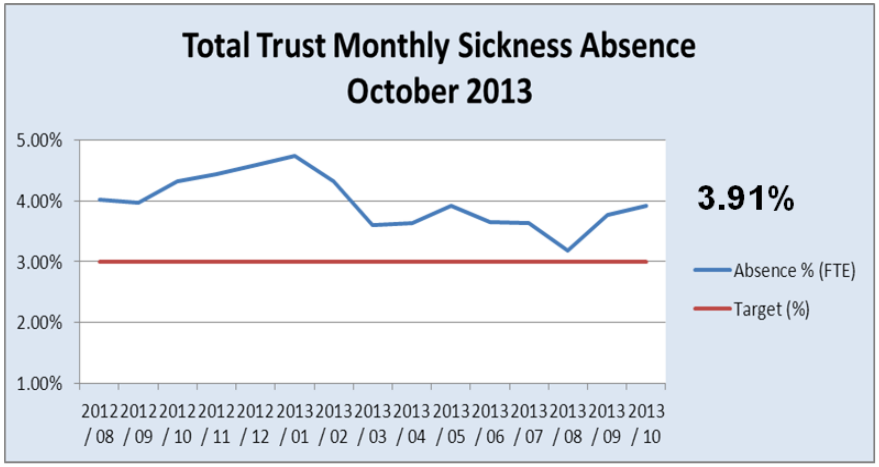
Finance	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	Year-to Date Final RAG Rating	
Total In Month Staff In Post Paybill	Oct-13	£9,377	£8,913	-£464	✓		⇩
In Month Variable Hours	Oct-13	£56	£555	£499	✗		⇧
In Month Total Paybill	Oct-13	£9,432	£9,468	£36	✗		⇩
Year-to Date Paybill	Oct-13	£65,969	£67,567	£1,598	✗	✗	

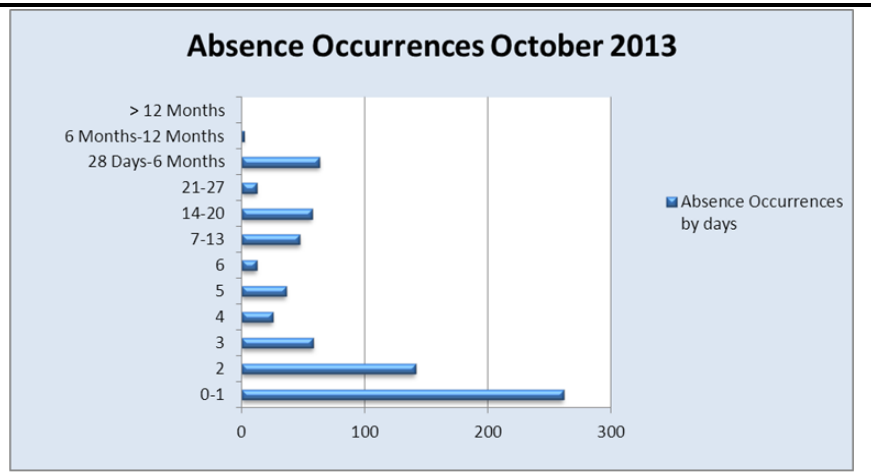
Sickness Absence	Period	Month Target/Plan	Month Actual		RAG Rating		
In Month Absence Rate	Oct-13	3%	3.91%		✗		

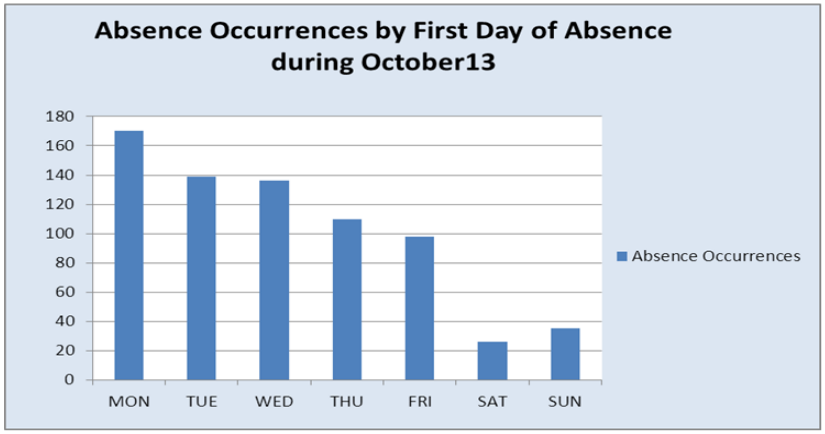
Key	
✓	Green - On Target
!	Amber - Mitigating/corrective action believed to be achievable
✗	Red - Significant challenge to delivery of target

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







Top 10 Absence Reasons by FTE Lost

Absence Reason	FTE Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	610.66	19.0
S98 Other known causes - not elsewhere classified	436.49	13.6
S13 Cold, Cough, Flu - Influenza	322.80	10.0
S12 Other musculoskeletal problems	276.85	8.6
S25 Gastrointestinal problems	249.69	7.8
S99 Unknown causes / Not specified	190.71	5.9
S11 Back Problems	183.40	5.7
S28 Injury, fracture	160.47	5.0
S17 Benign and malignant tumours, cancers	131.00	4.1
S26 Genitourinary & gynaecological disorders	119.57	3.7

Data Source: ESR Business Intelligence

Performance Area	Commentary	RAG Rating In Month	RAG Rating YTD	RAG Rating Full Year Forecast
Continuity of Service Risk Rating (CoSRR)	• Overall Rating of 4 after normalisation adjustments.	Green	Green	Green
Summary	• Month 7 Income & Expenditure position is over plan at a surplus of **£2,121k.** The forecast out-turn is slightly ahead of plan at **£1,615k.**	Green	Green	Green
Cost Improvement Programme (CIP)	• Month 7 - Year-to-date CIPs achieved **£3,667k** against a plan of **£4,679k** by recognising a risk rated element of the full year schemes totalling **£1,271k**.	Amber	Amber	Red
Working Capital & Treasury	• Cash 'in-hand' and 'at-bank' at Month 7 was **£7,466k.**	Green	Green	Green
Capital	• Capital YTD spend **£1,117k** . Forecast **£7,598k** to year end totalling **£8,715k.**	Green	Green	Green

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Income & Expenditure - Key Highlights 1 - Trust

Isle of Wight NHS Trust

(in £'000)	Month			YTD			Full Year		
I&E - TRUST	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Forecast	Forecast v Budget (+ over / - under)
I&E by subjective:									
Income									
Income - Patient Care Revenue	11,763	11,671	(92)	82,653	83,558	905	144,514	144,529	15
Acute	309	703	394	2,182	3,757	1,575	3,836	5,990	2,154
Community Health	290	423	133	2,081	2,814	733	3,527	4,679	1,152
Planned	429	463	35	1,713	2,084	371	2,937	3,327	390
Corporate	407	829	423	2,782	4,791	2,009	4,746	8,333	3,587
Risk Share Income	0	947	947	0	947	947	0	0	0
Total Income	**13,197**	**15,037**	**1,840**	**91,410**	**97,950**	**6,539**	**159,561**	**166,859**	**7,299**
Pay									
Acute	(2,852)	(2,763)	89	(19,827)	(20,279)	(452)	(34,224)	(34,386)	(161)
Community Health	(2,708)	(2,690)	17	(18,844)	(19,058)	(214)	(32,262)	(32,708)	(446)
Planned	(2,505)	(2,608)	(103)	(17,643)	(18,351)	(708)	(30,202)	(31,133)	(931)
Corporate	(1,368)	(1,406)	(38)	(9,655)	(9,879)	(224)	(16,592)	(17,308)	(716)
Reserves	0	0	0	0	0	0	(0)	0	0
Total Pay	**(9,432)**	**(9,468)**	**(36)**	**(65,969)**	**(67,567)**	**(1,598)**	**(113,280)**	**(115,534)**	**(2,254)**
Non-Pay									
Acute	(1,003)	(1,435)	(432)	(6,677)	(8,716)	(2,039)	(9,908)	(14,503)	(4,595)
Community Health	(215)	(409)	(194)	(1,377)	(2,722)	(1,345)	(2,364)	(4,639)	(2,275)
Planned	(795)	(925)	(130)	(4,184)	(5,432)	(1,248)	(6,796)	(8,005)	(1,209)
Corporate	(1,058)	(1,278)	(220)	(5,924)	(7,727)	(1,802)	(10,845)	(14,757)	(3,912)
Reserves	(1,630)	1,402	3,032	(1,630)	1,402	3,032	(7,150)	(384)	6,766
Total Non-Pay	**(4,700)**	**(2,645)**	**2,055**	**(19,792)**	**(23,195)**	**(3,403)**	**(37,063)**	**(42,288)**	**(5,226)**
EBITDA	**(935)**	**2,924**	**3,859**	**5,649**	**7,188**	**1,539**	**9,217**	**9,036**	**(181)**
Income Received									
Receipt of Charitable Donations for Asset Acquisition	0	0	0	0	250	250	0	250	250
Total Income Received	0	0	0	0	250	250	0	250	250
Capital Charges									
Depreciation & Amortisation	(620)	(801)	(181)	(4,360)	(4,487)	(127)	(7,400)	(7,494)	(94)
PDC (reallocated to Non Pay FY13/14 only)	1,606	0	(1,606)	(100)	0	100	(200)	(200)	0
Profit/Loss on Asset Disp	0	5	5	0	42	42	0	42	42
Total Capital Charges	**986**	**(797)**	**(1,782)**	**(4,460)**	**(4,445)**	**15**	**(7,600)**	**(7,652)**	**(52)**
Other Finance Costs									
Interest Receivable	1	3	1	8	16	7	15	16	1
Interest Payable	(2)	(3)	(1)	(14)	(18)	(4)	(24)	(24)	0
Bank Charges	(1)	(2)	(1)	(6)	(7)	(1)	(10)	(10)	0
Foreign Currency Adjustments	(0)	(4)	(4)	(1)	0	1	(1)	(1)	0
Total Other Finance Costs	**(2)**	**(6)**	**(4)**	**(11)**	**(9)**	**2**	**(20)**	**(19)**	**1**
Net Surplus / (Loss)	**49**	**2,121**	**2,073**	**1,178**	**2,984**	**1,806**	**1,598**	**1,615**	**18**

Overall Position

Month 7 position shows a year to date surplus of **£2,984k**. This is **£1,806k** over plan as the budget set-aside for the repayment of Public Dividend Capital (which is not now required) will be spent in the second part of the year. The forecast year end surplus remains on plan at **£1,615k.**

Income -The YTD position is over plan by **£6,539k** including revenue for the extension to the prison contract from Apr-May 2013 and over plan performance of non contracted activity (NCA). The variance of **£1,575K** in the Acute directorate is due largely to the dermatology element within the Beacon contract and drug cost recharges. Within the Planned area the variance of **£371k** is due to mainly R&D funding being higher than plan. Income relating to Corporate areas is showing a favourable variance of **£2,009k** mainly because of the adjustment to the EMH budget, income relating to NHS Creative and training income being above plan in addition to the receipt of the **£250k** donation relating to the helipad.

Pay – The YTD position on pay budgets is over plan by **£1,598k**. This includes spend in the Acute directorate attributable to the additional costs relating to the 2 month extension to the Prison Contract and the Beacon dermatology contract plus overspends due to locum usage within Pathology, General Medicine and Elderly Care; **£214k** over plan in Community which is due to HV Trainee costs funded by income and 1 to 1 supervision costs funded by Commissioners and high use of bank and agency staff to cover sickness and maternity leave particularly in District Nursing and Speech & Language; an overspend of **£708k** in the Planned directorate which is due to Locum Costs to cover vacancies and sickness and **£224k** in Corporate areas which is mainly due to costs relating to NHS Creative which are partially offset by vacancies within Finance and Nursing & Workforce.

Non Pay – The non pay budgets are overspent by **£3,403k.** All clinical directorates and Corporate area overspends are predominantly due to non-achievement of CIPs as per plan; within the clinical directorates are overspends on non PbR drugs offset by income and costs relating to the prison extension.

CIP – Plan of **£4,679k** was under-achieved at month 7 by **£1,012k.** This is despite the recognition of **£1,271k** of the full year savings of banked CIPs.

	Month			YTD			Full Year		
Directorates	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**	**Plan**	**Forecast**	**Variance**
Acute	218	85	-134	1,396	1,070	-327	2,575	2,575	0
Community Health	203	-194	-397	1,269	372	-897	2,340	2,340	0
Finance and Performance Mgt	16	12	-5	81	81	0	167	167	0
Nursing and Workforce	46	-15	-61	290	169	-121	534	534	0
Planned	213	276	63	1,423	621	-802	2,622	2,622	0
Strategic & Commercial Directorate	21	11	-9	220	85	-135	406	406	0
Total	**717**	**174**	**-543**	**4,679**	**2,397**	**-2,282**	**8,644**	**8,644**	**0**
Banked CIPs					1,271	1,271			
	717	**174**	**-543**	**4,679**	**3,667**	**-1,012**	**8,644**	**8,644**	**0**

Commentary:

The CIP plan for M7 is **£717k**. The actual savings totalled **£174k** and therefore there is an in month underachievement of **£543k**. The year-to-date target of **£4,679k** is shown as as being partially delivered as **£2,397k** of planned schemes have been achieved to date. The full year effect of schemes banked amounting to **£1,271k** has been recognised leaving an underachievement year to date of **£1,012k**.

Isle of Wight NHS Trust Board Performance Report 2013/14

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Isle of Wight NHS Trust

Capital Programme - Capital Schemes

Capital Scheme	YTD Spend £'000	F'cast to Year End £'000	Full Year Cost £'000
Carried forward from 12.13			
2012 / 13 Backlog Maintenance	241	0	241
Helipad works	42	0	42
Replacement of two Main Hospital Passenger Lifts	15	281	296
Old HSDU Refurbishment (Phase 1)	145	0	145
Shackleton to Newchurch Ward Move	93	0	93
Improving Birthing Environment	57	-0	56
Personal Alarm System for Sevenacres	0	30	30
Move Drop Safe to the Cashiers Office	7	0	7
Modernisation of Pathology	86	0	86
Emergency Dept Redevelopment	45	-0	45
13.14 Schemes			
Pathology Refurbishment Phase 2	63	793	856
Backlog high/medium risk & fire safety 13.14 (to be approved)	2	699	701
Ward Reconfiguration Level C	0	568	568
Medical Assessment Unit Extension	20	352	372
Infrastructure (e.g. underground services -to be approved)	0	300	300
North East Locality Hub (Ryde) Locality working	12	253	265
Maternity Upgrade (to be approved)	0	243	243
Staff Capitalisation (to be approved)	99	81	180
Turnkey for DR Rooms (Radiology Equipment room preparation)	0	150	150
Replacement of the temperature control system NICU	0	145	145
Theatre Stock Inventory System	0	144	144
Office Moves - Corporate Functions move to South Block (to be approved)	0	100	100
Other smaller schemes approved	192	723	915
Dementia Friendly	0	399	399
Ophthalmology/Endoscopy	0	0	0
ISIS Further Faster (possible ISIS this year)	0	851	851
Rolling Replacement Programme – Equipment / Ambulances (to be approved)	0	229	229
Other schemes awaiting approval	0	986	986
Matched Funding	0	253	253
Contingency (to be approved)	0	18	18
Gross Outline Capital Plan	**1,117**	**7,598**	**8,715**

Commentary:

Anticipated sale of Gables included. (Net receipt)

Awaiting results of matched funding request.

Successful bid for Dementia Friendly Environments.

Isle of Wight NHS Trust Board Performance Report 2013/14

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Monthly statement of Finance

Isle of Wight NHS Trust

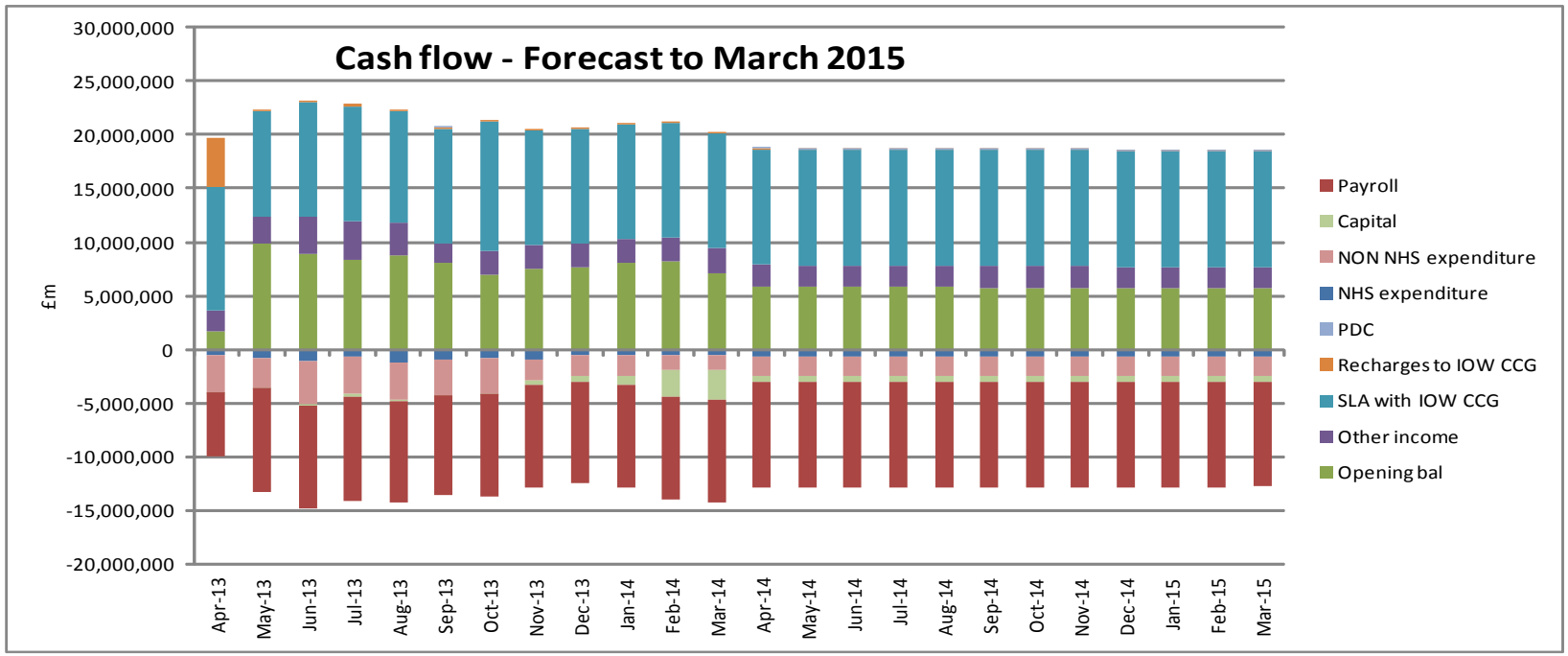
	Oct -13	Sep -13	Month-on-month Movement
PPE	108,567	108,765	(198)
Accumulated Depreciation	18,504	18,094	410
Net PPE	**90,063**	**90,671**	**(608)**
Intangible Assets	7,043	7,108	(65)
Intangible Assets Depreciation	3,046	2,799	247
Net Intangible Assets	**3,997**	**4,309**	**(312)**
Investment Property	0	0	0
Non-Current Assets Held for Sale	0	0	0
Non-Current Financial Assets	0	0	0
Other Receivables Non-Current	0	0	0
Total Other Non-Current Assets	**0**	**0**	**0**
Total Non-Current Assets	**94,060**	**94,980**	**(920)**
Cash	7,466	7,042	424
Accounts Receivable	13,510	10,872	2,638
Inventory	1,827	1,915	(88)
Investments	0	0	0
Other Current Assets			0
Current Assets	**22,803**	**19,829**	**2,974**
Total Assets	**116,863**	**114,809**	**2,054**
Accounts Payable	15,575	15,571	4
Accrued Liabilities	0	0	0
Short Term Borrowing	49	100	(51)
Current Liabilities	**15,624**	**15,671**	**(47)**
Non-Current Payables	0	0	0
Non-Current Borrowing	48	0	48
Other Liabilities	503	509	(6)
Long Term Liabilities	**551**	**509**	**42**
Total Net Assets/Liabilities	**100,688**	**98,629**	**2,059**
Taxpayers Equity:			
Revaluation Reserve	21,253	21,256	(3)
Other Reserves	75,942	76,131	(189)
Retained Earnings incl. In Year	3,493	1,242	2,251
Total Taxpayers Equity	**100,688**	**98,629**	**2,059**

Commentary:

There has been little in-month spend on capital items and therefore the reduction in asset values is due to depreciation.

The movement in debtors is primarily the recognition of b/fwd income (banked CIPs c £1.3m) plus the in-month invoice raised on NHS England re Specialist Services.

The finance lease liability (shown as borrowings) has been split into the relevant current and non-current elements of the balance sheet.



Commentary:
The table above shows the actual cashflow to the end of October and the forecast to March 15. It shows both the in-flow and out-flow of cash broken down to the constituent elements. For the past recent months, the cash balance held in the Government Banking Services account has totalled c£7.5m. The investment of this surplus is currently being explored with a view to maximise this benefit in the short term.

Isle of Wight NHS Trust Board Performance Report 2013/14

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Continuity of Service Risk Rating

Isle of Wight NHS Trust

Scoring	Reported Position	Forecast to Year-end	Comments where target not achieved
Liquidity ratio score	4	4	
Capital servicing capacity score	4	4	
OVERALL Continuity of Service Risk Rating (CSRR)	4	4	

Risk Catagories for scoring				
1	**2**	**3**	**4**	
<-14	-14.0	-7.0	0	Liquidity ratio (days)
<1.25	1.25	1.75	2.5	Capital servicing capacity (times)

Commentary:

Monitor introduced new risk rating metrics with effect from 1st October 2013. These now consist of two ratings: Liquidity and a Capital Servicing Capacity. At the end of October the Trust was achieving a rating of 4 in each category which is expected to continue through to the year-end.

GOVERNANCE RISK RATINGS

Isle of Wight NHS Trust

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

With effect from the September report, the GRR has been realigned to match the Risk Assessment Framework as required by 'Monitor'.

Area	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Historic Data: Qtr to Mar-13	Historic Data: Qtr to Jun-13	Historic Data: Qtr to Sep-13	Current Data: Oct-13	Current Data: Nov-13	Current Data: Dec-13	Current Data: Qtr to Dec-13	Board Actions
Access	1	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted		90%	1.0	Yes	Yes	Yes	Yes			Yes	
	2	Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted		95%	1.0	Yes	Yes	Yes	Yes			Yes	
	3	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway		92%	1.0	Yes	Yes	Yes	Yes			Yes	
	4	A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge		95%	1.0	No	Yes	Yes	Yes			Yes	
	5	All cancers: 62-day wait for first treatment from:	Urgent GP referral for suspected cancer	85%	1.0	Yes	Yes	Yes	Yes			Yes	
			NHS Cancer Screening Service referral	90%									
	6	All cancers: 31-day wait for second or subsequent treatment, comprising:	surgery	94%	1.0	Yes	Yes	No	Yes			Yes	
			anti-cancer drug treatments	98%									
			radiotherapy	94%									
	7	All cancers: 31-day wait from diagnosis to first treatment		96%	1.0	Yes	Yes	Yes	Yes			Yes	
	8	Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	93%	1.0	No	No	No	Yes			Yes	
			For symptomatic breast patients (cancer not initially suspected)	93%									
	9	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within seven days of discharge	95%	1.0	Yes	Yes	No	No			No	
			Having formal review within 12 months	95%									
	10	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	Yes	Yes	No	Yes			Yes	
	11	Meeting commitment to serve new psychosis cases by early intervention teams		95%	1.0	Yes	Yes	Yes	Yes			Yes	
	12	Category A call – emergency response within 8 minutes, comprising:	Red 1 calls	75%	1.0	Yes	No	Yes	Yes			Yes	
			Red 2 calls	75%	1.0	Yes	Yes	Yes	Yes			Yes	
	13	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	Yes	Yes	Yes			Yes	
Outcomes	14	Clostridium difficile – meeting the C. difficile objective	Is the Trust below the de minimus	12	1.0	No	Yes	Yes	Yes			Yes	
			Is the Trust below the YTD ceiling	13		No	No	No	Yes			Yes	
	16	Minimising mental health delayed transfers of care		≤7.5%	1.0	Yes	Yes	Yes	Yes			Yes	
	17	Mental health data completeness: identifiers		97%	1.0	Yes	Yes	Yes	Yes			Yes	
	18	Mental health data completeness: outcomes for patients on CPA		50%	1.0	Yes	Yes	Yes	Yes			Yes	
	19	Certification against compliance with requirements regarding access to health care for people with a learning disability		N/A	1.0	Yes	Yes	Yes	Yes			Yes	
	20	Data completeness: community services, comprising:	Referral to treatment information	50%	1.0	Yes	Yes	Yes	Yes			Yes	
			Referral information	50%									
			Treatment activity information	50%									
			TOTAL			**3.0**	**2.0**	**4.0**	**1.0**	**0.0**	**0.0**	**1.0**	
						AR	AR	R	AG	G	G	AG	

Isle of Wight NHS Trust Board Performance Report 2013/14

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Performance Summary - Acute Directorate

Isle of Wight NHS Trust

Performance on a Page - Acute Directorate

Governance Risk Rating M07: **0 - G**

Finance Headlines:

£000

As at M07:	YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	1,805.8	920.7	17.7	2,602.9
CIP	-1,011.5	-386.7	0.0	-831.7

Key Performance Indicators:

As at M07:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
Emergency Care 4 hour Standards	Oct-13	95.3%	95.3%	96.8%	96.8%
MRSA	Oct-13	0	0	1	1
CDIFF	Oct-13	1	0	5	1
RTT Admitted - % within 18 Weeks	Oct-13	91.1%			
RTT Non Admitted - % within 18 Weeks	Oct-13	96.8%	96.7%		
RTT Incomplete - % within 18 Weeks	Oct-13	95.8%	94.5%		
RTT delivery in all specialties	Oct-13	3	2		
Diagnostic Test Waiting Times	Oct-13	5	0	29	0
Cancer 2 wk GP referral to 1st OP	Oct-13	97.3%		95.4%	
Breast Symptoms 2 wk GP referral to 1st OP	Oct-13	94.8%		93.4%	
31 day second or subsequent (surgery)	Oct-13	100.0%		100.0%	
31 day second or subsequent (drug)	Oct-13	100.0%		99.5%	
31 day diagnosis to treatment for all cancers	Oct-13	98.5%		99.1%	
62 day referral to treatment from screening	Oct-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Oct-13	91.7%		93.1%	
Delayed Transfers of Care	Q1 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Oct-13	0	0	0	0
VTE Risk Assessment	Oct-13	90.3%		88.9%	
% of Category A calls within 8 minutes (Red 1)	Oct-13	83.3%	83.3%	81.0%	81.0%
% of Category A calls within 8 minutes (Red 2)	Oct-13	75.5%	75.5%	76.1%	76.1%
% of Category A calls within 19 minutes	Oct-13	97.1%	97.1%	97.0%	97.0%

**Cancer figures for October are provisional*

Workforce Headlines:

As at M07:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.91%	3.87%	3.63%	3.83%
FTE vs Budget			-97.0	-30.0
Appraisals			86.7%	83.6%

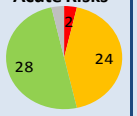
Quality Headlines:

As at M07:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs (Serious Incidents Requiring Investigation)	9	2	61	16
Incidents	400	151	2,845	972
Complaints	9	6	110	51
Compliments	372	79	2,538	710

Risk Register Summary: As at 18/11/2013

Risk Title	Risk Score	Type
Risk Due To Bed Capacity Problems	25	PATSAF
Breakdown of 4 slice CT scanner	20	QCE
Vacant Consultant Physician Posts	20	QCE
Blood Sciences Out-ofHours Staffing	20	QCE

Status of actions for all Acute Risks



SLA Performance:

As at M06:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Emergency Spells	2,805	-484	6,739	-402
Elective Spells	75	-3	123	-2
Outpatients Attendances	13,641	661	1,996	24
Total			8,858	-380

Isle of Wight NHS Trust Board Performance Report 2013/14

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Performance Summary - Planned Directorate

Isle of Wight NHS Trust

Performance on a Page - Planned Directorate

Governance Risk Rating M07: 0 - G

Finance Headlines:

£000

As at M07:	YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	1,805.8	1,587.2	17.7	1,752.5
CIP	-1,011.5	864.7	0.0	553.7

Key Performance Indicators:

As at M07:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
Emergency Care 4 hour Standards	Oct-13	95.3%		96.8%	
MRSA	Oct-13	0	0	1	0
CDIFF	Oct-13	1	0	5	1
RTT Admitted - % within 18 Weeks	Oct-13	91.1%	91.1%		
RTT Non Admitted - % within 18 Weeks	Oct-13	96.8%	96.7%		
RTT Incomplete - % within 18 Weeks	Oct-13	95.8%	96.0%		
RTT delivery in all specialties	Oct-13	3	1		
Diagnostic Test Waiting Times	Oct-13	5	5	29	29
Cancer 2 wk GP referral to 1st OP	Oct-13	97.3%	97.3%	95.4%	95.4%
Breast Symptoms 2 wk GP referral to 1st OP	Oct-13	94.8%	94.8%	93.4%	93.4%
31 day second or subsequent (surgery)	Oct-13	100.0%	100.0%	100.0%	100.0%
31 day second or subsequent (drug)	Oct-13	100.0%	100.0%	99.5%	99.5%
31 day diagnosis to treatment for all cancers	Oct-13	98.5%	98.5%	99.1%	99.1%
62 day referral to treatment from screening	Oct-13	100.0%	100.0%	100.0%	100.0%
62 days urgent referral to treatment of all cancers	Oct-13	91.7%	91.7%	93.1%	93.1%
Delayed Transfers of Care	Q1 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Oct-13	0	0	0	0
VTE Risk Assessment	Oct-13	90.3%		88.9%	
% of Category A calls within 8 minutes (Red 1)	Oct-13	83.3%		81.0%	
% of Category A calls within 8 minutes (Red 2)	Oct-13	75.5%		76.1%	
% of Category A calls within 19 minutes	Oct-13	97.1%		97.0%	

**Cancer figures for October are provisional*

Workforce Headlines:

As at M07:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.91%	3.45%	3.63%	3.33%
FTE vs Budget			-97.0	-27.0
Appraisals			86.7%	87.6%

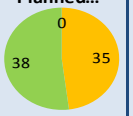
Quality Headlines:

As at M07:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs (Serious Incidents Requiring Investigation)	9	1	61	9
Incidents	400	103	2,845	619
Complaints	9	1	110	40
Compliments	372	190	2,538	994

Risk Register Summary: As at 18/11/2013

Risk Title	Risk Score	Type
Insufficient & inadequate Ophthalmology facilities to	20	QCE
Insufficient & inadequate Endoscopy facilities to mee	20	QCE
Ophthalmic Casenotes - Poor Condition, Misfiling and	20	PATSAF
Failing heating/cooling system impacting on service d	20	PATSAF

Status of actions for all Planned...



SLA Performance:

As at M06:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Emergency Spells	3,848	-252	6,097	-412
Elective Spells	3,768	-280	6,289	-530
Outpatients Attendances	44,209	-1,915	5,779	-271
Total			18,165	-1,213

Isle of Wight NHS Trust Board Performance Report 2013/14

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Performance Summary - Community Health Directorate

Isle of Wight NHS Trust

Performance on a Page - Community Directorate

Governance Risk Rating M07: 1 - AG

Finance Headlines:

£000

As at M07:	YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	1,805.8	825.9	17.7	1,569.0
CIP	-1,011.5	TBC	0.0	TBC

Key Performance Indicators:

As at M07:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
Emergency Care 4 hour Standards	Oct-13	95.3%		96.8%	
MRSA	Oct-13	0	0	1	0
CDIFF	Oct-13	1	1	5	3
RTT Admitted - % within 18 Weeks	Oct-13	91.1%			
RTT Non Admitted - % within 18 Weeks	Oct-13	96.8%	98.1%		
RTT Incomplete - % within 18 Weeks	Oct-13	95.8%	97.3%		
RTT delivery in all specialties	Oct-13	3	0		
Diagnostic Test Waiting Times	Oct-13	5	0	29	0
Cancer 2 wk GP referral to 1st OP	Oct-13	97.3%		95.4%	
Breast Symptoms 2 wk GP referral to 1st OP	Oct-13	94.8%		93.4%	
31 day second or subsequent (surgery)	Oct-13	100.0%		100.0%	
31 day second or subsequent (drug)	Oct-13	100.0%		99.5%	
31 day diagnosis to treatment for all cancers	Oct-13	98.5%		99.1%	
62 day referral to treatment from screening	Oct-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Oct-13	91.7%		93.1%	
Delayed Transfers of Care	Q1 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Oct-13	0	0	0	0
VTE Risk Assessment	Oct-13	90.3%		88.9%	
% of Category A calls within 8 minutes (Red 1)	Oct-13	83.3%		81.0%	
% of Category A calls within 8 minutes (Red 2)	Oct-13	75.5%		76.1%	
% of Category A calls within 19 minutes	Oct-13	97.1%		97.0%	

**Cancer figures for October are provisional*

Workforce Headlines:

As at M07:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.91%	4.53%	3.63%	4.06%
FTE vs Budget			-97.0	-25.0
Appraisals			86.7%	90.0%

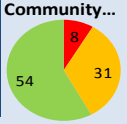
Quality Headlines:

As at M07:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs (Serious Incidents Requiring Investigation)	9	6	61	36
Incidents	400	146	2,845	910
Complaints	9	2	110	18
Compliments	372	96	2,538	760

Risk Register Summary: As at 18/11/2013

Risk Title	Risk Score	Type
Vacancies in adult speech & language therapy team	20	PATSAF
Low Staffing Levels within Occ Therapists Acute Team	20	PATSAF
Increased demand on Orthotics	20	GOVCOM
IT Issues Community Information Systems	16	QCE

Status of actions for all Community...



SLA Performance:

As at M06:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Community Contacts	39,892	1,702	n/a	n/a
Mental Health Community	19,827	12,512	n/a	n/a
Mental Health Consultant Led Outpatients	3,123	-200	n/a	n/a
Mental Health Inpatients	385	-61	n/a	n/a
Total			n/a	n/a

Terms and abbreviations used in this performance report

Quality & Performance and General terms

Ambulance category A	Immediately life threatening calls requiring ambulance attendance
BAF	Board Assurance Framework
CAHMS	Child & Adolescent Mental Health Services
CDS	Commissioning Data Sets
CDI	Clostridium Difficile Infection (Policy - part 13 of Infection Control booklet)
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
DNA	Did Not Attend
DIPC	Director of Infection Prevention and Control
EMH	Earl Mountbatten Hospice
FNOF	Fractured Neck of Femur
GI	Gastro-Intestinal
GOVCOM	Governance Compliance
HRG4	Healthcare Resource Grouping used in SUS
HV	Health Visitor
IP	In Patient (An admitted patient, overnight or daycase)
JAC	The specialist computerised prescription system used on the wards
KPI	Key Performance Indicator
LOS	Length of stay
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus Aureus (bacterium)
NG	Nasogastric (tube from nose into stomach usually for feeding)
OP	Out Patient (A patient attending for a scheduled appointment)
OPARU	Out Patient Appointments & Records Unit
PAS	Patient Administration System - the main computer recording system used
PATEXP	Patient Experience
PATSAF	Patient Safety
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)
QCE	Quality Clinical Excellence
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 the financial year so far

Workforce and Finance terms

CIP	Cost Improvement Programme
CoSRR	Continuity of Service Risk Rating
EBITDA	Earnings Before Interest, Taxes, Depreciation, Amortisation
ESR	Electronic Staff Roster
FTE	Full Time Equivalent
I&E	Income and Expenditure
NCA	Non Contact Activity
RRP	Rolling Replacement Programme
PDC	Public Dividend Capital
PPE	Property, Plant & Equipment
R&D	Research & Development
SIP	Staff in Post
SLA	Service Level Agreement

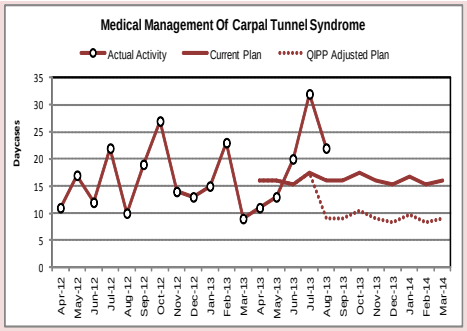
Isle of Wight NHS Trust Board Performance Report 2013/14

October

Quality Innovation Productivity & Prevention (QIPP) Programme Monitoring

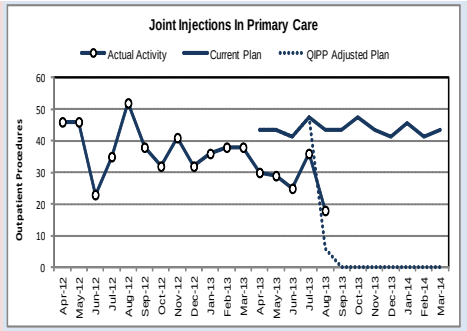
Isle of Wight NHS Trust

Planned care - September 2013



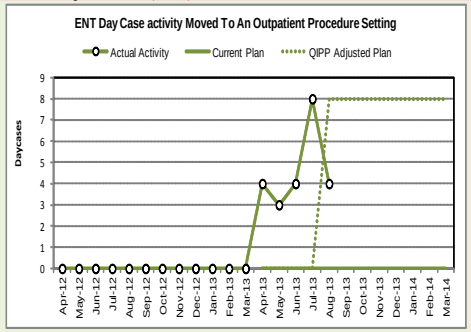
Variance	Plan	Actual
Activity	7	-24
Saving	£7,049	(£24,332)

Total QIPP £56,388
QIPP Remaining £80,720



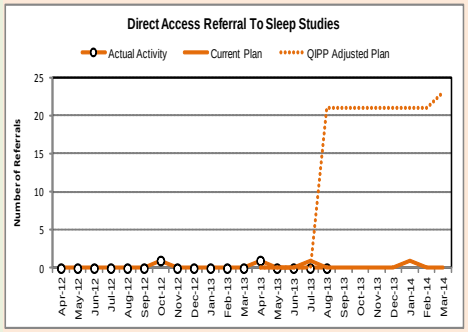
Variance	Plan	QIPP
Activity	37	81
Saving	£7,908	£17,164

Total QIPP £72,667
QIPP Remaining £55,503



Variance	Plan	QIPP
Activity	8	23
Saving	£5,484	£15,765

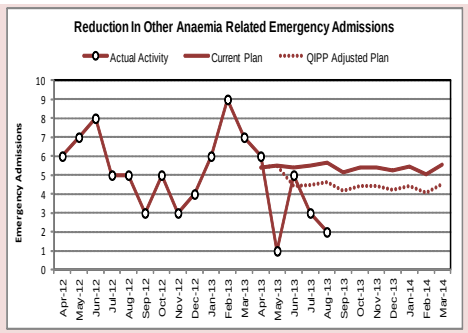
Total QIPP £43,869
QIPP Remaining £28,103



Variance	Plan	QIPP
Activity	20	1
Saving	£2,799	£140

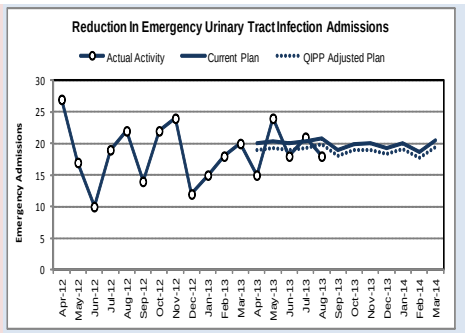
Total QIPP £23,793
QIPP Remaining £23,653

Community Care - September 2013



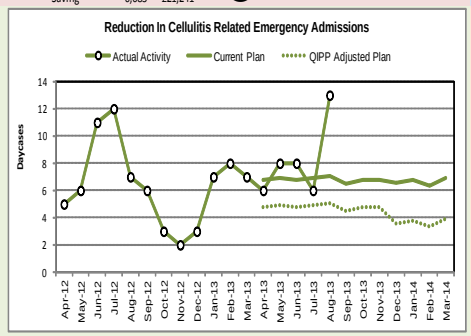
Variance	Plan	QIPP
Activity	3	10
Saving	6,083	£21,241

Total QIPP £19,600
QIPP Remaining 0



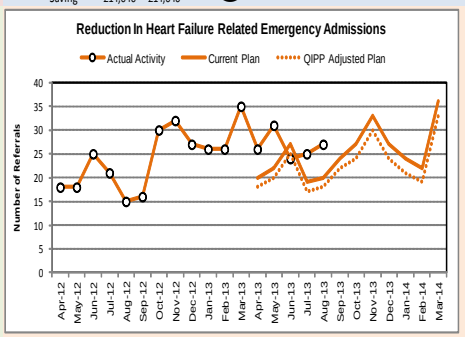
Variance	Plan	QIPP
Activity	5	5
Saving	£14,046	£14,046

Total QIPP £24,720
QIPP Remaining £10,674



Variance	Plan	QIPP
Activity	10	-7
Saving	£11,950	(£7,808)

Total QIPP £33,984
QIPP Remaining £41,792



Variance	Plan	QIPP
Activity	10	-25
Saving	£21,600	(£54,000)

Total QIPP £63,840
QIPP Remaining £117,840

QIPP Schemes	2013/14 Saving	Year To Date Savings Planned	Achieved	Variance	Current Performance
Planned Care QIPP Programmes					
Medical Management Of Carpal Tunnel Syndrome	56,388	7,049	-24,332	-31,381	✗
Joint Injections In Primary Care	72,667	7,908	17,164	9,256	✓
ENT Day Case Activity Moved To An Outpatient Procedure Setting	43,869	5,484	15,765	10,282	✓
Direct Access Referral To Sleep Studies	23,793	2,799	140	-2,659	✗
Community Services QIPP Programmes					
Reduction In Other Anaemia Related Admissions	19,600	6,083	21,241	15,159	✓
Reduction In Emergency Urinary Tract Infection Admissions	24,720	14,046	14,046	0	✓
Reduction In Cellulitis Related Emergency Admissions	63,840	11,950	-7,808	-19,758	✗
Reduction In Heart Failure Related Emergency Admissions	33,984	21,600	-54,000	-75,600	✗
Total	**338,860**	**76,918**	**-17,784**	**-94,702**	

**Community monitoring is work in progress and will be updated following feedback from the responsible commissioning manager*
***Unplanned care QIPP schemes have recently been received and monitoring reports will be produced shortly*

Commentary:

Work is continuing to monitor achievement of local QIPP initiatives and this is reported back and discussed with commissioners on a monthly basis. The graphs have been taken from the developing mechanism and demonstrate September progress.

Enc D

Isle of Wight NHS Trust

FOR PRESENTATION TO PUBLIC BOARD ON: 27 November 2013

QUALITY & CLINICAL PERFORMANCE COMMITTEE
20 November 2013

Present:	Sue Wadsworth	Non Executive Director and Chair
	John Matthews	Non Executive Director and Deputy Chair (DC)
	Nina Moorman	Non Executive Director (NED)
	Sarah Gladdish	Clinical Director – Community Clinical Directorate (CDC)
	Sabeena Allahdin	Clinical Director – Planned Clinical Directorate (CDP)
	Mark Pugh	Executive Medical Director (EMD)
In Attendance:	Sarah Johnston	Deputy Director of Nursing
	Brian Johnston	Head of Corporate Governance & Risk Management (HOCG)
	Gill Honeywell	Chief Pharmacist (CP)
	Theresa Gallard	Business Manager (BM)
	Lesley Harris	Head of Clinical Services – Planned Clinical Directorate (HOCP)
	Kay Marriott	Acting Head of Clinical Services – Community Clinical Directorate (AHOCC)
	Deborah Matthews	Head of Clinical Services – Acute Clinical Directorate (HOCA)
	Ian Bast	Patient Representative (PR)
	Chris Orchin	Non-Executive Director (Governance and Compliance) Healthwatch IW (HIW)
	Robin Beal	ED Consultant (EDC), *for Item 13/278*
	Linda Fishburn	Modern Matron (MM), *for Item 13/278*
	Julianna Heyward	General Manager (GM) *for Item*
	Andy Hollebon	Head of Communications (HOC), *for item13/286*
	Andy Shorkey	Foundation Trust Programme Management Officer (FTPMO), *for item 13/290*
Minuted by:	Amanda Garner	Personal Assistant to EDNW (PA)

To be Received at the Trust Board meeting on Wednesday 27 November 2013

Key Points from Minutes to be reported to the Trust Board

- 13/270: Governance Arrangements to supporting delivery of two quality related action plans - Committee reviewed the paper that sets out proposed governance arrangements to support the delivery of the 2 quality related action plans ie the Quality Governance Framework Action Plan and the Integrated Action Plan - Independent Reviews.

- 13/272: Safe Staffing Levels – the Committee reviewed the 12 principles

- 13/277, 13/279, 13/281: Reduction in SIRIs – the Committee acknowledged the work of the Directorates to achieve this.

- 13/290: TDA Self-Certification – endorsed

Minute No.

13/261 Apologies for Absence

Alan Sheward, Executive Director of Nursing and Workforce (EDNW), Vanessa Flower, Quality Manager (QM), Christopher Sheen, Clinical Director – Acute Clinical Directorate (CDA) and John Pike, FY2 Doctor (JP)

13/262 Confirmation of Quoracy

The chair confirmed the meeting was quorate.

13/263 Declarations of Interest

Declaration made by the Deputy Chair – Assistant Coroner and Deputy District Judge

13/264 Assurance Presentation

JP was unable to attend the meeting due to a family illness and will be rescheduled to attend the December 2013 meeting.

13/265 Minutes of Previous Meeting held on 18 September 2013

The minutes of the meeting of the Quality & Clinical Performance Committee held on 18 September 2013 were reviewed. CDC asked for an amendment to be made to Page 8 of the minutes – item 13/246 – that the final paragraph should have a full stop added as there were two separate items discussed.

***Action Note**: Amendment to be made to Item 13/246 in the minutes of the 23 October 2013 meeting.*

Action by PA

13/266 Review of Action Tracker

The Committee reviewed the action tracker.

The Chair highlighted Item 13/172, Action QCPC0026 regarding readmissions. The HOCP advised that the directorate needed to do further investigation into this item which is ongoing. The CDP added that an audit was being undertaken and the results will be shared with departments as appropriate and be part of the monthly performance review. The Chair asked that this information be included into each Directorate report to this Committee each month.

***Action Note**: Readmission information to be included in each Directorate Report to this Committee each month.*

Action by CDs

13/267 Review of Rolling Programme

The Chair reported that this had recently been put together in this format and that she would welcome any comments.

The Chair brought the Long Term Quality Plan to the attention of the Directorates and reminded them that a report would be required for the December 2013 meeting and then quarterly going forward.

***Action Note**: Any comments on the Rolling Programme to be passed to the PA*

Action by All

***Action Note**: Long Term Quality Plan report required from the Directorates*

Action by CDs

Quality

13/268 **Quality Report**

The DDN presented the Quality Report to the Committee and the following items were highlighted:

- Nursing Dashboard – this is still being produced manually however work is being done on how to utilise and implement the electronic version and how this can be presented to the Committee and Board. The DDN advised that the electronic version will be in use in the New Year. The Chair advised that this is a key table of metrics which will be interrogated in some detail, particularly during ward/service monitoring/inspection visits. The DDN advised that for the next meeting she would provide a brief on how this was being taken forward. The Chair added that 6 months previously she had completed an out of hours visit and had shown the nursing dashboard to the ward sister who, unfortunately, had no knowledge of the dashboard or the information it contained. The Chair said that this may have been a one off but was very disappointing.

***Action Note**: The DDN to provide a brief to the next Committee meeting.*

Action by DDN

- HAPPI Data – The EMD highlighted an error in the data. The DDN advised that she was aware of this and that it will be corrected

At this point the Chair advised all members that they should be able to challenge the data and information submitted to the Committee, as a means of gaining assurance and fulfilling the objectives of QCPC.

- C-diff data – The DDN advised that, although there had been five cases, the Trust is back on trajectory. The Chair enquired as to whether the cases were related to patients having these before coming into hospital. The DDN advised that the focus is on hospital acquired infections and explained the process ie RCA investigation and actions according to the Policy. The NED, who has a clinical background, clarified that MRSA is picked up through screening however C-diff is usually caused by the treatment received. The DDN advised that the Infection Prevention and Control Committee (IPCC) reviews these in more detail. The HOCG advised that the IPCC reports to the Trust Executive Committee. The Chair asked that the HOCG provide an up to date list of Committees that reported to this Committee as a double check that nothing was being missed. The HOCP advised that the figures still included exclusions around MRSA screening for planned care, and how she was working with PIDS for these to be removed.

***Action Note**: The HOCG to cross reference and report back to this Committee at the next meeting.*

Action by HOCG

- VTE – The EMD advised that the target of 95% was not currently being met and explained that the target had been increased from 90% recently. The EMD advised that he had recently completed a ward review to identify particular problems to facilitate development of effective action plans in order to improve results for this indicator. The EMD advised that he had found that half of the cases involved stroke patients who would not be given anti-coagulants immediately on admission however the assessment was not being picked up later in their care plans. The EMD advised that he had asked that the department's paperwork be improved so that this would be picked up. The EMD added that when the JAC system went on line that this would also help with improvement. The CP advised that the JAC system is expected to be implemented early in the New Year.

- Mortality Data – the EMD advised that there had been an increase in October's figures and that he had reviewed all the cases. There were no adverse indicators and it seemed to be linked to the demographic profile of the Island. The EMD added that the increase in our figures reflected a similar regional increase. The Chair advised that a trend line on the graph would be helpful.

***Action Note**: Trend line to be added to mortality data graph.*

Action by BM

- Pressure Ulcers – The DDN advised that there was still much work going on around the reduction of pressure ulcers and that the plan for competency assessment to be completed by December 2013 was being actioned.
- The Chair noted that concerns had increased. The HOCA advised that this had been reviewed and there were widespread themes across the areas and no trends.
- The EMD highlighted the SIRI data and that there were more SIRIs closed that there were open and that this was a result of hard work throughout the Directorates. The Chair agreed and asked that appreciation was passed on to all those concerned.

13/269 **Local Response to National Issues**

Integrated Action Plan – Monthly Update

The BM presented the Integrated Action Plan to the Committee and advised that for this month this was for information however from next month a summary exception report would be provided on a monthly basis. The BM explained that this is to monitor the recommendations in the form of an action plan from 4 Independent Reviews / Public Enquiries. The Chair advised that she was pleased to see that some actions were complete. The BM added that the 100 Quality Champions will help with work on this. The Chair advised that she had had positive feedback on the recruiting of the Quality Champions.

13/270 **Governance Arrangements to supporting delivery of two quality related action plans**

The DDN presented the paper to the Committee and advised that the paper sets out proposed governance arrangements to support the delivery of the 2 quality related action plans. The Quality Governance Framework Action Plan and the Integrated Action Plan - Independent Reviews.

The action plans are in place to support the delivery of quality related priorities linked to the organisation's Foundation Trust journey and relevant national and local requirements. The DDN highlighted the diagram on page 3 of the report which detailed the proposed governance processes for each action plan. The BM added that the action plans will be delivered by the Patient Safety; Experience & Clinical Effectiveness Group with the Integrated Action Plan – Independent Reviews Action Plan being monitored by the Patients' Council who will alert this Committee of any issues providing assurance.

The HIW enquired how this distinct role would be communicated to the Patients' Council. The BM advised that the EDNW took the action plan to the last Patients' Council meeting and when this is presented to them at their next meeting their key areas and requirements will be communicated to them.

The DDNM advised that the Quality Governance Framework Action Plan will be monitored by the FT Programme Board and reported to this Committee for assurance.

The Committee discussed the reorganisation of the Quality Directorate and how the new Patient Safety, Experience and Effectiveness (SEE) triumvirate will raise safety profiles and support the quality agenda.

13/271 **Keogh Review – Quality Note**

The DDN advised that this had been incorporated into the plan and was a pivotal document to be aware of. The Chair advised that she found appendices 1 and 2 very helpful. The NED enquired about the Quality Surveillance Group and how the work of NHS England would impinge on the work done here. The Committee discussed the role of NHS England and agreed that there was a disconnect. The NED advised that she regarded the Keogh paper as a vision for the future as it was clear that some of the elements described were not yet in place.

13/272 **Principles for Ward Staffing of Acute Hospital Inpatient Areas**

The DDN presented the paper to the Committee and advised that following on from the various reviews, particularly the Francis Report, staffing levels required review. The DDN advised that the 12 Staffing Principles had been identified and presented to Trust Executive Committee, the nursing groups and Trust Board Seminar and had been approved. The DDN added that the purpose was to have a set of principles to work through starting with inpatient areas and that this will be worked though as the start of a big project of work. The DDN highlighted the table contained within the report on page 5 regarding potential costs and advised that once the ward staffing levels were agreed by the organisation, they would become part of the ward/service establishment.

The Committee discussed this principle being utilised for ward support staff i.e. physios and it was agreed that this will need to be reviewed. The Chair advised that the CQC would use a similar set of principles if they come to inspect the Trust and that this piece of work was needed for assurance. The DDN added that there will likely need to be some level of recruitment. The HIW advised that this needed to be Trust Wide and not just relating to nurses. The Chair acknowledged that this would be a huge piece of work. The DC advised that there was a balancing act between the desire to do things properly and financial constraints. The DDN added that this was a national issue and that the Trust must ensure safe staffing levels are a priority. The Committee discussed the possibility of having to reduce beds if there were only staff available to cover a certain number of beds. The Committee agreed that staff would have to be made aware that they would need to step up to the mark and that quality indicators would have to increase. The Committee agreed that safe staffing levels would need to be a key priority.
The Chair asked for an update at the January 2014 meeting.

***Action Note**: DDN to update Committee at January 2014 meeting.*

Action by DDN

13/273 **Quality Governance Framework**

The BM presented the paper to the Committee advising that this document provides an overarching summary of performance against the actions in the Quality Governance Action Plan. The BM highlighted the exception report at the bottom of the summary and advised that this was for actions which required immediate action. The BM added that the TDA actions had recently been incorporated into this action plan to be monitored in the same way.

13/274 **CQC Registration Log**

The HOCG advised that he had been asked if this report needed to come to this Committee monthly. He advised that it did not and enquired if this was the right Committee for this information to come to. The HOCG advised that this Registration Log is an aide memoire to staff to think about any changes that were required to CQC Registration due to any changes in services. The Chair suggested that this was an operational issued and perhaps should be revised at the Trust Executive Board. The Chair suggested that the HOCG look into this possibility and perhaps the report should come to this Committee on a 6-monthly basis for assurance.

***Action Note**: HOCG to review the correct forum for this Registration Log.*
Action by HOCG

13/275 **External Guidance Monitoring Record**

The HOCG presented the record to the committee and advised that it is a way of tracking known external visits/inspections which the Trust then RAG rates to track progress. The HOCG advised that only the visits/inspections relating to Quality were included.

The HOCG highlighted that an action plan had recently been completed and returned to the CQC. The Chair advised that she had asked for this to come to this Committee in February 2014 for assurance.

***Action Note**: CQC report to be presented at February 2014 Committee meeting*

Action by PA

13/276 **Intelligent Monitoring Action Plan**

The HCOG advised that this action plan replaced the Quality Risk Profile and advised that if anything was identified that an action plan would be produced and the EDNW and EMD would be alerted for taking forward. The HOCG added that the action plans would be monitored and reported back to this Committee.

The HOCG advised that there were 79 acute indicators and that there may be some value in assigning ownership to individuals to monitor these and highlight any potential issued. The HCOG advised that he would report back to the Committee regarding this.

***Action Note**: HOCG to report back regarding assigning ownership of the 79 acute indicators*

Action by HOCG

The HOCG advised that the CQC have made available their key lines of enquiry which sets out what their inspectors are looking at. The HOCG advised that this document will new review on how to take forward.

The DDN highlighted pain control as mentioned on page 2 of the report and advised that this was something that came up in complaints on a regular basis. The EMD advised that the Acute Pain Management Protocol had been reviewed including the review of how a patient was responding to medication and that it was now a much better policy. The HOCP highlighted that in the inpatient survey that there was no differentiation between acute and chronic pain.

Reports From Directorates

13/277 **Acute Clinical Directorate – Quality, Risk and Patient Safety Committee**

The HOCA presented the minutes of the last Quality, Risk and Patient Safety Committee and highlighted the following:

1. Diagnostic Waiting Area
2. IT Out of Hours support issue
3. Blood Sciences OOH staffing

The HOCA advised that the A&E performance was currently above 95%, with month to date at 98.64% and year to date 96.94%. The HOCA added that now that it was coming up to winter there were concerns that flow would reduce.

The HOCA advised that the Ambulance Service is achieving all the Category A response times.

The CP advised that there had recently been a collaborative audit regarding continuity of care and that the Trust was best in region. The CP added that there was a cost avoidance associated with this. The Chair asked that formal congratulations were passed from the

Committee to all involved with this.

The HOCA reported a reduction in formal complaints and updated the Committee on the current SIRIs.

The HOCA updated the Committee on the progress being made regarding the area of concern. The DDN advised that she is currently drafting the report and will be meeting with the team next week. The HOCA reported that sickness rates had fallen as had complaints and that there had been further staff changes. The HOCA advised that there was a further Summit Meeting to be held on 9 December 2013.

***Action Note**: DDN to confirm that report will be ready for the Summit Meeting on 9 December 2013 and that this meeting will still go ahead.*

Action by DDN

13/278 **Emergency Department Complaints**

The EDC advised that his presentation related to litigation claims and how patients can be kept safe when in the Emergency Department (ED) and highlighted the following in his presentation to the Committee:

- Context of the review
- High risk area
- Manifestation
- How the Department performs
- What the Department is doing about it
- Report on ED negligence claims
- What needs to be examined further

The MM advised that an RCA is carried out on every breach and added that the performance in the department would be 98.2% if there were no bed capacity issues. The MM advised that every member of staff above 3% sickness was managed in accordance with the attendance management policy but that this was an ongoing problem. The MM updated the Committee on the use of the "Heat Map" which indicated how many patients there were in the Department hour by hour and a review of this had led to a change in shift patterns to have the right staff in the Department at the right time.

The Committee discussed missed x-ray complaints and the EDC advised that developmental work had been done regarding this. The EDC advised that each x-ray is checked and if this is after a patient is discharged then they are contacted at home with the result however if the result took a month to come back the phone call often led to a complaint. The EDC advised that there is consultant present on the Department for 12 hours Monday to Friday as well as there being a consultant on call.

13/279 **Planned Directorate - Quality, Risk and Patient Safety Committee**

The CDP presented the minutes of the last Quality, Risk and Patient Safety Committee and highlighted the following:

- Follow up booking of patients – concerns highlighted and work ongoing to resolve these issues.

- Complaints for October – looking very good. (1 formal complaint for Oct – over a 50% reduction from last year.

- PVAD (peripheral venous access device) – The HOCP updated the Committee on a practice issue however advised that a lot of work had been completed with learning for both medical and nursing staff. completion of PVAD needs improving across the directorate.

- Directorate Quality Goals being considered – reducing re-admission rates, infection control complaint, mandatory training and clinical project – catheters.

- Friends & Family Test – much improved on each ward but not quite there yet

The CDP updated the Committee on bids and business cases including Maternity Upgrade phase 1

The CDP advised that significant progress had been made in the following areas:

- SIRI reduction – 9 this year compared to 18 this time last year.
- HealthAssure – local evidence being added, extra training sessions being set up.
- Datix Incidents – grading being approved by HOC & Quality Manager weekly

13/280 **Theatre Utilisation – Audit Results**

The GM gave a presentation to the Committee on Theatre Utilisation regarding operations cancelled on the day. The GM advised that the position is being monitored and audited monthly to determine those cancellations that where unavoidable and those avoidable. The GM's presentation gave a breakdown by area and the Committee discussed this data. The CDP advised that this data given as a percentage would be helpful and give a clearer picture.

The CDP advised that the national benchmark is expected to be between 88% and 94% which superseded the previous lower benchmark of 83% with four specialities currently achieving this revised benchmark however this fluctuates with bed pressures

13/281 **Community Health - Quality, Risk and Patient Safety Committee**

The CDC presented the minutes of the two Clinical Quality, Risk and Patient Safety Committee meetings highlighting the following:

Top Risks and areas of concern:

- Paris Project – delays having impact as having to keep 2 data sets and affecting activity data.
- SVA E-Learning to be reviewed
- HealthAssure completion
- Pressure ulcers – working with the Quality Team regarding booking these meetings
- Datix – masterclass being organised
- Directorate SIRI process – on top of SIRIs
- Safeguarding – work ongoing – adult policy written

The CDC advised that the directorate is developing an action tracker which will incorporate all actions and there will be reviewed at the monthly meeting. The CDC advised that an overview could be provided for this meeting.

***Action Note**: Directorate Action Tracker – overview to be incorporated into report for this committee*

Action by CDC

Patient Safety

13/282 **SIRIS – those coming on line**

The DDN advised that there were currently 23 open SIRIs. The BM updated the Committee on 3 open cases currently sat with Wessex for closing off.

13/283 **SIRIS – for final sign off**

The HOCA gave a précis of a SIRI which had been discussed at the Committee Meeting in July 2013 and what the directorate was doing as a consequence of this SIRI. The NED commented that this was a very difficult set of circumstances.

The EMD enquired regarding the SIRI concerning NG tubes and asked for assurance that there were no NG tubes left in the Trust that were not radio opaque. The HOCA confirmed that there were not and added that the right intensity of x-ray needed to be carried out to be sure of correct view and outcome. The DDN stated that a check had been put in place at the product standardisation group to check on ordering of NG tubes.

The Committee approved the sign off of the SIRI reports.

Patient Experience

13/284 **Patient Story (film)**

The Committee viewed a video of a patient giving feedback on her care whilst an inpatient on Mottistone and Alverstone. The patient highlighted an issue that occurred whilst she was an inpatient on Alverstone regarding the cancellation of an appointment at Laidlaw. The Committee discussed this and the Chair asked for the details to be looked into and fed back to this Committee at the December 2013 meeting.

***Action Note**: Patient's concerns regarding cancelling appointment to be investigated.*
Action by HOCP and EMD

13/285 **Patient Experience Report (Q2)**

The Committee agreed that this was a really clear and comprehensive report. The BM advised that eventually anonymised summaries of complaints will be published on the website and work was in progress regarding this. The Chair suggested that information be added regarding what actions are being taken. The BM advised that action plans need to be in place for each directorate to robustly monitor in a formal way.

13/286 **Media Interest**

The HOC highlighted the following media reports and advised that further information would be available for the December 2013 meeting.

- Hospital car service
- Dementia
- SCRS

Clinical Audit and Governance

13/287 **Trust Risk Register**

The HOCG advised that there had been no new risks added to the register and none had come off however there were 5 with increased scores.

13/288 **Governance and Assurance Quarterly Report – Q2**

The HOCG provide a summary of incidents and highlighted reductions and the significant increase in freedom of information requests.

Safeguarding

13/289 **Joint Safeguarding Committee**

The DDN presented the minutes of the second Joint Safeguarding Committee meeting and advised that themes were being identified and there was a sharing of learning. The DDN advised that there had been a gap identified in the communication between the multi agency meetings and operational team and that EDNW would be chairing this meeting going forward to rectify this.

Clinical Performance & Risk

13/290 **TDA Self Certification**

As the meeting was running ahead of schedule the FTPMO was not in attendance however there were no questions or comments and the Committee agreed that sufficient assurance had been provided for the Committee to recommend that Trust Board approve the self-certification returns as proposed.

The FTPMO arrived just after this item and was updated.

13/291 **Top Issues**

- Governance Arrangements to supporting delivery of two quality related action plans - Committee reviewed the paper that sets out proposed governance arrangements to support the delivery of the 2 quality related action plans ie the Quality Governance Framework Action Plan and the Integrated Action Plan - Independent Reviews.
- Safe Staffing Levels – the Committee reviewed the 12 principles
- Reduction in SIRIs – the Committee acknowledged the work of the Directorates to achieve this.
- TDA Self certification

13/292 **Any Other Business**

There were no further items to discuss.

13/293 **Date of Next meeting**

Wednesday 18 December 2013
9 am to 12 Noon
Large Meetings Room

Signed: _____ Chair

Date: _____

Isle of Wight NHS Trust

For Presentation to Trust Board on 27th November 2013

FINANCE, INVESTMENT & WORKFORCE COMMITTEE MEETING

Minutes of the Isle of Wight NHS Trust Finance, Investment & Workforce Committee meeting held on Wednesday 20th November 2013 in the Conference Room.

PRESENT:	Charles Rogers	Non-Executive Director (Chair) (CR)
	Chris Palmer	Executive Director of Finance (EDOF)
	Mark Elmore	Deputy Director of Workforce (DDW) *Deputising for Executive Director of Nursing & Workforce*
	Kevin Bolan	Associate Director of Facilities (ADFac) *Deputising for Executive Director of Planning, ICT and Integration.*
In Attendance:	Kevin Curnow	Deputy Director of Finance (DDOF)
	Lauren Jones	Interim Assistant Director of Finance (IADF)
	Donna Collins	Head of Transformation and Quality Improvement (HTQI)
	Andy Heyes	Head of Commercial Development (HoCD) *(Item 13/186)*
	Nikki Turner	Acting Associate Director (AAD) *(Item 13/190)*
	Pieter Joubert	Community Health General Manager (CHGM) *(Item 13/190)*
	Mandy Blackler	Acting General Manager Acute (AGMA) *(Item 13/190)*
	Andy Shorkey	Programme Management Officer – Foundation Trust Programme (FT-PMO) *(Item 13/176)*
	Brian Johnston	Head of Governance and Assurance (HGA) *(Item 13/194)*
Minuted by:	Sarah Booker	PA to Executive Director of Finance (PA-EDOF)

To be Received at the Trust Board meeting on Wednesday 27th November 2013
Key Points from Minutes to be reported to the Trust Board

13/188	Capital Priorities Update: Pressure remaining on directorates to ensure schemes are sufficiently detailed and progressed to enable Capital Resource Limit to be spent.
13/188	Cost Improvement Plan Update: Schemes are currently behind plan but weekly finance meetings held to monitor progress and drive delivery.
13/190	Business Cases – North East Locality Hub & MAU
13/192	Self Certification: Sufficient assurance had been provided for the Committee to recommend that Trust Board approve the self-certification returns as proposed.

13/181 APOLOGIES

Apologies for absence were received from Peter Taylor, Non-Executive Director (PT) and Alan Sheward, Executive Director of Nursing & Workforce (EDNW). Kevin Bolan, Associate Director of Facilities (ADFac) attended as deputy on behalf of the Executive Director of Planning, ICT and Integration (EDP) and Mark Elmore attended as deputy on behalf of Alan Sheward (EDNW).

13/182 CONFIRMATION OF QUORACY

The Chairman confirmed that the meeting was quorate, with members including one Non-Executive Director in attendance.

13/183 DECLARATIONS OF INTEREST

There were no declarations.

13/184 APPROVAL OF MINUTES

The minutes of the meeting held on 23rd October 2013 were agreed by the Committee.

13/185 SCHEDULE OF ACTIONS

The Committee received the schedule of actions taken from the previous meeting on 23rd October and noted the following:

13/135 LTFM Status Update: The LTFM is a regular item on the agenda each month and therefore the committee will be updated each month. There will be another seminar session taking place before March 2014. *Action now closed*.

13/136 Cashflow: Action point incorrect as not all investments will require approval from FIWC. Cash is invested in Government schemes only. All investments and benefits made will be noted at each FIWC meeting. *Action now closed*.

13/154 Workforce included in LTFM: The DDW will provide slides to demonstrate the workforce impact in the LTFM. *Action now closed*.

13/155 Recovery of aged debts: The DDOF is looking into ways to strengthen the current process with SBS and in the finance department to recover the aged debts. The DDOF will visit the SBS site in the New Year.

13/156 HMRC: The DDW is looking into the possibility of obtaining a refund from the HMRC as the Trust may not be liable for the majority of the debt as the Trust did not exist prior to 1st April 2012. *Action now closed*.

13/175 NHS Creative: Consultation still open, DDW to check SHIP are included in the consultation.

Further actions are listed in the schedule of actions.

Terms of Reference Changes:

The Committee agreed the Executive Director of Strategy and Commercial Development should be replaced on the terms of reference with the new post of Executive Director of Planning, ICT and Integration and the Head of Transformation and Quality Improvement should be added to the attendee list. The Committee noted the resignation from the Committee of the Executive Medical Director via letter dated 24/10/13 due to lack of time available to commit to the meetings. The Executive Medical Director will be removed from the terms of reference so there will no longer be a Community representative. The member and attendee lists should be re-evaluated in a few months.

Action: PA-EDF

13/186 LONGER TERM STRATEGY AND PLANNING

LTFM Status Update:

The DDOF reported there will be another seminar session taking place before March 2014 but there is nothing further to report on the LTFM status. Future developments will be reported to the group as this is a standing item on the agenda.

Mottistone Suite Strategy/Commercial:

The Head of Commercial Development (HoCD) updated the Committee on the current short term and medium term strategies at Mottistone. This included the current position highlights, contracts and developments. The HoCD has been working with the Business and Operations Manager at Mottistone to improve and build upon the current strategies.

The Executive Director of Finance suggested reinstating the business breakfasts/briefings as they were very successful. The HoCD will discuss this with the Business and Operations Manager.

Action: HoCD

Charles Rogers will discuss arranging a visit to the Suite with the Executive Director of Nursing and Workforce.

Action: CR

The Deputy Director of Workforce will discuss staff utilisation with the Matron.

Action: DDW

13/187 FINANCIAL PERFORMANCE

Month 7 Financial Performance Report

Financial Risk Rating:

The Continuity of Service Risk Rating (CoSRR) rating is 4 after the normalisation adjustments. Monitor introduced new risk rating metrics with effect from 1st October 2013. These now consist of two ratings: Liquidity and a Capital Servicing Capacity.
At the end of October the Trust was achieving a rating of 4 in each category which is expected to continue through to the year-end.

Summary:
The IADF presented the Month 7 Finance Report and highlighted the following:

Month 7 position shows a year to date surplus of £2,984k. This is £1,806k over plan as the budget set-aside for the repayment of Public Dividend Capital (which can be used for other non recurrent spend for this financial year only) will be spent in the second part of the year. The forecast year end surplus remains on plan at £1,615k.

Income -The YTD position is over plan by £6,539k including revenue for the extension to the prison contract from Apr-May 2013 and over plan performance of non contracted activity (NCA). The variance of £1,575K in the Acute directorate is due largely to the dermatology element within the Beacon contract and drug cost recharges. Within the Planned area the variance of £371k is due to mainly R&D funding being higher than plan. Income relating to Corporate areas is showing a favourable variance of £2,009k mainly because of the adjustment to the EMH budget, income relating to NHS Creative and training income being above plan in addition to the receipt of the £250k donation relating to the helipad.

Pay – The YTD position on pay budgets is over plan by £1,598k. This includes spend in the Acute directorate attributable to the additional costs relating to the 2 month extension to the Prison Contract and the Beacon dermatology contract plus overspends due to locum usage within Pathology, General Medicine and Elderly Care; £214k over plan in Community which is due to HV Trainee costs funded by income and 1 to 1 supervision costs funded by Commissioners and high use of bank and agency staff to cover sickness and maternity leave particularly in District Nursing and Speech & Language; an overspend of £708k in the Planned directorate which is due to Locum Costs to cover vacancies and sickness and £224k in Corporate areas which is mainly due to costs relating to NHS Creative which are partially offset by vacancies within Finance and Nursing & Workforce.

Non Pay – The non pay budgets are overspent by £3,403k. All clinical directorates and Corporate area overspends are predominantly due to non-achievement of CIPs as per plan; within the clinical directorates are overspends on non PbR drugs offset by income and costs relating to the prison extension.

CIP – Plan of £4,679k was under-achieved at month 7 by £1,012k.
This is despite the recognition of £1,271k of the full year savings of banked CIPs.

The shortfall of CIP deliveries is picked up through the weekly directorate deep dive meetings. Charles Rogers questioned how likely it is that the CIP targets will be met for this year. The DDOF explained that although it is a challenging position the financial performance is expected to be met for this year. The HTQI is looking at expediting the original plan and will therefore be able to close off any gaps this year.

Action: HTQI

The EDoF requested there is an additional column added to the CIP report to note the risk of the carry forward of undelivered schemes.

Action: IADF

90 Day Debtors List:

The DDOF discussed the breakdown of the aged debtors from the current total to outstanding debtors with 361+ days.

- The total sales invoice debt to the end of October is £4,875k.
- The total aged debt over 90 days increased from £652k in September to £832k in October.
- The top ten debts over 90 days represent 70% of this total.
- The total debt over 30 days to the end of October is £1,948k.

The DDOF raised his concern at the level of debts over 90 days and is working with the Senior Financial Accountant (SFR) to tighten processes in place to recover the aged debts. The SFR will compile lists on a weekly basis to identify the outstanding debtors in order to pursue debts.

Action: SFR

Debt Management Process Update:

The DDOF reported that the policy is being followed and we are currently looking at freeing up internal resources for supplementing debt management.

Action: DDOF

Cash Flow & Investment Proposals:

The Cashflow is detailed in the finance report. The investment of any surplus is currently being explored with a view to maximise benefits in the short term.

Balance Sheet Review:

The DDOF gave a brief overview on the balance sheet and reported there are no major issues this month other than the movement in debtors which can be attributed to the recognition of the brought forward CIP schemes.

Cost Improvement Programme Update:

The HTQI explained a report is being created which will be taken to the Trust Executive Committee on Monday 25th November to give assurance on how robust the plans now are. Now the QuinCE system is being used we can see exactly how robust business plans really are as it highlights any issues which may have an impact on the delivery of the CIPs.

Action: HTQI

Capital Priorities Update:

The EDOF and ADFac discussed the issue surrounding the regular changes to the Capital Plan during the year and the impact and consequences this has on the delivery of CIPs. The Committee confirmed their concern in the

frequency of changes being made and the potential lack of delivery of CIPs. CR suggested this issue is raised at the Trust Board meeting for further discussion.

Action: CR

13/188 WORKFORCE

Month 7 Workforce Performance Report:

The DDW presented the Month 7 Report highlighting the following:

- **HMRC**

The DDW is looking into the possibility of obtaining a refund from the HMRC due to possible overpayment by the Trust as previously updated earlier in this meeting.

Action: DDW

- **Pension Auto Enrolment Costs:**

This item was discussed at last month's meeting. The Workforce Planning and Information Manager will bring a report to the December meeting detailing how much this costs the Trust which will also identify any additional costs.

Action: WPIM

- **Sickness Absence:**

The total Trust sickness absence for October is 3.91% which is higher than the monthly target of 3%. 19% specified stress/anxiety or depression as the reason for their absence and 5.9% have not specified causes.

Cases of long term sickness absence decreased by 2 in October. Action plans are in place to ensure a quick return to work.

In October 94.21 FTE Bank was used to cover sickness absence, an increase of 8.65 FTE against September usage.

In October 35.8 FTE bank was used to cover Annual Leave, this is a decrease of 10.5 FTE on last month.

The DDW noted they are now formulating deep dive meetings for areas which have more than 4% sickness absence for two months to find out what managers are doing to resolve this issue.

Action: DDW

HR and OD Strategy and Action Plan:

The DDW confirmed an action plan will be created and brought to the next meeting.

Action: DDW

Health & Wellbeing Update:

The DDW presented the update highlighting the following:

- Sickness Absence - There are currently 61 long term sickness cases. The plans for a triage process for cases over 2 weeks will possibly now commence in April 2014.

- Staff Health & Wellbeing – Signage has been ordered for the entrance for the Green Gym. 207 staff now referred to the 12 week free weight management programmes and 43 staff are on their second free referral. Over 1000 flu vaccines have been given. Currently considering further order to attempt 75% coverage of front line staff but funding needs to be identified and planned to achieve this amount. The Health and Wellbeing Open Day was held on the 13th November in the Conference Room where flu jabs were also given.

The DDW noted the general trend on absence is currently seasonal. The HTQI said there is a potential bid of £40k coming forward to purchase more flu vaccines. The EDOF suggested further promotion of the vaccine in order to protect more staff from the illness and therefore preventing an increase in staff absences.

The PA-EDOF to invite the Joint Heads of Occupational Health to deliver this update from next month as it is no longer in the Workforce remit.

Action: PA-EDOF

13/189 FINANCE FUNCTIONS

Contract Status Report:

The EDOF presented the comprehensive Contract Status Report and highlighted the following:

- The CCG 2014/15 contracting letter was received on the 5th November. The letter sets out the CCG contracting principles for 2014/15.

Summary:
- ✓ Two year contract
- ✓ Pathway based contract
- ✓ Outcome based contracting for a couple of specific pathways
- ✓ Integrated contract with Local Authority
- ✓ Taking advantage of tariff flexibilities
- ✓ To support My Life a Full Life

The Contracting team is working with other Trust teams including Directorates to discuss and assess the impact and to prepare a coordinated response to the CCG.

- In 2013/14 the Trust may take circa £86k risk regarding VTE element of the CQUIN. However it's worth noting that the CCG has indicated that they would consider reviewing the performance

of this indicator retrospectively if the Trust demonstrates that assessments have been undertaken and the issue has been due to data quality.

- The CCG has challenged the efficiency of the Trust's Paediatric ADHD prescribing. Following a series of meetings and correspondence with the CCG, this item is still unresolved. This item will be escalated through the Planned Directorate to the Executive Contract Meeting.

- All of the outstanding elements of the NHSE contract including Human Papillomavirus (HPV) and Child Health Records Department (CHRD) have been finalised.

- There has been £717k-worth of non-specialised activity which was transferred back from the NHS England contract to the CCG contract. The relevant CVs have been actioned and completed.

- Earl Mountbatten Hospice (EMH) Contract has been finalised and is being prepared for signature.

The actual variance alignment needs to be brought to next month's meeting.

Action: ADC

Key Policies and Business Strategies Review:

Nothing to report.

National Funding Issues – ITF:

Nothing to report. PA-EDOF to include on next month's agenda.

Action: PA-EDOF

13/190 INVESTMENT/ DISINVESTMENTS

Procurement Status Report:

This paper was provided by the EDOF for information to the committee as it details issues which are picked up during regular procurement meetings.

Estate Rationalisation – Case for Change:
North East Locality Hub:

The AAD and the CHGM attended to present the business case for recommendation to the Trust Board next week. There was a lengthy discussion around the case and CR challenged the AAD as to what the risks were surrounding the case. The AAD gave a comprehensive response outlining the risks along with the benefits. Subject to the discussed amendments being made to the business case the Committee would approve and recommend the case to the Trust Board next week.

Action: AAD & CHGM

MAU:

The AGMA attended to present the business case for recommendation to the Trust Board next week. There was a lengthy discussion around the case and CR again challenged the AGMA as to what the risks were surrounding the case. The AGMA gave a comprehensive response outlining the risks along with the benefits.

The EDOF questioned what the impact would be on the reference costs. The AGMA will meet with the IADF to identify these and will include the additional information into the business case. The EDOF pointed out the financial appraisal sheet is missing from the case and that this needed to be provided prior to final approval.

The DDW suggested the AGMA keeps the MAU staff involved to keep engagement with them.

Subject to the discussed amendments being made to the business case the Committee would approve and recommend the case to the Trust Board next week.

Action: AGMA

PDC Update:

There was a discussion around the highlighted schemes. There are a number of other bids but the monies will not be released until the directorates are on target with their CIP deliveries.

13/191 TRADING ACCOUNTS

Mottistone Update:

The Month 7 Trading Account was received.

The EDOF requested the trading accounts include a narrative with them.

Action: IADF

Beacon Update:

The Month 7 Trading Account was received. The IADF noted Beacon is continuing to perform well and is forecasting ahead of plan at the end of the year.

NHS Creative Performance and Budget Update:

The Month 7 Trading Account was received. The forecast has been moved from £25k net surplus to £35k at the end of the year. This is based on sound forecasting and Month 8 will show a more robust position.

13/192 SELF CERTIFICATION REVIEW

The FT-PMO presented the self-certification return for September 2013 to the Committee and highlighted the following:

There has been no significant movement since last month.

Compliance is confirmed at present against 9 of the 12 Licence Conditions. Since the committee received the last update Condition P4 relating to compliance with the National Tariff has been confirmed as compliant. Condition G8 remains confirmed as non-compliant with a target date to achieve compliance by 31 December 2013. Work is ongoing to implement systems and processes to identify compliance status in order to provide assurance to the Board of compliance against the outstanding Licence Conditions. All outstanding Licence Conditions have agreed target dates for compliance to be achieved.

FT-PMO to link with DDOF regarding Licence Condition 4 to ensure overseas patients meet the eligibility criteria.

Action: FT-PMO & DDOF

It was agreed that sufficient assurance had been provided for the Committee to recommend that Trust Board approve the self-certification returns as proposed.

13/193 COMMITTEES PROVIDING ASSURANCE

Minutes from the Capital Investment Group

None received. The ADFac will ensure a copy is received at the December meeting.

Action: ADFac

13/194 ANY OTHER BUSINESS

Monitoring of External Agencies:

The HGA attended to discuss this paper with the Committee and noted it will be produced quarterly to keep the group updated. The EDOF requested the paper includes an action due date column to give more guidance on priorities. The recommendations for the D & A Consulting Ltd visit regarding Clinical Coding in January should be checked during next month's meeting.

Action: PA-EDOF

Deloitte Final Internal Audit:

The DDOF noted this is a good report. The EDOF asked the DDOF to send thanks on behalf of the Committee back to the team.

Action: DDOF

13/195 KEY ISSUES FOR RAISING TO TRUST BOARD

Please refer to Key Points.

13/196 DATE OF NEXT MEETING

The Chairman confirmed that next meeting of the Finance, Investment & Workforce committee to be held is on Wednesday 18th December 2013 in the Small Meeting Room, 1.00pm – 2.50pm.

The meeting closed at 5.10pm.

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 27th November 2013

Title	Safe Ward Staffing Levels			
Sponsoring Executive Director	Executive Director of Nursing and Workforce			
Author(s)	Sarah Johnston Deputy Director of Nursing			
Purpose	Recommendations for Safe Ward Staffing Levels			
Action required by the Board:	**Receive**		**Approve**	✓

Previously considered by (state date):			
Trust Executive Committee	11/11/13 & 18/11/13	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	20/11/13
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			

Staff, stakeholder, patient and public engagement:

This has been reviewed and approved by the following staff groups: Clinical Leaders development day, Matrons Action Group, Director of Nursing Senior Team. It has been received by the TEC, amendments made and approved, it has been approved by the Q&CPC.

Executive Summary:

The Trust is required to demonstrate safe ward staffing levels incorporating national guidance, and recommendations from The Francis report, and subsequent reviews including Keogh review and the Berwick recommendations.

This paper sets out the recommendations for 12 staffing principles to be adopted for the ward areas.

Once the principles are agreed, a mapping exercise will be undertaken by a nurse staffing task and finish group. Work is underway to see if the acuity and dependency work can by accommodated on the PSAG boards as soon as possible

It is important to identify the principles first, to demonstrate we have a safe ward staffing standard that is well understood and is based on national recommendations and relevant models where applicable. This will enable us to adjust staffing where necessary and identify and manage risk accordingly. This is a key requirement to demonstrate excellent safety standards and quality of care, and is an expectation of the new CQC inspection regime.

Amendments to previous submission (requested by TEC and Trust Board following seminar discussion)

The principles have been applied to 1 ward to obtain a point of reference for potential costings.

Amendments have been made to principles relating to ward housekeeper and ward clerk to provide consistency of approach i.e. working times are not prescribed but days are indicated. Professional judgement will be used to match requirements toward areas and reviews will pick up perceived shortfalls for further discussion and amendment.

For following sections – please indicate as appropriate:						
Trust Goal *(see key)*	Quality					
Critical Success Factors *(see key)*	Approval of the principles will provide assurance to the Board that the Trust has adopted safe staffing requirements and can identify shortfalls and manage these accordingly					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	None Identified					
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements						

Date: 18/11/13 **Completed by: Sarah Johnston**

Isle of Wight NHS Trust

Isle of Wight NHS Trust
Deputy Director of Nursing
Safe Ward Staffing Levels

SITUATION
The Executive Director of Nursing and Workforce (EDoN&W) is accountable for safe staffing levels across the Trust. This requires assurance of staffing numbers, skill mix, competency and patient outcomes.

The senior nursing team have reviewed current national recommendations and drives to provide adequate assurance for safe staffing and have provided this paper to set out the direction for changes in relation to nurse staffing management.

Nurse staffing requires a formal review for the following reasons:

1) To ensure that adequate numbers and appropriate skill mix is in place.
2) To provide assurance to the Trust Board of Safe Staffing for patients now and in the future
3) To ensure recommendations from the Francis report, the Keogh reviews and other national recommendations are being considered.

Work is already underway to review current ward templates and the ward sisters have been asked to sign off their current templates on the basis of affordability. This is to provide a cost basis from which to understand the financial implications for changes required. In addition templates are being reviewed for nurse to patient ratio's, dependency measures, occupancy measures, and consideration has been given to potential implications of supervisory role for band 7 Sisters.

This paper sets out the assessment and recommendations so far, and provides recommendations for **STAFFING PRINCIPLES** which need to be agreed by the Trust Executive Committee.

The staffing principles are being considered for the whole organisation, however the immediate requirement is to be confident that our highest risk area. Following the Francis report and subsequent government reviews it is clear that the inpatient ward environment is a priority and the principles set out in this paper are based on recommendations for inpatient areas. Work is underway to consider how we approach Mental Health and Community nursing teams. It is likely that a number of the principles will apply to these areas also ie ratio's can be set, however the figures will not be the same.

Nurse staffing and the assurance of safe staffing levels has been under significant scrutiny during the reviews into the Mid Staffordshire enquiry. Whilst safe staffing has always been a priority, and more focus was provided to this at the break of the Mid Staffordshire case, there are now further reviews which provide recommendations to improve this.

National Nursing Strategy – the Compassion in Practice, the National Nursing Strategy has set out 6 key actions for organisations to take to ensure nursing contributes effectively:
Action 5 identifies the need to have the right staff with the right skills in the right place.

Local actions identified to start to achieve this are to deliver a 6 monthly staffing review to the Trust Board as a minimum, and to review the options to deliver supervisory status. We ware required to publish our safe staffing levels on the Internet.

The Francis Report which is now well recognised exposes the lack of Board awareness of staffing levels and their implications, alongside triangulation of key performance indicators, as a key failing.

The Keogh Reviews were conducted by Bruce Keogh, Medical Director of the NHS, into 14 hospitals with high mortality rates. The investigations sought to determine whether there were any sustained failings in the quality of care and treatment being provided to patients at these trusts. And the reports were published on July 16th. The review indicated that statistical analysis showed a **positive correlation between in-patient to staff ratio and a high HMSR score**, and found a number of staffing issues at the hospitals reviewed. These included **inadequate numbers on the day of review, insufficient nursing establishments, funded establishments not matching actual establishments in place with inadequate registered and non registered available to provide care, and poor staffing levels at nights and weekends.**

The review also indentified challenges to organisations that made improvement difficult; these included physical isolation, being slow to learn from mistakes, and financial pressures, which are issues our organisation has also being working to address.

All 14 of the Trusts involved in the Keogh reviews received a recommendation to urgently review staffing levels so it is extremely relevant that IOW NHS Trust can assure itself that adequate strategies and actions are in place to assure the Board that safe staffing and review of safe staffing is evident for our patients and staff.

The report set out 8 ambitions:
Ambition 6 Nurse staffing **levels and skill mix will appropriately reflect the caseload and severity of illness of the patients they are caring for and be transparently reported at Trust Boards** – the report endorsed the action set out in Compassion in Practice National strategy, which requires **staffing levels to be signed off and published by the Trust Board every 6 months.**

Ambition 5: No hospital big or small or remote will be an island unto itself. Professional, academic and managerial isolation will be a thing of the past. For the purposes of this paper, this action requires us to think, as an organisation, about how we will specifically ensure our **staff are given time to network with other organisations and be able to update themselves as well as providing time for study and training.** We are currently looking at ways to ensure training requirements are managed as effectively as possible within our financial envelope, and not reduce training to minimum of mandatory.

Ambition 8: All organisations will **understand the positive impact that happy engaged staff have on patient outcomes.**

The Berwick Report is a review of how we might improve safety for patients in the future. Don Berwick, CEO for the Institute of Healthcare Innovation and Improvement (IHI) in the US was commissioned to review the Mid Staffordshire accounts and the Francis requirements in order to provide a succinct

document providing recommendations for patient safety improvement. There were 10 recommendations of which 4 have implications for our staffing management.
Recommendation 4: **Healthcare organisations should ensure that staff are present in appropriate numbers to provide care at all times and are well supported.**
Recommendation 5: Mastery of quality and **patient safety** sciences should be part of … **education of all health care professionals**…
Recommendation 9: **Supervisory** and regulatory **systems should be clear and simple**. They should **avoid diffusion of responsibility.**

BACKGROUND

Work has started on examining the staffing levels for acute In-patient areas as a priority:

a) Nurse and AHP staffing allocated to Deputy Director of Nursing portfolio in new organisational structure
b) In–patient wards have completed a template to indicate whether current establishment is affordable
c) Current staffing templates have been scrutinised and challenged at the Director of Nursing senior team meeting
d) Occupancy rates have been reviewed
e) As a safety measure, as indicated form the Keogh reviews, Ward Sisters have been asked to revisit their rostas and ensure permanent staff are utilised at weekends and nights rather than bank.
f) Review of the band 7 and Band 6 nurse roles is underway to ensure expectations are standardised and responsibilities and accountabilities are clear, as per recommendation in the national nursing agenda and the Berwick review
g) Role of the supervisory band 7 is to be discussed at the Clinical Leads Development Day in November to ensure implementation of this is effective and delivers high quality care, education for staff and drives improved standards
h) Formalisation of the Safer Nursing Care Tool is being worked on and baselines are being collated in preparation for formal reporting in January 2014

The national nursing strategy aims to provide tools for staffing levels in Mental Health, learning disabilities and Community Nursing as part of its current strategy. These should be available later in the year.

Professional judgement approach is also used to set ward templates and this should be recognised. Additional peer review and benchmarking with other similar areas can give further assurance that staffing levels are both safe and effective.

The Royal College of Nursing (RCN) provide guidance on Safe Staffing including guidance for specific areas i.e. children's wards, care of the elderly wards, mental health wards etc. and promotes safety, patient experience and staffing as inextricably linked. The RCN also promote the responsibility of all nurses to ensure they are working within appropriate conditions, and to whistle blow any concerns which may compromise patient safety. This guidance is being utilised in the staffing analysis.

ASSESSMENT

In order to move the staffing agenda forward the organisation needs to acknowledge the recommendations from the recent national reviews and commit to a framework for safe staffing. In order to do this a set of **WARD STAFFING PRINCIPLES** have been identified. These have been identified from nursing guidance, national recommendations and best practice guidance as indicated above. The principles have been discussed by the Ward Sisters, Matrons, and Senior Nurse Team at the relevant forums and agreed.

The principles need to be agreed and adopted by the organisation; the principles will then be applied to the ward rosta's to identify shortfalls or over requirements, and adjusted accordingly.

It is important for the organisation to demonstrate that safe staffing principles underpin the workforce planning and not finance. This is important for the staff, to be able to see that the Trust puts safety at the top of the agenda, and this is demonstrable in the way it sets out its workforce planning. It is also essential to be able to demonstrate this to external reviewers such as CQC, who will be focussing on how the organisation plans for safe staffing, delivers safe staffing and assures the Board of delivery.
The principles form the framework of this process, and will enable us to be transparent about where we adhere from principles, and make it much easier to focus our risk assessments on those areas where there are weaknesses. This will form a significant part of any external review in the future.

Once the principles are agreed the project team will work with each area to understand the implications, as well as taking an organisational approach to managing the change. Once the establishments are agreed, they will be 'locked down'. This means that should the Trust need to reduce staffing for a nonclinical need, (i.e. not related to the outcome of the acuity and dependency reviews or service change) this will not be possible, and we will need to consider closing beds or services in order to reduce the staffing compliment. The Director of Nursing Team will oversee the information and review on a regular basis particularly the bi-annual acuity and dependency scores.

The principles will be reviewed on an annual basis by the Senior Nurse Team to ensure any new guidance or recommendations are taken into account.

Potential costs

The principles have been mapped against Appley ward to obtain a point of reference for potential costings.

APPLEY WARD			
principle	current position	Impact of principles	
1	Acuity and dependency scoring		
2	Ratio 54,46	add 2 x band 5, reduce 2 x HCA	cost of £34,000
3	No speciality specific guidance	No impact	
4	22% headroom	continue	
5	RN to patient ratio low on Late shift	need 21.17 WTE RN's - add 1 x band 5	cost of £37,000
6	RN to patient ratio on Night shift	continue	
7	WTE to patient ration 1, 1.2	continue	
8	5 band 6's	reduce 3 x band 6 to band 5	saving of £24,000
9	supervisory role	continue	
10	1 WTE band 7	continue	
11	housekeeper	continue	
12	ward clerk	continue	
			total cost £47,000

With 17 ward/clinical areas in the inpatient group this would equate to £799,000. This figure does not include adjustments that may be required following acuity and dependency review.

In the wider context of staffing review it is likely that review of matrons and nurse specialists will also take place during 2014, and there are also continued adjustments in the wider staffing requirements within the directorates. It is anticipated that safe staffing requirements will be managed at 3 levels, at local ward level, at directorate level, and at an organisational level, and not as an isolated project.

Expectations related to the implementation of the nurse staffing principles, e.g. ensuring efficient use of the 22% headroom, and utilising the supervisory ward sister role to best effect, will be part of the Development Day programme.

The Trust Board report will provide information on the adherence to principles, professional judgement commentary, and Nurse sensitive Quality indicators information.

RECOMMENDATIONS

1) The organisation adopts the nurse staffing principles – Appendix A

SARAH JOHNSTON
Deputy Director of Nursing

Appendix A

PRINCIPLES FOR WARD STAFFING OF ACUTE HOSPITAL INPATIENT AREAS

1) **The organisation will utilise the Safer Nursing Care Tool (SNCT) tool to assess staffing levels every 6 months.** This will be undertaken in January and June as per recommendation in the SCNT and in line with national best practice. This enables national benchmarking and local benchmarking when required.

2) **Skill mix ratio will be 65:35 (Registered: Unregistered) where possible**; 60:40 will be the minimum. The Keogh review highlighted 50:50 ratio as a ratio that is too low, particularly for care of the elderly areas. In some cases ratio's are lower than 60:40 in these areas due to high dependency of elderly patients and a bolstering of staffing utilising HCA's. Below 60:40 will act as a warning flag. Ratio's will need to be made in agreement with agreement of HOC. Deviations from the 60:40 principle will need to be evidenced with clear rationale and assurance of safety standards and this will need to be formally approved and signed off through the Director of Nursing Senior Team. There will need to be evidence of professional opinion in the bi-annual Board assurance report to support this.

3) Where recommended, **national speciality specific nurse to patient ratio will be utilised.** This includes ITU/HDU requirements or paediatric specific requirements as an example.

4) **Headroom of 22% will be in place** in all ward establishments to allow for adequate management of leave, sickness and training etc.

5) No less than **1 Registered Nurse per 8 patients** per shift during the day

6) No less than **1 Registered Nurse per 11 patients at night**

7) **A WTE/bed ratio of 1:1.2 with a minimum of 1: 1.12** (combined Registered and Unregistered Nursing establishment excluding ward sister)

8) A minimum of one/**maximum of 2, Band 6 Deputy Sisters per ward** with generic job descriptions in place, that specify deputising requirements and consistent responsibilities and accountabilities

9) **Band 7 ward sister role will be supervisory** in all areas

10) **Band 7 role will be undertaken with no less than 0.8 WTE**

11) **Ward establishments will include a housekeeper** 7 days a week

12) **Ward establishments will include a ward clerk** Monday to Friday

-END -

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 27 NOVEMBER 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:

The attached report shows the actions taken following the Board Assurance Walkround Visits that commenced in February 2013.

To date 122 clinical areas and, 29 non clinical areas have been visited. The current status shows that of the 146 actions identified during the visits – 101 are complete, 15 are green as the action is not due yet, and 26 are red being overdue by over 14 days.

All of the 20 reds, whilst having slipped the original due date, all but 2 actions have a forecast date attached to them of when they will realistically be completed. Regular monitoring of progress against these actions are undertaken by the Directorates, overseen by the Quality Team.

Following a request from the Directorates this month the Tracker has an extra progress RAG rating which the directorates have updated in response to how they feel they are progressing with completing the action.

For following sections – please indicate as appropriate:

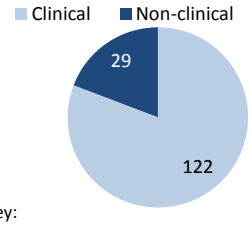
Trust Goal *(see key)*	Quality Goal		
Critical Success Factors *(see key)*	CSF1, CSF2 and CSF10		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	10.75		
Assurance Level ***(shown on BAF)***	☐ Red	☐ Amber	✓ Green
Legal implications, regulatory and consultation requirements			

Date: 18.11.13 **Completed by: Vanessa Flower**

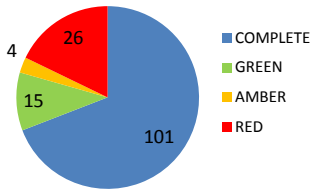
Board Walk Rounds Action Plan Status Report

Trust Overview

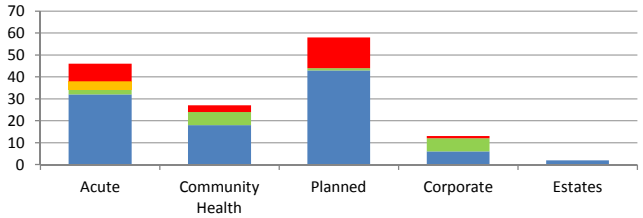
Areas visited



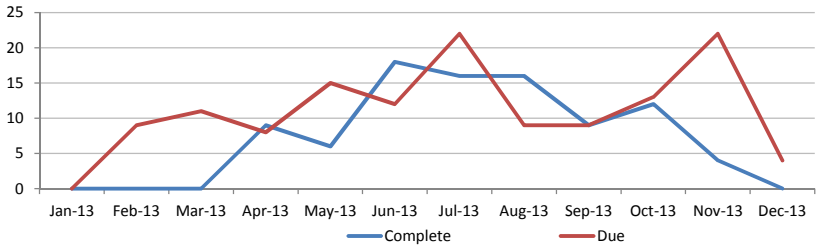
Status of actions



Directorate Profiles



12 month profile from: Jan-13 to Dec-13



Key:
Blue = Complete; Green = action not due; Amber = overdue against due date by < 14 days; Red = Overdue against due date by >14 days

Exception Report

No.	Action Reference	Walk Round	Area Visited	Action	Due	Forecast	Status	Progress RAG	Status Comments	Directorate	Responsible
1	AT/008/2013/001	06-Feb-13	Ophthalmology Outpatients	The Directorate need to work up a Business Case to understand the future requirements of the Ophthalmology Department	20-Feb-13	31-Jan-14	RED	Amber	6 Nov: ophthalmology business case being developed within existing timeline; feasibility extended to include alternative option	Planned	Opthalmology Consultant
2	AT/003/2013/002	27-Feb-13	Luccombe	Discharge planning - patient relatives need more information	25-Mar-13	01-Dec-13	RED	Green	4 Nov: Leaflets approved at Quality mtg; with corporate quality team for organising printing	Planned	Ward Sister
3	AT/002/2013/003	27-Feb-13	ENT	Ensure cleaning of scopes meets standards and consider decontamination of equipment instead	31-Mar-13	31-Mar-14	RED	Amber	13 Nov: capital priorities being reviewed within the Directorate and across the Trust; will update by 30 Nov 18 Nov: being included within the endoscopy decontamination machines procurement proposal being presented to CIG on 6 Dec	Planned	Associate Director / General Manager
4	AT/011/2013/003	03-May-13	Pathology	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	10-May-13	30-Nov-13	RED		Update 30.10.13. The reception area was painted at the beginning of September. Walls to be painted - commencing 04.11.13. Healing Arts have been in to look at the area and fresh pictures will be chosen.	Acute	Pathology General Manager
5	AT/009/2013/008	24-Apr-13	Appley Ward	Review medical gas provision to ensure it is available for all beds	13-May-13	31-Mar-14	RED	Amber	18.11.13 - The planned works are dependant on the implementation of the level c redevelopment	Acute	Associate Director Facilities
6	AT/009/2013/007	24-Apr-13	Appley Ward	Consider permanent use for bathroom space which is being used inappropriately for storage.	13-May-13	30-Nov-13	RED	Amber	18.11.13 - The planned works are dependant on the implementation of the level c redevelopment	Acute	Head of Clinical Services
7	AT/013/2013/003	24-Apr-13	DSU	Privacy and dignity – patients not undressed	30-Jun-13	31-Dec-13	RED	Amber	21 Oct: SOP to be reviewed following changing rooms installation by end of December	Planned	Ward Sister
8	AT/013/2013/002	24-Apr-13	DSU	Standard operating procedure for the undressing of patients	30-Jun-13	31-Dec-13	RED	Amber	21 Oct: SOP to be reviewed following changing rooms installation by end of December	Planned	Ward Sister

No.	Action Reference	Walk Round	Area Visited	Action	Due	Forecast	Status	Progress RAG	Status Comments	Directorate	Responsible
9	AT/023/2013/001	26-Jun-13	Osborne Ward	Progress the roll out of Patient Safety and Security Alarms – to get back on track	01-Aug-13	31-Jan-14	RED	Green	06.11.13 Update received - 11.12.13 Desk top survey being carried out by Ascom to ascetain if we have a strong enough signal for the system to work. 18.12.13 WIFI readiness survey being carried out by Ascom. IT states that following this there will be a decision regarding the way forward. BF. 18.11.13 Update received - Plans in place to reach resolution as detailed above. BF.	Community Health	Clinical Quality & Safety Lead for Acute & Inpatient MHS
10	AT/021/2013/001	12-Jul-13	Laidlaw	Urgent bid to be submitted to refurbish kitchen and shutter.	02-Aug-13	31-Dec-13	RED	Green	Update 13.11.13 - Meeting with Fire Safety Officer and Estates. Further 2 quotes to be sought by estates for shutter. Meeting to be arranged with Friends of St Marys regards shared cost of update. AC. Update 18.11.13 - Directorate awaiting two quotes from Estates before being able to make further progress. AC.	Community Health	Community Clinic Service Manager
11	AT/021/2013/004	12-Jul-13	Laidlaw	Utilise the Productive Ward Module to improve storage facilities in order to de-clutter corridor areas and cupboard space.	31-Aug-13	31-Dec-13	RED	Green	Update 10.10.13 Productive Ward has not yet been commenced but due to commence in the next phase with the Project Team. AC. Update 18.11.13 - Productives are scheduled to commence during Q4 however, in the meantime, the department has recognised that it can improve the situation itself by decluttering. CM.	Community Health	Laidlaw and Lead CNS - Rheumatology
12	AT/027/2013/003	09-Aug-13	Outpatients Depts. (incl ENT/Ophthalmology/General / Maternity)	Customer Service Training to be given to reception staff.	06-Sep-13	01-Jan-14	RED	Amber	6 Nov: OPARU focus is to develop work to roll out cross directorate for accredited Customer Service standard. This may include elements of training but will be more about developing and achieving a set of Customer Service principles. Linking with Organisational Development team to source a standard; starting Jan 2014	Planned	Head of Midwifery
13	AT/027/2013/002	09-Aug-13	Outpatients Depts. (incl ENT/Ophthalmology/General / Maternity)	Maternity Outpatients: Signage to be reviewed - as patents were being incorrectly advised of clinics. Ensure communication with patients is clearer	06-Sep-13	30-Nov-13	RED	Amber	6 Nov: Laminated signs to be given to patients with instructions to show them routes to all floors; to be completed 16 Nov 18 Nov: laminated cards ready for handing to patients from 19 Nov onwards, including maps; an audit will take place to review its success. Long term plan is for floor arrows.	Planned	Head of Midwifery/Associate Director Facilities
14	AT/032/2013/001	31-Jul-13	Main Outpatients dept	Some Consultants always start clinics late. Review the Clinics to ensure they can start on time, to avoid patient delays	23-Sep-13	15-Dec-13	RED	Amber	21 Oct: Review taking place in November, following which a report will be made available.	Planned	PAAU Manager
15	AT/024/2013/013	26-Jul-13	Main Outpatients / Fracture Clinic	There are concerns about potential breaches of confidentiality which could occur due to the close proximity of the patients waiting area to the reception desk. There's lots of open space between the waiting area and the actual consulting rooms, but little space between reception and the patients sitting area. Could an alternative placement for the patients seating be explored.	01-Oct-13	30-Nov-13	RED	Amber	21 Oct: Project team are investigating this but given current work pressures this will not be completed until the end of November for feasibility.	Planned	Associate Director Facilities
16	AT/024/2013/011	26-Jul-13	Main Outpatients / Fracture Clinic	There was a leaflet stand sited outside of a store room, some distance from where the patients wait which should be relocated nearer to the patient seating area	01-Oct-13	31-Oct-13	RED	Amber	21 Oct: Estates are aranging for the scoping to be undertaken week commencing 28.10.13	Planned	Associate Director Facilities

No.	Action Reference	Walk Round	Area Visited	Action	Due	Forecast	Status	Progress RAG	Status Comments	Directorate	Responsible
17	AT/022/2013/001	24-May-13	Diagnostic Imaging	Review best use of waiting area and segregated area	01-Oct-13	01-Nov-13	RED	Amber	18.11.13 - consideration being given to bid for funding for short term improvement to waiting area, but long term solution still needs agreeing and implementing. This issue does remain on the risk register for the directorate as we continue to try and find a long term solution. The department continue to try and segregate patients by utilising part of outpatients but the volume of patients is now having an impact on outpatients waiting area too.	Acute	Manager Diagnostic Imaging
18	AT/031/2013/002	18-Apr-13	MAAU	Consideration of on the day of admission reviews for patients requiring cardiology and other service input which would support patient flow	23-Oct-13	20-Oct-13	RED	Red	update 06.11.13 - being discussed with consultants at next MAU business meeting, date tbc.	Acute	A&E Consultant
19	AT/031/2013/001	18-Apr-13	MAAU	Review the information cascade for pressure sores	23-Oct-13	31-Dec-13	RED	Amber	update 06.11.13 - The following is being undertaken: 1) Review of information cascade for pressure sores - completed 2)Improve documentation and assessment - all staff undertaking competency testing - ongoing 3)Improve use of photographs, exploring purchase of recommended camera - JG awaiting costing for updated camera	Acute	MAAU Sister
		13-Sep-13	Pathology	The phelbotomy waiting room requires urgent action to ensure environment meets the needs of patients including moving number counter so it is visble to all patinets and renewing furniture and pictures	31-Oct-13	31-Oct-13	RED	Amber	Update 30.10.13 Small works request submitted to move number display. Capital bid in progress to redecorate this area (carpet to be replaced by vinyl and seats to be recovered). We are also trying to see if there will be enough funds to include it as part of the pathology refurbishment. Walls to be painted - commencing 04.11.13. Healing Arts have been in to look at the area and fresh pictures will be chosen.	Acute	Pathology General Manager
21	AT/024/2013/007	26-Jul-13	Main Outpatients / Fracture Clinic	When the Staff on duty were asked – "what could be done differently to avoid waste?", the team highlighted that the rota system needs review. Apparently Bank Staff are being used when not really needed and should be sent home or allocated to work elsewhere rather than e.g. asking permanent staff to take annual leave and keeping the bank on duty. There needs to be more coordination between clinic rotas and nurse rotas to ensure an evening out of the current over/under issues that are being experienced. This should be possible, as apart from short notice sickness clinics require a six week lead in time to cancel.	31-Oct-13	31-Dec-13	RED	Green	10 Oct: Work being undertaken to place Outpatients on MAPS which will allow real time view to ensure clinics staffed appropriately and avoid unnecessary bank usage. Matron meeting with Jo Booth on 21 August 2013 to commence process, with full compliance by 31 October 2013. 6 Nov: A lot of work has been undertaken to minimise the use of bank staff including review of clinics to ensure there are no late cancellations. Staff are cross covering to prevent excessive use of bank staff. Awaiting staff rotas to be uploaded onto MAPS. Shifts have been emailed to the rostering team.	Planned	Matron - Orthopaedics/PAAU Manager
		20-Sep-13	HSDU	Local Risk assessment to be completed and updated	01-Nov-13	31-Jan-13	RED	Green	4 Nov: risk assessment booked for December 2013	Planned	Quality Manager/ HSDUDeputy Manager
23	AT/032/2013/002	31-Jul-13	Main Outpatients dept	Main OPD 4 out of 8 rooms in use (Wednesday pm) see action AT/024/2013/009 from visit of 26 July	01-Nov-13	01-Nov-13	RED	Amber	Action not due yet; see row 113 above for update		All Clinical Directors / Matron - Orthopaedics
24	AT/029/2013/001	16-Aug-13	Respiratory Department	Paint on doors damaged due to trolleys. This should be repainted	01-Nov-13	01-Nov-13	RED		Update 7.11.13 Building supervisor to review these and confirm that these will be painted as part of the internal decorating programme.	Corporate	Associate Director Facilities

No.	Action Reference	Walk Round	Area Visited	Action	Due	Forecast	Status	Progress RAG	Status Comments	Directorate	Responsible
25	AT/024/2013/009	26-Jul-13	Main Outpatients / Fracture Clinic	Within the Fracture Clinic only two (2) of the seven (7) consulting rooms were in use at the time of the visit (11.00Hrs). There is a need to explore demand and capacity issues within this valuable environment to ensure it is being effectively and efficiently utilised. Additionally only 3 of the 4 rooms in the main department were being utilised at the time of the visit. (The whole Fracture clinic was visibly closed during the afternoon when a follow up visit was made)	01-Nov-13	31-Dec-13	RED	Amber	10 Oct: The organisations review of Job Plans will work to effectively use the environment. Work is being undertaken to redeploy outlying clinics to utilize space more effectively. Nurse led clinics to be reviewed to better utilise clinic environment. 6 Nov: A large piece of work has already been undertaken with regards room usage. Currently there are very few clinics commissioned for a Friday afternoon. Awaiting impact of potential to move Ryde clinics back to St Mary's site.	Planned	All Clinical Directors / Matron - Orthopaedics
26	AT/025/2013/001	07-Aug-13	Ambulance service	Staff reported issues with remote access. Felicity Greene to be asked to look at mobile working and connectivity		30-Sep-14	RED	Amber	Update recieved 22.10.13: This isn't a quick fix & will cost £Ks to resolve so it's in the programme plans for next year subject to a business case . This would then go into next years (2014/15) work programme.	Acute	Director of Strategy

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 30 OCTOBER 2013

Title	Patient Stories Action Tracker			
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 following the Patient Story			
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:

The attached summary shows the 8 actions being monitored following the patient stories that are shown at board.

At present 4 actions continue to be monitored through to conclusion.

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: 18 November 2013 **Completed by: Vanessa Flower**

Patient Story Action Tracker

Date	Issue	Theme	Person Responsible	Action to be taken	Date Action Due	Update	Date Action Complete
Patient Story 1							
Trust Board 31 July 2013	The patient complained there were not private rooms available in the Obs and Gynae Department when discussing their case. They complained the consulting rooms were poor.	Estate	Head of Midwifery	Refurbishment for maternity clinic was at number 3 in capital plan for this year. This has been changed now due to other priority issues and is now not planned for this year.	Upgrade as part of Capital plan 2013/14	**Update 21 August 2013:** Private rooms are available, although it is recognised that the décor is poor, and the unit is in need of upgrade - hence capital bid. As the maternity money is being moved to support Level C - there will be some funding requested to make some minor upgrades to the clinic, including decor and new lighting. **Update requested & receieved 16.09.13 - Advised by Annie Hunter no further update at present**	
Trust Board 31 July 2013	The Oncology Nurse only working one long day and 2 half days a week. When she was off on leave and then sick for a week there was a delay in getting back to the patient. There may have been an answering machine message added now but this may not be sufficient.	Workforce	Lead Cancer Nurse	Stop lone working of CNS posts.	Awaiting Business Case submission and approval	**Update 21 August 2013:** There is not an option to increase staffing or hours at present. Lead Cancer Nurse is reviewing each lone working nurse specialists caseload and currently putting together Business Cases together for second urology nurse due to caseload. Weekly meeting held to look at cover for all Clinical Nurse Specialists each week to provide cover where possible. When nurse on leave there is now an admin assistant to cover all Clinical Nurse Specialists to take phone. The issues are then flagged to appropriate nurse specialist or lead cancer nurse. **Update requested & received 16.09.13 -** stays the same really, with administration assistant accessing phone calls regularly and keeping patients informed. Second urology CNS business case has been to contracts., I have now sent to Martin Robinson to advise re directorate board and presenting to CCG. **Update 15/10/13** As previous , administration assistant has proved invaluble in CNS absence with answering phone calls. Business case with Martin Robinson to discuss at directorate board and with commissioners	

Patient Story 2							
Trust Board 31 July 2013	There is a problem with patients getting access to Blood Transfusions.	Clinical Care	Chemotherapy Sister / Assistant General Manager	Ensure that access to Blood Transfusions is not postponed due to workload in Chemotherapy		**Update 21 August 2013:** This issue needs to be further explored with the General Manager however, if chemo is not available patients are transfused in either rapid access (MAU) or another facility . **Update requested 16.09.13 -** D/W Chemotherapy Sister, this particular patient had been advised of the need to change their day from a Friday to a Wednesday and was given 3 weeks notice of this - which was agreed with patient and daughter. Generally there have been no problems with providing transfusions, and if capacity is a problem MAU support.	**17.09.13**
Patient Story 3							
Trust Board 28 August 2013	Issues with ensuring consultants of patients with long term conditions, are informed of an acute admission	Medical Care	Executive Medical Director	Ensure that all Consultants who want to be notifed of their long term patients' admission provide their patients with a letter that can be shared at admission to ensure this happens.	ASAP	Executive Medical Director has shared this experience and recommendation with the consultants committee.	**17.10.13**
			Executive Medical Director	Review the process for consultant allocation following the on take admission, for patients with a long term condition.	31.12.13	**Update 17.10.13:** Executive Medical Director to review this in with consultant colleagues. **Update 18.11.13** - Process has been reviewed through Physicians committee, patient swaps do occur on a case by case basis.	**18.11.13**
			Assistant General Manager (OPARU)	Review medical notes to ensure that the notes are in chronological order	13.01.14	**Update 18.11.13** - Notes are maintained in specialty files which are each individually chronological order. ISIS will enable full chronologically or via specialty. In the interim period the need to review will be taken to Health Care Records Committee by OPARU General Manager for agreement on way forward.	

Patient Story 4							
Trust Board 25 September 2013	High cost of using Hospedia	Hospital Services	Quality Manager	Contact Patient to seek permission to take this up with the company.	30.09.13	Contacted Patient who is happy for us to raise this with company, and agreement made to get back to her with outcome	**1.10.13**
			Director of Strategy/Head of Communications	Raise issue of costs with the company and feedback to patient.	31.10.13	**Update 18.11.13** - Nationally Hospedia are offering free or discounted telephone and TV for periods of time. This is being publicised by Hospedia's site representative, in the e-bulletin and by the Hospital Radio bedside visiting team. Head of Communications will be writing to patient to advise of outcome.	

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 27th November 2013

Title	North East Locality Hub			
Sponsoring Executive Director	Executive Medical Director			
Author(s)	Simon Paul – Project Manager / Nikki Turner - Acting Associate Director Community Health Directorate			
Purpose	Approval of Business Case			
Action required by the Board:	**Receive**		**Approve**	✓

Previously considered by (state date):			
Trust Executive Committee	18/10/13	Mental Health Act Scrutiny Committee	-
Audit and Corporate Risk Committee	-	Nominations Committee (Shadow)	-
Charitable Funds Committee	-	Quality & Clinical Performance Committee	-
Finance, Investment & Workforce Committee	20/11/13	Remuneration Committee	-
Foundation Trust Programme Board			
Please add any other committees below as needed			
Capital Investment Group	04/10/13		
Other (please state)			

Staff, stakeholder, patient and public engagement:

Appendix C, D & E highlight the engagement process we have and are currently undertaking.

Executive Summary:

This Business Case has been designed to pull together all of the supporting information for this Capital Bid.

The development of community hubs is essential to the Community Health Directorate's service redesign that is built on core principles underpinning a number of key projects within and external to the Directorate. It builds on elements identified through the development and refining of the rehabilitation strategy; recognition from commissioners that further integration of services outside the rehabilitation strategy is needed and is in line with the My Life a Full Life a shared vision for health and social care delivery that supports locality working. This is a hub for the community, and as such will provide flexible accommodation that can be used by social care, the voluntary sector and other public sector partners.

For following sections - please indicate as appropriate:			
Trust Goal *(see key)*	Quality, Clinical Strategy, Resilience, Productivity & Workforce		
Critical Success Factors *(see key)*	CSF1, CSF2, CSF3, CSF4, CSF6, CSF7, CSF8, CSF9 CSF10		
Principal Risks ***(please enter applicable BAF references - e.g. 1.1; 1.6)***			
Assurance Level ***(shown on BAF)***	☐ Red	☐ Amber	☐ Green
Legal implications, regulatory and consultation requirements			

Date: 15th November **Completed by:** Simon Paul

Isle of Wight NHS
NHS Trust

Community Health Directorate
North East Locality - Hub

Version	Date	Author	Status	Comment
1.0	04/10/13	S Paul	Revised	Document produced for CIG
2.0	11/10/13	S Paul	Revised	Document produced for TEC
3.0	18/10/13	S Paul	Revised	Document updated for TEC
4.0	20/11/13	S Paul	New	Document updated for Finance Com.
4.0	27/11/13	S Paul	New	Document produced for Trust Board

Many Professionals One Team

Contents Page

Section 1 Executive Summary

This Business Case has been designed to pull together all of the supporting information for this Capital Bid.

The development of community hubs is essential to the Community Health Directorate's service redesign that is built on core principles underpinning a number of key projects within and external to the Directorate. It builds on elements identified through the development and refining of the rehabilitation strategy; recognition from commissioners that further integration of services outside the rehabilitation strategy is needed and is in line with the My Life a Full Life a shared vision for health and social care delivery that supports locality working. This is a hub for the community, and as such will provide flexible accommodation that can be used by social care, the voluntary sector and other public sector partners.

Benefits

It will enable us to:

- Provide co-ordinated, seamless and flexible care in the community, delivered by competent, supportive staff, which is tailored to and directed by the needs of the individual.
- Adopt new models of care, maximise on clinical adjacencies, increase flexibility in use, with integrated service delivery and in effect improve productivity and quality.
- Integrated health, care and support services across organisations, implementing principles from national drivers for integrated services such as "Integrated Care and Support: Our Shared Commitment" (National Collaboration for Integrated Care and Support, May 2013).
- Build community capacity and bring together people, professionals and volunteers within localities and cluster our health, care and support services around primary care.
- The result is the delivery of a co-ordinated approach for people who are vulnerable due to their age, disability or illness.

We have been informed at a space utilisation workshop that our model is in line with the national model for community estates utilisation and that other organisations could only aspire to the integration that we would be able to achieve.

Finance

The financial requirements for FY 13 and FY 14 are:

- £250,000 (assumes retrospective VAT recovery)
- £1,218,259

Total Costs £1,468,259

Timescale

Subject to approval the commencement date of this Building works will be the 24th March 2014, with the conclusion date of the 13th June 2014.

Section 2 General Description of the Scheme

Isle of Wight NHS Trust is the only integrated Acute, Community, Mental Health and Ambulance health care provider in England. The integrated business plan for the aspirant Isle of Wight NHS Foundation Trust is set within the context of a whole health system strategy for integrated care. Crucially, the island's population has amongst the highest proportion of older people in the UK, with 25% over the age of 65, and 12% over the age of 75, which is the average expected for the rest of England by 2048.

The Community Health Directorate provides the elements of this integrated system that would usually be provided by a Community and Mental Health Trust and thus deliver a wide and diverse range of services that support clients / patients to recover from illness live healthy lives and maintain well being despite impairments.

The needs and expectations of our patients are changing more than ever and so should the services we deliver. Our aim through this hub development is to challenge the way we deliver care which includes how we organise ourselves and our partners to co-ordinate and plan care with our patients.

This is reflected in documents such as "Transforming Community Services Programme", "Our health, our care, our community; investing in the future of community hospitals and services" and "Think Local Act Personal".

The key elements of the "My Life a Full Life" are focussed on integrated care through crisis response, self management and locality working.

As a directorate we are developing an integrated and innovative range of services that respond better to the specific health needs of the local population and that is in line with the national and local priorities.

We are in the process of redesigning our services to facilitate further shifts in care from the acute setting to the community and as part of this process, developing a unique model of integration that facilitates effective use of clinicians through efficient communication and co-ordination. This model has implications for a large proportion of our community and mental health services as described in the Integrated Business Plan.

This service redesign is built on core principles underpinning a number of key projects within and external to the Community Health Directorate. It builds on elements identified through the development and refining of the rehabilitation strategy; a recognition from commissioners that further integration of services outside the rehabilitation strategy is needed (as expressed in the "Integration of AHP services" Commissioning for Quality and Innovation CQUIN) and recommendations from the care of the older person project that looked at the need to improve services for older people on the Island.

Following a model of positive enquiry staff came up with the following two key statements to describe how the new service should look:

'A stable, integrated workforce, with common core values providing an easy to access, seamless, patient centred service'

'Co-ordinated, seamless and flexible care, delivered by competent, supportive staff, which is tailored to and directed by the needs of the individual'

In addition, a number of My Life a Full Life locality workshop engaging local people, organisations, GP's and primary care staff, as well as the third sector have taken place. A definition for integrated has been developed as an outcome from these and, for people and this will mean:-

My health care and support is directed by me, co-ordinated and works well together.

The My Life a Full Life program has been successful in generating focus, commitment and urgency to deliver more integrated services on the Isle of Wight. Executive sign up has been achieved from the Isle of Wight Council, the Isle of Wight NHS Trust and the Clinical Commissioning Group to improve provision for people on the island and ensure the sustainability of those services. This will be achieved by integrating services across organisations, implementing principles from national drivers for integrated services such as "Integrated Care and Support: Our Shared Commitment" (National Collaboration for Integrated Care and Support, May 2013).

The following principles are highlighted in the Integrated Business Plan for our estates strategy:

- **Flexibility of use -** all facilities should be developed with an eye to flexible use, both in terms of multiple users (e.g. clinic space) or extended hours working.
- **Flexibility in design -** given the tendency to recycle health facilities for new uses - possibly every seven to ten years.
- **Clinical core -** as far as is possible, purely administrative functions should be located away from the clinical core of the main site, possibly in adjacent business park facilities, so as to free up clinical space and facilitate better integration of clinical services.
- **Clinical adjacencies -** wherever possible, investment decisions will be guided by the aim of improving the physical proximity and access between related clinical functions.
- **Partnership -** the potential for developing new facilities and service configurations in partnership with the council (or commercial partners) can exploit common location, physical capacity and service matches/overlaps.

The development of this Capital Bids works with aligned developments within the Community Health Directorate and underpins the delivery of My Life a Full Life initiative.

The buildings currently occupied by Community services do not support the required transformation to provide high quality, productive and sustainable services. We need to re-locate and redesign our community facilities around the principles in the estates strategy and our Integrated Business Plan. This will enable us to adopt new models of care, maximise on clinical adjacencies, increase flexibility in use, more integrated service delivery and in effect improve productivity and quality.

Our longer term strategy is to develop three locality centres in line with the three GP localities.

Originally we aimed to develop the West and Central locality centre to accommodate all the services that need to remain centrally based. These services are more specialists and in some cases small island wide services that will work on an outreach and consultancy basis. These types of services also require large and expensive equipment which is not mobile and which would be cost prohibitive to duplicate in several localities. As part of this project we aimed to bring as much of our community services together in order to fully benefit from clinical adjacencies and economy of scale. The feasibility study identified costs of £6 million even when fully utilising principles to minimise office space (full utilisation of mobile and home working) as well as maximising utilisation of facilities (flexibility of use, extended hours and extended working week) in modelling up the space utilisation.

Following consideration of options to reduce the costs in discussions with estates it was felt that we could not reduce it sufficiently to make it viable without a major rethink. We therefore looked at the opportunities being presented by the move of Shackleton Ward and began to consider the option of to develop each of the locality hubs to a greater extent in order to not just deliver locality based services but also elements of island wide services. Each locality would therefore take on one or more island wide service/s with clinical adjacencies. This strategy is not achievable in one go and will be phased over a few years with the move of Shackleton Ward providing the opportunity to create a NE locality hub first.

This paper has been designed to bring to your attention the future plans for this financial year, which will develop the concept of these 3 localities working with the co-location of a range of community services and development of the concept of Community Services Centres.

The Directorate has identified the now vacant Shackleton House as an ideal location for the first locality, which will be used to shape and develop the two future locality areas on the Island (South Locality and West & Central Locality, based on the Clinical Commission Group localities). We will consolidate the multiple locations in Ryde (Ryde Outpatients, Tower House and Swanmore Road) and extend facilitates and services available to our patients with a purpose built unit designed around the patients needs. This building will also facilitate the joint working of services in this co location and build on the successful integration of the Rehabilitation Strategy, which promotes joint and integrated working.

Shackleton House was identified for disposal in the Relocation Inpatient Dementia Services Capital Bid, with an identified Cost Improvement of the revenue running cost of the building. Our do nothing options assumes trust sells Shackleton House as an approved action. If approved Ryde Outpatients and Swanmore House will be sold.

The Shackleton footprint does not exceed the current footprint of Ryde Community Centre, Swanmore House and the Community Nursing base at Tower House surgery where services are to be relocated from. The redesign of the building would mean that we can maximise the space to accommodate more than these services. We aim to deliver care closer to patients in integrated locality teams. These services are currently spread out and isolated from each

other and could be much better aligned to share skills and knowledge and work more integrated to provide a much better patient experience, quality and value for money.

This forms part of a wider strategy to bring clinical groups together around delivery of clinical activity.

Section 3 Strategic Context

This section has been designed to cross reference how this Business Case links into the wider Organisational Strategies. The sections below have been identified and taken from each strategy document to highlight the links and cross referencing.

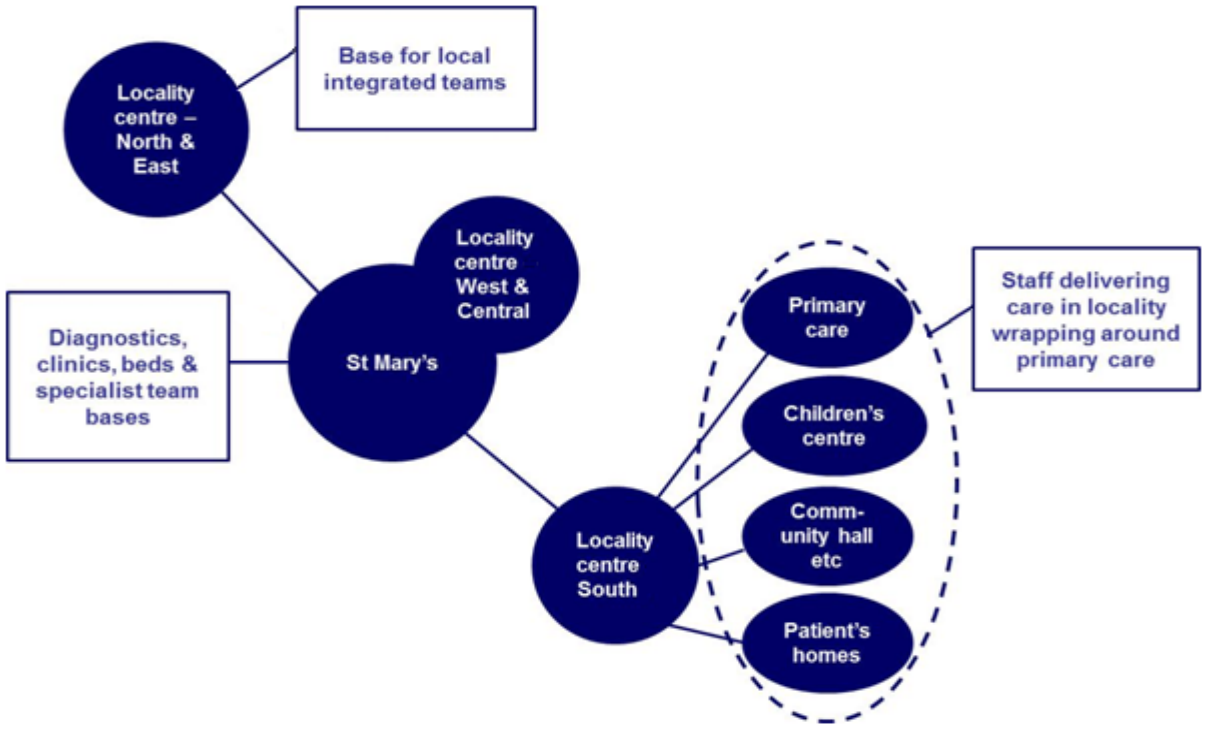
Estate Strategy

The practical implications of our principles and objectives can be summarised as the need:

- To maximise the use of the main site to reduce the overall cost of our estate.
- To undertake works sufficient to ensure that the remaining estate is fit for purpose.
- To develop a service delivery hub and spoke concept to support the Trust's clinical strategy.

As an integrated and partly community-based provider it makes sense to organise delivery of our clinical services through an estate using a "hub and spoke" model. We are planning a model consisting of St Mary's Hospital plus three "locality centres" each serving one CCG locality and each linked to a series of "spokes" which will be additional points of service delivery.

Figure 1: Our hub and spoke model



Our emerging thoughts are that we need:

- Our most specialist services to be based at St Mary's Hospital. St Mary's will continue to be our acute hospital and will be the home for the more specialist community health services. Adjacent to St Mary's will be the locality centre for the West and Central Wight CCG Locality.
- Two additional locality centres: one serving the North and East Wight CCG Locality, the second the South Wight CCG Locality.
- Continued access to space for clinical service delivery in GP surgeries and health centres as well as partner's buildings and other community facilities i.e. our spokes.

Clinical Strategy

The development of locality capacity should provide the ability to manage more patients who currently would be referred to St Mary's Hospital, in the community. In particular we need to develop collaborative models of care which ensure patients only spend the minimum amount of time attending St Mary's hospital. All of this will be supported and innovated by the development of an NHS leading highly integrated IT system that will allow access to a wealth of information and will produce different ways of working as we learn to harness the opportunities that this will bring.

These will need to respond to The CCG commissioning priorities and Locality Hubs. This will require reconfiguration and investment to ensure appropriate capacity. The PARIS system will also support community working. Community services will need to increase capacity to support quicker discharge of patients from hospital and the development of caring for more patients in the community who need care to prevent admission. The development of locality care models with CCG will also require reconfiguration of services to support, develop and deliver the opportunities that exist in this heath care development as well as more widely support the initiative to develop joint care programmes between primary, secondary and social care, called My Life a Full Life, see below for more details.

Organisational Change Paper

The Community Redesign Organisational Change Paper was presented to the Partnership Board on the 23rd October 2013 and is currently being consulted on. We have identified a pertinent section that links to this case.

In our Integrated Business Plan we outlined the Community Directorate's vision for seamless provision based on the integration of community health services, primary care and adult social care. We can start on this path by redesigning our services. In that we will be looking at productivity through a reduction in multiple visits to the same patients, relooking at the estate we use and at the option of sharing administrative support. The aim is to build community

capacity and bring together people, professionals and volunteers within localities and cluster our services around primary care. The result is the delivery of a co-ordinated approach for people who are vulnerable due to their age, disability or illness.

This service redesign is built on core principles underpinning a number of key projects within and external to the Community Health Directorate. It builds on elements identified through the development and refining of the rehabilitation strategy; a recognition from commissioners that further integration of services outside the rehabilitation strategy is needed (as expressed in the "Integration of AHP services" CQUIN) and recommendations from the care of the older person project that looked at the need to improve services for older people on the Island.

The redesign also aligns with the My Life a Full Life program. This program has been successful in generating commitment and urgency to deliver more integrated services on the Isle of Wight. Executive sign up has been achieved from the Isle of Wight Council, the Isle of Wight NHS Trust and the Clinical Commissioning Group to improve provision for people on the island and ensure the sustainability of those services. This will be achieved by integrating services across organisations, implementing principles from national drivers for integrated services such as "Integrated Care and Support: Our Shared Commitment" (National Collaboration for Integrated Care and Support, May 2013).

Research *(Integrated services for people with long-term neurological conditions: evaluation of the impact of the National Service Framework, University of York, Social Policy Research Unit 2010)* highlights the effectiveness of community interdisciplinary team work. People in receipt of services from a community interdisciplinary team (rather than lone therapists or out-patient hospital services) tended to have improved experiences of continuity of care.

Integrated Business Plan

Our first objective is to continue to develop the ***highest possible quality standards*** in the services we provide - delivering safe and effective services, delivering excellent outcomes and doing so in a way that achieves an excellent patient experience, with excellent customer care.

To do this, we must deliver our second objective - ***a clinical strategy*** for continued integration of all aspects of care - stretching the opportunities still to be harnessed to further align services and patient pathways across our clinical units and with the wider Island health and social care system:

- To continue to redesign services to develop a fully integrated community, acute, ambulance and mental health service. This will enable us to reduce admissions, reduce hospital length of stay and beds, with a resulting 'smaller hospital, bigger community' model of care - in line with the expectations of our patients and our commissioners.
- To align our integrated services with the three GP localities being established by the Isle of Wight Clinical Commissioning Group (CCG), increasing the proportion of care delivered in community settings.
- To integrate health and social care delivery through partnerships with the local authority and the third sector.

- To develop partnerships to maintain accessible, safe and effective secondary care services on the Island. We will grow existing clinical partnerships and establish new ones, and explore alternative delivery models with the 'best in field'.

Link to our vision and strategic objectives

Quality is our guiding principle, perceptions and outcomes will improve if we can provide seamless services based on the working integration of community health services, primary care and adult social care. Greater integration will support productivity through a reduction in multiple visits to the same patients which promote continuity of care, the sharing of estate and administrative support. We will community capacity and bring together people, professionals and volunteers within localities and cluster our services around primary care. Through improving communication between professionals, the person, and their carers, we aim to deliver a co-ordinated approach for people who are vulnerable due to their age, disability or illness.

There are three localities on the Island which are based around GP practices. Health visiting, midwifery, community nursing, community matrons and continence services are already working as teams within these localities. The next step is to maximise on what is already in place and work more closely and general practice, the local authority, and the voluntary sector to create cohesive services that communicate well, are reactive to need and proactive in prevention. Further integration also supports clinical resilience by giving scale to locality based services which individually would struggle to achieve critical mass.

My Life a Full Life

On the Isle of Wight, a new way of working across health and social care is underway. The My Life A Full Life programme is a collaboration between the newly established Clinical Commissioning Group, IWNHS Trust and the Isle of Wight Council. The new initiative will work in partnership with local people, voluntary organisations and the private sector to deliver a more co-ordinated approach to the delivery of health and social care services for older people and people with long term conditions on the Island. As the programme develops it will also consider other areas of delivery which could benefit from this approach to improve individuals' experience of health and social care support and services on the Island.

A whole community solution

The answer it seems is a relatively simple one and one that is already showing signs of working well in the areas where it has been piloted. Changing the face of health and social care on the Island.

Working closer together in the local area

Organisations working together around the patient/client to provide a seamless approach to care in a local area, rather than separately delivered services, driven by what the organisation provides, rather than what the individual actually needs.

Helping people to care for themselves

Work to help patients/clients manage their own day-to-day health conditions and care needs, where they are able to do so, by providing the right equipment, advice and access to information - such as their own medical information - and finding different ways of communicating with GPs and other health professionals.

Dealing with crises and getting people back on their feet quickly

When people do encounter a crisis, ensuring all relevant agencies come together to tackle the problem and resolve it, so that people can get back to living as full a life as possible.

Helping people to live life to the full

We all need to keep fit and healthy, keeping active, being part of your local community and experiencing positive relationships with our friends, family and people who support us. These are key elements to living our lives to the full and this new way of working will promote this.

However, for some people this is more difficult and because of age and/or disabilities, many people living with long-term conditions are in touch with multiple organisations. This is frustrating for many people, often re-telling their story over and over again.

With organisations working more closely together in the community (sometimes sharing locations, sharing information, improving communications and taking a 'whole view' of a person's needs) people will no longer have to meet with different agencies and will only have to explain their 'story' once. Support and services will coordinate around the person, their family and carers.

It will no longer matter who that person talks to - whether it's a GP, health professional, a social care worker, a volunteer - they will be able to help them or know who to contact to provide the right support.

By taking this community-led approach it is hoped that many more people will be prevented from having to spend long periods of time in hospital enabling them instead to find ways of remaining in their own home if they want to and tapping into support in the area where they live.

It will also mean families and carers have access to more information, advice and support and can help their loved ones make choices about the care they receive and most importantly how they can live their life to the full and in the way they choose to do so. It will also mean that care and support is provided closer to home, so people can stay at home with the appropriate support they require if, for example, they become ill with an infection.

SMART Objectives

Within this section we have outline how the Business Case aligns to SMART objectives.

Specific

At the start of Quarter 3 in FT 15 the Isle of Wight NHS Trust will have a fully functioning integrated locality hub in the Ryde area, which will facilitate the locality working for the Community Health Directorate.

Measureable

All Services that will be moving into the Locality Hub will be benchmarked at this stage and re benchmarked once they have moved in to ensure we can track the improvements to the delivery. This study will record satisfaction survey with our patients along with Quality indicators and through put.

Achievable

Time frames have been agreed with all relevant stakeholders.

Realistic

The delivery of this Business Case is realistic but this does not mean that it will be easy. Individuals, teams and services will be stretched to achieve these objectives. The objectives highlighted throughout this paper take into account the available resources such as skills funding and equipment.

Timely

The completion date of the building works has been set as the 13th July 2014. This date will be achieved as long as all requirements are met throughout the milestone stage. There is a strict timeline in place, which identifies all major estate requirements.

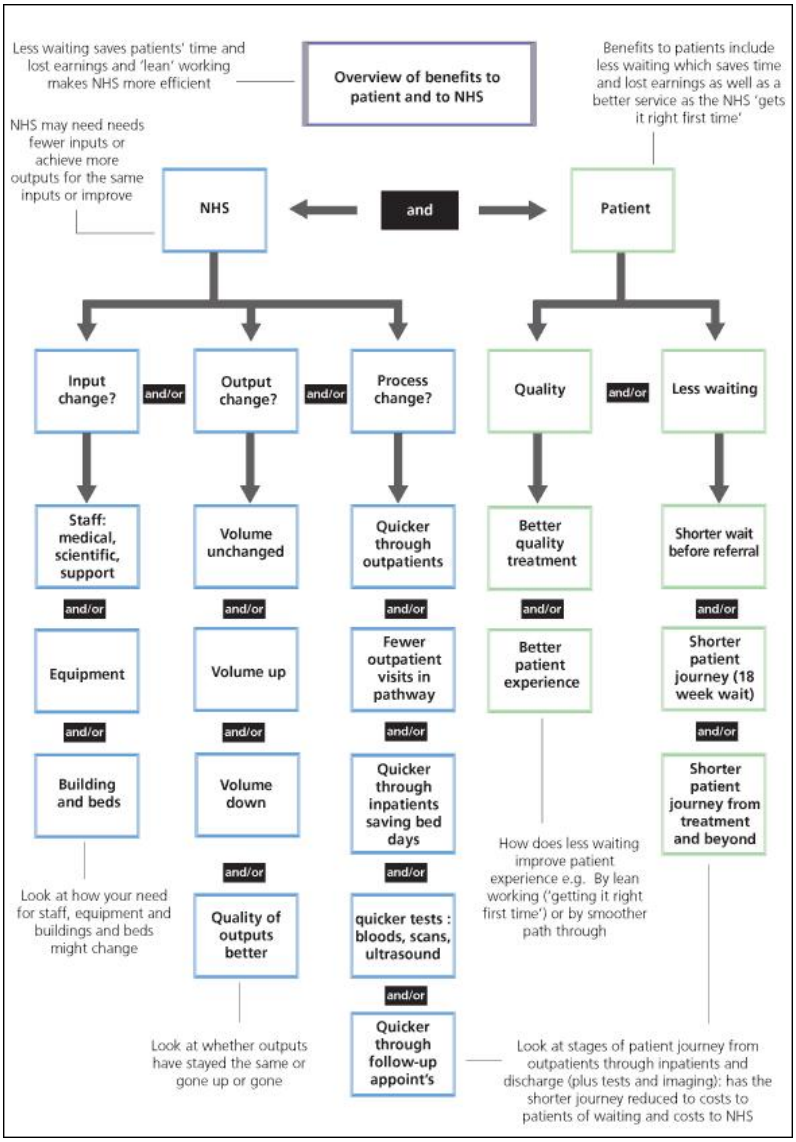
Section 4 Benefit Realisation

We have outlined the Benefits below.

Benefits to the Organisation
▪ Provision of a dedicated outpatient community facility providing physical and mental health services, which is publically recognised, raising the profile of community services. ▪ Better co-ordination and communication leading to more efficient and better quality services ▪ Buildings that meet the needs of clients/patients and services so that it provides better quality and productivity through LEAN working and design. ▪ Ensure that the standards and design of health buildings are appropriate energy efficiency. ▪ Creating a physical base for integrated locality team to deliver the My Life a Full Life vision.
Benefits to Patient and Carer Groups
▪ Improved streamlined process for client - moving away from speciality based thinking and increasing the amount different services work together to provide holistic services for our clients
Benefits to Staff
▪ Interdisciplinary working with closer relationships within the wider Multi Disciplinary Team ▪ Closer working relationships with services that are currently non-aligned e.g. district nursing, mental health. ▪ Appropriate environments to deliver high quality clinical care.

Impact on Quality
▪ Better co-ordination and communication leading to more efficient and better quality services ▪ Improvement in patient satisfaction
Impact on Productivity
▪ More flexible workforce: Increased flexibility with increased work capacity ▪ Bookable and flexible space that can adjust to demands ▪ Deliver co-efficiencies through admin, reception, procurement and stock control synergies ▪ Accessible fit for purpose storage ▪ Buildings that meet the needs of clients / patients and services so that it provides better quality and productivity through LEAN working and design.
Links to Strategic Goals / Critical Success Factors
▪ Develop our estate and technology infrastructure to improve the quality and value of the services we provide to our patients. ▪ Redesign our workforce so we have people with the right skills and capabilities in the right places to deliver our Business Plan. ▪ Improve the experience and satisfaction of our patients, carers, partners and staff.

We will utilise Quality and Service Improvement Tools to measure the benefits for the organisation and patient. Below is methodology flow chart that helps demonstrate this approach. Methodology taken from the Institute for Innovation and Improvement.



Equality Considerations

This case for change will also be supported by a number of underpinning patient flow initiatives to move patients through the system more swiftly and will not change their equality.

Section 5 Affected Services

Below we have highlighted the affected services and the room requirements.

Service	Current Location	Proposed location	Monthly Activity (contacts)
Podiatry	Ryde Outpatients	North East Hub (formally Shackleton)	539
Physiotherapy ▪ Musculoskeletal Physiotherapy ▪ Pain Clinic ▪ Acupuncture	Ryde Outpatients		150
Phlebotomy	Ryde Outpatients		520
Mental Health Community Clinics - includes Psychological Therapies	Swanmore House		264
Improving Access to Psychological Therapies (IAPT) (flexible clinics)	The Gables	IAPT will be able to book clinic rooms in the North East Hub. The North East Hub will not be able to deliver all of the patient care currently being administered in The Gables. This business case will contribute to possible closure of The Gables.	1200
North East Community Nursing Team	Tower House Surgery (Office space only, no clinical face to face)	North East Hub (formally Shackleton)	3477
Health Visiting	Ryde Outpatients		Base Only
Speech and Language	Ryde Outpatients	North East Hub (formally Shackleton)	18
North East Community Rehabilitation Team	Old Gatcombe - lack of facilities currently utilising various locations as available across island.		65
North East Reablement Therapists	Old Gatcombe		18

North East Housing and Adaptations Therapists	South Block		Base Only

Site Changes

This section highlights the specific sites where we will be concluding our rent agreements, selling the properties or vacating significant elements which would enable further estates rationalisation.

Site	Owned or Leased	Closure Date	Notes
Ryde Outpatients	Owned	Community Health Directorate services will vacate 1st July 2014.	There are plans to move outpatient clinics back to St Mary's, enabling the sale of this property once this transfer is complete.
Swanmore House	Owned	1st July 2014	-
Old Gatcombe	Owned	Community Health Directorate services will vacate 1st July 2014.	The North East Locality will not be able to deliver all of the patient care currently being administered in these areas, therefore this business case will only help contribute to these possible closures.
South Block	Owned		
The Gables	Owned		
Office within the Tower House Surgery	Leased	1st July 2014	-

Future Development

Within 5 yrs community will deliver 13,000 extra contacts (based on 2% growth pa), by redesigning community services and delivering them from purpose built premises (three locality hubs). The impact of this will be:

- Enhanced quality of life for people with long term conditions with:
  - improved health outcomes
  - reduced secondary care attendances
  - reduced hospital admissions
  - reduced Length of Stay when admission is necessary
- Positive patient experience and increased patient satisfaction
- Seamless co-ordination - only telling their story once, being supported by competent staff when needed, directing care to accommodate individual needs and wishes, be more in control and able to manage conditions, able to plan daily routines and being engaged and active rather than paralysed by illness or circumstances.

Risks and Mitigation

Below is a list of current identified risks and the mitigation which will be built on as the project is developed.

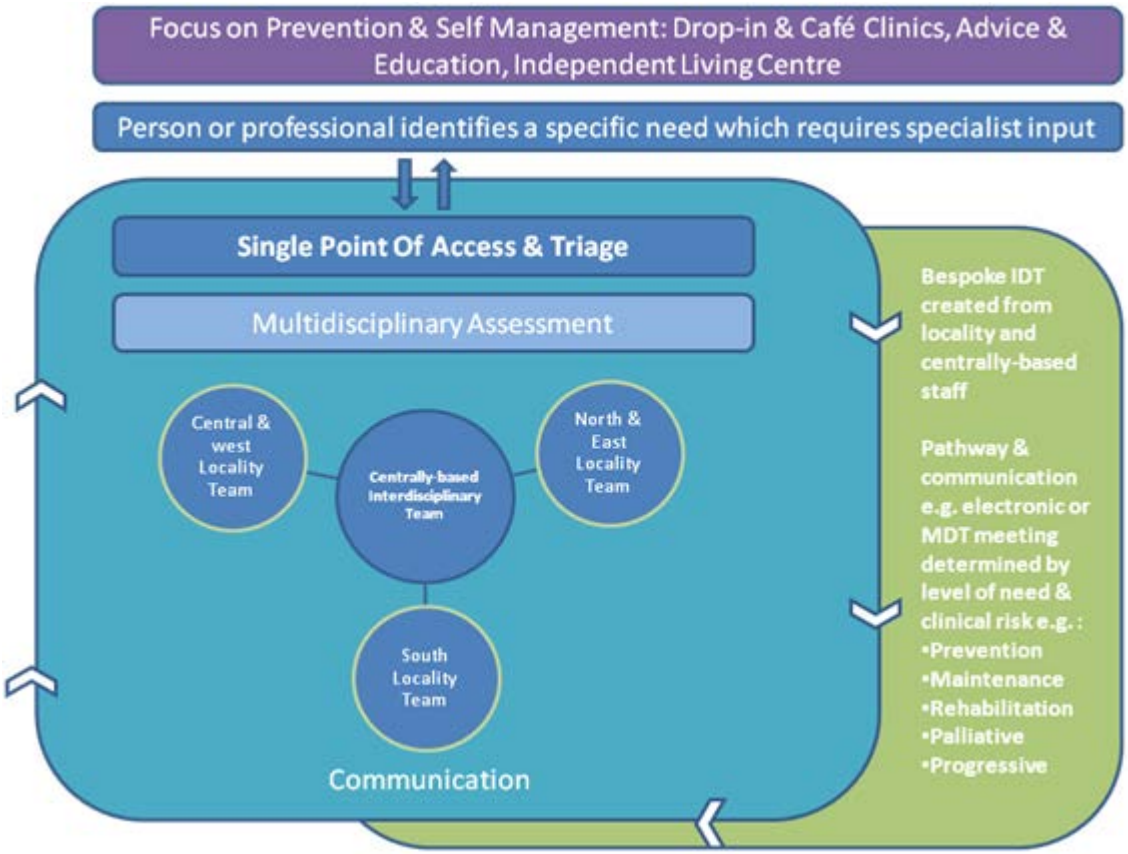
Risks	Mitigation
VIP targets attached to this new location will not be met	This project falls under the Community Program for future development and interlinks with further developments, therefore we would look to elevate further schemes. Although they will not be able to be delivered in the same timeframes as this project.
Full integration of services will not be delivered	Although we can still bring services together we will not be in a position to create full co location of services in the North East Locality, which will impact on the integration of patient services.
Planning permission may not be given due to the changes from an Inpatient Unit to a Outpatient Unit	We have undertaken a full feasibility study to review all issues raised by the council in relation to this change of use, which mainly focuses on the transport links to the building.
The service through the Public consultation may not wish for services to be moved	The development of this new centre has been reviewed in line with My Life a Full Life and will ensure services are put into Ryde and not removed from the North East Locality.
Building works could be delayed	Delays to the Planning permission and Public Consultation could impact on the start date of the building works, mitigation action has been identified above.
Staff may not accept a new locality and way of working	Staff engagement has been sought throughout the review of locality working, which ensured that this is a service designed by the staff for the requirements of the service user.
Quality requirements for Community care will be at risk	The development of Community Health Directorate is predicated on this and the two further locality models and although we can deliver current quality requirements we will not be in a position deliver future requirements.
Future requirements for the community Health Directorate will not be met	The development of Community Health Directorate is predicated on this and the two further locality models and although we can deliver current quality requirements we will not be in a position deliver future requirements.
Full integrated patient care will not be met in the community	Although we can still bring services together we will not be in a position to create full co location of services in the North East Locality, which will impact on the integration of patient services.
Demand exceeding Capacity	We will be implementing extended hours (three session days) and seven day working to stretch our delivery of services and mitigate the impact on treatment rooms.
CCG do no currently support the Business Plan and they may highlight ways of working that are not currently scoped into this paper.	The building has been designed to be a generic and flexible facility that meets the current and potential future requirements. This will potentially reduce the risk and mitigate this risk.
The organisation as a whole may wish to move more service into the North East Locality area than can be supported by this new building.	We are reviewing the implementation of 3 session days and 7 day working, which will ensure the building maximises its capacity. We are also reviewing processes to increase the delivery of treatment in the service user's home. We will also be engaging with the LA to ensure any potential cross locality working can be delivered across the Island

Our aim is to restructure services to create a single integrated multidisciplinary team delivering patient-centred care within this locality.

The team will include roles such as community nurses and therapists working alongside GPs and practice nurses to provide planned interventions to patients (predominantly those patients being case managed because of their individual risk of hospital admission aiming to make 'unscheduled care scheduled care' through use of anticipatory care plans).

We will offer different levels of support and intervention from the locality Hub. The first level would be encouraging self-management to prevent or minimise future health problems. The Hub will be a place that people can drop into to access information and support. This would include having demonstration equipment that individuals can try out to check effectiveness in enabling independence. We will run specialist clinics (e.g. a neurology clinic) with a range of professionals available to see people in both pre-planned appointments and flexible slots that people can access on a drop-in basis. We would encourage patient-led decisions about who they want to see that day. We aspire to having social care colleagues and representatives from voluntary organisations within these clinics. There are 7 bookable treatment rooms and 1 larger meetings room within the Locality hub. These are flexible in use and could be booked for use by health, social care and/ or voluntary sector team members.

The next level of support would be targeted preventative work, such as falls prevention exercise classes. These types of classes could be supported by health professionals and Assistant Practitioners, Health Trainers or supported by the Voluntary sector.



If targeted, specialist intervention is required from a Health Professional, a referral will be submitted to the Community Services Single Point of Access for triage and allocation of care. For individuals with the highest clinical risk and complex needs we would like to arrange multidisciplinary meetings for face-to-face collaborative care-planning. This could be held within the Hub with attendance of Health, Social Care and Voluntary Organisation representatives.

We would want to see social care staff and reablement workers integrated into the three locality teams. Precise details of what needs to be within the locality teams will depend upon relative demand and team size i.e. the economics of splitting small teams three ways. This would require a second phase to be delivered once the building has been redesigned and health staff have taken up occupancy. Due to the timing of this report and the need to move quickly, these elements could not be included at the outset.

Integrated locality teams will focus on supporting the most vulnerable people with the most need and who are at most risk of hospital or care home admission i.e. predominantly people with long-term conditions, including mental health who are more likely to be frail and elderly.

This supports a shift in focus of services from acute to community settings. It ensures we are focusing on individual need, with more generic working and an emphasis on what is important to the patient by delivering seamless services that work across organisational boundaries, joining up health, social care, voluntary and 3rd sector providers.

This is not just a base for our community services or an outpatient facility it is a flexible community space that not only brings our community service together but brings organisations and communities together.

We envisage a place that is part of the local community, where people come to take part, keep moving and stay independent and healthy.

Section 6 Option Appraisal

The full option appraisal has been highlighted below:

Option 1	**Do Nothing**
Benefits	We will continue to delivery clinics and services to the same levels we are currently achieving.
Risks	Future VIP will not be able to be met as we will not have a fully integrated service for the North East Locality that can be replicated in other areas on the Island. We will not be in a position to improve on our service user treatment and experience in the Community.

Option 2	**Relocate Services to a refurbished and reconfigured unit**
Benefits	The development of community hubs is essential to the Community Health Directorate's service redesign that is built on core principles underpinning a number of key projects within and external to the Directorate. It builds on elements identified through the development and refining of the rehabilitation strategy; recognition from commissioners that further integration of services outside the rehabilitation strategy is needed and is essential to the delivery of the My Life a Full Life vision.
Risks	Planning Permission and Service User Consultation will need to take place during the planning stage (subject to Case for Change approval), which potentially could stop this development, although steps have been put in place to minimise this risk.

Option 3	**Lease a property**
Benefits	Same as option 2
Risks	An option appraisal has taken place and has failed to identify a suitable property in this area, which will deliver this integrated approach. The option to lease a new build from a developer would take in the range of 3 years to be delivered and would significantly impact on the VIP requirements.

Option 4	**GP joint venture**
Benefits	Same as option 2
Risks	An option appraisal has taken place and there is not currently an opportunity presently and it would take 3 years to be delivered and would significantly impact on the VIP requirements.

		Option 1	Option 2	Option 3	Option 4
Non Financial Criteria	Weighting	Score	Score	Score	Score
Delivery of more clinics in the Community	Essential	Never meets criterion	Always fully meets criterion	Always fully meets criterion	Always meets the criterion to some extent, or occasionally fully meets criterion
Integrated Healthcare Services	Essential	Will potentially meet criterion on occasions	Always fully meets criterion	Always fully meets criterion	Always meets the criterion to some extent, or occasionally fully meets criterion
Flexible Treatment Rooms	Essential	Could meet criterion in some circumstances	Always fully meets criterion	Always fully meets criterion	Always meets the criterion to some extent, or occasionally fully meets criterion
Hot Desking facility	Required	Never meets criterion	Always fully meets criterion	Always fully meets criterion	Always meets the criterion to some extent, or occasionally fully meets criterion
Single points of assessment	Required	Never meets criterion	Nearly always meets criterio	Nearly always meets criterion	Always meets the criterion to some extent, or occasionally fully meets criterion
Improved treatment environment	Desirable	Could meet criterion in some circumstances	Always fully meets criterion	Always fully meets criterion	Always meets the criterion to some extent, or occasionally fully meets criterion
Total Weighted Score		14	97	97	60

Preferred Option 2	Due to all the factors outlined in this paper and the Case for Change option 2 meets the Directorates needs and requirements for today and the future.

The financial options have not been populated in the excel document, due to the complexities of this scheme.

Financial Options Appraisal

Option		2013-2014 Capital Impact: Capital Investment	Capital receipt	Reserves Impact: Reserves	Revenue Impact: Capital Related I&E Impact	VIP Delivery	Impact to Depreciation	Avoidance of potential backlog maintenance	Premises Running Costs
1 Do Nothing (Proceed with approved sale of Shackleton House)		0	(300,000)	0	947,008	0	0		0
2 Relocate Services to a refurbished and reconfigured unit	Shackleton House	250,000	0	0	0	0	0		0
	68/69 Swanmore Road	0	0	0	0	0	0		0
	70/71 Swanmore Road	0	0	0	0	0	0		0
	Tower House								
	Total	**250,000**	**0**	**0**	**0**	**0**	**0**		**0**
3 Lease a property	See narrative - not a viable option								
4 GP Joint venture	See narrative - not a viable option								

Option		2014-2015 Capital Impact: Capital Investment	Capital receipt	Reserves Impact: Reserves	Revenue Impact: Capital Related I&E Impact	VIP Delivery*	Impact to Depreciation	Avoidance of potential backlog maintenance	Premises Running Costs
1 Do Nothing (Proceed with approved sale of Shackleton House)		0	0	0	0	(250,000)	(40,000)	(1,000,000)	(52,779)
2 Relocate Services to a refurbished and reconfigured unit	Shackleton House	1,218,259	0	903,239	75,540	(250,000)	8,000	(1,000,000)	0
	68/69 Swanmore Road	0	(250,000)	57,748	0	0	(8,379)	(200,000)	(18,390)
	70/71 Swanmore Road	0	(245,000)	133,294	2,460	0	(15,526)	(150,000)	(26,298)
	Tower House								(6,092)
	Total	**1,218,259**	**(495,000)**	**1,094,341**	**78,000**	**(250,000)**	**(15,905)**	**(1,350,000)**	**(50,780)**
3 Lease a property	See narrative - not a viable option								
4 GP Joint venture	See narrative - not a viable option								

Option		2015-2016 Revenue Impact: VIP Delivery*	2016-2017 Revenue Impact: VIP Delivery*
1 Do Nothing (Proceed with approved sale of Shackleton		0	0
2 Relocate Services to a refurbished and reconfigured unit	Shackleton House	(125,000)	(125,000)
	68/69 Swanmore Road	0	0
	70/71 Swanmore Road	0	0
	Tower House		
	Total	**(125,000)**	**(125,000)**
3 Lease a property	See narrative - not a viable option		
4 GP Joint venture	See narrative - not a viable option		

Option		Total Capital Impact: Capital Investment	Capital receipt	Reserves Impact: Reserves	Revenue Impact: Capital Related I&E Impact	VIP Delivery*	Impact to Depreciation	Avoidance of potential backlog maintenance	Premises Running Costs
1 Do Nothing (Proceed with approved sale of Shackleton		0	(300,000)	0	947,008	(250,000)	(40,000)	(1,000,000)	(52,779)
2 Relocate Services to a refurbished and reconfigured unit	Shackleton House	1,468,259	0	903,239	75,540	(500,000)	8,000	(1,000,000)	0
	68/69 Swanmore Road	0	(250,000)	57,748	0	0	(8,379)	(200,000)	(18,390)
	70/71 Swanmore Road	0	(245,000)	133,294	2,460	0	(15,526)	(150,000)	(26,298)
	Tower House								(6,092)
	Total	**1,468,259**	**(495,000)**	**1,094,341**	**78,000**	**(500,000)**	**(15,905)**	**(1,350,000)**	**(50,780)**
3 Lease a property	See narrative - not a viable option	0	0	0	0	0			0
4 GP Joint venture	See narrative - not a viable option	0	0	0	0	0			0

Notes:

Option 1 - Sale of Shackleton I&E Capital impact - reclassify to asset held for sale, reserves can not be utilised

Depreciation

Current Shackleton	40,000
68/69 Swanmore Road	8,379
70/71 Swanmore Road	15,526
New Shackleton	48,000

Option 2 - Relocate Services from Swanmore Road to Investment will be in the category Asset Under Construction as at 31 March 2013 and an impairment review carried out in 14.15
Swanmore Road Properties values will not be affected this financial year but will be written down to OMV when vacated (using reserves)

Running Costs Basis

Shackleton House = 861m2
68/69 Swanmore Road 300m2
70/71 Swanmore Road 429m2
Cleaning, Utilities, Maintenance amd Rates totalling £61.30 per m2

*** VIP Delivery**
The figures shown here related only to VIPs which can be delivered from within Community Health Directorate Budgets

Without integrated premises, only the first level of savings can be made, relating to restructuring of the services £250,000
The second level of savings within the newly configured teams is not possible without the integrated premises £250,000 over 2 years
Option one will not enable the creation of additional capacity which could add risk to the delivery of VIPS in acute and planned

Section 7 Estates Requirements

Procurement

Options include Procure 21+, Competitive Tender and Design and Build. Due to the nature of the work and location of the site I recommend that we adopt a single stage Competitive Tender procurement route, this provides;

- A perfect market test
- Tried and tested methodology of administering

Programme

Based on full approval to proceed by 28.11.2013 (following the Trust Board on 27.11.13) and a single stage Competitive Tender route, the following key milestones apply;

- Detailed Design and preparation of Tender Documentation - 02.12.2013 to 10.01.2014 (4 weeks not including Christmas).
- Tender Process (Trust approval of tender documents, OTT, submission, review, recommendation and approval) - 13.01.2014 to 21.02.2014 (6 weeks)
- Contractor Appointment and Mobilisation - 24.02.14 to 21.03
- .2014 (4 weeks).
- Works Period - 24.03. 2014 to 13.06.2014 (12 weeks)

The Directorate has assumed that a planning application can be submitted prior to the approval of the business case and any consultation. If this is not the case then there will be a significant impact on programme and cashflow.

Capital Spend Profile

Based on the key milestones above;

- FY 13.14 - £250,000 (assumes retrospective VAT recovery)
- FY 14.15 - £1,218,259

Backlog Maintenance

The backlog maintenance position for the Ryde estate is as follows;

- Former Shackleton House - Estatecode Condition 'B/C' and Theoretical Backlog Maintenance Cost of £1,000,000 exc. VAT and Fees.
- Ryde OPD - Estatecode Condition 'B/C' and Theoretical Backlog Maintenance Cost of £150,000 exc. VAT and Fees.
- Swanmore House - Estatecode Condition 'B/C' and Theoretical Backlog Maintenance Cost of £200,000 exc. VAT and Fees.

Revenue Consequence

The floor areas of the properties owned as part of the Ryde estate are as follows;

- Former Shackleton House - 861m2
- Ryde OPD - 429m2
- Swanmore House - 300m2

The Trust's m2 'operational costs' are as follows;

- Cleaning - £15.00/m2
- Utilities - £16.00/m2
- Maintenance - £18.00/m2
- Rates - £12.30/m2

Section 8 Timeline

Below we have highlighted the timeline requirements for this development, which includes the consultation exercise (please note these dates will be populated once the Business Case has been agreed).

Business Case Milestones	Delivery Date
Development of Awareness Paper for Estates Group	04/07/13
Development of Awareness Paper for CIG	05/07/13
Production of Professional Fees Capital Bid	02/08/13
Completion of Business Case	27/09/13
Capital Investment Group Approval for the Business Case	04/10/13
Executive Approval	18/10/13
Board Approval	27/11/13
Build Milestones	Delivery Date
Detailed Design and preparation of tender documentation	10/01/14
Tender Process (OTT, tender submission, review, recommendation and approval)	21/02/14
Contractor Appointment and Mobilisation	21/03/14
Works period Completed	13/06/14

Section 9 Conclusion

Option 2 is the preferred option for the Community Directorate as it increases productivity, maintains and provides a flexible, local service to patients and builds fully an integrated service, as identify throughout this paper.

The Locality Hub represents a first step within the Community Health Directorate to ensure that its buildings and clinical environments can deliver the My Life a Full Life philosophy and principles. It will create an appropriate venue to encourage self-management and prevention of health problems. By

- Facilitating plans to integrate physical and mental health care

- Providing care closer to home
- Providing a café area
- Intending to host representatives from Voluntary Organisations and Social Services

The Locality Hub proposal recognises the health, social, emotional and psychological needs of the community. It meets the Directorate's need to work in a different way, working with people they recognise as individuals with unique needs and abilities. It will facilitate the delivery of well co-ordinated personalised care.

Isle of Wight NHS Trust

Appendix A

Proposed Reconfiguration and Upgrade of former Shackleton House, to create a North East Locality Hub in Ryde Isle of Wight

Budget Estimate

September 2013

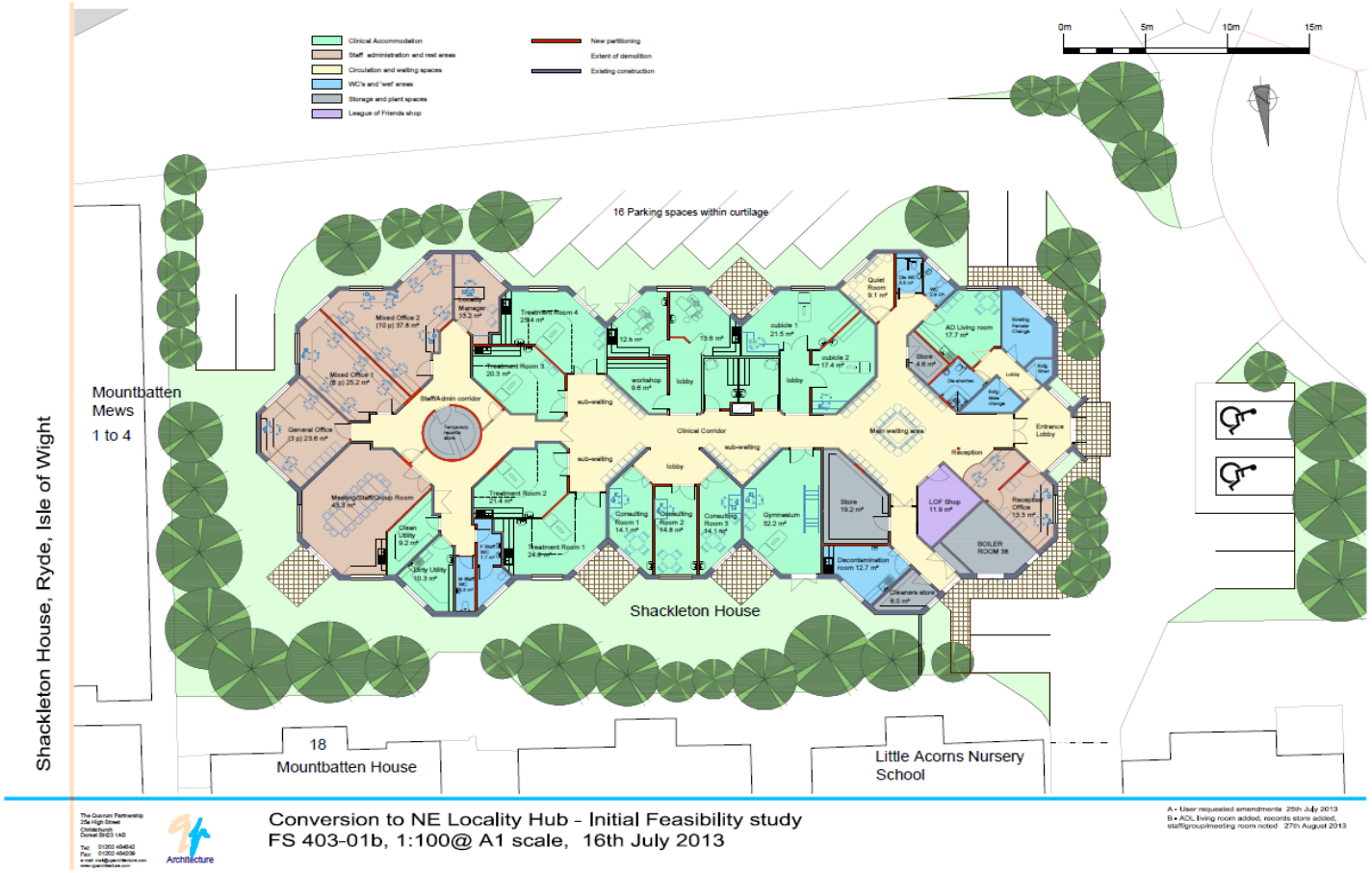
Works Cost (including stage 3 'detailed design and GMP' and stage 4 'construction')	£	1,034,030
Design Contingency @ 5% of Works Cost	£	51,701
General Contingency @ 5% of Works Cost	£	51,701
Equipment	£	25,000
IT Infrastructure	£	50,000
Sub Total	**£**	**1,212,432**
VAT @ 20% (assume 35% VAT recovery of Works Cost)	£	170,105
Professional Fees (@ 8% of Works Cost)	£	82,722
Statutory Fees	£	3,000
Total	**£**	**1,468,259**

Notes:

Cost current at 3q 2013
Cost assumes vacant possession

Appendix B

Detailed Drawing



North East Locality Hub Engagement Plan

Stakeholder Group	Objectives	Vehicle	Key Messages	Time and Date	Lead
Internal including My Life a Full Life & CCG					
Estates Delivery Programme Board	Raise awareness of Community Directorates intention for Shackleton House	Attend the Estates Group Meeting with awareness paper	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	4th July 2013 11:00 to 12:00	Nikki Turner
Capital Investment Group	Raise awareness of Community Directorates intention for Shackleton House	Attend the CIG Meeting with awareness paper	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	4th July 2013 09:30 to 11:30	Nikki Turner
Capital Investment Group	Professional fees Business Case submitted	Attend the CIG Meeting with Business Case	Bid for £15k to undertake a professional requirement review	2nd August 2013 09:30 to 11:30	Simon Paul
Estates Delivery Programme Board	Approval of Business Case	Attend the CIG Meeting with Business Case	Bid for £1.4m to redevelop the North East Locality Area	2nd October 2013 14:30 to 16:00	Nikki Turner / Lucy Abel
Capital Investment Group	Approval of Business Case	Attend the CIG Meeting with Business Case	Bid for £1.4m to redevelop the North East Locality Area	4th October 2013 09:30 to 11:30	Simon Paul / Lucy Abel
Trust Executive Committee	Approval of Business Case	Attend the TEC Meeting with Business Case	Bid for £1.4m to redevelop the North East Locality Area	7th October 08:30 to 10:00	Nikki Turner
My Life a Full Life Board	Raise awareness of the programme and its progress and maintain	Attend MLAFL Meeting with awareness paper	Intention to redevelop Shackleton House to a North East Locality Hub	10th October 08:30 to 10:00	Nikki Turner / Pieter Joubert

Stakeholder Group	Objectives	Vehicle	Key Messages	Time and Date	Lead
	support and engagement of senior programme leads.		outpatient facility.		
Trust Executive Committee	Approval of changes to the Business Case	Attend the TEC Meeting with Business Case	Review of amendments to the Business Case	14th October 08:30 to 10:00	Nikki Turner
Trust Executive Committee	Approval of Engagement Plan	Attend the TEC Meeting with Engagement Plan	Review Engagement Plan	4th November 08:30 to 10:00	TBC
CCG	Raise awareness of the programme and its progress and maintain support and engagement of senior programme leads.	Attend CCG Meeting with Business Case	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBC	Nikki Turner / Pieter Joubert
My Life a Full Life Board	Maintain support and engagement of senior programme leads.	Attend MLAFL Meeting with awareness paper	Progress of the Business Plan and Building works	14th November	Pieter Joubert / Nikki Turner
Finance, Investment and Workforce Committee	Approval of Business Case	Attend the FIWC Meeting with Business Case	Bid for £1.4m to redevelop the North East Locality Area	20th November 15:00 to 17:00	Pieter Joubert / Nikki Turner
Trust Board	Approval of Business Case	Attend the TB Meeting with Business Case	Bid for £1.4m to redevelop the North East Locality Area	27th November 09:00 to 15:00	Pieter Joubert / Nikki Turner

Stakeholder Group	Objectives	Vehicle	Key Messages	Time and Date	Lead
External					
Councillor Ian Stephens Ryde West	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	14th October and 11th November 2013	Gill Kennett / Nikki Turner
Primary Care in North East Locality via Primary Care Locality Meeting	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Gill Kennett / Nikki Turner
County Councillors for Ryde	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Gill Kennett / Nikki Turner
Ryde Town Council	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Kevin Bolan / Gill Kennett / Nikki Turner
Public Engagement Event in Ryde	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Locality Team Representatives Adult Social Care Ambulance
IOW Council Mark Howell	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Kevin Bolan / Gill Kennett / Nikki Turner / Community Management Team
Voluntary Sector	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Kevin Bolan / Gill Kennett / Nikki Turner / Community Management Team

Health Watch	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Kevin Bolan / Gill Kennett / Nikki Turner / Community Management Team
EMH Hospice	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Kevin Bolan / Gill Kennett / Nikki Turner / Community Management Team
MP Andrew Turner	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Letter to the MP with option given of a face to face meeting to discuss	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Kevin Bolan / Gill Kennett / Nikki Turner / Community Management Team
Ivor Warlow Scrutiny Panel Chair	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Kevin Bolan / Gill Kennett / Nikki Turner / Community Management Team
Tower House Surgery	Raise awareness of the Isle of Wight NHS Trusts intention for Shackleton House	Face to Face meeting	Intention to redevelop Shackleton House to a North East Locality Hub outpatient facility.	TBA	Kevin Bolan / Gill Kennett / Nikki Turner / Community Management Team

Engagement Leaflet

Locality Hub Building Plans

- Clinical Accommodation
- Staff administration & Rest Areas
- WC's and Wet areas
- Storage and plant spaces
- League of friends shop
- New Partitioning
- Existing Partitioning

The Locality Hub represents a first step within the Community Health Directorate to ensure that its buildings and clinical environments can deliver the My Life a Full Life philosophy and principles. It will create an appropriate venue to encourage self-management and prevention of health problems. By

- Facilitating plans to integrate physical and mental health care
- Providing care closer to home
- Providing a café area
- Intending to host representatives from Voluntary Organisations and Social Services

Contact Details

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We envisage a place that is a part of the local community, where they come to take part keep moving and stay independent and healthy.

Isle of Wight NHS Trust

Community Health Directorate

North East Locality Redesign

This leaflet gives a brief overview of the North East Locality Hub Development

The Isle of Wight NHS Trust is committed to delivering Community Care that fits with the requirements of a changing population.

The development of community hubs is essential to the Community Health Directorate's service redesign that is built on core principles.

My Life a Full Life a shared vision for health and social care delivery that supports locality working. This is a hub for the community, and as such will provide flexible accommodation that can be used by social care, the voluntary sector and other public sector partners.

It will enable us to:

- Provide co-ordinated, seamless and flexible care in the community, which is tailored to and directed by the needs of the individual.
- Adopt new models of care, with integrated service delivery and in effect improve productivity and quality.
- Integrated health, care and support services across organisations, implementing principles from national drivers for integrated services.
- Build community capacity and bring together people, professionals and volunteers within localities and cluster our health, care and support services around primary care.
- The result is the delivery of a co-ordinated approach for people who are vulnerable due to their age, disability or illness.

My life a full life

On the Isle of Wight, a new way of working across health and social care is underway. The My Life a Full Life programme is a collaboration between the newly established Clinical Commissioning Group, IWNHS Trust and the Isle of Wight Council.

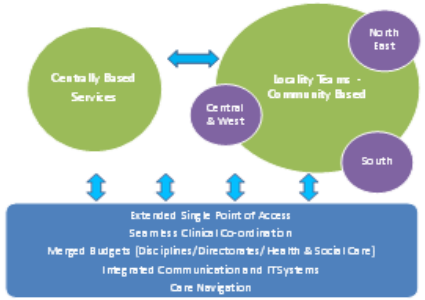
The new initiative will work in partnership with local people, voluntary organisations and the private sector to deliver a more co-ordinated approach to the delivery of health and social care services for older people and people with long term conditions on the Island. As the programme develops it will also consider other areas of delivery which could benefit from this approach to improve individuals' experience of health and social care support and services on the Island.

This is not just a base for our community services or an outpatient facility it is a flexible community space that not only brings our community service together but brings organisations and communities together.

New ways of working

This development supports a shift in focus of services from acute to community settings. It ensures we are focusing on individual need, with more generic working and an emphasis on what is important to the patient by delivering seamless services that work across organisational boundaries, preparing for more joined up health, social care, voluntary and 3rd sector providers.

We need to build on those skills by working together to provide an exceptional Island wide service.



Engagement Event

Public Engagement Event in Ryde to include Voluntary Sector, the meeting will take place at the following venue and date.

Location	?
Date	?
Time	?

Engagement Presentation

Community Health Directorate

Isle of Wight NHS Trust

Development of a North East Locality Hub

Many Professionals One Team

Community Health Directorate

Isle of Wight NHS Trust

How did we get to the proposal for Ryde?

- Current Space utilisation
- West and Central locality centre
- Estate strategy principles
  - Flexibility of use
  - Flexibility in design
  - Clinical Core
  - Clinical adjacencies
  - Partnership

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Development of a North East Locality Hub

- Provide co-ordinated, seamless and flexible care in the community, which is tailored to and directed by the needs of the individual
- Adopt new models of care, maximise on clinical adjacencies, increase flexibility in use, more integrated service delivery and in effect improve productivity and quality
- Build community capacity and bring together people, professionals and volunteers within localities and cluster our services around primary care.

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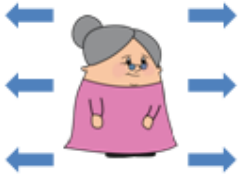
Isle of Wight NHS Trust

Focusing on Individual Need

- How NHS and Social Care services are currently Structured

- Vision for the future



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My life a full life

My Life a Full Life

- Locality working
- Crisis Response
- Self management

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Centrally Based Services

Locality Teams - Community Based

- North East
- Central & West
- South

Extended Single Point of Access
Seamless Clinical Co-ordination
Merged Budgets (Disciplines/Directorates/Health & Social Care)
Integrated Communication and IT Systems – Single live record
Care Navigation
People Conducting their own Care

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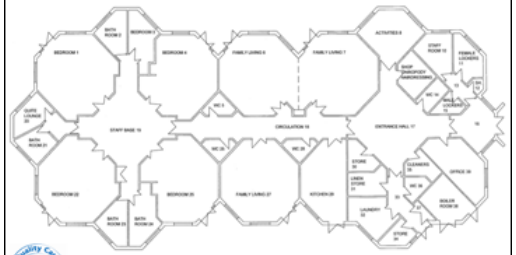
Community Health Directorate — Isle of Wight NHS

Previous Building Plans - Inpatient Unit



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New Building Plans - Outpatient Unit

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Community Health Directorate — Isle of Wight NHS

Service	Current Location
Podiatry	Ryde Outpatients
Physiotherapy 1. MSK Physiotherapy 2. Pain Clinic 3. Acupuncture	Ryde Outpatients
Phlebotomy	Ryde Outpatients
Mental Health Community Clinics	Swanmore House
IAPT	Element of clinics from Old Oakfield
North East Community Nursing Team	Tower House Surgery (Office space only, no clinical face to face)
Health Visiting	Ryde Outpatients
Midwifery	Ryde Outpatients
Speech and Language	Ryde Outpatients
North East Community Rehabilitation Team	Old Oakfield - lack of facilities currently utilising various locations as available across island.
North East Reablement Therapists	Old Oakfield
North East Housing and Adaptations Therapists	South Block

More Service Could be added to the list once the Trust has implemented 3 session days and weekend working .

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- This is not just a base for our community services or an outpatient facility it is a flexible community space that not only bring together our community services together brings organisations and communities together.
- We envisage a place that is a part of the local community, where they come to take part keep moving and stay independent and healthy

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REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 27th November 2013

Title	Refurbishment of Medical Assessment Unit (MAU)			
Sponsoring Executive Director	Executive Director of Nursing & Workforce			
Author(s)	Mandy Blackler - Assistant General Manager Acute Directorate			
Purpose	Approval of the refurbishment of MAU			
Action required by the Board:	**Receive**		**Approve**	X

Previously considered by (state date):			
Trust Executive Committee	18.11.13	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee	20.11.13	Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Acute Directorate Board	02.10.13	Capital Investment Group	04.10.13
Estates Delivery Board	02.10.13		
Other (please state)			

Staff, stakeholder, patient and public engagement:

Full stakeholder engagement as per Programme Management Office checklist undertaken on 25th September via email, responses to questions given same or next working day. All queries answered. Revised case sent out 12.11.13

Staff engagement via meetings, plans on display and comments invited. Plans amended following feedback.

Patient's Council advised and feedback requested.

Executive Summary:

This business case sets out the reasons for changes to the existing template in MAU, explaining the rationale behind the proposed changes and includes full costings, together with the updates requested from various stakeholders. It advocates converting the existing template that was formerly children's ward and not fit for purpose, into a fully functioning assessment unit with an integrated assessment area specifically for rapid turnaround of day case patients. The new unit will also provide smaller bays that are more compliant with infection control

and mixed sex accommodation agendas			
For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	Quality, resilience, productivity		
Critical Success Factors *(see key)*	1,2,3,5,7,8		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	2.22		
Assurance Level ***(shown on BAF)***	☐ Red	☐ Amber	☐ Green
Legal implications, regulatory and consultation requirements	All estates work is complaint with the latest building regulations		
Date: 13.11.13	**Completed by: M. Blackler**		

Isle of Wight NHS Trust

ACUTE CLINICAL DIRECTORATE

REFURBISHMENT OF MEDICAL ASSESSMENT UNIT

Version	Date	Author	Status	Comment
1.0	20.12.12	M. Blackler	New	To AD /HOCS for comment
1.1	04.04.13	M. Blackler	Draft	To CIG for fees for case
2.0	30.09.13	M. Blackler	Amended	To include full costings
2.1	04.10.13	M. Blackler	Amended	To CIG for approval
2.2	23.10.13	M. Blackler	Amended	Updates requested by CIG
3.0	01.11.13	M. Blackler	Amended	New template requested by TEC
3.1	12.11.13	M. Blackler	Amended	To Trust Board for approval

Contents

Section 1 Executive Summary

The Medical Assessment Unit (MAU) is currently located in an area that was previously a designated Children's Ward and is not fit for purpose. There are insufficient side rooms to meet with infection control requirements and patient's privacy and dignity can be compromised due to the current size of the bays. A recent CQC visit highlighted several failures in this area, some of which were due to noise levels and clutter, and it outlined significant improvements that needed to be made to ensure that the accommodation meets the needs of the patients and service.

This business case supports the need to address these issues by refurbishing the existing MAU.

Benefits

- Increased number of side rooms – improves infection control measures
- Smaller bays
- More en suite facilities for patients
- Reduced risk of mixed-sex accommodation
- Dedicated assessment area for ambulant patients
- Aligns with Estates Rationalisation Strategy and Commissioning Intentions
- Flexible workforce that uses multi-skilled staff
- Patients more visible

Risks

- Pressure on capital funding
- Non-compliance with Commissioning Intentions for ambulatory care
- Continued difficulties in managing infection outbreaks
- Continued problems in preventing mixed sex accommodation breaches

Finance

The capital spend profile is:

- FY 13.14 - £372,000 (assumes retrospective VAT recovery)
- FY 14.15 - £2,428,000

Timescale for implementation

Based on full approval to proceed by 30th November 2013, the following key milestones apply:

- Planning application submitted end of November
- Detailed design and preparation of Guaranteed Maximum Price (GMP) 19th December
- Planning determination predicted mid February 14
- Contractor Mobilisation 2nd February (works to exterior of MAU)
- Commence work in inpatient area 31st March 2014
- Works Period – 33 weeks

Overview

At present there is a 10-bedded bay in MAU which causes problems with single sex accommodation and infection control, i.e. if there is one patient who is identified as being infectious the whole bay has to be isolated. This then impacts on patient flow. Having such a large ward also has a significant impact on the privacy and dignity of patients.

The accommodation currently houses:

1 x 10-bedded bay
3 x single side rooms
1 x 5-bedded bay
1 x 3 bedded bay
1 x 2-bedded bay

This project sets out to provide a newly refurbished area by November 2014 which will comprise of 30 beds in smaller bays, 6 spaces of which will be used to enable Ambulatory Care. The Directorate had highlighted this as a priority for 2013 and plans have been drawn up to facilitate development of a designated assessment area to include ambulatory care, in line with commissioning intentions

There is a national drive to implement same day emergency care which will provide benefits to patients through faster access to treatment, reduced length of stay and reduced risk of hospital acquired infections through inpatients stays.

This project is 2nd on the list of Directorate priorities for 2013 after Pathology which is being progressed.

The Associate Director for this project is Gill Kennett who can be contacted via her PA, Jo Ferguson, on 532403

This case for change is to request the costs to support the refurbishment of MAU as a two phase project.

Section 2 General Description of the Scheme

As an aspirant Foundation Trust, it is vital that we take every opportunity to review our services and resources in order to maximise benefits to patients whilst providing a cost-effective, efficient solution to the issues we are currently facing. It has already been identified in our Integrated Business Plan (IBP) that we need to be doing 'more for less' and as an integrated Trust we are well placed to make the changes needed to improve patient flow. The current MAU sits in a template that was originally designed as a Children's Ward and has never been fit for purpose.

This case sets out the benefits of improving the estate at the front door and its potential impact on patient flow.

Benefits Realisation

This project delivers the desired outcome by increasing the number of side rooms that will be available, introducing an Ambulatory Care/assessment area and redesigning the existing template to provide improved patient accommodation overall, creating an area that will be fit for purpose.

The last CQC visit highlighted concerns with the area and this refurbishment will address these. There is a national drive to provide single sex accommodation and the current template makes this extremely difficult as it houses a 10 bedded area. This also causes problems with infection control as currently if one patient becomes infected, the whole bay needs to be isolated

This fits in with the Trust's estates rationalisation strategy and this case for change is a development to the original to support the cost of the work being done now that detailed plans have been drawn up and firm costings have been established.

There has recently been a refit in the Emergency Department, and lessons learned from that project will help inform the way this project is driven. In particular, it was extremely difficult to manage the area as a working environment with patients still being treated. Also, although staff in the ED were involved from the outset and shown the detailed designs, it came to light after the building work started that some did not always understand what was being demonstrated in the plans then raised concerns once the work began.

The detailed plans for this project are on display in MAU and a meeting is being set up to enable questions to be fielded from staff.

Desired outcomes

The redevelopment of MAU has been identified in our business plans for the last two years and forms part of our 5-year strategy for the Directorate. The desired outcome for this will be to develop an area that will be fit for purpose by providing:

4 x 4-bedded bays
2 x 2-bedded bays
4 x single side rooms
6 x Ambulatory Care trolleys/chairs

This will provide smaller bays to improve isolation of infected patients, greater visibility of sick patients, and an additional day case area for ambulatory care. The four side rooms are all co-located, two on either side of the walkway and have to be passed to get to one of the 4-bedded areas which ensures that they will constantly be observed.

The designated assessment area will enable Advanced Nurse Practitioners to see, assess and where appropriate treat patients, working collaboratively with medical staff. These patients may previously have required an overnight stay in hospital, but through improved systems and processes can be seen and treated within 8 hours and sent home. Ambulatory Care is being driven nationally and has been incentivised by Commissioners by providing a higher best practice tariff for treating patients in this way[1]. It is widely know that we can expect a 1.6% population growth per annum which could potentially impact on activity. As a directorate we are trying to proactively manage this through the Hub (0.5%) and by the introduction of designated Ambulatory Care clinics. These will improve patient flow through MAU by reducing hospital admissions which in turn will have an impact on ED breaches.

The Joint Strategic Needs Assessment outlines plans to reduce hospital admissions by treating more patients with long term conditions in the community, and the introduction of Ambulatory Care supports this vision by encouraging patients to manage exacerbations of their conditions in a day care setting, then continuing this management in their own homes and preventing avoidable hospital admissions. It is an ambition of the organisation to reduce the current mean average length of stay for Emergency Inpatients from 5.0 days to 3.2 days by 2015. 3.2 days is the

[1] Best Practice Benchmarking – June 2013

current best in class for the organisation's peer group of hospitals[2] and, therefore, should be achievable, thus creating additional capacity within the organisation. The directorate committed to taking forward an Acute Assessment Unit following the PWC review in 2011.

Sensitivity around the use of public money has been demonstrated in the dual purpose of rooms wherever possible to ensure value for money is being achieved. With the reduction in length of stay the bed capacity in MAU will enable a shift from this being a Medical Assessment Unit to an Acute Assessment Unit going forward

Process for enablement

The total cost for this build is £2.8m, £372k of which is requested in this case to be spent this financial year, the remaining £2,428,000 in FY 14/15.

This year's work will see all of the changes being made that are external to the patient area, i.e. building works into the outside courtyard and changes to the current staff area to facilitate the main part of the work being done from April as soon as MAU is relocated. Measures are in place to ensure there is no disruption to the entrance/exit of MAU and the pathway to the helipad.

This build will be achieved by temporarily relocating MAU to the vacated Whippingham template at the end of March when the Level C work is completed. There will be minimal cost implications to this temporary relocation (touch up of paintwork and new signage) and will be done as part of the enabling works for the build. This project has been developed in full consultation with Estates to ensure that projects will align.

With only one additional bed space we do not envisage any impact on the nursing establishment. The Ambulatory Care area will be staffed by the existing Advanced Nurse Practitioners.

Proximity alarms will be included as part of this build.

[2] Source PIDS

Section 3 Strategic Case

It is important to understand how the refurbishment of MAU fits in with the wider organisational strategies. Detailed below are each of the strategies that this business case aligns with.

Strategic Objectives

Our Strategic Objectives

1. To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience
2. To deliver the Trust's clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective
3. To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector
4. To improve the productivity and efficiency of the Trust, building greater financial sustainability
5. To develop our people, culture and workforce competencies to implement our vision and clinical strategy

We believe that the redevelopment of MAU plays a key role and aligns with all of the above, in particular improving the productivity and efficiency of the Trust. Moreover it will ultimately improve our patient's experience by providing a better environment that is fit for purpose.

Estate Strategy

It is widely acknowledged that the estate must be an enabler to the Trust's Clinical Strategy.

The practical implications of our principles and objectives within the Estates Strategy can be summarised as the need:

- To maximise the use of the main site to reduce the overall cost of our estate.
- To undertake works sufficient to ensure that the remaining estate is fit for purpose.

It has been clearly identified in point 1.7 of the Estates Strategy that the redevelopment of MAU is one of the key capital projects that will help deliver the strategy. The overarching principles of the strategy have been borne in mind when working with the architectural team to ensure that the refurbishment embraces the concepts of:

- Flexibility of use
- Flexibility in design
- Clinical core
- Clinical adjacencies

The strategy promotes the ethos of a good quality environment to promote healing and improve efficiency. This project will assist in driving forward these components:

- Reducing HAI by use of single rooms
- Reducing falls through design of floors, doorways, handrails and toilets, and decentralised nurse stations
- Reducing pain, stress and depression through exposure to views of nature, to higher levels of daylight, displaying visual art and reducing environmental stressors such as noise.

Clinical Strategy

The Clinical Strategy advocates optimisation of the inpatient care pathway to ensure that patients only spend as long as is absolutely necessary in hospital.

The refurbishment of MAU will see the development of an assessment area where ambulatory care patients can be seen, treated and sent home the same day. Patients will remain fully clothed within this area creating an expectation of same day discharge. This will help realise the expectation that they will not be staying in hospital.

The Clinical Strategy also emphasises the need to move patients through our part of the care pathway as soon and safely as it practical back to the community. The introduction of the assessment area will expedite this.

The redevelopment of MAU with provision for an assessment area aligns with the Beyond Boundaries – a 5 Year Framework by helping ensure that patients spend the minimum time necessary in hospital before discharge.

Commissioning Intentions

The Isle of Wight Clinical Commissioning Group's Commissioning Intentions for 2013/14 depicts the intention to "*…improve access to timely urgent review, consultant opinion, diagnosis and expert review…..Piloting and development of Ambulatory Care sensitive "clinics" ….to minimise admissions".*

Once again, the provision of the assessment area would realise the benefits identified in the CCG's Commissioning Intentions with the expected outcomes of:

- Reduced admissions to hospital
- Earlier discharge from hospital episodes
- Reduced capacity requirements

Integrated Business Plan

Our vision and values discussed within the Integrated Business Plan (IBP) focus on our ability as an integrated organisation to deliver "*…seamless care where patients experience no organisational barriers to timely, high quality services".* High quality care underpins and drives our strategy, and the redevelopment of MAU has been identified within our directorate business plan for the last two years.

The IBP acknowledges the need to optimise medical inpatient care pathways and promote timely discharge. Provision of an integrated assessment unit within MAU which is a clearly designated 'day' area will assist with patient flow and minimise admissions, whilst creating a culture with patients where there is no automatic expectation that they will remain in hospital.

Workforce Strategy

The Workforce Strategy aims to "*…achieve a diverse and flexible workforce with the right skills in the right place at the right time".* The Acute Clinical Directorate has for the past 18 months been training Advanced Nurse Practitioners (ANPs) in preparation for the opening of the assessment / ambulatory care area. This is a two year course that culminates in the appropriate qualifications for these ANPs to run the area, and has been achieved by ensuring that the staff have received the development opportunities and training required.

SMART Objectives

Specific

Upon approval of this business case, we will provide a fully functioning assessment unit with a dedicated assessment area by December 14.

Measureable

Length of stay will be closely monitored, together with training of staff and impact on finance.

Achievable

Time frames have been agreed with all relevant stakeholders.
Realistic

Delivery of this project has been discussed at length with relevant stakeholders, in particular the Estates Department, as it is reliant upon completion of the level 'C'work to facilitate our decant for this work to happen. There has been broad discussion around the feasibility of this and agreement has been reached.

Timely

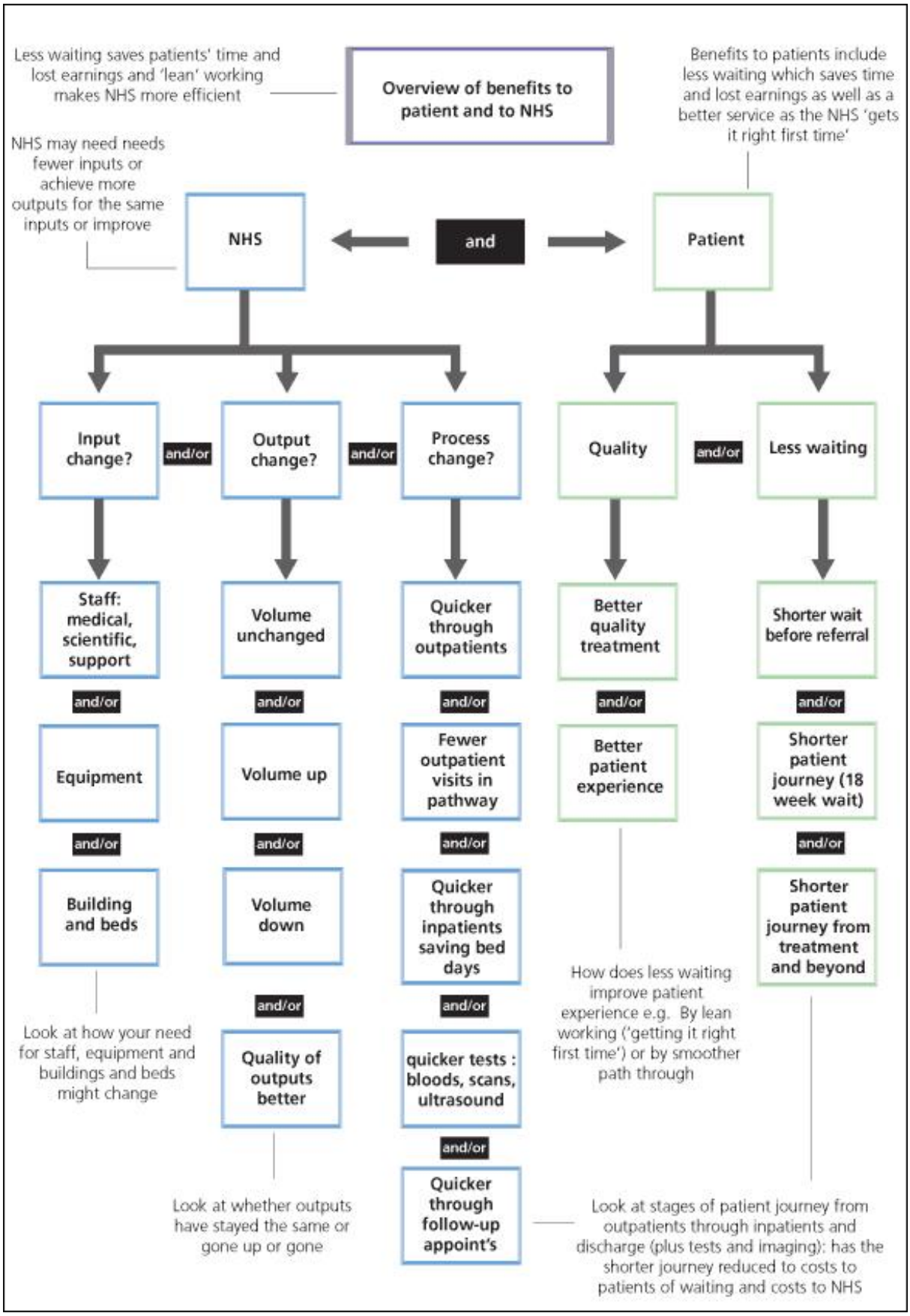
Completion of the building works has been set as 31st October 2014. This date will be achieved as long as all requirements are met throughout the milestone stage. There is a strict timeline in place, which identifies all major estate requirements.

Section 4 Benefits Realisation

Below is a table that outlines the benefits of this redevelopment.

Benefits to the Organisation
▪ Improved inpatient accommodation ▪ Improved compliance with infection control requirements ▪ Provision of a designated assessment area ▪ Reduced risk of mixed sex accommodation breaches ▪ An area that is fit for purpose and expandable for the future
Benefits to Patient and Carer Groups
▪ Improved facilities ▪ Improved privacy and dignity for patients and carers ▪ Designated relatives room ▪ Reduced length of stay in hospital ▪ Reduced risk of hospital acquired infections
Benefits to Staff
▪ Clearer vision of all patients ▪ Ability to observe patients from immediately outside of the bays whilst doing paperwork, rather than being housed within a designated nurse station
Impact on Quality
▪ Improved patient satisfaction ▪ Compliance with CQC requirement to reduce noise levels
Impact on Productivity
▪ Flexible workforce that utilises multi-skilled staff i.e. Advanced Nurse Practitioners ▪ Improved patient flow ▪ Facilitates earlier discharge by the introduction of an assessment area
Links to Strategic Goals / Critical Success Factors
▪ Develop our estate and technology infrastructure to improve the quality and value of the services we provide to our patients ▪ Redesign our workforce so we have people with the right skills and capabilities in the right places to deliver our Business Plan ▪ Improve the experience and satisfaction of our patients, carers, partners and staff

The NHS Institute for Innovation and Improvement has developed a tool (as set out below) for measuring the benefits to both the organisation and the patients. This will be used in assessing the outcomes and benefits of this project.


Less waiting saves patients' time and lost earnings and 'lean' working makes NHS more efficient
Overview of benefits to patient and to NHS
Benefits to patients include less waiting which saves time and lost earnings as well as a better service as the NHS 'gets it right first time'
NHS may need needs fewer inputs or achieve more outputs for the same inputs or improve
NHS
and
Patient
Input change?
and/or
Output change?
and/or
Process change?
Quality
and/or
Less waiting
Staff: medical, scientific, support
Volume unchanged
Quicker through outpatients
Better quality treatment
Shorter wait before referral
and/or
Equipment
Volume up
Fewer outpatient visits in pathway
Better patient experience
Shorter patient journey (18 week wait)
Building and beds
Volume down
Quicker through inpatients saving bed days
Shorter patient journey from treatment and beyond
Quality of outputs better
quicker tests : bloods, scans, ultrasound
Quicker through follow-up appoint's
Look at how your need for staff, equipment and buildings and beds might change
How does less waiting improve patient experience e.g. By lean working ('getting it right first time') or by smoother path through
Look at whether outputs have stayed the same or gone up or gone
Look at stages of patient journey from outpatients through inpatients and discharge (plus tests and imaging): has the shorter journey reduced to costs to patients of waiting and costs to NHS

Equality Considerations

Equality Group	Impact (positive / negative / neutral)	Please explain impact
Gender reassignment	Positive	More single side rooms available
Pregnancy and Maternity	Positive	More single side rooms available
Race or Ethnicity	Neutral	
Religion or Belief	Neutral	
Sex	Positive	Reduces risk of mixed sex breaches
Sexual Orientation	Neutral	
Other disadvantaged group not protected by The Equality Act 2010 e.g. Prisoners, Gypsies and Travellers, Socio-economic status	Positive	More single side rooms available

Current patient accommodation	Proposed new accommodation
1 x 10-bedded bay	4 x 4-bedded bays with ensuite facilities
1 x 5-bedded bay	2 x 2-bedded bays with ensuite facilities
1 x 3-bedded bay	4 x single side rooms with ensuite facilities
1 x 2-bedded bay	6 x assessment trolley/chairs
3 single side rooms	

Future development

There is potential scope to expand the existing template to encompass additional beds by extending into the current outpatients template should this be a consideration for the future.

The impact of this will be:

- A truly integrated assessment unit covering all medical and surgical admissions
- Cross boundary working between specialties
- Close proximity to diagnostic services for both specialties
- Aligns with future considerations for integrated outpatient services
- Positive patient experience and increased patient satisfaction
- Streamlined estate

Risks and Mitigation

Below is a list of current identified risks and the mitigation which will be built on as the project is developed.

Risks	Mitigation
Local pressure on capital funding	Local capital prioritisation currently being reviewed
Inability to comply with commissioning intentions for ambulatory care with potential loss of income	Reduced service through Emergency Department when beds permit.
Risk of continued problems controlling infection outbreaks if the build doesn't go ahead due to the current 10 bedded bay	We will need to continue to close beds to prevent the spread of infection as the need arises
Demand exceeds capacity	Consider further redevelopment of level A as discussed in 'future plans'
Non-achievement of project objectives as linked to wider single front door and ambulatory care implementation	Full scoping has been undertaken with multiple stakeholder involvement
This development had been identified as 2nd priority for the Directorate, but we are unable to deliver the full project this FY	Partial restructure can be undertaken this year without directly affecting the inpatient area
Lack of clinical engagement / relevant stakeholder engagement	All relevant stakeholders have been involved from the design phase in order to ensure engagement
Building works could be delayed	Close liaison with Estates department to identify potential problems from an early stage. Project Manager has experience of working with Estates on previous builds
Lack of clinical engagement and/or stakeholder engagement	All relevant stakeholders have been involved in the design in order to ensure engagement
Unable to vacate MAU to undertake the build if level 'C' work isn't completed	Close liaison with Estates and Planned directorate to ensure the two projects interlink

Section 6 Options Appraisal (Economic Case)

The full options appraisal has been highlighted below:

Option 1	Do Nothing
MAU inhabited the former Children's Ward when it relocated to the top end of the building. Despite having made some alterations the area was never truly suited for the role it now fulfils. This option would maintain the status quo, without being able to realise any of the benefits listed in the additional options.	
Benefits	No cost implications
Risks	• Non-compliance with mixed sex accommodation • Insufficient side rooms to adequately support infection control requirements • No designated Ambulatory Care area • Current accommodation is not fit for purpose

Option 2	Single phased build commencing 31st March 2013
Undertake stage 3 detailed design and work up GMP by 19th December 2013. Submission of planning application by 8th November with determination expected by 10th January 2014. Contractor mobilisation - delayed commencement, start on site 31st March 2014 and complete by 28th November 2014 (35 weeks on site). This option requires MAU to be vacated for a total of 35 weeks.	
Benefits	• Minimal risk of complaints during the build period • This option will provide the additional side rooms needed to support infection control requirements • Help minimise risk of mixed sex accommodation • Accommodation will be more fit for purpose than currently • Attracts same day emergency care best practice tariff
Risks	• MAU needs to be vacated for a period of 35 weeks • No ability to start work early to facilitate completion before winter next year • Delayed contractor mobilisation
Spend profile	Spend profile -FY 13/14 - £150,000 (detailed design and GMP) FY 14/15 - £2,624,600 Total - £2,774,600

Option 3	Two-phased build commencing 2nd Feb 2014 PREFERRED OPTION
Undertake Stage 3 - detailed design and work up GMP, completed by 19th December 2013. Submission of planning application by 8th November with determination expected by 10th January 2014. Contractor mobilisation - start on site 2nd February 2014 and complete by 24th October (38 weeks on site). This option has a slightly longer works period due to the two phase approach but only requires MAU to be vacated for a total of 33 weeks, which would commence on 31st March 2014. MAU will relocate to vacated Whippingham template.	
Benefits	• Initial works can be done this financial year without disturbing main patient area • Minimal risk of complaints during the build period • MAU closed for 33 weeks – 2 weeks less than the above option • Will provide accommodation that is fit for purpose • Improved compliance with infection control requirements • Improved compliance with single sex accommodation requirements • More privacy/dignity for patients • Provides a fully integrated Ambulatory Care area that in turn will reduce admissions by being able to treat both medical and surgical patients as day cases • Improved facilities for patients and staff • Attracts same day emergency care best practice tariff
Risks	• £28,400 more expensive due to longer works period • Local pressure on capital funding • Must align with Level C work completion
Spend profile	FY 13/14 - £372,500 (detailed design and GMP) FY 14/15 - £2,430,500 Total - £2,803,000

Option 4	Integrated medical/surgical assessment unit
Benefits	• True realisation of the 'one front door' concept • Improved patient facilities
Risks	Although this is our vision for the future, it is not possible to proceed at present whilst negotiations are still underway regarding the remainder of level A, as this option would involve expanding the footprint to accommodate additional bed capacity

Section 7 Estates Requirements (Commercial Case)

Procurement

This project will be led by Estates under the direct supervision of Rob Graham. Any external Consultants will be appointed by Estates and managed appropriately. This will be managed through the P21 process. The majority of equipment is being brought from the existing MAU, any new equipment is included in the build price.

Programme

Based on full approval to proceed by 30th November 2013, the following key milestones apply:

- Planning application submitted end of November
- Detailed Design and preparation of GMP 19th December
- Planning determination predicted mid February 14
- Contractor Mobilisation 2nd February (works to exterior of MAU)
- Commence work in inpatient area 31st March 2014
- Works Period – 33 weeks

The Directorate has assumed that a planning application can be submitted prior to the approval of the business case and any consultation. If this is not the case then there will be a significant impact on programme and cash flow.

Capital Spend Profile

Based on the key milestones above;

- FY 13.14 - £372,000 (assumes retrospective VAT recovery)
- FY 14.15 - £2,428,000

Revenue Consequence

This project extends the existing MAU footprint by 300m^2 and as such the occupancy costs will increase.

Operational Costs;

Hard FM -	Maintenance -	£25.46/m^2
	Utilities -	£23.14/m^2
	Clinical Waste -	£3.97/m^2
	Domestic Waste -	£2.58/m^2
Soft FM -	Cleaning -	£29.70/m^2
	Laundry/Linen -	£0.37/per piece
	Catering -	£8.70/per patient per day
	Portering -	£14.29/m^2
	Postal Services -	£2.85/m^2
Sub Total -		£111.06/m^2

Fixed Asset Costs;

Rates -	£12.30/m^2
Depreciation -	£ 31,111
Capital Charges	£ 3,826,667
Sub Total -	£12.30/m^2

TOTAL - £123.36/m^2 not including depreciation or capital charges (IG to confirm)

So on the basis of the areas of extension the revenue consequence is 300m^2 x £123.36/m^2 = **£37,008 excluding depreciation and capital charges.**

Capital Cost Estimates
PROPOSED RECONFIGURATION, UPGRADE AND EXTENSION OF THE MEDICAL ASSESSMENT UNIT.

ST MARY'S HOSPITAL, ISLE OF WIGHT

BUDGET ESTIMATE – SEPTEMBER 2013

OPTION 2 – SINGLE PHASE (35 WEEKS)

P21+ Project Cost (including stage 3 'detailed design and GMP' and stage 4 'construction')	£	1,955,000
Design Contingency @ 5%	£	97,750
General Contingency @ 5%	£	97,750
Equipment	£	65,000
IT Infrastructure	£	50,000
Sub Total	**£**	**2,265,500**
VAT @ 20%	£	453,100
Professional Fees (Client Side PM, QS and CDM-C)	£	53,000
Statutory Fees	£	3,000
Total	**£**	**2,774,600**

Notes:

Cost current at 3q 2013

Cost based on S4A 33080.1 rev.P6

Cost assumes vacant possession

PROPOSED RECONFIGURATION, UPGRADE AND EXTENSION OF THE MEDICAL ASSESSMENT UNIT.

ST MARY'S HOSPITAL, ISLE OF WIGHT

BUDGET ESTIMATE – SEPTEMBER 2013

OPTION 3 – TWO PHASE (38 WEEKS)

P21+ Project Cost	£	1,975,000
(including stage 3 'detailed design and GMP' and stage 4 'construction')		
Design Contingency @ 5%	£	98,750
General Contingency @ 5%	£	98,750
Equipment	£	65,000
IT Infrastructure	£	50,000
Sub Total	**£**	**2,287,500**
VAT @ 20%	£	457,500
Professional Fees (Client Side PM, QS and CDM-C)	£	55,000
Statutory Fees	£	3,000
Total	**£**	**2,803,000**

Notes:

Cost current at 3q 2013
Cost based on S4A 33080.1 rev.P6
Cost assumes vacant possession

Timeline

Below we have highlighted the timeline requirements for this development, which includes the consultation exercise (please note these dates will be populated once the Business Case has been agreed).

Business Case Milestones	Delivery Date
Development of initial business case	18.12.12
Production of Professional Fees Capital Bid	05.04.13
Completion of Business Case	30.09.13
Acute Clinical Directorate Board for approval	02.10.13
Estates Delivery Board for approval	02.10.13
Capital Investment Group Approval for the Business Case	04.10.13
Executive Approval	11.11.13
Board Approval	27.11.13
Build Milestones	**Delivery Date**
P21+ stage 3	End of Jan 14
Trust approval of GMP	Mid February 14
Contractor appointment and mobilisation	End February
Works period completed	End of November 14

Section 9 Conclusion

Option 3 is the preferred option for the Acute Clinical Directorate as provides us with accommodation that is fit for purpose and meets infection control and mixed sex requirements, whilst also providing an assessment area to see and treat ambulant patients.

This option is deliverable subject to November approval of the business case at Trust Board and will not impact on patient areas during the busy winter period. The programme for the build has been designed to dovetail with other building projects within the organisation to ensure that it minimises disruption at our busiest times.

Detailed Drawing

Appendix B

Engagement Checklist

Stakeholder	Stake in project	Potential impact on project	What is expected of stakeholder	Perceived attitudes and/or risks	Stakeholder management strategy	Responsibility
Estates	Process owner	High	Will undertake all building works	Fully engaged	Regular telephone updates and meetings with Project Manager	Project Manager
Associate Director	Project Lead	High	Break down barriers, commitment to drive through change	Fully engaged	Regular face to face updates and meetings with Project Manager	Project Manager
Communications Team	Responsible for trust-wide communications	High	Assist with dissemination of information and planning communications	Fully engaged	Seek advice when necessary and engage support in getting messages across. Keep public informed	Project Manager
Health & Safety	Statutory compliance with regulations	High	To ensure all aspects of health & safety are adhered to with the new developments	Fully engaged	Work with design team to ensure compliance. Involve at planning stage	Capital Planning and Development Manager
Fire Manager	Statutory compliance with regulations	High	To ensure all aspects of fire safety are adhered to with the new developments	Fully engaged	Work with design team to ensure compliance. Involve at planning stage	Capital Planning and Development Manager
Head of Information technology	Process owner and Line Manager to Switchboard	High	To ensure all IT / telephone equipment is compliant with existing software / systems, oversee installation of said systems	Fully engaged	Seek advice where necessary. Involve at planning stage	Capital Planning and Development Manager / Project Manager
External Contractors	Process owner	High	To undertake building works as directed by the Estates team	Engaged	Full liaison with Capital Planning and Development Manager	Capital Planning and Development Manager
Medical Electronics	Process owner	High	To advise on all aspects of medical electronics within the	Fully engaged	Seek advice where necessary. Involve at	Capital Planning and Development

Stakeholder	Stake in project	Potential impact on project	What is expected of stakeholder	Perceived attitudes and/or risks	Stakeholder management strategy	Responsibility
			new area		planning stage	Manager / Project Manager
Infection Control Team	Statutory compliance with regulations	High	To advise on all aspects of infection control within the new area	Fully engaged	Seek advice where necessary. Involve at planning stage	Capital Planning and Development Manager / Project Manager
Ward Sister/Matron	Process owner	High	Working knowledge of area. Work on design with Estates/Architects	Fully engaged	Involve from the outset	Capital Planning and Development Manager / Project Manager
Patient Council	For information	Low	To note and feed back any concerns	Fully engaged	Raise through Patient Council	Project Manager

Appendix C

Quality Impact Assessment

Ref	Author	Date Identified	Date Last Updated	Description	Proximity	Likelihood	Severity / Consequence	Mitigating actions	Likelihood	Severity / Consequence	Owner	Current Status	Current Risk Score	Future Risk Score
1	MB	01.10.11	12.11.13	Care of patients during transition period due to decant to another ward	Mar-14	Certain	Moderate	Raise staff awareness, ensure all necessary equipment etc is available and appropriate signage is in place to redirect visitors	Rare	Minor	Project Manager		15	2
2	MB	12.11.13	12.11.13	Reliant on timely completion of Level C work to enable current MAU to decant	31/03/2014	Certain	Major	Close working with Estates to ensure that the projects dovetail	Rare	Minor	Project Manager		20	2
3	MB	12.11.13	12.11.13	Ambulances will need to bring patients to level B, resulting in lifts being used. Lifts can be prone to breakdown	31/03/2013	Certain	Moderate	Close working with Estates to ensure that lifts are maintained	Rare	Minor	Project Manager		15	2

Stakeholder	Frequency of Communication	Means of Communication
Estates	Weekly	Telephone, email, face to face
Associate Director	Weekly	Project Manager updates
Communications Team	At outset then as and when necessary	Email, local newspaper, e-bulletin etc
Health & Safety	At outset then as and when necessary	Telephone, email, face to face
Fire Manager	At outset then as and when necessary	Telephone, email, face to face
Head of Information technology	At outset then as and when necessary	Telephone, email, face to face
External Contractors	At outset then as and when necessary	Via Estates team
Medical Electronics	At outset then as and when necessary	Telephone, email, face to face
Infection Control Team	At outset then as and when necessary	Telephone, email, face to face
Ward Sister/Matron	Weekly	Telephone, email, face to face

Isle of Wight NHS Trust

REFURBISHMENT OF MAU

ADDENDUM TO BUSINESS CASE

NOVEMBER 13

This paper contains further financial information in support of the business case for refurbishment of the Medical Assessment Unit (MAU).

The first page includes capital costs, revenue expenditure, income and net costs. The second page gives details of the implications of Ambulatory Care.

0																										
0																										
Version 0.0																										
Option 3		**Refurbishment of MAU**																								
				2013/14											1st Year	2nd Year	3rd Year	4th Year	5th Year					10th Year
				April	May	June	July	August	Septembe	October	Novembe	Decembe	January	February	March	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
				£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Capital																										
	Initial Capital Costs																									
		Capital Receipts														0										
		Building / Estates Costs											124,000	124,000	124,000	372,000	2,428,000									
		Equipment														0										
		Optimism Bias	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Lifecycle Costs (Capital Replacement)															0										
Total Capital Costs				0	0	0	0	0	0	0	0	0	124,000	124,000	124,000	372,000	2,428,000	0	0	0	0	0	0	0	0	0
Revenue Expenditure																										
		Pay (from workforce tab)														0										
		Equipment costs (non capital)														0										
		Service costs														0										
		Maintenance costs														0										
		Training costs														0										
		Rates cost for additional 300m2														0	923	3,690	3,690	3,690	3,690	3,690	3,690	3,690	3,690
		Utilities/hosp services cost for additional 300m2														0	8,330	33,318	33,318	33,318	33,318	33,318	33,318	33,318	33,318
		Drug costs														0										
		Impairment														0	382,667									
		Depreciation														0	7,783	31,133	31,133	31,133	31,133	31,133	31,133	31,133	31,133
		Capital Charges (3.5%)														0	64,789	63,700	62,611	61,522	60,433	59,344	58,256	57,167	56,078
Total Revenue Expenditure				0	0	0	0	0	0	0	0	0	0	0	0	0	464,491	131,841	130,752	129,663	128,574	127,485	126,397	125,308	124,219
Income (source e.g. Tariff, Local Authroity etc.)																										
		Potential Additional Income (based on top 75th percentile)														0	54,494	217,977	217,977	217,977	217,977	217,977	217,977	217,977	217,977
		Less Income lost from A&E Tariff for above														0	-5,947	-23,789	-23,789	-23,789	-23,789	-23,789	-23,789	-23,789	-23,789
		Income detail														0										
		Income detail														0										
Total Income				0	0	0	0	0	0	0	0	0	0	0	0	0	48,547	194,188	194,188	194,188	194,188	194,188	194,188	194,188	194,188
		Movement in floor area		Current		SQM2		Increase o	300	SQM2																
Net Revenue Cost (Income)				0	0	0	0	0	0	0	0	0	0	0	0	0	415,944	-62,347	-63,436	-64,525	-65,614	-66,702	-67,791	-68,880	-69,969
Net Cost				**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**124,000**	**124,000**	**124,000**	**372,000**	**2,843,944**	**-62,347**	**-63,436**	**-64,525**	**-65,614**	**-66,702**	**-67,791**	**-68,880**	**-69,969**
Discounted cashflow																372,000	2,747,772	-58,201	-57,215	-56,230	-55,245	-54,262	-53,283	-52,308	-51,338
Net Present Cost (Value)																										0

Potential Income from Ambulatory Care Best Practice 2013/14 Estimates

Best Practice Service		Patients Dealt with in A&E (No Admission) *	13/14 Best Practice Breakdown: 13/14 Projected Applicable Activity	Activity Achieved	% Achieved	National Benchmark: 75th Percentile Rate	National Avg Rate	Value of Best Practice Top Up	Potential Additional Income: 75th Percentile	National Avg
Same Day Emergency Care										
BP35	Epileptic Seizure	11	97	23	24%	40%	35%	224	3,537	2,451
BP49	Acute Headache	11	94	20	21%	43%	36%	224	4,572	3,098
BP44	Asthma	4	34	7	21%	30%	24%	210	673	244
BP45	Lower Respiratory Infections (Exc COPD)	0	3	0	0%	49%	41%	210	309	259
BP46	Pulmonary Embolism	5	41	10	24%	18%	13%	210	-	-
BP40	Chest Pain	58	514	228	44%	50%	45%	227	6,584	749
BP39	Cellulitus	9	77	12	16%	35%	26%	245	3,661	1,964
BP42	Appendicular fractures not requiring immediate internal fixation	2	16	4	25%	39%	31%	258	577	247
BP47	Renal / Ureteric Stones	5	46	15	33%	45%	34%	222	1,264	142
BP48	DVT	1	11	1	9%	75%	55%	233	1,692	1,178
BP38	Deliberate Self Harm	27	239	104	44%	56%	49%	223	6,649	2,921
BP41	Falls (Inc Syncope & Collapse)	6	54	16	30%	41%	35%	227	1,394	658
BP61	Abdominal pain	50	439	141	32%	40%	35%	236	8,183	2,992
BP54	Anaemia	2	19	4	21%	16%	12%	259	-	-
BP55	Bladder outflow obstruction	2	17	2	12%	30%	23%	222	688	424
BP56	Community acquired pneumonia	0	3	0	0%	12%	10%	210	76	63
BP53	Low risk pubic rami	3	24	3	13%	13%	10%	258	31	-
BP58	Minor head injury	3	23	8	35%	64%	56%	258	1,730	1,257
BP59	Supraventricular tachycardias (SVT) including atrial fibrillation (AF)	31	273	72	26%	34%	29%	227	4,727	1,628
		230	**2,024**	**670**					**46,346**	**20,276**
Addititional Income by attracting the Best Practice Tariff for Ambulatory Care Patients dealt with in A&E									*£217,977*	*£217,977*
Less Income lost from A&E Tariff for above									*-23789*	*-23789*
TOTAL ADDITIONAL INCOME									**240,533**	**214,463**

* Current estimates are that 230 Ambulatory Care Patients per annum are being treated in A&E where admission is able to be avoided. For the pupose of this calculation the 230 have been apportioned acrosss the clinical scenarios according to the volume of applicable activity. They have then been costed below the line at full BPT less their associated A&E Attendance.

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD ON 27 NOVEMBER 2013

Title	FOUNDATION TRUST PROGRAMME UPDATE
Sponsoring Director	FT Programme Director / Company Secretary
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	26 November 2013
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 Foundation Trust. 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.

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	18 November 2013

ISLE OF WIGHT NHS TRUST
NHS TRUST BOARD MEETING WEDNESDAY 27 NOVEMBER 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. Programme Plan

The recent focus of the programme has been on the delivery of the Integrated Business Plan and Long Term Financial Model. The deadline was initially set for 31 August 2013 and reset to 30 November following the introduction of the Chief Inspector of Hospitals' gateway into the FT application process. The Care Quality Commission (CQC) recently announced the programme of Chief Inspector of Hospital visits for quarter 4 2013/14 and, although recommended for inclusion by the TDA, the Trust has not been included in this tranche. Therefore, the earliest opportunity for us to pass this gateway will be in April 2014. The TDA have advised that our final IBP submission should, therefore, be targeted for late June 2014. The current timeline for applications to be processed by Monitor would result in FT status being achieved in June 2015 at the earliest. Much work has been undertaken this month and we will submit a draft version of the IBP and Long Term Financial Model to the TDA on 30 November 2013. The delivery of the IBP is currently being driven through weekly steering group meetings and although there has been some slippage in the schedule we remain on target to deliver. A revised timeline reflecting our current understanding of the implications of the Chief Inspector of Hospitals visits programme is attached as Appendix 1 and has been submitted for agreement with the TDA. Work is ongoing with workstream leads to assess the implications for the programme plan and any additional risks arising as a consequence of this change.

4. Communications and Stakeholder Engagement

A firm focus remains on membership recruitment activity. As at 15 November the Trust has 3599 public members and is making good progress towards the next target of 4000 members by April 2014 agreed with the Trust Development Authority (TDA). The table below identifies the current membership breakdown by constituency:

Constituency	Membership	Required before election
North and East Wight	1025	500
South Wight	909	500
West and Central Wight	1291	500
Elsewhere ('Off Island')	374	250
Total	**3599**	**1750**

With almost 4000 members, there is a focus now on membership retention as we continue to grow the membership. The Membership Manager has consulted with the

Foundation Trust Network (FTN) and is undertaking research across the sector to identify current best practice.

The first quarterly members' newsletter, which will include local stories around Foundation Trust membership and health care services, is scheduled to be distributed in January 2014. We will ask for contributions from members for features in future newsletters with the aim of developing a member led publication.

An additional Governor Development day has been scheduled for the 10 February 2014 following the successful event held in September. There will be priority booking for those who were unable to attend on the 30 September. Speakers from Portsmouth Hospitals Trust and Southampton University Hospital FT Councils of Governors have been invited.

The response to "Medicine for Members" session scheduled for 28 November has been overwhelming with the event fully booked. A waiting list of members has been created to ensure that places can be reallocated in the event of cancellations. If there is there is sufficient demand a repeat could be scheduled in early 2014. FT members will be welcomed to the Trust and given an update on the FT pipeline and current issues. The Head of the Ambulance Service will be speaking and there will be an opportunity for a discussion around what members want with a question and answer session.

Work is also ongoing to ensure that our membership is demographically representative.

As part of the wider engagement a broader focus of communication around the Clinical Strategy, 'Beyond Boundaries', and IBP is now underway. Executive Directors and senior managers are commencing a programme of meetings and workshops to ensure that there is a shared understanding of the Trust's direction of travel. On 8 November 2013 the Executive Medical Director delivered 2 well attended engagement sessions to key stakeholders on the Trust's Clinical Strategy as part of the activity that will precede the public launch in January 2014. An engagement programme is also being undertaken by the Organisational Culture Development group around Trust values and behaviours.

5. **Key Risks**

The risk to our schedule resulting from changes in the application process has matured delaying completion of the application process by a minimum of 5 months. As the CQC's confirmation relates only to those FT applicant Trust's that will be visited in the quarter 4 2013/14 tranche of visits, and with only 4 FT applicant Trust's being included, there remains a significant risk to the Trust receiving a visit in quarter 1 2014/15. The TDA have recommended to the Care Quality Commission that we receive an inspection and will undertake assurance activity in parallel to mitigate this uncertainty.

The departure of the Executive Director (ED) of Strategy and Commercial Development, the lead ED for development and delivery of the IBP, presents a degree of risk to the delivery of the IBP and ongoing strategic planning arrangements. The FT Programme Director has taken lead responsibility for the IBP as an interim measure. Focused planning and performance management arrangements have been put in place to ensure that tight controls are applied to IBP and LTFM developments. However, the slippage across number of areas in the IBP delivery plan presents increasing risk as we approach the deadline for our initial draft submission to the TDA on 30 November 2013 and this is being addressed to ensure that a robust product is delivered. The Executive Team are closely involved in the delivery of the IBP and expectations have been clearly communicated to leads. Supporting work is being undertaken by the Transformation and Quality Improvement team to inform the detailed development of these products.

There has been a decline in the Trust's performance against defined measures within Monitor's Risk Assessment Framework since these measures were no longer required for consideration as part of the TDA's Board self-certification regime. Performance against the Governance Risk Rating metrics are now again presented in monthly Board performance reports to increase visibility and focus on indicators that are at risk of breach.

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

6. **Recommendation**

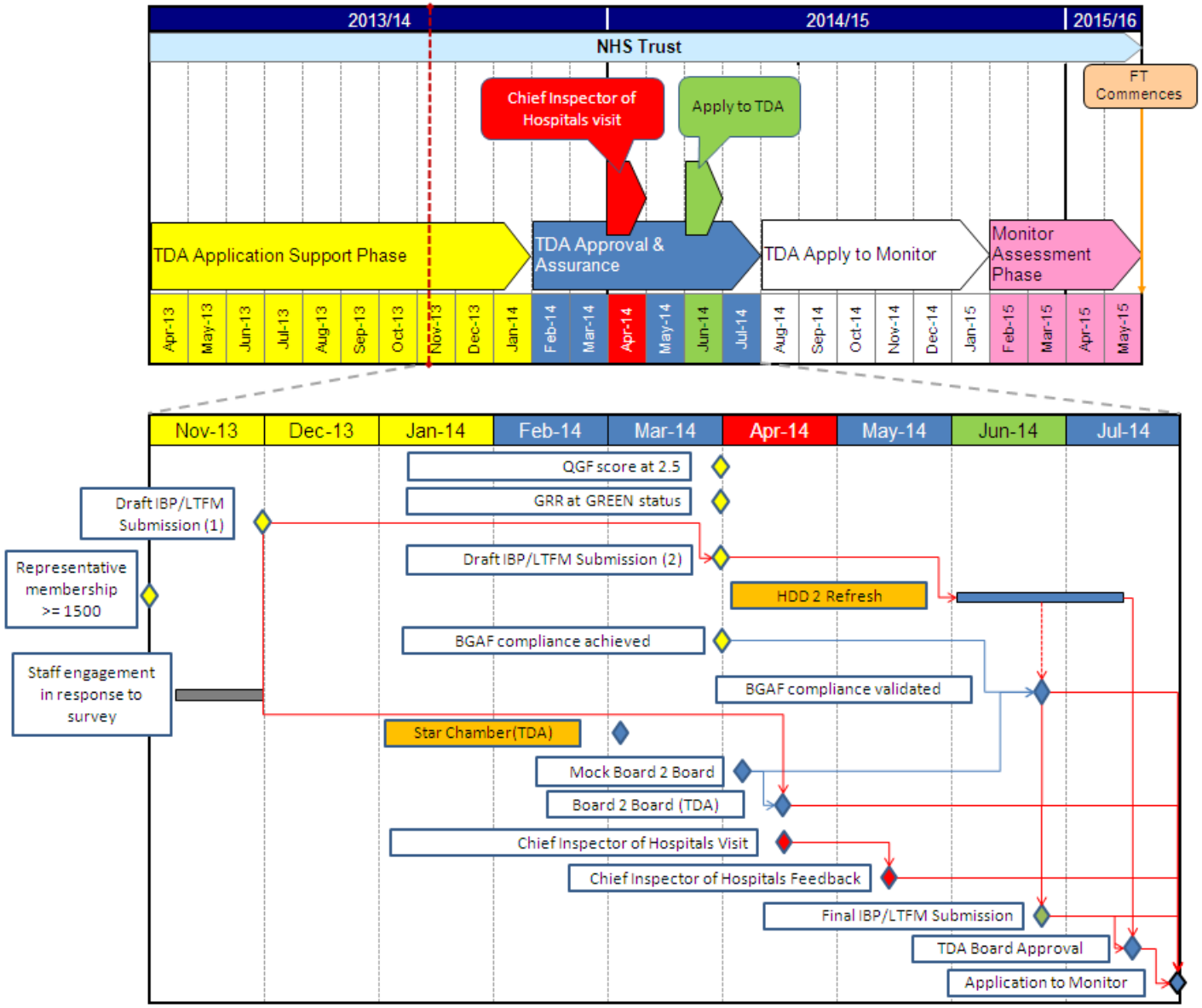
It is recommended that the Board:

(i) Note this update report

Mark Price
FT Programme Director/Company Secretary
18 November 2013

Draft FT Application Timeline: November 2013 (subject to agreement with the TDA)

APPENDIX 1



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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD 27 NOVEMBER 2013

Title	Self-certification
Sponsoring Director	FT Programme Director and Company Secretary
Author(s)	Foundation Trust Programme Management Officer
Purpose	For action

Previously considered by (state date):	
Acute Clinical Directorate Board	
Audit and Corporate Risk Committee	
Charitable Funds Committee	
Community Health Directorate Board	
Finance, Investment and Workforce Committee	20 November 2013
Executive Board	
Foundation Trust Programme Board	
Mental Health Act Scrutiny Committee	
Nominations Committee (Shadow)	
Planned Directorate Board	
Quality & Clinical Performance Committee	20 November 2013
Remuneration Committee	

Staff, stakeholder, patient and public engagement:

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

Executive Summary:

This paper presents the November 2013 Trust Development Authority (TDA) self-certification return covering October 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	15 November 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 September 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 Quality and Clinical Performance Committee, Finance, Investment and Workforce Committee and relevant senior officers and Executive Directors. Board Statements and Monitor Licence Conditions are considered with

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

respect to the evidence to support a positive response, contra indicators and threats to current status together with action plans and activity to maintain or improve the current assessed position. The Trust Board may wish to amend the responses to Board Statements based on an holistic view of the complete self-certification return and feedback from Board sub-committee Chairs.

4. Performance Summary and Key Issues

Board Statements

1. The requirement for further detailed guidance/information with respect to interpretation of the *Accountability Framework* was escalated to the TDA in September 2013 and although we have been advised that further guidance would follow, this remains outstanding. Board Statement 5, therefore, remains marked as "at risk". All other Board Statements are marked as compliant. This position is reflected within the draft sample return document (Appendix 1a).

Licence Conditions

2. Compliance is confirmed at present against 9 of the 12 Licence Conditions. Since the committee received the last update Condition P4 relating to compliance with the National Tariff has been confirmed as compliant. Condition G8 remains confirmed as non-compliant with a target date to achieve compliance by 31 December 2013. Work is ongoing to implement systems and processes to identify compliance status in order to provide assurance to the Board of compliance against the outstanding Licence Conditions. All outstanding Licence Conditions have agreed target dates for compliance to be achieved. This position is reflected within the draft sample return document (Appendix 1b).

Foundation Trust Milestones

3. Initial milestones were agreed by the FT Programme Board on 28 May 2013. Revised milestones were agreed with the TDA following the insertion of an additional gateway in the FT pipeline which has affected the trajectory of our FT application. This gateway has now been delayed and revised milestones are subject to agreement by the TDA. 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
15 November 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
- *Risk Assessment Framework,* Monitor, 27 August 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-Dec-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.	Yes			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. Further guidance received from Monitor and work is being undrtaken to achieve compliance by 30 Nov 2013.*	31-Jan-14	Alan Sheward
2	Condition G5 – Have regard to Monitor guidance	Yes	The Trust has regard to Monitor guidance insofar as it is relates to the Trust in its current organisational form and the delivery of the FT Programme.		Mark Price
3	Condition G7 – Registration with the Care Quality Commission	Yes			Mark Price
4	Condition G8 – Patient eligibility and selection criteria	No	*PROGRESSING TOWARDS COMPLIANCE* *The Trust does not currently have any local criteria in place to determine which patients are eligible to receive free healthcare services from the NHS, relying on central policy guidance supplied by the DH .* *We will be integrating the national guidance into the local Access Policy which will be available for patients to access, this will be in place by the end of the 2013 calendar year and will ensure compliance with this licence condition.*	31-Dec-13	Alan Sheward
5	Condition P1 – Recording of information	Yes	Assessment by Assistant Director - PIDs confirms compliance		Chris Palmer
6	Condition P2 – Provision of information	Yes	Assessment by Assistant Director - PIDs confirms compliance		Chris Palmer
7	Condition P3 – Assurance report on submissions to Monitor	Yes	Assessment by Assistant Director - PIDs confirms compliance		Chris Palmer
8	Condition P4 – Compliance with the National Tariff	Yes	Assessment by Assistant Director - PIDs confirms compliance		Chris Palmer
9	Condition P5 – Constructive engagement concerning local tariff modifications	Yes	Work is ongoing with Monitor and the Isle of Wight CCG to concerning how local modifications are determined.		Chris Palmer

	Licence condition Compliance	Compliance (Yes / No)	Comment where non-compliant or at risk of non-compliance	Timescale for compliance	Accountable
10	Condition C1 – The right of patients to make choices	Yes	*The majority (>80%) of IOW NHS Trust secondary care consultant-led services are available to view and access via the national Choose and Book (CAB) system. Using standard Directory of Services templates, the Trust is clear to patients about the type of services that it provides and through the CAB system is able to be compared with alternative services to provide patients with free choice.* *Once patients have made the initial choice for the IOW NHS Trust to provide health services to them, the Trust's Access Policy guarantees their right to choice, as per the NHS Constitution, when onward referral is required. If there is no clinical reason to send a patient to a particular provider, patients are made aware of their ability to choose and are given advice in clinic or are directed to external information such as NHS Choices.* *With regards to choice and maximum waiting times, if patients contact the Trust regarding a potential breach of 18 week waiting times, the Trust works alongside its lead CCG to identify and offer local alternative NHS providers.*		Alan Sheward
11	Condition C2 – Competition oversight	At risk	*Head of Commercial Development leading on initial status review and implementation of systems and processes to identify and provide assurance of compliance status.*	31-Dec-13	Colin Jervis
12	Condition IC1 – Provision of integrated care	Yes	This provision relates to the Trust not doing anything that reasonably would be regarded as detrimental to the provision of integrated care. The Trust is proactively working to improve integrated care. Partnership work is ongoing with the IW Council (Unitary Authority) and the Island CCG to deliver an overarching project, My Life a Full Life, which will lead the integration of care pathways for residents on the Island. The Trust has also implemented a quality impact assessment process that would flag any activity detrimental to the provision of integrated care.		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	
2	Draft IBP/LTFM Submission	30-Nov-13	On target	
3	Final Draft IBP/LTFM Submission	31-Mar-14	On target	
4	Board to Board meeting with TDA	Mid April 2014	On target	
5	Chief Inspector of Hospitals visit	Mid April 2014	On target	
6	Final IBP/LTFM Submission	17-Jun-14	On target	
7	TDA approval to proceed and application to Monitor	17-Jul-14	On target	

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 27 NOVEMBER 2013

Title	Board Assurance Framework			
Sponsoring Executive Director	Company Secretary			
Author	Head of Corporate Governance and Risk Management			
Purpose	To note the Summary Report, the risks and assurances rated as Red, and approve the November 2013 recommended changes to Assurance RAG ratings.			
Action required by the Board:	**Receive**		**Approve**	X

Previously considered by (state date):			
Trust Executive Committee	4.11.2013	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee	20.11.2013	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)	None		

Staff, stakeholder, patient and public engagement:

None

Executive Summary:

The full 2013/14 BAF document was approved by Board in August 2013, including the high scoring local risks from the Corporate Risk Register, together with associated controls and action plans.

It was agreed that the Board would receive dashboard summaries and exception reports only for the remainder of the year.

The dashboard summary includes summary details of the key changes in ratings. There are no Principal Risks now rated as Red. It also gives details of the three new Risks introduced since the August report.

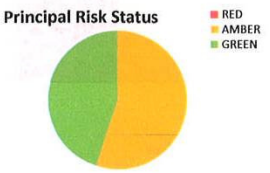
The exception report details recommended changes to the Board Assurance RAG rating against the following 4 risks: 3.12; 8.3; 8.8; and 10.19.

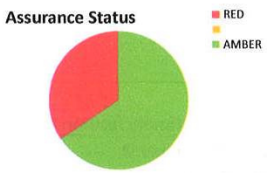
For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	All five goals		
Critical Success Factors *(see key)*	All Critical Success Factors		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	All Principal Risks		
Assurance Level ***(shown on BAF)***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

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

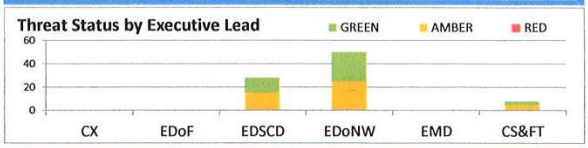
BAF Status Report

Isle of Wight NHS Trust

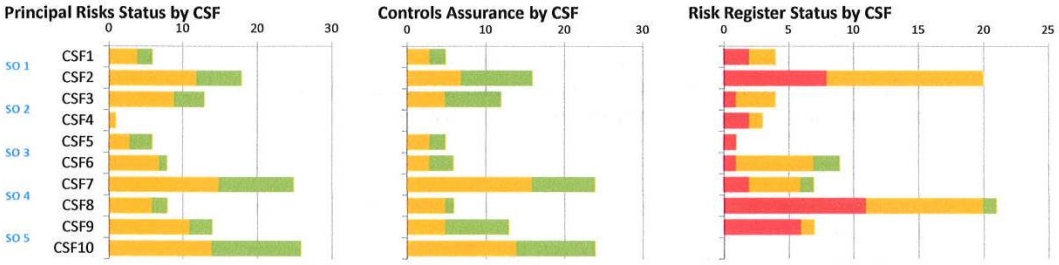




Principal Risks:	125	Aligned Risk Register Risks:	76



Strategic Objective & Critical Success Factor Status Overview



BAF Increased Scores

0

Reduced Scores

4

Commentary

Principal risks:
FOUR Principal Risks are recommended for changes from Amber to Green

New Risks, none of which are rated red to date:

Ref.	Directorate	Title
589	Acute	Difficulties in reviewing images within the new PACS system
590	Corporate	Internal Audit – Report Private Patients & Overseas Visitors 2013/14
591	Corporate	Access control lock down system

Risk Changes:

514	Acute	Bed capacity problems – reduced score
509	Acute	Blood Sciences out of hours staffing – increased score

Recommended changes to BAF assurance ratings, NEW BAF entries, Risk Scores and identification of NEW risks

Ref.	Exec Lead	Title/Description	Assurance Rating Current	Assurance Rating Change to
CSF3.12	EDSCD	3.12 (9.52) Historic and current position is stated. However, no future workforce plans are provided. (O42) Refer also 9.2 Executive Director of Nursing and Workforce	Amber	Green
CSF8.3	EDSCD	8.3 (6.5) There is an increasing trend in the level of backlog maintenance over the last three years (F16) Executive Director of Strategy and Commercial Development	Amber	Green
CSF8.8	EDSCD	8.8 (8.18) Unaffordable Corporate Services Executive Director of Finance	Amber	Green
CSF10.19	EDoNW	10.19 (10.43) The Board has not undertaken an independent evaluation of its effectiveness within the last 2 years (B22) Chief Executive	Amber	Green
CSF5 514 - 1	EDoNW	* inability to meet national targets * Infection control risks * Mixed sex ward breaches * Patients in inappropriate wards for their care needs	25	20

CSF9 509 - 1	EDoNW	* insufficient staff to cover 24/7 * Working patterns not AfC or WTD compliant * OOH service could collapse would impact ED * Risk to Trust	15	20
CSF8 589 - 1	EDoNW	* Images not available in PACS's for clinicians to review in a timely fashion. * PACS unstable due to current specification of the load balancer * Slow speed of image retrieval due to lack of XDS repository	NEW	
CSF7 590 - 1	CS/FT	* Limited assurance - see audit report for full details. * No Private Patient Policy * No SLAs in place with other departments for services utilised * Lack of procedures in place to identify and escalate issues to Overseas Manager * 10 point action plan in place to be completed in full by April 2014	NEW	
CSF2 591 - 1	EDSCD	* The organisation has a mixture of the old mechanical key access control system and code locks mixed. * Unable to lockdown all or part of the organisation in response to an emergency situation * Unable to restrict visitor access/unauthorised persons in clinical areas etc. * risk of thefts of assets/inability to secure high risk areas	NEW	

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 2: 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 **Exec Sponsor: Executive Medical Director**										
Critical success factor CSF3 **Lead: Executive Director of Strategy & Commercial Development / Executive Medical Director / Executive Director of Nursing and Workforce** **Continuously develop and successfully implement our Business Plan** Links to CQC Regulations: 10, 22					MEASURES: **Integrated Trust Business plan** **Directorate business plans** **Directorates delivery of Value Improvement Programmes** **National key performance targets**				TARGETS: **Integrated Trust Business Plan approved by February 2014** **Clinical Directorate Business Plans agreed by April 2014/Corporate Enabler (IM&T/Estate/PIDS)** **Business Plans agreed by May 2013** **Meeting NHS outcomes framework plans by the year end**	
3.12 *(9.52)* Historic and current position is stated. However, no future workforce plans are provided. (O42) Refer also 9.2 Executive Director of Nursing and Workforce	**8**	**12**		A comprehensive workforce strategy has been developed and clearly stated within the IBP which supports delivery of the Trust Strategy 5 year Workforce Strategy in place	FIMs return Board performance Report PMO Project Report IBP	Board Performance report	**Green**			Strategic workforce Project and working group in place. Feedback for 5 yr plan incorporated into IBP and Strategy document produced. Alan Sheward/Mark Pugh Update February 2013: Workforce strategy is a supporting document to the IBP - approved by board and submitted to SHA January 2013. IBP now translated to framework for delivery. Update June 2013: Future (5 year) workforce plan by September 13 Update November 2013: plan in place and action complete. Recommend change of assurance rating to Green
Principal Objective 4: *PRODUCTIVITY - To improve the productivity and efficiency of the Trust, building greater financial sustainability* **Exec Sponsor: Executive Director of Finance**										
Critical success factor CSF8 **Lead: Executive Director of Strategy & Commercial Development** **Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide** Links to CQC Regulations: 9, 11, 17, 21, 23, 24						MEASURES: **Delivery of IM&T Strategy (first year)** **Delivery of Estates Strategy (first year)** **Delivery of Backlog Maintenance Plan**			TARGETS: **Capital estate building business cases approved by October 2013** **IT business cases approved by October 2013** **Capital programme 80% complete by December 2013**	
8.3 *(6.5)* There is an increasing trend in the level of backlog maintenance over the last three years (F16) Executive Director of Strategy and Commercial Development	**8**	**8**		There is evidence that significant schemes / plans to address backlog maintenance have been delivered in line with budget and timescales Estates Strategy approved Provision of a credible plan regarding the future remaining Backlog Maintenance presented to Board.	Trust Board Papers and Sub Committee Papers. Trust's Financial plan (revenue and capital). Capital schemes / plan risk assessment. Trust Business Plan Estates Strategy	Estates Strategy to Board Jan 13	**Green**			Reporting of Backlog Maintenance plans to be monitored and reported to Board regularly by June 2012 Felicity Greene/Donna Collins Update February 2013: Estates Strategy approved by Board and backlog maintenance plans in place. Update May 2013: Estates delivery group established to oversee Estates Strategy, including backlog. Update October 2013: Backlog maintenance plan to TEC 28th October 13. DC needs to confirm if TDA guidance is being used, then potentially Green. Update November 2013: (DC) TDA guidance is included within Business Case template. Presentation to TEC 25.11.13. Recommend change of assurance rating to Green
8.8 *(8.18)* Unaffordable Corporate Services Executive Director of Finance	**10**	**10**		Majority of SLAs have been completed Recruitment of project manager for completion of SLAs Corporate services costs are subject to the same review as directorate budgets. All costs are reviewed monthly and are subject to CIP programmes to reduce as appropriate. Impact of corporate SLA financial values incorporated in financial plans		Trust Executive Committee minutes	**Green**			Completion of SLAs and negotiation with commissioners regarding service levels for next year. Mark Price Update March 2012: All service specs. reviewed and dialogue ongoing. Financial envelope of £1.3M agreed for SLAs for corporate services. Kevin Curnow/Ab Abolfazi/Lauren Jones Update March 2013: Awaiting response from Commissioners Update April 2013: (CW) Waiting for contracts to resolve; need to consider ownership. Update August 2013: (AA) CSS corporate services subcontract has been finalised and is being signed. Update September 2013: (LJ) CSS contract signed Update November 2013: (KC) Corporate services costs are subject to the same review as directorate budgets. All costs are reviewed monthly and are subject to CIP programmes to reduce as appropriate. Action complete Recommend change assurance rating to Green
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 CSF10 **Lead: Executive Director of Nursing and Workforce** **Develop our organisational culture, processes and capabilities to be a thriving FT** Links to CQC Regulations: 9, 10 , 17					MEASURES: **Monitor ratings for governance, including quality and finance** **Board Development** **Service Line Management implementation** **Stakeholder engagement** **Developing the Healthcare Workforce Planning initiative** **Organisational Thermometer** **Staff survey results** **Staff raising concerns**				TARGETS: **Achieve top Monitor ratings for governance by March 2014** **BAF and Corporate Risk Register fully merged by August 2013** **Standardisation project (for Board and Sub Committees) complete by September 2013** **Recruitment strategy and plan complete by October 2013** **Foresight action plan fully completed by November 2013**	

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
10.19 *(10.43)* The Board has not undertaken an independent evaluation of its effectiveness within the last 2 years (B22) Chief Executive	**4**	**4**		KPMG will provide an independent evaluation of the effectiveness of the board and its committee structure Action plan from Foresight report completed	FT Programme board	KPMG Board Development Plan and Gap analysis	**Green**			Report outcome of review to Board **Karen Baker** Update January 2013: Foresight now working as result of SHA readiness review. Action plan in place Update May 2013: 23 points on action plan being monitored by the FT Programme Board Update September 2013: action plan ongoing **Update November 2013: action complete** **Recommend change of assurance rating to Green**

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 - August 2013. Guidance last updated December 2009.

ID	Source	DIR	Risk Subtype	Opened	Anticipated Target/ Completion date	Title	Resp	Description	Rating (initial)	Rating (current)	RAG	Status of Controls in Place	Adequacy of controls	Action summary	Description (Action Plan)	Exec Director
589	RA	ACUTE	QCE	18/10/13	31/12/13	DIFFICULTIES IN REVIEWING IMAGES WITHIN THE NEW PAC'S SYSTEM	GK	* Images not available in PACS's for clinicians to review in a timely fashion.□ * PACS unstable due to current specification of the load balancer □ * Slow speed of image retrieval due to lack of XDS repository	9	9	LOW	* Until XDS is available Radiology staff have been taken away from hands on clinical work to try and ensure that images are available for clinicians in clinics and theatre until the problems can be resolved.□ * Radiographers are pre-fetching all clinic and theatre work on a daily basis. □ * They also have to recall imaged for Radiologists for them to be able to report in a timely fashion.	A	18.10.13 Approved at RMC on 16.10.13.	4 Action Points due for completion by 31.12.2013	EDNW
590	INTAUD	CORPRI	GOVCOM	18/10/13	30/04/13	INTERNAL AUDIT - REPORT PRIVATE PATIENTS AND OVERSEAS VISITORS 2013/14 - LIMITED ASSURANCE	MP	* Limited assurance - see audit report for full details. □ * No Private Patient Policy□ * No SLAs in place with other departments for services utilised□ * Lack of procedures in place to identify and escalate issues to Overseas Manager□	12	12	MOD	* 10 point action plan is in place with all responsibilities and timescales included. The plan will be monitored by finance and updates provided to the Audit and Corporate Risk Committee.	A	18.10.13 Approved at RMC on 16.10.13.	1 Action Point due for completion by 33.04.2014	CSFT
591	RA	CORPRI	PATSAF	18/10/13	01/04/15	ACCESS CONTROL AND LOCK DOWN SYSTEM	FG	* The organisation has a mixture of the old mechanical key access control system and code locks mixed.□ * Unable to lockdown all or part of the organisation in response to an emergency situation □ * Unable to restrict visitor access/unauthorised persons in clinical areas etc.□ * risk of thefts of	15	15	MOD	* The is a cascade lock down system but it is difficult to say if this will work in practice□ Departments understand their security and can secure, but breaches do occur.□		18.10.13 Approved at RMC on 16.10.13.	5 Action Points due for completion by 4.07.2014	EDSCD

Key for Assurance Level for Risk Register Entries: GREEN - A adequate controls; AMBER - IN inadequate controls; RED - U uncontrolled risks

ID	Source	DIR	Risk Subtype	Opened	Anticipated Target/ Completion date	Title	Resp	Description	Rating (previous)	Rating (current)	RAG	Status of Controls in Place	Adequacy of controls	Action summary	Description (Action Plan)	Exec Director
514	EB	ACUTE	PATSAF	22/08/12	31/03/14	RISK DUE TO BED CAPACITY PROBLEMS (BAF 2.22 & 6.12)	DMA	* inability to meet national targets□ * Infection control risks□ * Mixed sex ward breaches□ * Patients in inappropriate wards for their care needs	25	20	HIGH	* Patient flow work programme in place□ * constant and ongoing review by Bed Management Team	I	22.04.13 Patient Flow Project commenced awaiting outcomes. (RB). Reviewed at QRPSG 14/11/13 winter pressure plan being implemented . MAU case to go to TEC 18/11/13 (RB)	Of 5 Action Points due for completion by 31.10.2014, four remain outstanding	EDNW
509	RA	ACUTE	QCE	16/08/12	31/12/13	BLOOD SCIENCES OUT-OF-HOURS STAFFING (BAF 4.4)	CDC	* insufficient staff to cover 24/7□ * Working patterns not AfC or WTD compliant□ * OOH service could collapse would impact ED□ * Risk to Trust	15	20	HIGH	* commitment of staff (but possibly not sustainable in the longer term)	I	14/11/13 Reviewed at QRPSG - Progressing with recruitment - Consortium BC being reviewed with different options to be presented in December await outcome (RB).	Of 4 Action Points due for completion by 30.12.2014, one remains outstanding	EDNW

Key for Assurance Level for Risk Register Entries: GREEN - A adequate controls; AMBER - IN inadequate controls; RED - U uncontrolled risks

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Isle of Wight NHS Trust

FOR PRESENTATION TO TRUST BOARD ON 27 NOVEMBER 2013

AUDIT AND CORPORATE RISK COMMITTEE

Minutes of the meeting of the Audit and Corporate Risk Committee held on the 20th November 2013 at 12.00 p.m. in the Conference Room, St. Mary's Hospital, Newport.

PRESENT:
Peter Taylor, Chairman
John Matthews
Charles Rogers
Sue Wadsworth

In Attendance:
Chris Palmer, Executive Director of Finance
Kevin Suter, External Audit Manager
Andy Jefford, Chief Internal Auditor
Rhys Manning, Senior Internal Auditor
Barry Eadle, Local Counter Fraud Specialist
Kevin Curnow, Deputy Director of Finance
Brian Johnston, Head of Corporate Governance & Risk
Connie Wendes, Asst. Director Health & Safety (Item 117/13)
Charles Joly, Environmental, Sustainability & Waste Manager (Item 118/13)
Andrew Shorkey, FT Programme Management Officer (Item 123/13)
Kevin Bolan, Associate Director Estates (Item 129/13)

Minuted by: Linda Mowle, Finance Governance Officer

Top Key Issues/Risks	Subject
Min. No. 118/13	Environment Agency – Clinical Waste Audit: assurance that the issues raised are being dealt with and are under control
Min. No. 120/13	Integrated Information System (ISIS): update to be given to a future Board Seminar
Min. No. 125/13	Committee Objectives 2013/14-2014/15: Agreed by Committee for approval by the Trust Board. Attached as an appendix to the minutes.
Min. No. 129/13	Internal Audit Report – IT Disaster Recovery & OOH Support – Limited Assurance: The Committee was deeply concerned at the findings within the report and the potential impact this could have on the organisation, particularly with the impending departure of the IT Manager and the move towards paperless.
Min. No. 139/13	Long Term Quality Plan (LTQP) 2013-17: Retrospective assurance that the LTQP is robust to deliver the organisation's quality agenda for the next 5 years.

113/13 APOLOGIES for absence were received from Nina Moorman, Mark Price and Paul King.

114/13 WELCOME: The Chairman, on behalf of the Committee, welcomed Kevin Curnow, the newly appointed Deputy Director of Finance, to his first meeting of the Committee.

115/13 QUORACY: The Chairman confirmed that the meeting was quorate.

116/13 DECLARATIONS OF INTEREST: John Matthews declared an interest as Assistant Deputy Coroner and Deputy District Judge.

The Register of Interest files were available for scrutiny.

117/13 SOCIAL CLUB STORAGE – FIRE RISKS: Connie Wendes, Assistant Director for Health & Safety presented the update report on the current status of the Social Club, together with the compliance report on Health & Safety training. The Committee was informed that the Social Club has been emptied of all patient records and Trust equipment, and that our Procure 21+ contractor is taking over liability for the building together with all associated responsibilities including fire safety issues. A Lease is currently in the process of being drawn up for a period of 2 years, at the end of which the building will be demolished. It is anticipated that the building will be removed from the Risk Register once the Lease has been signed with our Procure 21+ contractor.

A Project Team has been set up to take forward the storage of records within the Trust and is linked to the wider Estates Strategy.

With regard to mandatory H&S training, the compliance rate for the 3 Directorates has improved and all are now 80%+ compliant as at end of October 2013 with the aim to continue improvement to achieve 90% compliance and that this is being monitored by the Trust Executive Committee.

Items from the Health and Safety Committee: The minutes of the meetings held on the 17th September and 15th October 2013 were received and the following items for assurance were noted:

- Main Hospital Lifts – new lifts to be installed by the end of the financial year
- OPARU Storage of records – health and safety issues on the storage of records are: security of the records, manual handling issues and space issues. Options being looked at such as Portsmouth Medical Records Library and a scan and run system

118/13 ENVIRONMENT AGENCY – CLINICAL WASTE AUDIT: The Committee received the Environment Agency's report for the audit conducted on the 15 and 16 August 2013.
Charles Joly, Environmental, Sustainability & Waste Manager, detailed the background to the Environment Agency Report and presented the Programme of Commitment for Clinical Waste in response to the audit report's priority actions and recommendations, which was submitted to the Environment Agency on the 5th November 2013. The Trust Executive Committee (TEC) will monitor implementation of the priority actions and recommendations via the Risk Management Group, thereby providing assurance to the Audit & Corporate Risk Committee via its minutes.

The Committee commended the ESWM on the excellent work undertaken, agreeing that assurance could be provided to the Trust Board that the issues raised are being dealt with and are under control.

The Environmental, Sustainability & Waste Manager to provide an update report to the Committee in 6 months' time. **Action: CJ**

119/13 MINUTES: The minutes of the meeting held on the 21st August 2013 were agreed and signed by the Chairman as a true record.

120/13 MATTERS ARISING FROM PREVIOUS MINUTES: The Committee received and noted the following schedules:

a) Schedule of Actions Arising:

A&CRC/009 Legal Service Agreement: Brian Johnston, Head of Governance (HOG), advised that the Agreement with Bevan Brittan has been extended up to 31st May 2014 to take account of the introduction of the new National Framework Agreement expected in the Spring of 2014. Once this is in place, a procurement exercise will be undertaken.

A&CRC/014 Statutory and Formal Roles 2013/14: The updated schedule is to be presented to the November Trust Board and is available on the Corporate Governance website.

A&CRC/014 Partnerships' Risk Register: The Committee received the updated summary of the Register of Partnerships and noted the addition of the 2 Local Safeguarding Boards for Adults and Children. It was noted that the Pathology Consortium will be holding a final meeting, with the outcome of possible joint working awaited.

b) Schedule of Recommendations to Trust Board: Noted that all completed with the exception of the Legal Service Agreement.

c) Items Referred to Trust Executive Committee (TEC): Received and noted.

Items Arising from TEC Minutes: The Executive Director of Finance updated the Committee on the following in order to provide assurance to the Audit & Corporate Risk Committee that there is an effective system of operational control in place:

- Annual Report & Quality Account: TEC has commenced taking forward the planning to ensure that the process for next year is more timely, as well as meeting the fair, balanced and understandable requirements including being more concise.
- Strategic Business Partner: TEC is overseeing the governance arrangements that are being developed and it is hoped to go out to OJEU within the next couple of weeks.
- Integrated Business Plan (IBP): IBP is on target with weekly monitoring. The draft IBP is to be submitted to the TDA at the end of November 2013. As part of the normal business planning cycle, the IBP will be regularly updated.
- Integrated Information System (ISIS): Continuing to progress with pilots being very well received and clinical engagement. As much as possible is being implemented in this financial year which will benefit the organisation in the future.

  The Committee requested that an update on ISIS be given to a future Board Seminar. **Action: CS**

- Board Assurance Framework (BAF): this is regularly monitored by TEC and kept updated to reflect the Trust's Risk Register. Progress against in-year targets to ensure we are on track will be achieved via 1:1s with Executive Directors. Working extremely well.

121/13 COUNTER FRAUD: The Local Counter Fraud Specialist (LCFS), Barry Eadle, presented the comprehensive and self-explanatory progress report highlighting the following:

- Production of Self Review Assessment
- Summary of Fraud Awareness tasks undertaken
- Introduction of Departmental Fraud & Corruption Awareness Assessment
- Current and closed investigations, including 2 recommendations:
    - Non-POs – noted that the raising of Non-POs is well managed within the organisation and that it will not always be feasible or possible at times to require a purchase order. The Committee requested that the Finance, Investment & Workforce Committee review Non-POs to ensure that the correct process is being followed.

Action: KC

    - HR/ Personal Files – The Committee recommended that Internal Audit look into personal files kept within HR and the individual departments/directorates and how personal data is fed into HR.

Action: KC/AJ/RM

The Committee thanked the LCFS for his helpful and informative report which demonstrates that counter fraud is embedded within the organisation.

122/13 AUDIT COMMISSION – NATIONAL FRAUD INITIATIVE (NFI): The Deputy Director of Finance (DDOF) presented the update on the data matching exercise for 2012/13. The Committee noted that all data matching has now been completed and of the total of 272 records relating to supplier/trader payments only 4 duplicate payments were identified. Primarily, these related to scanning procedures at SBS and were in respect of Non-PO invoices resulting in £3,852.06 being recovered. It may be possible to reduce the instances of this occurring in future through the increased utilisation of Purchase Orders processes.

Records relating to payroll matches have also all been reviewed with no issues identified. In addition, 15 matched records relating to Payroll to Pension matches have also been closed with no issues identified.

Since the initial data match, a new feature has developed and consequently one further match was added under the multiple occurrence report. This has also been investigated with no further action required.

123/13 FOUNDATION TRUST PROGRAMME UPDATE: Andrew Shorkey, the FT Programme Management Officer, introduced the self-explanatory progress report covering:

- Internal and external stakeholder engagement
- Formal public consultation has now been undertaken with a membership recruitment campaign underway
- Slippage of the Programme timeline with FT status not achievable until the summer of 2015
- Principal risks to achieving FT status

The Committee was cognizant of the pending termination of the current terms of office of Danny Fisher (Trust Chairman), Sue Wadsworth and Peter Taylor at the end of March 2015 which might have an impact on the FT Programme.

Items from FT Programme Board Minutes: The Committee noted the following items for assurance purposes from the minutes of the 23rd July and 24th September 2013:

- FT Programme Governance and Approvals
- Future Timeline

124/13 ITEMS FROM NOMINATIONS COMMITTEE MINUTES: Minutes of the meeting held on the 13th August 2013 were received but there were no items to report.

125/13 COMMITTEE OBJECTIVES 2013/14-2014/15: The Chairman submitted the draft Objectives for 2013/14 to 2014/15, advising that the objectives are aimed to help support the achievement of the Trust's vision of Quality care for everyone, every time and are linked to Corporate Objectives and Critical Success Factors.

The Committee agreed the Objectives for presentation to the Trust Board for approval. **Action: CS**

126/13 PROGRESS ON AUDIT AND FRAUD RECOMMENDATIONS: The updated schedule of outstanding recommendations was received. The DDOF provided an overview of the number of audit and fraud recommendations currently active. There have been 114 completed internal audit recommendations this financial year with 25 more in progress and 17 'not yet due'.

From years prior to 2013/14 there are 28 internal audit recommendations which require completion, some of which have had completion dates recast to show as 'not yet due'.

There are currently 2 Counter Fraud recommendations to be resolved.

The Committee concurred that a review of the outstanding internal audit recommendations needs to be undertaken in order to close down recommendations that are no longer relevant. The DDOF to take forward with Internal Audit and present an updated schedule to the next meeting of the Committee.

Action: DDOF/RM

127/13 EXTERNAL AUDIT – PROGRESS REPORT: Kevin Suter, External Audit Manager, presented the progress report summarising the work undertaken to date and detailing plans for the remainder of the 2013/14 year. The purpose of the report is to provide the Audit & Corporate Risk Committee with an overview of the stage reached in the 2013/14 audit and to ensure that their audit is aligned with the Committee's service expectations. The report highlighted:

- Financial Statements
- Value for Money Conclusion
- Quality Account
- Audit Timeline

The Company Secretary to advise the External Auditor the lead person for the production of the Annual Report. **Action: CS**

(Post meeting note: Andy Hollebon, Head of Communications, with lead director Karen Baker, Chief Executive.)

128/13 EXTERNAL AUDIT – AUDIT COMMITTEE BRIEFING: The Committee received for information the Ernst & Young Briefing dated November 2013 covering:

- Sector and economic news
- Accounting, auditing and governance
- Regulation news

129/13 INTERNAL AUDIT: The Senior Internal Audit Manager, Rhys Manning, introduced the progress report as at 8th November 2013, and presented the following reports advising that there was only one Priority 1 recommendation:

- Bank and Agency Staff – Substantial Assurance
- Cost Improvement Programme – Substantial Assurance
- Estates – Limited Assurance: Kevin Bolan, Associate Director Estates, provided an update report on the implementation of the recommendations contained within the report in order to ensure a compliant service. It was noted that the target date for planned action to ensure compliance is by 30th November 2013.
- Private Patients & Overseas Visitors – Limited Assurance: The DDOF confirmed that work is being undertaken to meet the deadlines for the recommendations.
    - The Committee acknowledged the difficulty in identifying overseas patients and that overall this was not a major issue for the organisation as the Trust has a good recovery rate. However, to raise front line staff awareness, the DOH Policy on charging for overseas visitors, which is used as the Trust Policy and distributed to wards, should be re-emphasised to staff
    - The DDOF confirmed that the Private Patient Policy is currently being drafted and will take this forward with the Mottistone Business Manager. **Action: DDOF**
- Ward Visits – Substantial Assurance
- IT Disaster Recovery and OOH Support – Limited Assurance: The Committee was deeply concerned at the findings within the report and the potential impact this could have on the organisation, particularly with the impending departure of the IT Manager on the 21st November 2013, and the move towards paperless.
  The EDOF advised that Colin Jervis, the newly appointed Interim Support Director, was taking forward the issues raised within the report. However, continuity of IT, should a major disaster occur, is part of the Trust's wider Business Continuity Plan.

130/13 DECISIONS TO SUSPEND STANDING ORDERS: None to date.

131/13 WAIVERS TO SFIS: the Committee agreed Waivers Nos. 16, 17 and 18 dated 21/08/13, 28/10/13 and 14/11/13 respectively. The background file with support documentation to the waivers was available for scrutiny.

132/13 FINANCE, INVESTMENT & WORKFORCE COMMITTEE (FI&WC) – MINUTES: The Committee received the minutes of the meetings held on the 18th September and 23rd October 2013. The Chairman of the FI&WC, Charles Rogers, provided assurance to the Committee on the following items:

- Long Term Financial Model (LTFM): Although no updates since April 2013, work is being carried out and the LTFM redrafted with a supplementary sheet for workforce added. The LTFM is now a standard agenda item on the FI&WC agenda.
- Workforce Strategy & Plan: On-going concerns regarding sickness levels around cost of locums and the use of bank and agency staff. This is being monitored on a monthly basis.
- Auto Pension Enrolment: budget pressure as a result of the auto enrolment from July 2013

- Cost Improvement Programme (CIPs): Although still a gap, it is still on plan to meet the year-end target. Donna Collins, Head of the Transformation Team, has identified 3 schemes which will close the gap going forward. In addition, the full year effect of some schemes has not been fully recognised. Fine tuning is being undertaken to identify the precise gap. RAG rating to remain as Red for year end until the gap is closed. Noted that CIPs for next year have also been addressed.

133/13 CHARITABLE FUNDS COMMITTEE (CFC) – MINUTES: The minutes of the meeting held on the 10th September 2013 were received. John Matthews, CFC Chairman, highlighted the following for assurance purposes:

- Draft Annual Report & Accounts 2012/13: The Independent Examination is to be carried out by Ernst & Young and scheduled for the week commencing 2nd December 2013. Following the Examination, the Accounts & Report will need to be formally approved and adopted by the Trust Board before submission to the Charity Commission website by the 31 January 2014.
- Investment Policy Review: The account mandate with CCLA Investment Management Ltd has now been updated with relevant signatories and to reflect the name change to Isle of Wight NHS Trust Charitable Funds.

134/13 EXTERNAL AGENCIES REGISTER: HOG presented the updated External Agencies Register as at 4th November 2013, advising that the schedule is reviewed quarterly by the accountable lead officers for all identified visits by external bodies. The Committee noted that the schedule and reports are reviewed and monitored by TEC. The following red RAG rated reports were highlighted:

- OFSTED Local Safeguarding Children's Board
- Environmental Agency – Clinical Waste Management
- Joint Advisory Group – Endoscopy Clinical Outcomes

The Committee requested that an additional column listing the closure dates be included within the spreadsheet. **Action: HOG**

135/13 INFORMATION GOVERNANCE TOOLKIT – ACTION PLAN: The Committee received the IG action plan for the period August 2013 – March 2104, together with the schedule of comments from action plan 'owners' setting out their views on whether level 2 compliance can be evidenced. As at November 2013, this suggests a positive position. HOG confirmed that the action plan sets out the implementation of the requirement to achieve a minimum level 2 for 2013/14.

136/13 BOARD ASSURANCE FRAMEWORK (BAF): The red/amber rated risks as at 16th October 2013 were received by the Committee, together with the tabled status of in-year targets. The Head of Governance advised that as of 31st October 2013 there were no Principal Risk entries rated as 'red', only Risk Register entries. The high scoring local risks from the Corporate Risk Register are now integrated into the BAF report which has been reported to Part 1 of the Trust Board on a monthly basis from August 2013. The BAF schedule is reviewed every month by the Executive Directors and their nominated senior managers to review the information provided, with previously rated green/green BAF items re-assessed on a quarterly basis.

The Committee requested that the report on the status of in-year targets be presented to TEC and that an additional column be inserted to state whether the target is on track for year end. **Action: HOG**

The Committee took assurance from the mid-year status update on the Corporate Objectives, that good progress is being made towards achieving the defined targets.

137/13 RISK MANAGEMENT STRATEGY 2013-15: HOG presented the update on the implementation of the Strategy which was approved by the Trust Board in November 2012. The strategy includes an audit checklist which is reviewed on an annual basis to ensure key aspects of the Strategy are being taken forward. Overall, the Committee noted that the implementation performance indications have been achieved for Year 1. The Committee commended the Risk Management Team for the effort and work undertaken to achieve this result.

138/13 RISK MANAGEMENT COMMITTEE – MINUTES: The minutes of the Risk Management Committee (RMC) on the 21st August and 18th September 2013 were received and noted. Brian Johnston, RMC Chairman highlighted the following item:

- Risk Register – new risks: the process for the capturing of newly identified risks is working well. The Risk Register is reviewed by the sub-committees and the directorates. The identified risks are aligned to the BAF.

139/13 LONG TERM QUALITY PLAN (LTQP) 2013-17: The Committee received the LTQP prepared by the Executive Director of Nursing & Workforce which was approved by the Trust Board on the 28th August 2013. Sue Wadsworth, Quality & Clinical Performance Committee Chair, advised that a wide range of stakeholder consultation had been undertaken during the development of the LTQP and that the LTQP supports the achievement of the Trust's Quality Account and Quality Goals.

The Committee was informed that delivery of the LTQP will be monitored through the Quality & Clinical Performance Committee together with the development of Clinical Directorate quality plans to identify local priorities.

The Committee agreed that retrospective assurance could be provided to the Trust Board that the LTQP is robust to deliver the organisation's quality agenda for the next 5 years.

140/13 QUALITY AND CLINICAL PERFORMANCE COMMITTEE – MINUTES: The minutes of the Q&CPC of the 18th September and 23rd October 2013 were received and noted. Sue Wadsworth, Q&CPC Chair, highlighted the following items to provide assurance that there is a robust process in place to monitor and deliver patient safety, quality and experience:

- Patient quality, safety and experience is considered at every meeting together with a patient's story with any issues arising being very precisely followed up
- Clinical Strategy/5 year plan – this is being reviewed by clinicians
- Attendance by clinicians is being reviewed

The Audit & Corporate Risk Committee was of the opinion that positive assurance was provided by the QCPC on the work undertaken, and that QCPC is continually striving to improve outcomes for patients.

141/13 INFORMATION ITEMS: The following items, having been previously circulated to Committee members by email, were noted:

- Audit Commission Consultation 2014/15 work programme and scale of fees
- Transformation & Quality Improvement Newsletter Issues 1 and 2.

142/13 DATES OF 2014 MEETINGS:

To be held in the Large Meetings Room at 12.00 – 2.30 p.m.

04 February (12.30 – 2.30 year end planning)
21 May
20 August
19 November

The meeting closed at 2.25 p.m.

Enc N - Appendix A

Isle of Wight NHS
NHS Trust

AUDIT AND CORPORATE RISK COMMITTEE

OBJECTIVES 2013/14 - 2014/15

The overall aim of the Audit and Corporate Risk Committee is to independently monitor, review and report to the Trust Board on the processes of governance, risk and, where appropriate, to facilitate and support through its independence, the attainment of effective processes.

In order to ensure that the work of the Audit and Corporate Risk Committee is aligned with good practice and the strategic business needs of the organisation, and in particular providing independent and objective assurance to the Trust Board and the Accountable Officer, the Committee has agreed the following Objectives to regularly monitor.

The objectives are aimed to help support the achievement of the Trust's vision of Quality care for everyone, every time

Attached is the 2013/14 Trust's newly agreed Corporate Objectives and Critical Success Factors.

Corporate Objective	Audit Committee Objective	Assurance Evidenced
C1. Quality To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience.	**A1.1** Continue to monitor patient safety, quality and experience, including clinical governance, to ensure that this is maintained whilst delivering the FT Programme. **A1.2** Long Term Quality Plan: monitor the achievement of the LTQP and its adoption within the organisation	Quality & Clinical Performance Committee Health & Safety Committee Executive Director of Nursing & Workforce Quality Manager Trust Executive Committee/Foundation Trust Programme Board FT Programme Director
C2. Clinical Strategy To deliver the Trust's clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective	**A2.1.** Clinical Strategy/5year Plan: Monitor the achievement and embeddedness of the 5 year plan within the organisation	Quality & Clinical Performance Committee Executive Medical Director Quality Manager
C3. Resilience To build the resilience of our services and	**A3** The Integrated Business Plan to achieve FT status:	

organisation, through partnerships within the NHS, with social care and with the private sector	**A3.1** Long Term Financial Plan (LTFP) – monitor performance of Plan to ensure financial resilience. Achieving the financial performance required for FT status: Financial criteria: Achievement of Plan Underlying performance Financial efficiency (return on capital employed) Financial efficiency (income and expenditure surplus margin net of dividend) Liquidity **A3.2** Strategic Business Partner – ensure that the necessary governance arrangements are in place and progress monitored **A3.3** Continue to monitor governance arrangements for all Partnerships to ensure that they are robust and embedded within the organisation **A3.4** Ensure that governance arrangements in the Trust are equivalent to or better than those required by a Foundation Trust. There are three key elements, namely: • Culture and values ('people' issues) – organisation 'tone', culture, behaviour and leadership • Organisational policies, structures and processes – the external environment: political and regulatory requirements; Organisation structures – how the Organisation is run Detailed statutory requirements • Control Frameworks: risk management and assurance, internal & external audit, clinical governance **A3.4** Continue to monitor internal governance to ensure that the structure is robust and embedded within the organisation and, in particular, that the Board Assurance Framework (BAF) accurately reflects the risks within the organisation, is monitored appropriately by the Trust Executive Committee and is reviewed regularly by the Committee and Trust Board for assurance	Finance, Investment & Workforce Committee Quality & Clinical Performance Committee Executive Director of Finance Head of Corporate Governance Executive Director of Nursing & Workforce Strategic Business and Estate Partner Programme Board

C4. Productivity To improve the productivity and efficiency of the Trust, building greater financial sustainability	**A4** The Integrated Business Plan to achieve FT status **A4.1** Monitor achievement of the Cost Improvement Programme (CIPs) **A4.2** Monitor achievement of the Integrated Information System (ISIS) to improve the quality and value of services .	Finance, Investment & Workforce Committee Trust Executive Committee Executive Director of Strategy & Commercial Development
C5. Workforce To develop our people, culture and workforce competencies to implement our vision and clinical strategy	**A5.** The Integrated Business Plan to achieve FT status **A5.1** Monitor achievement of the Workforce Strategy and Plan within the organisation	Trust Executive Committee Finance, Investment & Workforce Committee Executive Director of Nursing & Workforce

The Audit and Corporate Risk Committee has an important role in being a committee that provides an independent scrutiny function to the Trust Board.

Recommendation:
The Audit & Corporate Risk Committee is asked to review the objectives, which have been aligned to the corporate objectives and critical success factors, for agreement and presentation to the Trust Board for approval.

Peter Taylor
Chairman
Audit and Corporate Risk Committee

25 September 2013

Isle of Wight NHS Trust

ISLE OF WIGHT NHS TRUST

Critical Success Factors for 2013/14

Vision – Quality care for everyone, every time

Quality

To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience (AS)

- CSF 1 - Improve the experience and satisfaction of our patients, their carers, our partners and staff (AS)
- CSF2 - Improve clinical effectiveness, safety and outcomes for our patients (AS)

Clinical Strategy

To deliver the Trust's clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective (MPu)

- CSF3 - Continuously develop and successfully implement our Business Plan (FG)
- 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 (FG)

Resilience

To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector (KB)

- CSF5 - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients (FG)
- CSF6 - Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA (MPr)

Productivity

To improve the productivity and efficiency of the Trust, building greater financial sustainability (CP)

- CSF7 - Improve value for money and generate our planned surplus whilst maintaining or improving quality (CP/AS)
- CSF8 - Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide (FG)

Workforce

To develop our people, culture and workforce competencies to implement our vision and clinical strategy (AS/MPu)

- CSF9 - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care (AS/MPu)
- CSF10 - Develop our organisational culture, processes and capabilities to be a thriving FT (AS)

Felicity Greene , Executive Director of Strategic Planning & Commercial Development

31 July 2013

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ISLE OF WIGHT NHS TRUST

FOUNDATION TRUST PROGRAMME BOARD

TUESDAY 22 OCTOBER 2013 BETWEEN 11:00 – 12:30
SMALL MEETINGS ROOM, PCT HQ, SOUTH BLOCK

NOTES

PRESENT

Karen Baker (Chair)	Chris Palmer	Sue Wadsworth	Mark Elmore (for Alan Sheward)
Danny Fisher	Mark Price		

1. APOLOGIES

Mark Pugh	Alan Sheward	Felicity Greene	Andy Hollebon
Peter Taylor			

IN ATTENDANCE

Andrew Shorkey	Theresa Gallard	Margaret Eaglestone

Top Key Issues	Subject
7 (ii)	Risk to timeline due to uncertainty around Chief Inspector of Hospitals visit highlighted
3 (1)	Full Governance Risk Rating to be included in the monthly Board performance report

ACTION

2. **Notes and matters arising from** 24 September 2013
The notes of the meeting were received and accepted as a correct record.
Action Tracker
287 – due to the new structure of the Council a letter of support would be required from full Council. **MP**
CP advised that she had attended a CIMA master class and would circulate relevant notes. **CP**

3. **Future Timeline**
Review of status against TDA requirements (26 March 2013)
Item 1 – Performance against the Governance Risk Rating (GRR) had deteriorated since the full report was removed from the Board performance report. An explanation was requested to clarify why the full form report was removed from the Board performance report. AS to pick up with Iain Hendey. **AS/IH**
The version of the GRR presented had now been superseded by Monitor's Risk Assessment Framework. AS would clarify variations at the next meeting. **AS**
The full report would be incorporated into in the monthly Board performance report **AS**
Item 2 – Details of out of hours visits would also be included. AS to pick up with Vanessa Flower.
Item 4 – A session with the Clinical Commissioning Group (CCG) was scheduled for November. AS to chase the Trust Development Authority with respect to the availability of a template letter of support. **AS**
Item 5 – Serious Incidents Requiring Investigation (SIRIs) were being chased for completion by 11 November 2013.
Item 6 – The Quality Governance Framework scoring would be refreshed and taken to Quality and Clinical Performance Committee in November 2013. **TG (AWS)**
It was noted that the Standardised Hospital Mortality Indicator (SHMI) score had increased and the Hospital Standardised Mortality Ratio (HSMR) had reduced.
Item 7 – The Historical Due Diligence timeline would be worked through in detail outside of the meeting. **CP/MP**
Item 10 – The process to recruit quality champions was now underway and it was planned that quality champions would be in place by 31 December 2013.

4. **Action Plan Assurance**
Integrated Action Plan Status Report
AS highlighted that there were a number of areas requiring review and that the Finance Workstream were currently reviewing relevant activity across the action plan against the revised timeline. CP advised that there was a need to ensure that all activity was reviewed by working groups. Outstanding activity would be reviewed by leads and updates would be provided to AS. **Leads**

5. **Workstream Updates**
Updates were substantially provided against the above items.

6. **Communications and Stakeholder Engagement**
Membership Update
ME provided an update on the membership recruitment campaign. A key discussion took place in relation to how we could effectively manage the membership during the period of transition. ME advised that she had been gathering information around best practice in managing established memberships

both in FTs and aspirant FTs. A paper would be brought back to the next meeting outlining options to effectively use the membership during the transitional period. **ME**

7. **Programme Governance and Approvals**

(i) Programme Plan

AS advised the group that he had reviewed the plan against the revised timeline and rescheduled activity accordingly. Areas currently flagged as behind were being picked up with owners.

(ii) Risk Management

AS presented the updated risk report. Significant uncertainty remained with respect to the current timeline as this was based on assumptions relating to the scheduling of the Chief Inspector of Hospitals visit. The IBP timeline had slipped and delivery would need to be closely managed. IBP steering group meetings were taking place weekly.

(iii) Programme Budget

The update for month 6 was awaited from finance. AS to set up self-service access. **AS**

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

MP provided feedback on the recent FTN company secretaries event and a detailed discussion took place around developing effective Board self-assessment mechanisms.

A team attended the FTN conference and MP provided a paper for information. A discussion took place around quality and quality and the need for a Board approved Organisational Development Plan. SW said that she would be happy to be the NED lead for Organisational Development. KB agreed to discuss the Organisational Development Plan in more detail after the meeting. **KB**

9. **Any other Business**

It was noted that the Secretary of State for Health had visited a number of Trusts and that these were mainly in the London area. KB asked that an invitation be extended to the Secretary of State for Health to visit the Trust. **AH**

MP reminded the Programme Board that the draft IBP would be going to the next meeting for sign of on behalf of Trust Board prior to its submission to TDA.

10 **Future Meetings**

The next meeting was scheduled for 11:00-12:30hrs, Tuesday 26 November 2013, Small Meetings Room, South Block

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 27th November 2013

Title	Isle of Wight NHS Trust – Statutory and Formal Roles – 2013/14			
Sponsoring Executive Director	Company Secretary			
Author	Head of Corporate Governance and Risk Management			
Purpose	For Trust Board to review and agree updated schedule of Statutory and Formal Roles			
Action required by the Board:	**Receive**		**Approve**	√

Previously considered by (state date):			
Trust Executive Committee	28/10/2013	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:

The Trust Board are requested to review and approve changes to the Statutory and Formal Roles

- Counter Fraud Board Lead– change of Post Holder for Deputy/cover – Kevin Curnow
- Human Tissue Act License Holder - change of Post Holder for Deputy/cover - now Dr Jamil
- Local Counter Fraud Specialist – Deputy/Job Title change - Now designated member of CEAC
- MH Act Managers Lead – named John Matthews as deputy (rather than any NED)
- Decontamination Lead – change of Post Holder – now Alan Sheward
- Medicines Management - New Role – Alan Sheward as Lead, Gill Honeywell - deputy

For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	N/A		
Critical Success Factors *(see key)*	N/A		
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	The Trust is required to have named officers for certain statutory roles.		

Date **13.11.13** **Completed by: Brian Johnston**

Isle of Wight NHS Trust

Isle of Wight NHS Trust – Statutory and Formal Roles - 2013/14

Directorate	Statutory (*)/ Formal Role	Name	Job Title	Deputy/cover	Job Title	Review date (if applicable)
Corporate	Director of Infection Prevention & Control (DIPC)	**Alan Sheward**	Executive Director of Nursing and Workforce	Sarah Johnston	Deputy Director of Nursing	*Review annually
Corporate	Information Governance Registration Authorities	**Alan Sheward**	Executive Director of Nursing and Workforce	Mark Elmore	Deputy Director of Workforce	*Review annually
Corporate	Nominated Officer to Care Quality Commission (as registered provider of Services)	**Alan Sheward**	Executive Director of Nursing and Workforce	Brian Johnston	Head of Corporate Governance & Risk Management	*Review annually
Corporate	Safeguarding Adults	**Alan Sheward**	Executive Director of Nursing and Workforce	Sarah Johnston	Deputy Director of Nursing	*Review annually
Corporate	Safeguarding Children	Executive Lead - **Alan Sheward** Clinical Lead for Health Visiting & School Nursing - **Jenny Johnston** **Dr Arun Gulati** **Sally Stewart** **Ann Stuart**	Executive Director of Nursing and Workforce Head of Safeguarding Children / Clinical Lead for Health Visiting & School Nursing Doctor Nurse Midwife	Dr Andrew Watson Catherine Powell	Consultant Paediatrician Consultant Nurse Safeguarding Children	*Review annually
Corporate	Counter Fraud Board Lead	**Chris Palmer**	Executive Director of Finance	Kevin Curnow	Deputy Director of Finance	*On change of post holder
Corporate	Director responsible for Information	**Chris Palmer**	Executive Director of Finance	Iain Hendey	Assistant Director of PIDS	*On change of post holder
Corporate	Decontamination Lead	**Alan Sheward**	Executive Director of Nursing and Workforce	Kevin Bolan	Associate Director of Facilities	*On appointment of replacement EDSCD
Corporate	Senior Information Risk Officer (SIRO)	**Mark Price**	Foundation Trust Programme Director/ Company Secretary	Chris Palmer	Executive Director of Finance	*Review annually
Corporate	Caldicott Guardian	**Mark Pugh**	Executive Medical Director	Alan Sheward	Executive Director of Nursing and Workforce.	*Review annually

Isle of Wight NHS Trust

Directorate	Statutory (*)/ Formal Role	Name	Job Title	Deputy/cover	Job Title	Review date (if applicable)
Corporate	Human Tissue Act Licence Holder	**Mark Pugh**	Executive Medical Director	Dr Kamarul Jamil	Consultant Histopathologist	*On change of post holder
Corporate	Responsible Officer for Revalidation (RO)	**Mark Pugh**	Executive Medical Director	NHSE Medical Director		*On change of post holder
Corporate	Senior Independent Director (SID)	**Charles Rogers**	Non Executive Director	N/A	N/A	*Review annually
Corporate	Mental Health Act Managers Lead (Chairman of Mental Health Act Scrutiny Committee)	**Peter Taylor**	Non Executive Director	Johh Matthews	Non Executive Director	31st March 2015
Corporate	Security NED Lead	**John Matthews**	Non Executive Director	Any NED in absence of John Matthews		30th September 2016
Corporate	Health & Safety Manager	**Connie Wendes**	Assistant Director Health & Safety and Security	Judy Green Martin Keightley	Principal Back Care Advisor/ Fire and Safety Manager	*On change of post holder
Corporate	Accountable Officer for the Distruction of Controlled Drugs	**Connie Wendes**	Assistant Director Health & Safety and Security	Rob Jubb	(Accountable destruction officer) Local Security Management Specialist	*On change of post holder
Corporate	Medicines Management	**Alan Sheward**	Executive Director of Nursing and Workforce	Gill Honeywell	Chief Pharmacist	*On appointment of replacement EDSCD
Corporate	Local Counter Fraud Specialist	**Barry Eadle**	Local Counter Fraud Specialist	As notified during absence	Designated Member of CEAC	*Review annually and as part of contract award