Trust Board Papers

Isle of Wight NHS Trust

Board Meeting in Public (Part 1)

to be held on

Wednesday 8th January 2014

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.

The next meeting in public of the Isle of Wight NHS Trust Board will be held on **Wednesday 8th January 2014**
(December Board Meeting delayed due to Christmas Holidays)
commencing at 09:30hrs.in the Conference Room, St. Mary's Hospital, Parkhurst Road, NEWPORT, Isle of Wight, PO30 5TG. Staff and members of the public are welcome to attend the meeting. Staff and members of the public are asked to send their questions in advance to board@iow.nhs.uk to ensure that as comprehensive a reply as possible can be given.

AGENDA

Indicative Timing	No.	Item	Who	Purpose	Enc, Pres or Verbal
09:30	**1**	**Apologies for Absence, Declarations of Interest and Confirmation that meeting is Quorate**			
	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 27th November 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
10:10	**5**	**Chief Executive's Update**			
	5.1	The Chief Executive will make a statement on recent local, regional and national activity.	CEO	Receive	Enc C
	5.2	Employee Recognition of Achievement Awards	CEO	Receive	Pres
	5.3	Employee of the Month	CEO	Receive	Pres
10:30	**6**	**Quality and Performance Management**			
	6.1	Performance Report	EDNW	Receive	Enc D
	6.2	Minutes of the Quality & Clinical Performance Committee held on 18th December 2013	QCPC Chair	Receive	Enc E
	6.3	Minutes of the Finance, Investment & Workforce Committee held on 18th December 2013	FIWC Chair	Receive	Enc F
	6.4	Dr Foster Good Hospital Guide	EMD	Receive	Pres
	6.5	Patient Experience Strategy	EDNW	Approve	Enc G
	6.6	Board Walkabouts Action Tracker	EDNW	Receive	Enc H
	6.7	Patient Story Action Tracker	EDNW	Receive	Enc I
	6.8	Staff Story	EDNW	Receive	Pres
11:20		**COMFORT BREAK**			

11:30	**7**	**Strategy and Business Planning**			
	7.1	Business Case - Backlog Maintenance	CEO	Approve	Enc J
	7.2	Isle of Wight & Southampton Pathology Memorandum of Understanding	CEO	Approve	Enc K
	7.3	FT Programme Update	FTPD	Receive	Enc L
	7.4	FT Self Certification	FTPD	Approve	Enc M
12:00	**8**	**Governance and Administration**			
	8.1	Board Assurance Framework (BAF) Monthly update	Comp Sec	Approve	Enc N
	8.2	Notes of the FT Programme Board held on 26th November 2013	CEO	Receive	Enc O
		As Corporate Trustee:			
	8.3	Minutes of the Charitable Funds Committee held on 10th December 2013	CFC Chair	Receive	Enc P
	8.4	Charitable Fund Accounts & Annual report April 2012 - March 2013	CFC Chair	Approve	Enc Q
12:20	**9**	**Matters to be reported to the Board**	Chair		
	9.1				
12:25	**10**	**Any Other Business**	Chair		
12:25	**11**	**Questions from the Public**	Chair		
		To be notified in advance			
	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:

Quarterly Strategic Estates Partnership (SEP) Update
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.

12:30	**13**	**Date of Next Meeting:**

The next meeting of the Isle of Wight NHS Trust Board to be held in public is on Wednesday 29th January 2014 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 27th November 2013 in the Conference Room, St Mary's Hospital, Newport, Isle of Wight

PRESENT:	Danny Fisher	Chairman
	Karen Baker	Chief Executive (CEO)
	Mark Pugh	Executive Medical Director (EMD)
	Chris Palmer	Executive Director of Finance (EDF)
	Sarah Johnston	Deputy Director of Nursing (DDN) *(deputising for Executive Director of Nursing & Workforce)*
	John Matthews	Non Executive Director
	Nina Moorman	Non Executive Director
	Charles Rogers	Non-Executive Director (Senior Independent 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 13/272 & 13/275)*
	Emma Pugh	Speech & Language Therapist *(for item 13/259)*
	Pauline Martin	Ward Clerk – Children's Ward *(for item 13/259)*
	Matt Powell	Paeds Charge Nurse *(for item 13/259)*
	Theresa Gallard	Business Manager *(for item 13/260)*
	Pamela Armstrong	Receptionist/Admin Assistant *(for item 13/260)*
	Natalie Mew	Sister – Rehab *(for item 13/267)*
	Mandy Blackler	Assistant General Manager – Acute *(for item 13/269)*
	Pieter Joubert	General Manager – Community Health (*for item 13/268)*
	Gill Kennett	Associate Director – Acute *(for item 13/269)*
	Robert Graham	Capital Planning and Development Manager – Estates *(for item 13/268 &13/269)*
Observers:	Chris Orchin	Health Watch
	Mike Carr	Patient Council
	Cllr Lora Peacey-Wilcox	Isle of Wight Council
	Loretta Outhwaite	Isle of Wight Clinical Commissioning Group
Minuted by:	Lynn Cave	Trust Board Administrator (BA)

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

Minute No.

13/253 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 Alan Sheward, Executive Director of Nursing & Workforce and Peter Taylor, Non Executive Director.

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

The Chairman announced that the meeting was quorate.

13/254 PATIENT STORY

The Chief Executive introduced the patient story and confirmed that this month's film concerned a patient on Endoscopy.

The patient outlined his treatment history and the fact that they had just recently moved to the island so this was his first experience of the hospital. His experience had been very positive.

The Chief Executive explained that the Patient Council were now undertaking these interviews and the film would indicate that patients are more relaxed with this arrangement. She was encouraged by the feedback on the unit as this was an area which the Trust was currently reviewing. She confirmed that the team would be given this positive feedback.

The Isle of Wight NHS Trust Board received the Patient Story

13/255 MINUTES OF PREVIOUS MEETING OF 30th OCTOBER 2013

Minutes of the meeting of the Isle of Wight NHS Trust Board held on 30th October 2013 were approved with the following amendment:

- Item 13/245 – Page 11 end of first para from "Sue Wadsworth further mentioned……" – Sue Wadsworth requested that the sentence be amended to read "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 attendance by senior management* was present at the meetings.

Proposed by John Matthews and seconded by Sue Wadsworth

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

13/256 REVIEW OF SCHEDULE OF ACTIONS

a) **TB/041 -** This item had been delayed due to staff sickness but would be reported at the next meeting.
b) TB/042 - Confirmed that there was now a Communications plan in place – Item now closed.
c) TB/043 – Sue Wadsworth requested that this item be reopened in order to keep attendance at the sub-committee meetings under review. Agreed that this would be reviewed in 2 months.
d) TB/046 - This item was in progress with a report due at the next meeting.
e) TB/047 - This item was in progress with a report due at the next meeting.
f) **TB/049 -** Confirmed that the FT Programme Management Officer was undertaking the development of the dashboard.

Action Note: It was agreed to add additional columns (as with the Walkabout Tracker) to show Forecast Date and Progress RAG to the schedule of actions.

Action by CS

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

13/257 CHAIRMAN'S UPDATE

The Chairman reported on the following items:

a) **Remembrance Day** – There had been a fine turnout for this event, especially the Ambulance staff who turned out for the service in Newport in their uniforms which was very well received.
b) **Opening of the Helipad** – HRH Duke of Kent came to the Island to open the Helipad and the Hub. The Trust had received a letter from the Duke equerry as had the Lord Lieutenant of the Island, in which particular mention was made of the hub and how the Hub was like the "Ops Room of one's dreams!" Funds had been given to provide a covered walk to the Helipad.

c) **Interviews for Non-Executive Directors** – these had taken place and from a very strong field appointments will be made but cannot yet be announced.

d) **Trust Chairs & Chief Executive Officers meeting in London** – The Chairman had attended this meeting at which the TDA and Monitor had given presentations on aspiring Foundation Trusts (FT). He commented that the island was in a very good position and would continue to make progress to achieve the FT pipeline targets.

e) **Isle of Wight NHS Trust Awards** – The evening had been fantastic and was well reported in the press. Congratulations to the team for organising and all those who participated.

f) **Appointment for Executive Director of Planning, ICT & Integration** – He confirmed that applications had been reviewed and interviews would be taking place within the next few weeks.

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

13/258 CHIEF EXECUTIVE'S UPDATE

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

1 National

a) Foundation Trust authorisation pipeline

The Chief Executive confirmed that both TDA and Monitor would be undertaking assessments within the organisation as part of the FT assessment process and she would be meeting with David Flory to discuss how the approval process could be brought forward and how to avoid duplication in the assessment process.

b) Dept of Health response to Francis Report

The Trust has published an Integrated Action Plan in response to the Francis report and later in the meeting the Board will be considering a paper on Safe Staffing levels.

c) Negative National Press

The negative press the NHS was receiving at present was obviously having an effect on staff morale but it was important to note the good things that were happening on the Island and focus on these.

2 Regional

a) **Norovirus**

The Chief Executive noted that norovirus was now prevalent in some hospitals in the South of England. She stated that the virus was spread by spores and the only way to ensure that these were not passed to others was by washing hands with soap and water – hand gel was not sufficient. She encouraged everyone to spread this message to help reduce the risk of infection.

b) Academic Health Science Network (AHSN)

She advised the meeting that there was a short window of opportunity for funding for projects but that applications needed to be made by 16th December. She encouraged people to be innovative with ideas and to apply.

3 Local

a) Typhoon Haiyan – support for Phillippino colleagues

We were all shocked by the way in which the Philippines has been affected by Typhoon Haiyan. Many staff have supported the relief efforts and supported colleagues who come from the Philippines and have relatives and friends there. Many staff turned out to support them when special prayers were said in our chapel.

b) Media

C. difficile (BBC South)

BBC South were with us on Monday 11th November filming a piece about the control of C. difficile. We do comparatively well here with our antibiotic prescribing ward rounds and education. The item, which was shown on Tuesday 12th November portrayed us in a good light.

Dementia Care & Admiral Nurses (Sunday Express)

The Sunday Express and County Press have reported on the experiences of Lady Sally Grylls, mother of TV adventurer Bear Grylls. Lady Grylls was a

patient of the Trust's two years ago and has not expressed any concerns directly to the Trust. We have written to Lady Grylls to seek a meeting and we are interested to learn more about the Dementia UK initiative on Admiral Nurses that she is supporting.

c) Formal opening of Helipad & Integrated Care Hub

HRH The Duke of Kent was with us for longer than expected and took a great interest in the Integrated Care Hub and the Helipad, both of which he formally opened. The Duke toured the entire length of the Hub from 999 operators along to switchboard and spoke to a number of staff. Compared to the rest of England the Integrated Care Hub is truly innovative and we should be rightly proud of this facility.

d) Winter Planning – additional beds

We hope to open an additional 18 inpatient beds for the Winter period. We would like any Registered Nurses who work part time or wish to commit to additional hours over the winter period to speak to HR.

e) Royal College of Psychiatry Award – Child and Adolescent Mental Health Service (CAMHS)

The Community CAMHS team from the Island attended the prize giving at the Royal College of Psychiatry and from a shortlist of four – including services from Beds and South Essex, Nottingham and Great Ormond Street - won an award for their innovation, effective leadership, good teamwork and effective use of resources. Well done Community CAMHS!

f) Pumpkin Competition, Think Pink and Movember

The second pumpkin competition organised by Mo Smith was at the end of October. Congratulations to AESOP for their prize winning entry, and to Rehab as Runner Up. The standard was very high and it was great to see how creative you could be with a pumpkin! During October – Think Pink Month - there were a number of events supported by staff to raise awareness and funds for breast cancer research. Well done to Di Goring and Mark Isaacson (the man in pink) for their efforts. November is Movember – the month when all self-respecting men grow a moustache to show their support for research into and to raise awareness of prostate cancer. We will be holding an informal judging contest for staff in the Full Circle Restaurant at 10:00a.m. on Friday 29th November.

g) Huge Hospice Quiz and Decadance

Well done to Information Officer Tracy Asher who organises the Huge Hospice Quiz at Lower Hyde Holiday Camp and Information Governance Manager Tony Martin, who organises and hosts Decadance at Cowes Yacht Haven. Both events which have been running for a number of years raise thousands for the Hospice.

h) 100 Quality Champions – 14 left to recruit

We have 86 applications so far and are seeking more people with front line clinical roles and more people in Bands 1 – 5. Successful applicants will be invited to attend a one day induction in January.

i) Staff Survey – only two weeks left to get forms in:

The annual NHS National Staff Survey has started and forms was mailed by Quality Health to 850 staff chosen at random. The national response rate for all Trusts is currently 38%. Here on the IoW we have the following response rates:

Sector Responses	IoW	Top National
Mental Health	40%	52%
Ambulance	33%	34%
Acute	44%	63%

With a few more questionnaires returned we can push our response rates up and make the survey far more valuable to the Trust.

j) Isle of Wight NHS Trust Awards (19/11/13)
Congratulations to everyone who entered and attended the Isle of Wight NHS Trust Awards on the evening of 19th November 2013. The audience of over 400 people celebrated excellence and innovation in healthcare on the Island. Photos of the event will be available shortly.

Sue Wadsworth said she was pleased to hear about the progress of the Quality Champions and requested that they feed back to the Quality & Clinical Performance Committee (QCPC).

Action Note: Review process for Quality Champion feedback to be presented to the QCPC meetings – end of Feb/early March 2014.

Action by: EDNW

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

13/259 EMPLOYEE RECOGNITION OF ACHIEVEMENT AWARDS

The Chief Executive presented Employee Recognition of Achievement Awards: This month under the Category of **Going the Extra Mile** awards were presented to Emma Pugh – Chief Speech and Language Therapist for Adults and Adults with Learning Disabilities and Pauline Martin – Ward Clerk on Children's Ward.

The Chief Executive congratulated both recipients on their achievements.

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

13/260 EMPLOYEE OF THE MONTH

The Chief Executive presented Employee of the Month award to Pamela Armstrong who is a Receptionist/Administrative Assistant based on the Hospital Main Reception. She confirmed that Pamela had been nominated for her excellent work with both staff and patients. Working on the main hospital reception Pamela is the first member of staff many visitors to the hospital meet and it is her professional attitude which is being recognised today. The Chief Executive congratulated her.

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

QUALITY AND PERFORMANCE MANAGEMENT

13/261 PERFORMANCE REPORT

The Executive Medical Director presented the Performance report for this month.

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 Year To Date (YTD)
- Venous Thrombo-Embolism (VTE) assessment compliance again below target
- Hospital acquired Clostridium Difficile case during October

Key Points:

a) **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.

Venous Thrombo-Embolism (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.

Health Care Acquired Infection (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).

b) **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.

c) ***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 due to 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.

d) **Finance & Efficiency:**
Overall we have achieved our financial plans for October.

The Year to Date Cost Improvement Programme (CIP) target for planned schemes at October is underachieving by £1,012k.

John Matthews asked why there was a category for sickness absence "Other Unknown Causes". The Executive Medical Director advised him that the data was recorded on an electronic system with a list of ailments. Some sickness could not be matched to one of these areas and were therefore classed as Unknown. The Executive Director of Finance advised that she would arrange for this to be discussed at the Finance, Investment and Workforce Committee (FIWC).

Action Note: Executive Director of Finance to discuss sickness absence reasons with HR and report back to FIWC on findings.

Action by: EDF

Sue Wadsworth requested that a deeper dive be undertaken on Pressure Ulcers and this be brought to the QCPC for discussion.

Action Note: Deputy Director of Nursing to arrange for in depth report on pressure ulcers be prepared and brought to QCPC.

Action by: DDN

Sue Wadsworth also reported that she had attended the Directorate Performance Review meeting on 22nd November and was impressed by the way the meetings were "chaired", She did express concerns about the reported level of outstanding discharge summaries. The Executive Medical Director assured her that these were being monitored closely and improvements would be seen once the JAC system was fully operational. He noted that there had been a data spike in August when the new doctors had joined the Trust. He also noted that ISIS programme had had teething problems which had also resulted in a data spike. He confirmed that he would be monitoring this area.

Action Note: Executive Medical Director to update the Board on the levels of outstanding discharge summaries.

Action by: EMD

The Executive Director of Finance advised the meeting that following analysis work of Month 8 financial data it transpired that there were some anomalies within the Month 7 data. This had now been rectified and would not affect the year-end figures. She confirmed that the FIWC would be presented with the full detailed report.

The Isle of Wight NHS Trust Board received the Performance Report

13/262 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) **13/270: Governance Arrangements to support 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.
b) **13/272: Safe Staffing Levels** – the Committee reviewed the 12 principles
c) **13/277, 13/279, 13/281: Reduction in SIRIs** – the Committee acknowledged the work of the Directorates to achieve this.
d) **13/290: TDA Self-Certification** – endorsed

The Deputy Director of Nursing confirmed that it is proposed that there would be a new committee – Patient Safety and Experience Committee, formed to review the quality governance frameworks.

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

13/263 MINUTES OF THE FINANCE, INVESTMENT & WORKFORCE COMMITTEE HELD ON 23RD OCTOBER 2013

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

a) **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.
b) **13/188 - Cost Improvement Plan (CIP) Update:** Schemes are currently behind plan but weekly finance meetings held to monitor progress and drive delivery.
c) **13/190 - Business Cases:** North East Locality Hub & MAU
d) **13/192 - Self Certification:** Sufficient assurance had been provided for the Committee to recommend that Trust Board approve the self-certification returns as proposed.

The Chairman asked what provision for a back-up had been made for Capital Priorities and CIP. The Executive Director of Finance advised him that there was flexibility within the programmes with backlog maintenance being on a rolling programme so that in the event of slippage then more backlog maintenance schemes could be brought forward. She also confirmed that the CIP programme had been quite prudent to allow for flexibility.

Charles Rogers also confirmed that the Transformation and Quality Improvement Team were working hard on these areas.

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

13/264 SAFE STAFFING LEVELS

The Deputy Director of Nursing presented the report and the proposed Principles for Ward Staffing of Acute Hospital Inpatient Areas.

She outlined the way in which this document would ensure that the Trust could demonstrate full compliance with the Government's expectations following its response to the Francis Report although she stressed that the Trust was already compliant. The proposed principles would allow for the review of all areas to demonstrate whether they are able to comply with the principles. This would involve a detailed review of each area and the costs shown in the report were not the final ones – they were indicative and the Deputy Director of Nursing stated she believed they would be much lower.

The Chairman asked where the additional staff would come from to cover the additional beds which were being opened under the winter pressure provision. The Executive Medical Director confirmed that new staff would be employed to cover these areas and that beds would not be opened unless there were the correct ratio of staff to cover them. The Executive Director of Finance confirmed that the costs shown were based on one ward and that detailed costings would be undertaken on an area by area basis.

The Company Secretary asked how often would this be reported. The Deputy Director of Nursing confirmed that a report on Safe Staffing Levels would be presented every 6 months to the QCPC. She also confirmed that if the principles were approved today then a detailed plan would be drawn up with the Transformation and Quality Improvement team to move the project forward with an update report in February. The Executive Director of Finance requested that the Executive Director of Nursing and Workforce bring this report to the FIWC at the appropriate time.

Action Note: Executive Director of Nursing and Workforce bring update report on Safe Staffing Levels and the costs involved to FIWC.

Action by: EDNW

Proposed by Nina Moorman and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the Safe Staffing Levels Principals

13/265 BOARD WALKABOUT ACTION TRACKER

The Deputy Director of Nursing presented the action tracker.

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; 4 are amber, and 26 are red being overdue by over 14 days.

All of the reds, whilst having slipped the original due date, all but 2 actions have a forecast date attached to them 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.

The Chairman asked for further clarification over the status of item 4 – Pathology. The Deputy Director of Nursing confirmed that she was going to view suitable artwork to place in the waiting area.

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

13/266 PATIENT STORY ACTION TRACKER

The Deputy Director of Nursing informed the Board that 8 actions are being monitored following the patient stories that were shown at the Board meetings. At present 4 actions continue to be monitored through to conclusion.

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

13/267 STAFF STORY

The Deputy Director of Nursing introduced Natalie Mew, Sister – Rehab, who would be presenting the staff story.

The Staff Story featured the Band 7 Development day programme which has been introduced to allow Band 7 staff to meet with their peers and share learning, experiences and knowledge on a monthly basis. The Band 7's find this very informative and supportive, allowing them to benefit from an update directly from the Executive Director of Nursing & Workforce on a range of areas, to have open and honest discussions with senior members of the Trust and to be fully aware of the Trusts expectations of the leadership role.

The Chief Executive thanked Natalie Mew for coming to present her story to the Board and stated how interesting it was to learn how these development days are benefiting staff. She credited the Executive Director of Nursing & Workforce with promoting this initiative.

Sue Wadsworth stated that she would be interested to have further feedback at QCPC.

Action Note: Executive Director of Nursing & Workforce to discuss with Sue Wadsworth the request for further feedback to QCPC.

Action by: EDNW

The Isle of Wight NHS Trust Board received the Staff Story

STRATEGY AND BUSINESS PLANNING

13/268 BUSINESS CASE – NORTH EAST LOCALITY HUB

The Executive Medical Director outlined the background to the business case before handing over to the General Manager for Community Health who described how the redevelopment of the old Shackleton buildings in Ryde would enable a flexible working area for a wide range of services and allow for more community based patient care. This would work within the aims of the My Life a Full Life programme as well as national directives, and bring services and community closer together. He advised that the Clinical Commissioning Group had given its agreement in principle to the use of Shackleton as a community hub and they would be working with the council to increasing working links with other areas such as the Adelaide Centre.

Sue Wadsworth stated that this was exactly what the island needed. The Company Secretary advised that the Board can approve the business case today which will allow for the project to proceed whilst further engagement is undertaken with stakeholders including the Isle of Wight Council Scrutiny Panel. Charles Rogers confirmed that the FIWC was happy for it to proceed and stated how impressed he was with the drive of the people concerned with this project. A discussion took place and it was agreed to approve the Business Case.

The Company Secretary requested that the Board be kept informed of the progress of the project.

Action Note: Executive Medical Director to arrange for an update report for 29th January Board meeting.

Action by: EMD

Proposed by John Matthews and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the Business Case for the North East Locality Hub

13/269 BUSINESS CASE – MEDICAL ASSESSMENT UNIT (MAU) REFURBISHMENT

The Deputy Director of Nursing gave an overview of the current situation within the MAU and the history of the area, together with the main problems the existing layout causes. She introduced the Assistant General Manager for Acute who outlined the business case giving details of how the refurbishment would be actioned and provision for continuity of service during this period.

The Executive Medical Director supported the plan stating that whilst the proposed costs looked like a lot of money, when considering that the current area is not fit for purpose and has some fundamental problems then it should be seen as an important investment.

Sue Wadsworth was pleased to hear this but asked for more information on the costs. The Executive Director of Finance stated that there were opportunities for income generation but that patient care benefits were the principal issue with this case. A discussion took place and it was agreed to approve the Business Case

Proposed by Sue Wadsworth and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the Business Case for the Medical Assessment Unit (MAU) Refurbishment

13/270 FT PROGRAMME UPDATE

The FT Programme Director presented the monthly update:

a) **Timeline** – revised against assumption of Chief Inspector of Hospitals visit in Quarter 1 2014/15
b) **Draft IBP & LTFM** - submission 29 November
c) **Membership Recruitment campaign** - Membership is currently at 3599 with good progress being made towards the next target.
d) **Members Evening** – this has been a sell out and is planned for 28 November with a repeat in January.

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

13/271 FT SELF CERTIFICATION

The FT Programme Director presented the monthly update stating that there was little change from October'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. The Self Certification had been reviewed and approved by the FIWC and QCPC.

Proposed by Sue Wadsworth and seconded by John Matthews

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

GOVERNANCE & ADMINISTRATION

13/272 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 76 risks aligned with the Risk Register. He confirmed that there were 4 risks which were recommended to have their ratings changed from Amber to Green and 2 risks which have had their risk score reduced. There are no Principal Risks now rated as Red. There are 3 new risks for this period – all have action plans in place.

Proposed by Sue Wadsworth and seconded by John Matthews

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

13/273 MINUTES OF THE AUDIT & CORPORATE RISK COMMITTEE HELD ON 20TH NOVEMBER 2013

a) **Min. No. 118/13 - Environment Agency – Clinical Waste Audit**: assurance that the issues raised are being dealt with and are under control
b) **Min. No. 120/13 Integrated Information System (ISIS):** update to be given to a future Board Seminar
c) **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.

Proposed by Sue Wadsworth and seconded by John Matthews

The Isle of Wight NHS Trust Board approved the Audit & Corporate Risk Committee Objectives 2013/14 – 2014/15 and Critical Success Factors for 2013/14

d) **Min. No. 129/13Internal 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.
e) **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.

The Isle of Wight NHS Trust Board received the minutes of the Audit & Corporate Risk Committee

13/274 NOTES OF THE FOUNDATION TRUST PROGRAMME BOARD HELD ON 22nd OCTOBER 2013

The Chief Executive reported on the key points raised at the last meeting:

a) **Note No. 7 (ii)** - Risk to timeline due to uncertainty around Chief Inspector of Hospitals visit highlighted
b) **Note No. 3 (i)** - Full Governance Risk Rating report to be included in the monthly Board performance report

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

13/275 STATUTORY & FORMAL ROLES 2013-14

The Company Secretary advised the meeting that it was good practice for the Board to have a formal list of statutory and formal roles. This list had been revised with the departure of the Executive Director of Strategy & Commercial Development with her roles being reallocated.

The Head of Governance & Assurance advised the Board of the changes:

- Counter Fraud Board Lead– change of Post Holder for Deputy/cover – Deputy Director of Finance
- 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 Executive Director of Nursing & Workforce.
- Medicines Management - New Role – Executive Director of Nursing & Workforce as Lead, Chief Pharmacist- deputy

Proposed by Nina Moorman and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the Statutory & Formal Roles 2013/14

13/276 MATTERS TO BE REPORTED TO THE BOARD

None

13/277 QUESTIONS FROM THE PUBLIC

The Chairman advised the meeting that there had been no formal questions tendered to the Board within requisite timeframe; he would however, on this occasion only, allow questions from the members of the public present. There were no questions received from the public.

13/278 ANY OTHER BUSINESS

The Chairman stated that he was happy with the minutes of the sub committees being reported in the new layout and requested that this continue.

13/279 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 8th January 2014 in the Conference Room, St Mary's Hospital, Newport, Isle of Wight. This meeting would be to discuss the December board reports and had been delayed as agreed at Board previously[1] to allow for the Christmas and New Year holidays.

The meeting closed at 12:15

Signed……. Chair Date:……..

[1] *Min 13/158 – Meeting held on 31st July 2013*

ISLE OF WIGHT TRUST BOARD Pt 1 (Public)

ROLLING SCHEDULE OF ACTIONS TAKEN FROM THE MINUTES

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

Executive Medical Director (EMD) Executive Director of Nursing & Workforce (EDNW) Deputy Director of Nursing (DDN)
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	Forecast Date	Progress RAG	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. **27/11/13** - This item had been delayed due to staff sickness but would be reported at the next meeting. **16/12/13** - Agenda Item for the January QCPC meeting.	30-Nov-13	22-Jan-14	Progressing		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). **27/11/13** - Confirmed that there was now a Communications plan in place – Item now closed.	30-Nov-13		Complete	27-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). **27/11/13** - this item was in progress with a report due at the next meeting.	08-Jan-14	08-Jan-14	Progressing		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. **27/11/13** - This item was in progress with a report due at the next meeting.	08-Jan-14	08-Jan-14	Progressing		Open
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. **27/11/13** - Confirmed that the FT Programme Management Officer was undertaking the development of the dashboard.	08-Jan-14	29-Jan-14	Progressing		Open
27-Nov-13	13/256	TB/050	**Review of Schedule of Actions -** It was agreed to add additional columns (as with the Walkabout Tracker) to show Forecast Date and Progress RAG to the schedule of actions.	CS	Report updated	27-Nov-13		Complete	27-Nov-13	Closed

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Due Date	Forecast Date	Progress RAG	Date Closed	Status
27-Nov-13	13/258	TB/051	**Quality Champions** - Sue Wadsworth said she was pleased to hear about the progress of the Quality Champions and requested that they feed back to the Quality & Clinical Performance Committee (QCPC).	EDNW	Review process for Quality Champion feedback to be presented to the QCPC meetings – end of Feb/early March 2014.	01-Mar-14	26-Mar-14	Progressing		Open
27-Nov-13	13/261	TB/052	**Sickness Absence** - John Matthews asked why there was a category for sickness absence "Other Unknown Causes". The Executive Medical Director advised him that the data was recorded on an electronic system with a list of ailments. Some sickness could not be matched to one of these areas and were therefore classed as Unknown. The Executive Director of Finance advised that she would arrange for this to be discussed at the Finance, Investment and Workforce Committee (FIWC).	EDF	Executive Director of Finance to discuss sickness absence reasons with HR and report back to FIWC on findings. **18/12/13** - HR are removing any sickness reason with "unknown" from MAPS. The initial work has been done and we hope that they will not be available from 1 January 2014. This item has been discussed at FIWC.		29-Jan-14	Progressing		Open
27-Nov-13	13/261	TB/053	**Pressure Ulcers** - Sue Wadsworth requested that a deeper dive be undertaken on Pressure Ulcers and this be brought to the QCPC for discussion.	DDN	Deputy Director of Nursing to arrange for in depth report on pressure ulcers be prepared and brought to QCPC. **16/12/13** - A conference call with NHS England has taken place, but due to the Nutrition and Tissue Viability Specialist Nurse being off sick at present, a review of the pressue ulcer deep dive will take place upon his return.	29-Jan-14		Progressing		Open
27-Nov-13	13/261	TB/054	**Discharge Summaries** - Sue Wadsworth also reported that she had attended the Directorate Performance Review meeting on 22nd November which had resulted in her being concerned about the level of outstanding discharge summaries. The Executive Medical Director assured her that these were being monitored closely and improvements would be seen once the JAC system was fully operational. He noted that there had been a data spike in August when the new doctors had joined the Trust. He also noted that ISIS programme had had teething problems which had also resulted in a data spike. He confirmed that he would be monitoring this area.	EMD	Executive Medical Director to update the Board on the levels of outstanding discharge summaries. **16/12/13** - Discharge summary completion rates are part of the directorate performance updates			Progressing		Open
27-Nov-13	13/264	TB/055	**Safe Staffing Levels** - The Deputy Director of Nursing confirmed that a report on Safe Staffing Levels would be presented every 6 months to the QCPC. She also confirmed that if the principles were approved today then a detailed plan would be drawn up with the Transformation and Quality Improvement team to move the project forward with an update report in February. The Executive Director of Finance requested that the Executive Director of Nursing and Workforce bring this report to the FIWC at the appropriate time.	EDNW	Executive Director of Nursing and Workforce bring update report on Safe Staffing Levels and the costs involved to FIWC. **16/12/13** - reporting going to FIWC for 22 Jan 2014.	29-Jan-14	22-Jan-14	Progressing		Open
27-Nov-13	13/267	TB/056	**Development Days -** Sue Wadsworth stated that she would be interested to have further feedback at QCPC.	EDNW	Executive Director of Nursing & Workforce to discuss with Sue Wadsworth the request for further feedback to QCPC. 16/12/13 - will be discussed at the next QCPC meeting to clarify scope and then will be added to 22 Jan agenda.	29-Jan-14	22-Jan-14	Progressing		Open
27-Nov-13	13/268	TB/057	**North East Locality Hub** - The Company Secretary requested that the Board be kept informed of the progress of the project.	EMD	Executive Medical Director to arrange for an update report for 29th January Board meeting. **16/12/13** - Directorate have been informed and update will be part of their already planned update to Board.	29-Jan-14		Progressing		Open

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 8TH JANUARY 2014

Title	Chief Executive's Report					
Sponsoring Executive Director	Chief Executive Officer					
Author(s)	Chief Executive Officer					
Purpose	For information					
Action required by the Board:	**Receive**		**P**	**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						
Board Seminar						
Other (please state)						
Staff, stakeholder, patient and public engagement:						
This report is intended to provide information on activities and events that would not normally be covered by the other reports and agenda items.						
Executive Summary:						
This report provides a summary of key successes and issues which have come to the attention of the Chief Executive over the last month.						
For following sections – please indicate as appropriate:						
Trust Goal *(see key)*	All Trust goals					
Critical Success Factors *(see key)*	All Trust Critical Success Factors					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	None					
Assurance Level ***(shown on BAF)***	Red		Amber		Green	
Legal implications, regulatory and consultation requirements	None					
Date: 20th December 2013	**Completed by: Andy Hollebon**					

Isle of Wight NHS Trust

Chief Executive's Report – December 2013

NATIONAL

Seven Day Working

On 15/12/13 NHS England's National Medical Director Sir Bruce Keogh published the findings of his Forum on NHS Services, Seven Days a Week, set up in February this year, together with a series of recommendations that will be considered by the NHS England board at its public meeting on Tuesday (17 Dec).

The Forum points to significant variation in outcomes for patients admitted to hospitals at the weekend across the NHS in England – a problem affecting most healthcare systems around the world. This is seen in mortality rates, patient experience, the length of hospital stays and readmission rates. For example, the increased risk of mortality at the weekend could be as high as 11per cent on a Saturday and 16 per cent on a Sunday, according to an analysis of over 14 million hospital admissions in 2009/10. Causes include: variable staffing levels in hospitals at the weekend; fewer decisions makers of consultant level and experience; a lack of consistent support services such as diagnostics and a lacks of community and primary care services that could prevent some unnecessary admissions and support timely discharge. It is notable however, that our own local analysis indicates that weekends are not an issue for the Island.

Sir Bruce sets out ten new clinical standards that describe the standard of urgent and emergency care all patients should expect seven days a week, each supported by clinical evidence and developed in partnership with the Academy of Medical Royal Colleges. He recommends that NHS England backs the standards with incentives, rewards and sanctions. It should:

- Incorporate progressively the ten clinical standards in hospital contracts with sanctions for non-compliance. Contracts in 2014/15 should require an action plan for implementation. Financial incentives, through a system called Commissioning for Quality and Innovation (CQUIN), should be encouraged, based on the standard for time from arrival to consultant assessment.
- Publish information on how the clinical standards are being met over seven days in a format that is accessible and comparable. This will enable the public to see what their local healthcare providers are doing and to hold them to account.
- Use the £3.8 billion Better Care Fund, pooled with local government, to drive change. Applying to the fund, clinical commissioning groups and local authorities should show they are addressing the need for services at weekends that support patients being discharged from hospital and prevent unnecessary admissions.

He also suggests that NHS England should:

- Ask the Care Quality Commission to consider how to assess implementation of the standards. Sir Bruce says the CQC is likely to assess availability of weekend services as part of its assessment of hospital safety. He says "for acute services to be judged safe, they have to be safe 24/7" and he recommends that no hospital could be rated "outstanding" if the clinical standards are not being applied.
- Agree with Health Education England that education contracts should include consultant availability to provide adequate supervision of doctors in training, seven days a week in line with the clinical standards. This means that junior doctors in training must be properly supported by

consultants. He argues this is important not just to improve quality of care but also to improve the training of the next generation of NHS doctors.

- Ask NHS Improving Quality to help all local commissioners and providers of services by introducing a transformational change programme. This includes selecting 13 "early adopter" (see Forum's report below) health economies in England that will help develop new models of delivering care over seven days, as well as the creation of tools for assessing provision and monitoring progress.
- Commission pilots across England during 2014/15 to set up improved access to General Practice for at least 500,000 people. It will evaluate these pilots and identify ways to improve access to routine primary care in 2015/16.

CCG Funding Allocations

The NHS England board meeting on 18/12/13 made decisions about CCG funding allocations for 2014/15 and 2015/16, the summary allocation table for individual CCGs is now available to view at: http://www.england.nhs.uk/2013/12/18/ccg-fund-allocs/.

The board agreed that all CCGs would receive a funding increase which is at least in line with inflation, while some would receive even more, addressing population growth and historic underfunding. The Isle of Wight CCG has total growth of 2.14% in 2014/15 and 1.7% in 2015/16.

More details, including target allocations, distance from target, populations and resulting allocations per head are to follow.

REGIONAL

Vascular Services

NHS England is now involved in the debate about vascular services provided by University Hospitals Southampton NHS Foundation Trust (UHS) and Portsmouth Hospitals NHS Trust (PHT). A national programme is underway to assess all service providers against a large number of new service specifications including three core standards:

- Vascular services must be organised in a network with all elective and emergency arterial care carried out in an arterial centre;
- At least six Vascular Surgeons must be employed in each arterial centre; and
- Routine data entry regarding index procedures must be entered into the national vascular register.

Three independent panels involving external national vascular experts have considered the situation on the south coast and each has concluded that local people would be best served by UHS and PHT working together to provide services as part of a network. This view has now been reinforced by the Clinical Senate, the independent non-statutory body within the new NHS.

Whilst the recommended route will not directly affect Isle of Wight patients who are sent to UHS it is possible that the creation of the network will have some impact on other services at PHT.

Pathology Consortium

Following the decision of Portsmouth Hospitals, after a review of their business requirements, to withdraw from the Pathology Consortium we are seeking to draw up a Memorandum of Understanding (MoU) with University Hospitals Southampton about the way forward.

LOCAL

Winter Planning

We hope to open an additional 18 inpatient beds for the Winter period. The Trust currently has an inpatient bed stock of 232 (excluding Mottistone Suite). This will be increased over the winter period to 250 beds. The increase will come from opening 12 additional beds on St Helens Ward and a further 6 on Whippingham Ward. It is expected that these latter 6 beds will be open by 30/12/13 and final staffing arrangements are being made. There will be a dedicated Medical team in place for this ward – surgical and medical.

The 4 beds on the Rehabilitation Ward that were due for closure will also remain open for the winter period. We hope that this will ease the pressures in the system which have been pretty non-stop over the summer!

The further 12 beds on St Helens may be opened depending on activity levels which will be reviewed in New Year. We must however have the staff to ensure that the wards are safe and we maintain quality services. We would like any Registered Nurses who work part time or wish to commit to additional hours over the winter period to speak to Jackie Humphries in our Human Resources team.

There are additional schemes in place such as Crisis Response (community) and Acute GP support to avoid admission. Social Care are open normal hours for the two weeks over Christmas (excluding the Bank Holidays).

Dementia

The Department of Health's A State of the Nation Report on Dementia Care and Support published on 29th November brings welcome news of progress in reducing the use of anti-psychotic medication, prolonged use of which has been shown to increase risk of death for people with dementia. The report says:

> *"On the Isle of Wight, a single dementia care pathway offers a fully holistic model of care focused on high quality post-diagnostic support. All patients are offered an assessment and care plan, named coordinator and individual or group education sessions to help understand the disease, symptoms, treatment and to learn more about the financial, legal and other support services available. Short and long term cognitive stimulation therapy is available and people are encouraged to join community and voluntary led groups and access e-learning modules. The island has four thriving dementia cafés. Overseen by the 'Dementia Challenge Steering Group' the team has seen diagnosis rates improve by almost 10 percent since the pathway was introduced."*

Royal College of Psychiatry Award

The Community Child and Adolescent Mental Health Services (CAMHS) Team at Isle of Wight NHS Trust has been named Child and Adolescent Psychiatric Team of the Year 2013 by the Royal College of Psychiatrists. The annual RCPsych Awards mark the highest level of achievement within psychiatry, and are designed to recognise and reward excellent practice in the field of mental health. The Island's entry was shortlisted with three other services from Bedfordshire and South Essex, Nottingham and Great Ormond Street. Five members of the team were presented with their trophy by Sarah Brennan, Chief Executive of the charity Young Minds, at a prestigious ceremony held at the Royal Society of Medicine.

Quality Champions

Over 100 Quality Champions have been recruited to will help us to achieve our quality goals and action plans. Our champions will not be responsible for the implementation of our schemes, but help us to ensure that we are achieving what we say we will do. The Quality Champions come from across the Organisation.

Arrangements are in place to meet with applicants at a one day induction and we will also discuss any other training they may require for them to be successful in their role as Quality Champion. This is a voluntary role, but champions will be given time away from work, around 2 hours a month. Our Quality Champions will have the opportunity to meet on a monthly basis with Karen Baker (Chief Executive), Mark Pugh (Executive Medical Director) and Alan Sheward (Executive Director of Nursing and Workforce). This is a great opportunity for staff to be able to help us work together as a team to improve the quality of care we are providing for our patients as well as improving staff experience.

Trust Senior Appointments

Acute Directorate

There have been some changes in the senior management team and I'd like to welcome consultant physician Dr Ma'en Al-Mrayat who, for the next 6 months, takes over from Chris Sheen as Clinical Director for the Acute Directorate. He joins Shane Moody who took over from Donna Collins as Associate Director and Deborah Matthews, Head of Clinical Services.

Education, Training and Development

As a result of the recent organisational change in the Nursing and Workforce Directorate, the Education, Training and Development Department will also have a new triumvirate senior team. From 1 January 2014, Dr Oliver Cramer (Associate Medical Director for Education, Training and Development) will head up the department, with Richard Young (Head of Clinical Education and Resuscitation) and Jackie Skeel (Assistant Director for Organisational Development) reporting to him. Dr Cramer will report directly to Alan Sheward. This gives us a far stronger team with a dedicated person focusing on clinical (nurse/AHP) education and more integration to focus on multi-professional education and training to develop the workforce the organisation needs in the times to come.

Non-Executive Directors

Three designate Non-Executive Directors will join the Trust from 1st January 2014. They are non-voting members of the Trust Board who will provide the Trust with strategic advice in the areas of business, commercial and marketing. The new directors who all worked or work for top international companies are:

- Jessamy Baird from Whitchurch, Hampshire who works for Eli Lilly;
- David King from Marlborough, Wiltshire who worked for Intel; and
- Jane Tabor of Winchester, Hampshire who worked for IBM.

Following the departure of Felicity Greene we have appointed an Interim Director to look after the Strategy and Commercial Development Directorate. Andy Heyes, who joined the Trust from Serco as Head of Commercial, takes up the role of Interim Director of Planning, ICT & Integration with effect from 23rd December 2013.

Communications, Engagement and Membership

Earlier in December Margaret Eaglestone, who was with us for 6 months as the Membership and Engagement Officer, took up a role at Bournemouth Council. I am pleased to say that Sarah Morrison will join the team on 13th January 2014. Sarah, who currently works in the Trust's HR department, has previously worked in NHS communications both on the Island and in Portsmouth.

We have also recognised the need to increase our communications capacity as the Trust makes significant changes over the coming years. I am therefore also pleased to let you know that Emma Topping, currently Head of News at Isle of Wight Radio, will join the Trust on 27th January 2014 as Communications and Engagement Manager to work as part of the team led by Head of Communications and Engagement, Andy Hollebon. Emma previously worked for the BBC, Hampshire Constabulary and Portsmouth Hospitals NHS Trust as a journalist and communications professional.

As part of these team changes the Communications, Engagement and Membership team are carrying out a fundamental review of what they do. If you have any views on what you think they do that is particularly valuable or what we do that could be improved, or indeed things that you would like to see happen but don't currently feature in their range of services, then please contact Andy Hollebon on 01983-822099 ext 5757 or drop him a line (andy.hollebon@iow.nhs.uk).

Karen Baker
Chief Executive Officer
20th December 2013

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Isle of Wight NHS Trust Board Performance Report 2013/14

November 13

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		18/12/2013
Finance, Investment & Workforce Committee		18/12/2013	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: Friday 20th December	**Completed by: Iain Hendey**				

Isle of Wight NHS Trust Board Performance Report 2013/14

November 13

Executive Summary

Patient Safety, Quality & Experience:

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

Pressure ulcers: Although still achieving an overall reduction on last year, we are not meeting our planned reduction for all grades of pressure ulcers. A range of training for hospital and community staff, including a pressure ulcer awareness campaign and competency assessment is continuing.

VTE Risk assessment: The percentage of patients that have a VTE risk assessment remains below target for November (89.78%). 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 stretched target for Hospital Acquired Clostridium Difficile infection has been exceeded due to a case last month (target YTD =4 cases, actual =5) although we are still within our nationally set trajectory (6) for this point in the year.

Workforce:

The total pay bill for November (£9.44m) is under plan (£9.58m) and the number of FTEs in post currently lower than plan. 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 remains above plan in November (3.81%). Specific problem areas are identified and challenged at directorate performance review meetings.

Operational Performance:

Performance against our key operational performance indicators is again green with one amber indicator against a stretched local target.

We continue to under achieve against our challenging stretched target for high risk TIA fully investigated and treated within 24 hours (78% vs 95%) although we consistently exceed the national target of 60%.

All cancer targets are green for November and year to date. A range of actions is continuing to improve the performance of these indicators. Although all targets were acheived in November there were 15 breaches this month, 14 of which were patient led.

Finance & Efficiency:

Overall we have achieved our financial plans for November and based on the new measure, the Continuity of Service Rating, introduced by Monitor on 1st October, our overall rating is 4.

By recognising forward banked CIP schemes of £1,125k and Trustwide Transformation schemes of £1,479k, the YTD CIP target of £5,396k has been exceeded by £91k. However, this does mean that recurrent savings of £1,523k still needs to be identified.

Isle of Wight NHS Trust Board Performance Report 2013/14

November 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	1	Nov-13	13	↗		14
	Quality Acct #2 Patients admitted that develop a grade 2 or 3 pressure ulcer	60	8	Nov-13	66	↗		94
	Quality Acct #3 Reduction in communication complaints/concerns	150	12	Nov-13	107	↗		149
	Quality Acct #4 Amber care bundle (once implemented)	-	-	-	-	-		-
	Level 1 & 2 CAHMS seen within 18 weeks referral to treatment	100%	100%	Nov-13	98%	↔		99%
	VTE (Assessment for risk of)	>95%	90%	Nov-13	89%	↘		89%
4a	MRSA (confirmed MRSA bacteraemia)	0	0	Nov-13	1	↔		1
4b	C.Diff (confirmed Clostridium Difficile infection - stretched target)	8	0	Nov-13	5	↗		5
	Clinical Incidents (Major) resulting in harm (confirmed & potential, includes falls & PU 3&4)	48	3	Nov-13	42	↗		49
	Clinical Incidents (Catastrophic) resulting in harm (confirmed & potential)	8	0	Nov-13	4	↔		4
	Falls - resulting in significant injury	11	1	Nov-13	7	↔		14
	Delivering C-Section	<25%	21%	Nov-13	20%	↘		20%
	Normal Vaginal Deliveries	>70%	65%	Nov-13	68%	↘		69%
	Breast Feeding at Delivery	>85%	74%	Nov-13	66%	↗		74%
	Formal Complaints	<276	21	Nov-13	131	↘		188
	Patient Satisfaction (Friends & Family test - aggregated score)	Q3>Q1	68	Nov-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)	2,673.0	2,649.5	Nov-13	n/a	↘		
Total pay costs (inc flexible working) (£000)	£9,576	£9,439	Nov-13	£77,006	↗		£75,545
Variable Hours (FTE)	139	147.00	Nov-13	1,110.77	↘		1124
Variable Hours (£000)	£102	£460	Nov-13	£4,135	↗		£469
Staff sickness absences	3%	3.81%	Nov-13	3.65%	↗		3%
Staff Turnover	5%	0.97%	Nov-13	7.29%	↘		
Mandatory Training	80%	75%	Nov-13	73%	↗		
Appraisal Monitoring (cumulative)	100%	58.0%	Nov-13	58.0%	↗		
Employee Relations Cases	0	16	Nov-13	168(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%	98%	Nov-13	97%	↗		97%
3j	Ambulance Category A Calls % < 8 minutes	75%	76%	Nov-13	76%	↗		76%
3k	Ambulance Category A Calls % < 19 minutes	95%	96%	Nov-13	97%	↘		97%
ndey	Stroke patients (90% of stay on Stroke Unit)	80%	95%	Nov-13	90%	↗		90%
	High risk TIA fully investigated & treated within 24 hours (National 60%)	95%	78%	Nov-13	81%	↗		75%
3d	Symptomatic Breast Referrals Seen <2 weeks*	93%	97%	Nov-13	94%	↗		95%
3a	Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100%	Nov-13	100%	↔		100%
3a	Cancer Patients receiving subsequent surgery <31 days*	94%	100%	Nov-13	100%	↔		100%
3b	Cancer Patients treated after screening referral <62 days*	90%	100%	Nov-13	100%	↔		100%
	Cancer Patients treated after consultant upgrade <62 days*	85%	No Patients	Nov-13	100%	↔		100%
3c	Cancer diagnosis to treatment <31 days*	96%	100%	Nov-13	99%	↗		100%
3b	Cancer urgent referral to treatment <62 days*	85%	96%	Nov-13	93%	↗		96%
3d	Cancer patients seen <14 days after urgent GP referral*	93%	96%	Nov-13	96%	↘		97%
2a	RTT:% of admitted patients who waited 18 weeks or less	90%	91%	Nov-13	92%	↘		92%
2b	RTT: % of non-admitted patients who waited 18 weeks or less	95%	96%	Nov-13	97%	↘		97%
2c	RTT % of incomplete pathways within 18 weeks	92%	95%	Nov-13	96%	↘		96%
	No. Patients waiting > 6 weeks for diagnostics	100	4	Nov-13	33	↘		43
	%. Patients waiting > 6 weeks for diagnostics	1%	0.47%	Nov-13	0.48%	↗		0.4%
	Elective Activity (Spells) (M7 target - 747)	8,683	703	Oct-13	4,549	↗		8,173
	Non Elective Activity (Spells) (M7 target - 1,241)	13,199	1,244	Oct-13	7,902	↔		13,675
	Outpatient Activity (Attendances) (M7 target - 10,505)	136,390	10,508	Oct-13	68,222	↗		118,794
	Data Quality (see detail sheet for explanation of scoring)		2	Oct-13		↔		

***Cancer figures are provisional for November**

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

Finance & Efficiency	Annual Target	Actual Performance		YTD	Month Trend		
Achievement of financial plan	£1.6m	£3.01m	Nov-13	£3.01m	↗		
Underlying performance	£1.6m	£1.6m	Nov-13	£1.6m	↗		
Net return after financing	0.50%	9.55%	Nov-13	9.55%	↗		
I&E surplus margin net of dividend	=>1%	3.00%	Nov-13	3.00%	↗		
Liquidity ratio days	=>15	38	Nov-13	38	↘		
Continuity of Service Risk Rating	3	4	Nov-13	4	↔		
Capital Expenditure as a % of YTD plan	=>75%	26%	Nov-13	26%	↗		
Quarter end cash balance (days of operating expenses)	=>10	16	Nov-13	16	↔		
Debtors over 90 days as a % of total debtor balance	=<5%	12.8%	Nov-13	12.8%	↘		
Creditors over 90 days as a % of total creditor balance	=<5%	3.00%	Nov-13	3.00%	↔		
Recurring CIP savings achieved	100%	80.84%	Nov-13	80.84%	↔		
Total CIP savings achieved	100%	80.84%	Nov-13	80.84%	↔		
Contract Penalties	TBC						

	Sparkline	Year end forecast
Theatre utilisation		83%
Cancelled operations on day of / after admission		0.4%
Average LOS Elective (non-same day)		2.9
Average LOS Non Elective (non-same day)		7.7
Outpatient DNA Rate		7.6%
Emergency Readmissions <30 days (with exclusions)		4.6%
Daycase Rate		72%

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**
- **Total pay bill for November below plan.**

Lowlights

- **Grades 2 and 4 Pressure Ulcers remain above plan**
- **TIA locally stretched target remains challenging**
- **VTE assessment compliance again below target**
- **Staff absenteeism due to sickness remains above target.**

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November 13

Pressure Ulcers

Isle of Wight NHS Trust

Commentary:

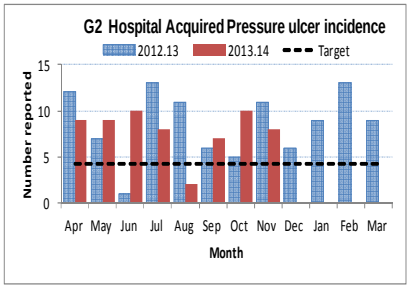
There has been a change in the reporting process whereby numbers will be reviewed for both the current and previous month and there may be changes to previous figures once validated.

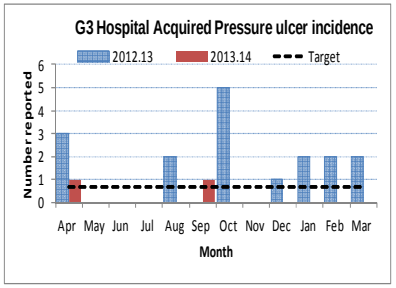
Hospital acquired: There was 1 grade 4 pressure ulcer reported in the hospital during November and the planned zero tolerance for the year continues to be exceeded. Grade 2 pressure ulcers are down to 8 for this month, a reduction on the 11 for this time last year giving a YTD position of 63 against 66 at this time last year. The improvement in grade 3 development is maintained.

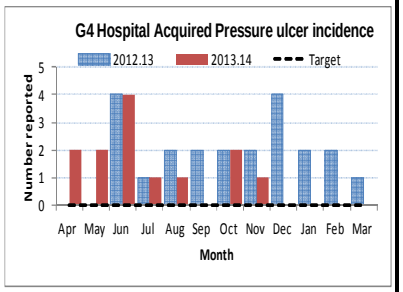
Community acquired: Development of pressure ulcers in the community reflects a similar pattern with grade 4 incidence not meeting the planned reduction. Community staff have attended the Masterclasses and competency assessments recently provided.

Analysis: **Quality Account Priority 2 - Prevention & Management of Pressure Ulcers**

(Grades 2 & 3 Target = 50% reduction on 12/13 baseline, Grade 4 Target = 0)







Action Plan:	Person Responsible:	Date:	Status:
A 'deep-dive' exercise is due to review all Community grade 4's over the past 3 months. One area of concern is patient compliance.	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Dec-13	Planned
The Clinical Nurse Specialist is currently supporting Team Leaders and Ward Sisters in assessment of competence of all front-line staff throughout the trust and this is now complete for senior staff and continuing to the other grades.	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Dec-13	In progress
Issues have been highlighted as part of the quarterly auditing of documentation, relating to the use of appropriate care plans and this will form part of the ward accountability process.	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Jan-13	Planned

Commentary:

Clostridium difficile

There were no cases of Healthcare Acquired Clostridium Difficile (C Diff) in November and we remain within our planned trajectory for the national threshold of 12 for the year.

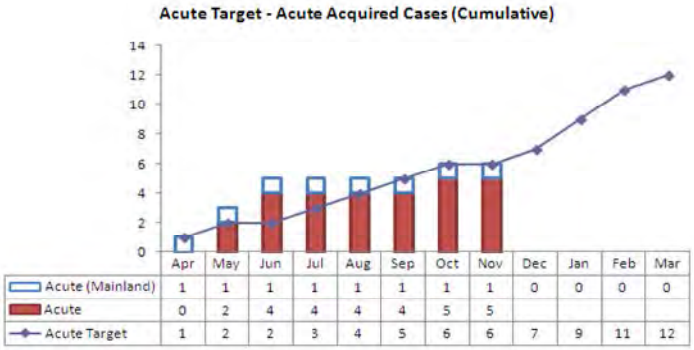
We are currently working towards a locally stretched target of 8. Due to weighting across the year, we are outside this stretched trajectory for the year to date position.

Methicillin-resistant Staphylococcus Aureus (MRSA)

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

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	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	Dec-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	Dec-13	Ongoing

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Formal Complaints

Commentary:

There were 21 formal Trust complaints received in November 2013 (9 previous month).

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

- Ambulance (9)
- General surgery/Urology (8)
- Orthopaedics (8)

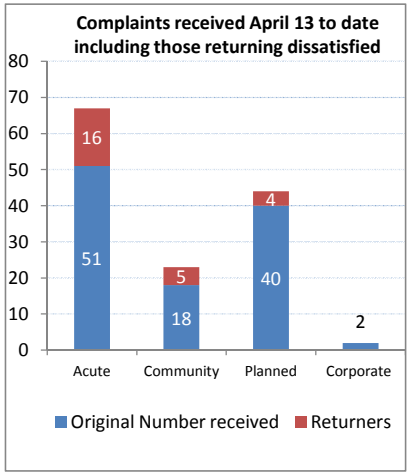
Across all complaints and concerns in November 2013:
Top 3 subjects complained about were:

- clinical care (26)
- out-patient appointment delay/cancellation (17)
- nursing care (10)

Quality Account Priority 3 - Improving Communication

The target of a 20% reduction in both complaints & concerns across the year regarding communication is being monitored. This is currently achieved for Year to Date complaints although concerns are showing a recent upsurge and are exceeding the YTD trajectory. The combined trajectory is being met.

Analysis: Complaints



Primary Subject	September 2013	October 2013	November 2013	CHANGE	RAG rating
Clinical Care	10	2	13	11	↑
Nursing Care	3	1	1	0	→
Staff Attitude	2	1	2	1	↑
Communication	1	3	1	-2	↓
Outpatient Appointment Delay/ Cancellation	0	0	0	0	✓
Inpatient Appointment Delay / Cancellation	0	0	0	0	✓
Admission / Discharge / Transfer Arrangements	0	0	2	2	↑
Aids and appliances, equipment and premises	1	0	0	0	✓
Transport	0	1	0	-1	✓
Consent to treatment	0	0	0	0	✓
Failure to follow agreed procedure	0	0	0	0	✓
Hotel services (including food)	0	0	0	0	✓
Patients status/discrimination (e.g. racial, gender)	0	0	0	0	✓
Privacy & Dignity	0	0	0	0	✓
Other	0	1	2	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	2					22
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	10					85

Individual months are colour rated for their achievement of the target for that month - the Year to Date figure for 2013/14 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
Recommendations within the Francis Report, relating to complaints, have been reviewed and gaps identified where improvements can be made.	Executive Director of Nursing & Workforce / Business Manager - Patient Safety; Experience & Clinical Effectiveness	Nov-13	Completed

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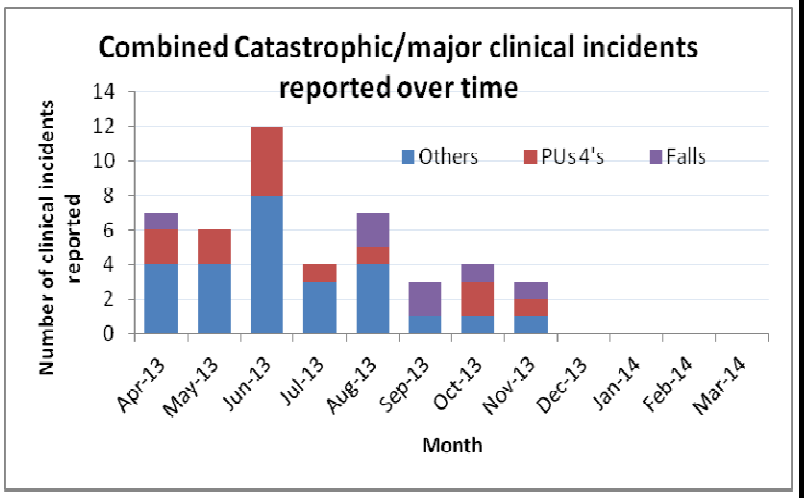
Clinical Incidents - Major & Catastrophic

Commentary:

Incidents/adverse events are reported by staff and are assessed by the reporter in two separate ways (a) **actual** impact on the patient/staff/Trust (b) **potential** future risk to the patient/staff/Trust. All staff are encouraged to report incidents/near misses as good practice and as part of an open and fair no-blame reporting culture. The Trust can learn from all incidents whether actual or potential and can identify trends/problem areas and any possible future issues.

Major incidents would include major injury/potential to cause major injury (e.g. fall causing fractured neck of femur) or major service disruptions, catastrophic incidents would include death/potential to cause death or extreme disruption of services. Falls and Pressure Ulcers have separate targets and are shown elsewhere in this report. Figures for retrospective months may change following results of investigations, thus affecting the year to date figure.

The graph shows incidents reported over the period shown and the contribution to the total of different types of incidents. 'Other' incidents could include an unexpected death (catastrophic) or a serious outbreak of Healthcare Acquired infection (major). All these incidents are reviewed/investigated by Directorates and action taken to ensure they are dealt with in accordance with the Trust Incident Reporting Policy.



	Person Responsible:	Date:	Status:
The Quality and Clinical Performance committee has oversight of the Serious Incident Requiring Investigation (SIRI) process and reviews the incidents via clinical directorate reports to the committee.	Executive Director of Nursing & Workforce / Quality Manager	Dec-13	Ongoing

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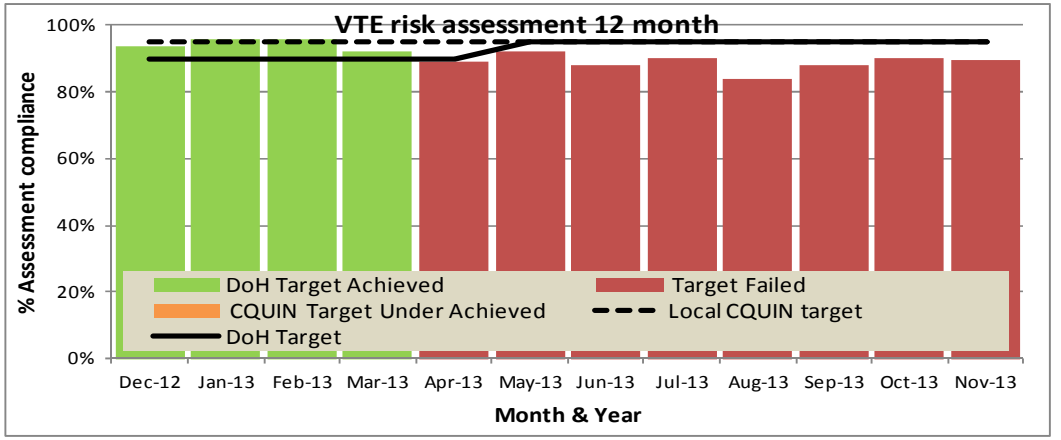
Venous ThromboEmbolism Assessment (VTE)

Commentary:	**Analysis:**
In November 2013 the Trust achieved a compliance of just below 90% (89.78%) against the national target and local Commissioning for Quality & Innovation (CQUIN) target of 95%. The year to date average 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. The recent staff bulletin (18/12) highlights actions required, training available and the need for compliance with this measure.	

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	Dec-13	Completed

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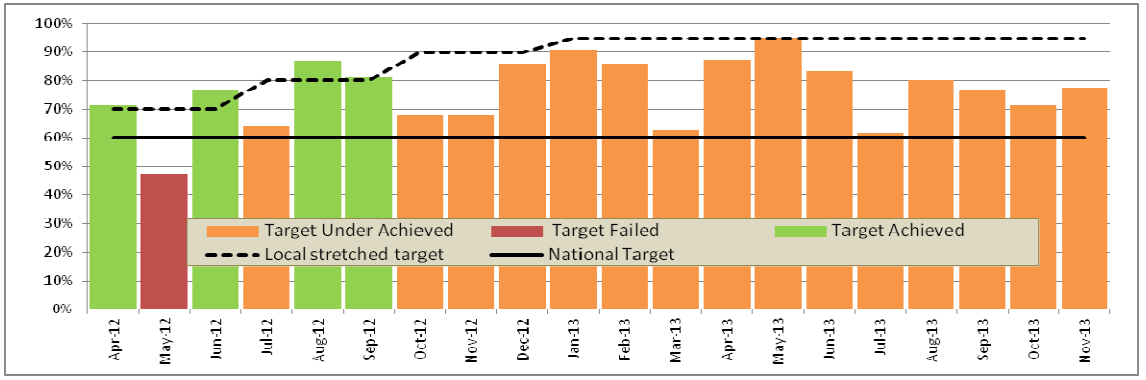
Stroke & Transient Ischemic Attack (TIA)

Commentary:	**Analysis: November 2013**
Proportion of people with high risk TIA fully investigated and treated within 24 hours: The national target of 60% continues to be exceeded. 7 of the 9 TIA patients were fully investigated within the required timescale. Contacting 1 patient was unsuccessful and 1 patient was unable to obtain transport in. (Patients are obviously restricted from driving themselves and hospital transport requires 24 hours 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	Dec-13	Ongoing nationally

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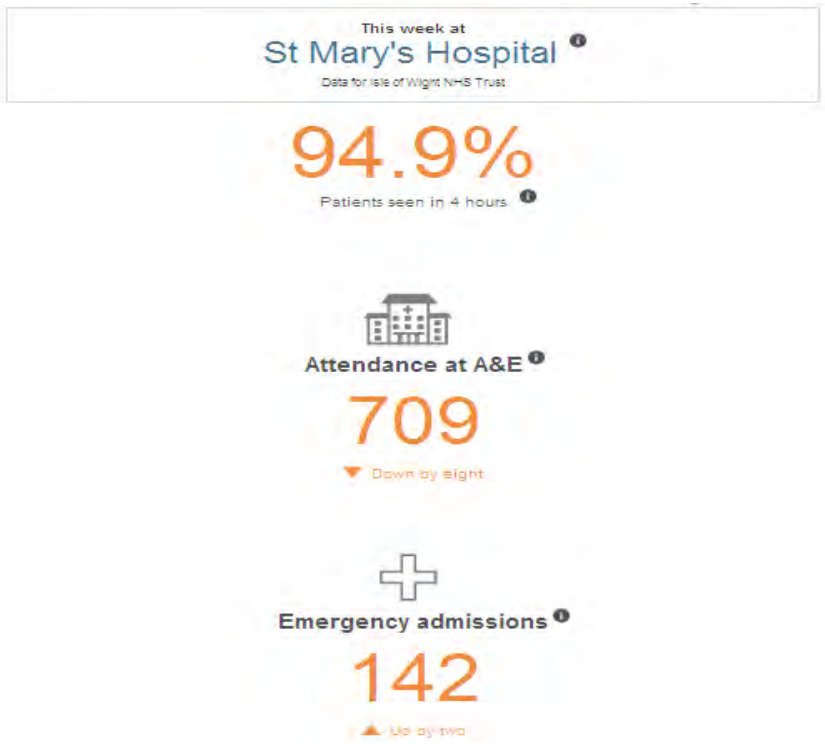
Benchmarking Update - BBC Health Data release

BBC news have created an outline dashboard which allows readers to view the latest performance for their local A&E department and hospital. The dashboard can be found at:-

http://www.bbc.co.uk/news/health-25055444

Information is presented using easy to follow graphics along with data comparing results for the Trust with national averages.



Six comparative indicators are reported. Of these the Trust is better than the national average performance for five. Only the number of beds blocked is above the national average. Four of the indicators are showing an increase on the previous week for w/e 16th December.

	Trust	Movement	National Avg
People who have to wait more than 4 hours to be admitted.	36.0	▲ 1.0	147.8
Trolley wait between 4 and 12 hours	7.0	▼ 1.0	25.5
Ambulances queuing outside A&E	3.0	▲ 2.0	34.7
Planned Operations cancelled	4.0	▲ 2.0	9.0
Beds blocked	105.0	▲ 23.0	99.8
Bed days lost to norovirus	0.0	◀ ▶	31.0

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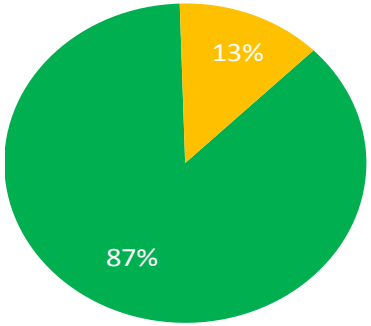
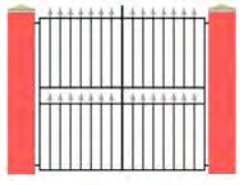
Mental Health Infographic Update

HoNOS Clustering

87% of Mental Health caseload HoNOS clustered





99%

Admission Prevention

YTD, 99% of inpatient admissions have been 'gate kept' by the crisis resolution and home treatment teams, above the target of 95%

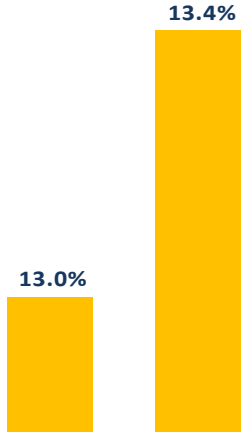
Estimated Dementia Diagnosis Rate

The annual target for diagnosing people with dementia is 60% for the Trust in 2013/14, at the end of November the Trust had diagnosed 58.9% of the Island's estimated number of dementia sufferers

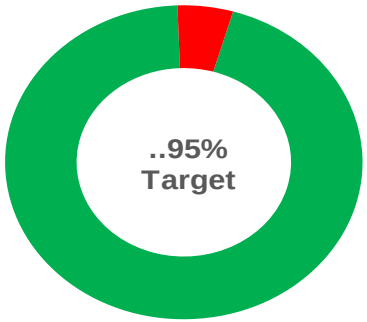
59% diagnosed

DNA Rates

DNAs have increased slightly this year compared to last and are well above acute and planned directorates and community services aggregate DNA rates



95% Achieved..



7 Day CPA Follow up

The proportion of people followed up within 7 days of discharge from psychiatric inpatient care has exactly matched the YTD target of 95% with 4 monthly failures out of 8

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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: 17,466

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	322	98.2%	99.1%
Patient Pathway	352	93.3%	60.0%
Treatment Function	0	100.0%	99.7%
Main Specialty	0	100.0%	100.0%
Reg GP Practice	8	100.0%	99.8%
Postcode	2	100.0%	99.9%
Org of Residence	7	100.0%	96.7%
Commissioner	31	99.8%	97.9%
Primary Diagnosis	1,250	92.8%	98.8%
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	854	95.1%	96.4%
HRG4	1,254	92.8%	98.6%

Total Outpatient General Episodes: 93,635

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	592	99.4%	99.3%
Patient Pathway	40,684	52.8%	49.0%
Treatment Function	0	100.0%	99.8%
Main Specialty	0	100.0%	99.8%
Reg GP Practice	8	100.0%	99.8%
Postcode	3	100.0%	99.8%
Org of Residence	8	100.0%	96.3%
Commissioner	49	99.9%	96.9%
First Attendance	0	100.0%	99.8%
Attendance Indicator	1	100.0%	99.6%
Referral Source	550	99.4%	98.1%
Referral Rec'd Date	550	99.4%	96.0%
Attendance Outcome	6	100.0%	98.8%
Priority Type	550	99.4%	96.8%
OP Primary Procedure	0	100.0%	98.2%
Ethnic Category	0	100.0%	92.8%
Site of Treatment	4,888	93.6%	97.8%
HRG4	1	100.0%	99.2%

Total A&E Attendances 36,393

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	770	97.9%	95.7%
Registered GP Practice	34	99.9%	99.1%
Postcode	18	100.0%	99.9%
Org of Residence	965	97.3%	94.9%
Commissioner	1,279	96.5%	97.2%
Attendance Disposal	11,330	68.9%	98.6%
Patient Group	0	100.0%	94.5%
First Investigation	517	98.6%	95.1%
First Treatment	1,148	96.8%	93.3%
Conclusion Time	267	99.3%	98.2%
Ethnic Category	0	100.0%	90.8%
Departure Time	149	99.6%	99.7%
Department Type	0	100.0%	99.6%
HRG4	654	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:
Resolve Attendance Disposal code in A&E dataset	Head of Information / Asst. Director - PIDS	Dec-13	Ongoing

Data Quality - October 2013

Dataset	Measure	IW Performance	National	Threshold G	Threshold A	Threshold R	Status	Weighting	Score	Notes
APC	Total Invalid Data Items	4	n/a	=<2	>2 =<4	>4	A	2	1.0	Performance relates to the no. of Red rated data
APC	Valid NHS Number	98.2%	99.1%	> = 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	97.9%	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

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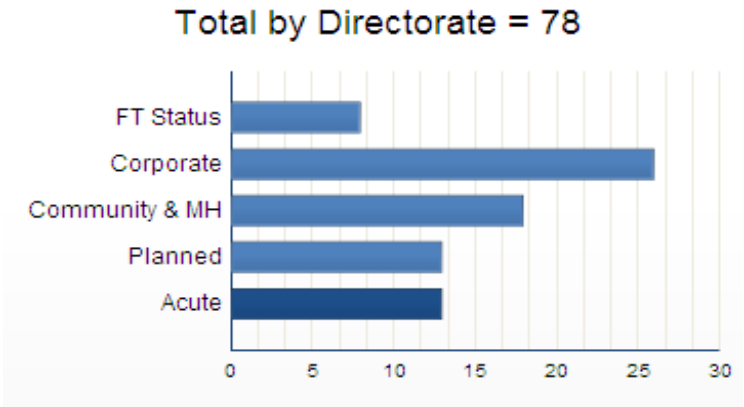
Risk Register -Situation current as at 18/12/2013

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 18/12/2013 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.

Since the last report two new risks have been added - they are both "limited assurance" on recent Internal Audits (1) Estates 2013/14 and (2) Disaster Recovery and Out of Hours Support. Two risks are in the process of being signed off by the Directorates these are (1) CT scanner has now been resolved following installation of new scanner and (2) Failing PIT Alarm system in Sevenacres has now been replaced and tested.

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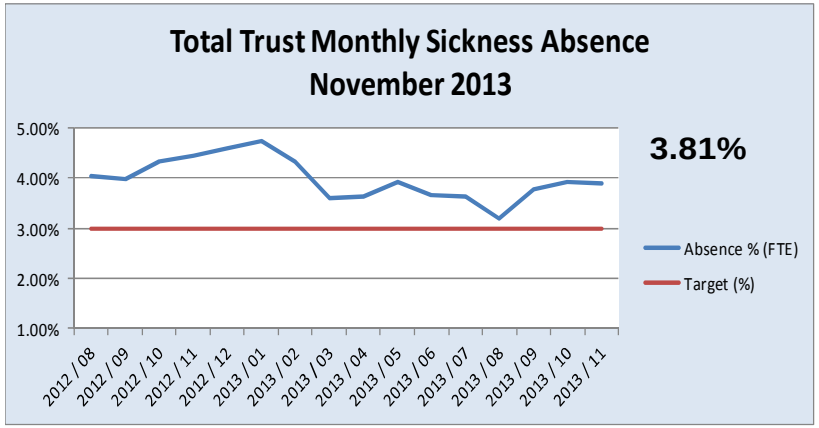
Workforce - Key Performance Indicators

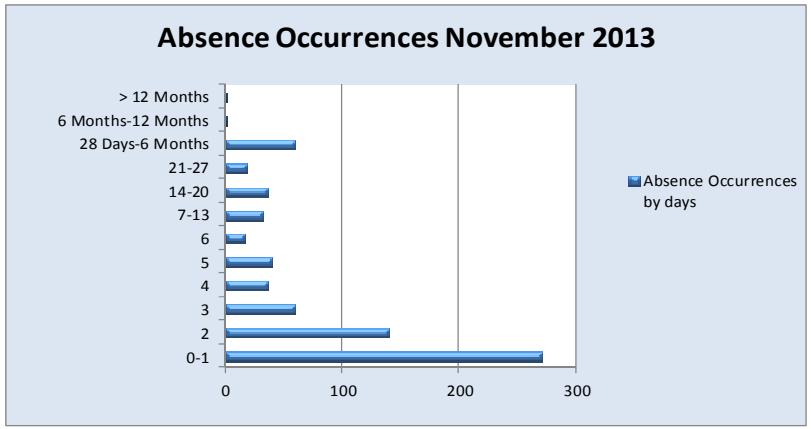
Measure	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	In Month Final RAG Rating	Trend from last month
Workforce FTE	Nov-13	2673	2649	-24			
Workforce Variable FTE	Nov-13	139	147	8			
Workforce Total FTE	Nov-13	2812	2796	-16			
Finance	**Period**	(£0,000s) **Month Target/Plan**	(£0,000s) Month Actual	(£0,000s) In Month Variance	**RAG rating**	**Year-to Date Final RAG Rating**	
Total In Month Staff In Post Paybill	Nov-13	£9,473	£8,979	-£495			
In Month Variable Hours	Nov-13	£102	£460	£358			
In Month Total Paybill	Nov-13	£9,576	£9,439	-£136			
Year-to Date Paybill	Nov-13	£75,545	£77,006	£1,461			
Sickness Absence	**Period**	**Month Target/Plan**	**Month Actual**		**RAG Rating**		
In Month Absence Rate	Nov-13	3%	3.81%				

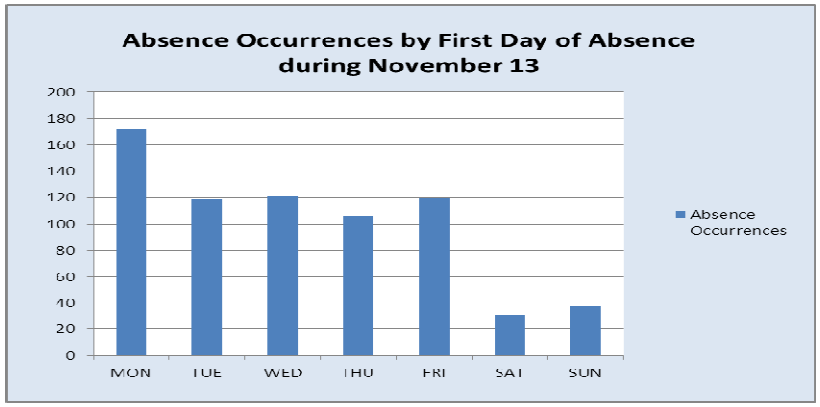
Key	
	Green - On Target
	Amber - Mitigating/corrective action believed to be achievable
	Red - Significant challenge to delivery of target

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	613.15	19.9
S98 Other known causes - not elsewhere classified	447.48	14.5
S13 Cold, Cough, Flu - Influenza	347.39	11.2
S12 Other musculoskeletal problems	255.95	8.3
S11 Back Problems	230.13	7.5
S25 Gastrointestinal problems	195.07	6.3
S28 Injury, fracture	193.51	6.3
S17 Benign and malignant tumours, cancers	158.00	5.1
S99 Unknown causes / Not specified	145.25	4.7
S19 Heart, cardiac & circulatory problems	81.00	2.6

Data Source: ESR Business Intelligence

Performance Area	Commentary	RAG Rating In	RAG Rating YTD	RAG Rating Full
Continuity of Service Risk Rating (CoSRR)	• Overall Rating of 4 after normalisation adjustments.	Green	Green	Green
Summary	• Month 8 Income & Expenditure position is over plan at a surplus of **£3,108k.** The forecast out-turn is **£1,602k.**	Green	Green	Green
Cost Improvement Programme (CIP)	• Month 8 - Year-to-date CIPs achieved **£5,487k** against a plan of **£5,396k.** The RAG rating remains Amber due to the level of non recurrent plans.	Amber	Amber	Red
Working Capital & Treasury	• Cash 'in-hand' and 'at-bank' at Month 8 was **£9,009k.**	Green	Green	Green
Capital	• Capital YTD spend **£1,163k** . Forecast **£7,359k** to year end totalling **£8,521k.**	Green	Green	Green

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Income & Expenditure - Key Highlights - 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	11,713	12,182	469	94,366	95,740	1,374	144,514	145,526	1,012
Acute	309	339	30	2,490	4,095	1,605	3,836	5,940	2,104
Community Health	322	428	106	2,403	3,241	838	3,573	4,713	1,140
Planned	266	313	47	1,979	2,396	418	2,937	3,621	684
Corporate	393	680	287	3,175	5,470	2,295	4,747	8,120	3,373
Risk Share Income	0	(420)	(420)	0	528	528	0	0	0
Total Income	**13,003**	**13,521**	**518**	**104,413**	**111,471**	**7,058**	**159,607**	**167,920**	**8,313**
Pay									
Acute	(2,958)	(2,739)	219	(22,785)	(23,019)	(233)	(34,350)	(34,543)	(193)
Community Health	(2,736)	(2,700)	36	(21,579)	(21,758)	(178)	(32,425)	(32,708)	(283)
Planned	(2,491)	(2,587)	(96)	(20,134)	(20,938)	(804)	(30,520)	(31,600)	(1,080)
Corporate	(1,391)	(1,413)	(22)	(11,046)	(11,292)	(246)	(16,942)	(17,005)	(64)
Reserves	0	0	0	0	0	0	0	0	0
Total Pay	**(9,576)**	**(9,439)**	**136**	**(75,545)**	**(77,006)**	**(1,461)**	**(114,237)**	**(115,856)**	**(1,619)**
Non-Pay									
Acute	(989)	(1,344)	(355)	(7,666)	(10,060)	(2,394)	(10,690)	(15,469)	(4,779)
Community Health	(219)	(370)	(150)	(1,596)	(3,091)	(1,495)	(2,750)	(4,894)	(2,144)
Planned	(602)	(695)	(92)	(4,786)	(6,127)	(1,341)	(7,481)	(8,889)	(1,407)
Corporate	(966)	(826)	140	(6,890)	(8,553)	(1,663)	(11,538)	(14,416)	(2,878)
Reserves	151	(146)	(297)	(1,479)	1,256	2,735	(3,892)	354	4,246
Total Non-Pay	**(2,625)**	**(3,380)**	**(755)**	**(22,417)**	**(26,575)**	**(4,158)**	**(36,352)**	**(43,314)**	**(6,962)**
EBITDA	**802**	**702**	**(100)**	**6,451**	**7,890**	**1,439**	**9,017**	**8,750**	**(268)**
Income Received									
Receipt of Charitable Donations for Asset Acquisition	0	52	52	0	302	302	0	350	350
Total Income Received	0	52	52	0	302	302	0	350	350
Capital Charges									
Depreciation & Amortisation	(619)	(624)	(5)	(4,979)	(5,111)	(132)	(7,400)	(7,517)	(117)
PDC (reallocated to Non Pay FY13/14 only)	100	0	(100)	0	0	(0)	0	0	0
Profit/Loss on Asset Disp	0	(4)	(4)	0	38	38	0	38	38
Total Capital Charges	**(519)**	**(628)**	**(109)**	**(4,979)**	**(5,073)**	**(94)**	**(7,400)**	**(7,479)**	**(79)**
Other Finance Costs									
Interest Receivable	1	1	(1)	10	16	7	15	16	2
Interest Payable	(2)	(1)	1	(16)	(19)	(3)	(24)	(24)	0
Bank Charges	(1)	(1)	(0)	(6)	(8)	(1)	(10)	(10)	0
Foreign Currency Adjustments	(0)	0	0	(1)	0	1	(1)	(1)	0
Total Other Finance Costs	**(2)**	**(1)**	**0**	**(13)**	**(10)**	**3**	**(20)**	**(18)**	**2**
Net Surplus / (Loss)	**281**	**124**	**(157)**	**1,459**	**3,108**	**1,649**	**1,598**	**1,602**	**5**

Overall Position

Month 8 position shows a year to date surplus of **£3,108k.** This is **£1,649k** 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 is forecast just over plan at **£1,602k.**

Income -The YTD position is over plan by **£7,058k.** The variance of **£1,605k** in the Acute directorate is due largely to the prison extension contract in Apr-May, dermatology element within the Beacon contract and drug cost recharges. Within the Planned area the variance of **£418k** is due to mainly R&D and Allergy funding being higher than plan. The Community Health income variance of **£838k** is due to over plan charges for Mental Health 1:1 activity and recharges for Health Visitor costs. Income relating to Corporate areas is showing a favourable variance of **£2,295k** mainly because of the adjustment to the EMH budget, income relating to NHS Creative and training income being above plan. In addition the below the line Receipt of Charitable Donations for Asset Acquisition of the **£250k** donation relating to the helipad and **£52k** in month received from League of Friends is over plan.

Pay – The YTD position on pay budgets is over plan by **£1,461k.** This includes spend in the Acute directorate (variance **£233k**) 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; **£178k** 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 **£804k** in the Planned directorate which is due to Locum Costs to cover vacancies and sickness and **£246k** in Corporate areas which is mainly due to costs relating to NHS Creative.

Non Pay – The non pay budgets are overspent by **£4,158k**. 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

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Cost Improvement Programme - CIP by Directorates

	Month			YTD			FULL YEAR						
Directorates	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**	**Plan Recurrent**	**Forecast Recurrent**	**Forecast Non Recurrent**	**Variance Recurrent**	**Variance Non Recurrent**	**Total Variance**	**Full Year Effect**
Acute	214	111	(103)	1,610	1,180	(430)	2,575	1,702	85	(873)	85	(788)	128
Community Health	199	99	(100)	1,468	471	(997)	2,340	999	95	(1,340)	95	(1,246)	94
Finance and Performance Mgt	16	93	77	97	174	77	167	213	51	46	51	97	0
Nursing and Workforce	45	21	(24)	335	190	(145)	534	233	96	(301)	96	(205)	13
Planned	223	115	(108)	1,645	735	(911)	2,622	1,724	343	(898)	343	(555)	200
Strategic & Commercial Directorate	20	14	(7)	241	134	(107)	406	256	31	(150)	31	(118)	0
Trustwide Transformation Schemes	0	1,479	1,479	0	1,479	1,479	0	0	2,779	0	2,779	2,779	1,558
Total	**717**	**1,932**	**1,215**	**5,396**	**4,362**	**(1,034)**	**8,644**	**5,128**	**3,480**	**(3,516)**	**3,480**	**(36)**	**1,993**
Banked CIPs	0	(146)	(146)		1,125	1,125							
Grand Total	**717**	**1,786**	**1,069**	**5,396**	**5,487**	**91**	**8,644**	**5,128**	**3,480**	**(3,516)**	**3,480**	**(36)**	**1,993**

Commentary:

The CIP plan for M8 is **£717k**. The actual savings totalled **£1.786k** and therefore there is an in month overachievement of **£1,069k**. The year-to-date target of **£5,396k** is shown as as being fully delivered as **£4,362k** of planned schemes have been achieved to date and the full year effect of schemes banked amounting to **£1,125k** has been recognised. The forecast is showing achievement of **£8,608k** which is **£36k** underachievement against the annual plan.

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Capital Programme - Capital Schemes

Isle of Wight NHS Trust

Source & Application of Capital Funding	YTD Spend £'000	F'cast to Year End £'000	Full Year £'000	Original Plan £'000
Source of Funds				
Initial CRL			7,560	7,560
Dementia Friendly			399	
Pharmacy Matched Funding - NHS Technology for Safer Wards (provisional)			212	
Anticipated Capital Resource Limit (CRL)			**8,171**	**7,560**
Other charitable donations			100	
Donated Helipad Income			250	
Total Anticipated Funds Available			**8,521**	**7,560**
Application of Funds				
Carried forward from 12.13				
2012 / 13 Backlog Maintenance	238	3	241	
Helipad works	42	0	42	
Replacement of two Main Hospital Passenger Lifts	15	281	296	300
Old HSDU Refurbishment (Phase 1)	145	0	145	
Shackleton to Newchurch Ward Move	74	19	93	
Improving Birthing Environment	57	0	57	
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	
Approved 13.14 Schemes				
Pathology Refurbishment Phase 2	50	807	857	860
Ophthalmology				1,300
Dementia Wing				600
Maternity				600
Contingency				300
Backlog high/medium risk & fire safety 13.14	13	706	719	500
Ward Reconfiguration Level C	0	450	450	
Medical Assessment Unit Extension	20	352	372	1,100
Infrastructure (e.g. underground services)	0	300	300	300
North East Locality Hub (Ryde) Locality working	13	252	265	600
Staff Capitalisation	111	69	180	100
Theatre Stock Inventory System	0	144	144	
Replacement of the temperature control system NICU	1	144	145	
Turnkey for DR Rooms (Radiology Equipment room preparation)	0	150	150	
IM&T	121	395	516	500
Rolling Replacement Programme – Equipment / Ambulances	0	288	288	500
Office Moves - Finance move to South Block	0	53	53	
Other smaller schemes (including charitable funds donation)	67	364	431	
Dementia Friendly	13	386	399	
Schemes to be Approved 13.14				
ISIS Further Faster	0	588	588	
Rolling Replacement Programme – Equipment / Ambulances	0	212	212	
Pharmacy Matched Funding - NHS Technology for Safer Wards (provisional)	0	424	424	
Endoscopy Relocation	0	167	167	
ITU/CCU Integration	0	280	280	
Office Moves - Corporate Functions move to South Block	0	47	47	
Other schemes awaiting approval	0	448	448	
Gross Outline Capital Plan	**1,163**	**7,359**	**8,521**	**7,560**

Commentary:

Pharmacy Matched Funding yet to be agreed

Successful bid for Dementia Friendly Environments, awaiting spend profile and then funds can be drawn down, Public Dividend Capital (PDC) £399k

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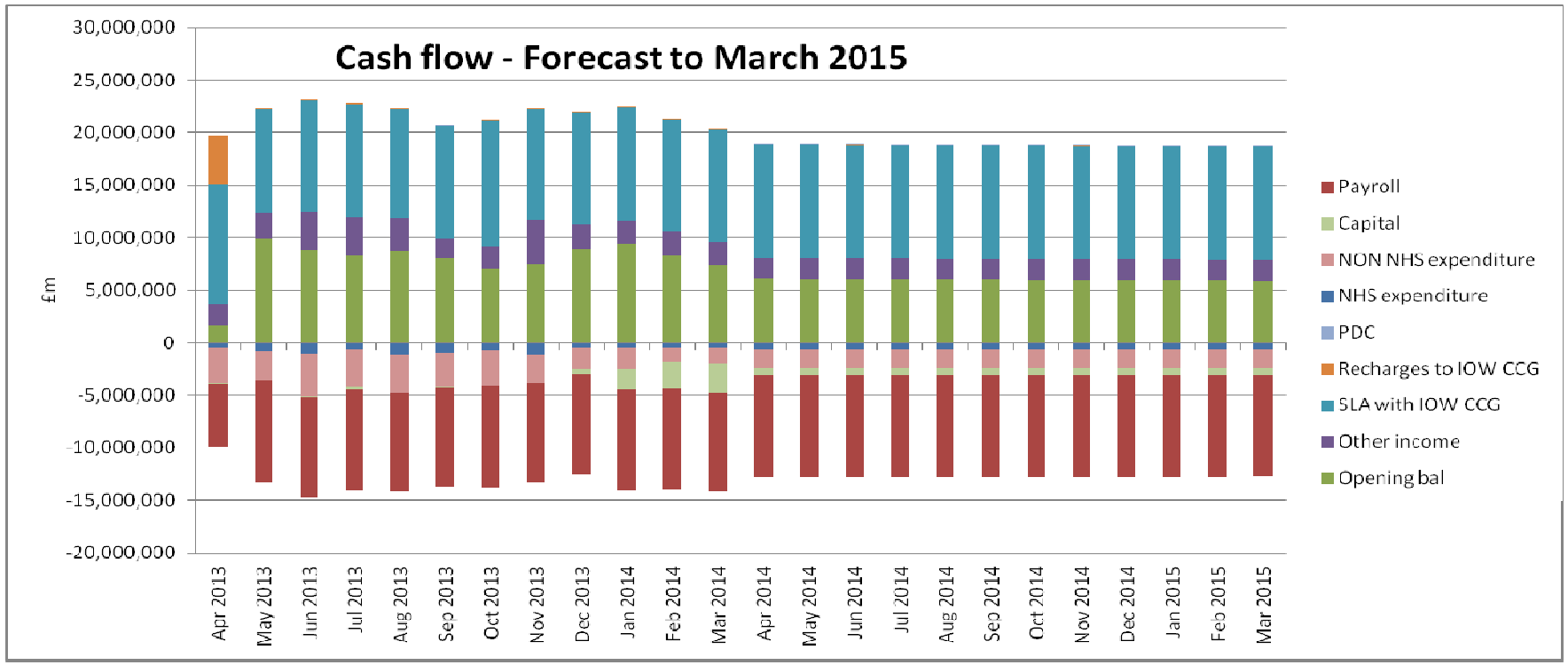
Monthly statement of Financial Position -November 2013

	Nov -13	Oct -13	Month-on-month Movement
PPE	108,612	108,567	45
Accumulated Depreciation	19,007	18,504	503
Net PPE	**89,605**	**90,063**	**(458)**
Intangible Assets	7,045	7,043	2
Intangible Assets Depreciation	3,162	3,046	116
Net Intangible Assets	**3,883**	**3,997**	**(114)**
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	**93,488**	**94,060**	**(572)**
Cash	9,009	7,466	1,543
Accounts Receivable	11,964	13,510	(1,546)
Inventory	1,920	1,827	93
Investments	0	0	0
Other Current Assets			0
Current Assets	**22,893**	**22,803**	**90**
Total Assets	**116,381**	**116,863**	**(482)**
Accounts Payable	15,287	15,577	(290)
Accrued Liabilities	0	0	0
Short Term Borrowing	46	49	(3)
Current Liabilities	**15,333**	**15,626**	**(293)**
Non-Current Payables	0	0	0
Non-Current Borrowing	48	48	0
Other Liabilities	187	503	(316)
Long Term Liabilities	**235**	**551**	**(316)**
Total Net Assets/Liabilities	**100,813**	**100,686**	**127**
Taxpayers Equity:			
Revaluation Reserve	21,251	21,251	0
Other Reserves	75,944	75,942	2
Retained Earnings incl. In Year	3,618	3,493	125
Total Taxpayers Equity	**100,813**	**100,686**	**127**

Commentary:

There has been only slight movement in the overall balance sheet in month. Expenditure on capital is still expected to occur in the last months of the year and therefore non-current assets values have remained fairly constant. The increase in cash can primarily be attributed to the reduction in debtors.

The provision (shown under Other Liabilities) carried forward from 2012/13 relating the Path Lab Consortium has been reversed and the balance transferred to accruals.



Commentary:
The table above shows the actual cashflow to the end of November and the forecast to March 15. It shows both the in-flow and out-flow of cash broken down to the constituent elements. During November, £6m was invested in short term deposit in the National Loans Fund for the return of £673 interest. As cashflow projections allow, investments will be made on a monthly basis with the return of the principal taking place before the month end to enable the paybill to be discharged.

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Continuity of Service Risk Rating

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
Liquidity ratio (days)	<-14	-14.0	-7.0	0
Capital servicing capacity (times)	<1.25	1.25	1.75	2.5

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 November 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		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		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		Yes	
	4	A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge		95%	1.0	No	Yes	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		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		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		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		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		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		Yes	
	11	Meeting commitment to serve new psychosis cases by early intervention teams		95%	1.0	Yes	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		Yes	
			Red 2 calls	75%	1.0	Yes	Yes	Yes	Yes	Yes		Yes	
	13	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	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		Yes	
			Is the Trust below the YTD ceiling	13		No	No	No	Yes	Yes		Yes	
	16	Minimising mental health delayed transfers of care		≤7.5%	1.0	Yes	Yes	Yes	Yes	Yes		Yes	
	17	Mental health data completeness: identifiers		97%	1.0	Yes	Yes	Yes	Yes	N/A		N/A	
	18	Mental health data completeness: outcomes for patients on CPA		50%	1.0	Yes	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		Yes	
	20	Data completeness: community services, comprising:	Referral to treatment information	50%	1.0	Yes	Yes	Yes	Yes	Yes		Yes	
			Referral information	50%									
			Treatment activity information	50%									
			TOTAL			**3.0**	**2.0**	**4.0**	**1.0**	**1.0**	**0.0**	**1.0**	
						AR	AR	R	AG	AG	G	AG	

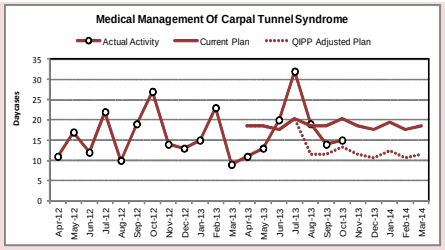
Isle of Wight NHS Trust Board Performance Report 2013/14

November

Quality Innovation Productivity & Prevention (QIPP) Programme Monitoring

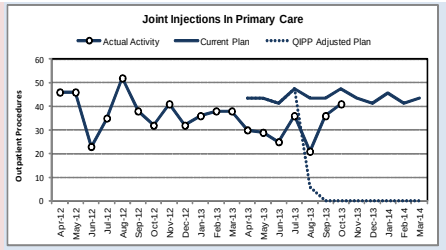
Isle of Wight NHS Trust

Planned care - October 2013



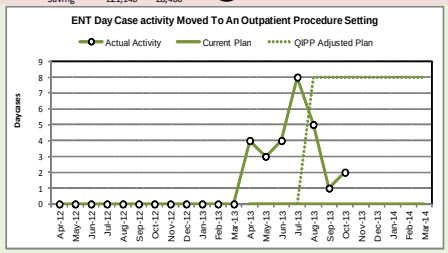
Variance	Plan	QIPP
Activity	21	8
Saving	£21,146	£8,460

Total QIPP £56,388
QIPP Remaining £47,928



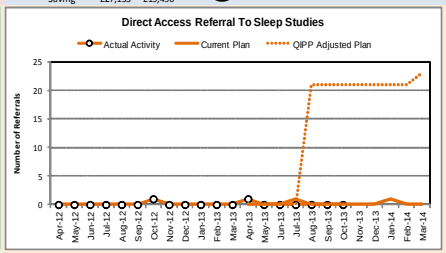
Variance	Plan	QIPP
Activity	128	92
Saving	£27,133	£19,490

Total QIPP £72,667
QIPP Remaining £53,177



Variance	Plan	QIPP
Activity	24	27
Saving	£16,451	£18,507

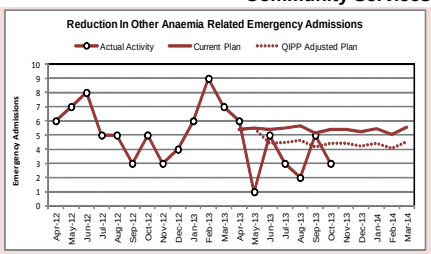
Total QIPP £43,869
QIPP Remaining £25,362



Variance	Plan	QIPP
Activity	62	1
Saving	£8,677	£140

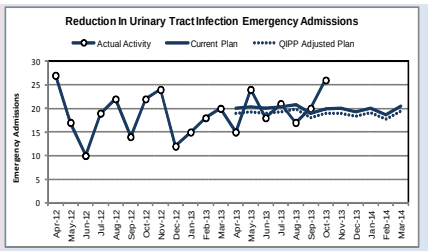
Total QIPP £23,793
QIPP Remaining £23,653

Community Services - October 2013



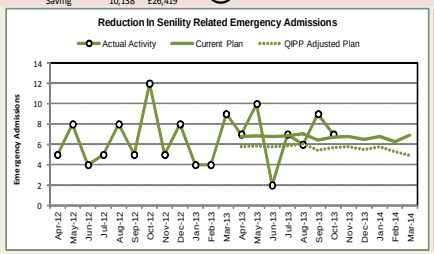
Variance	Plan	QIPP
Activity	5	13
Saving	10,138	£26,419

Total QIPP £19,600
QIPP Remaining 0



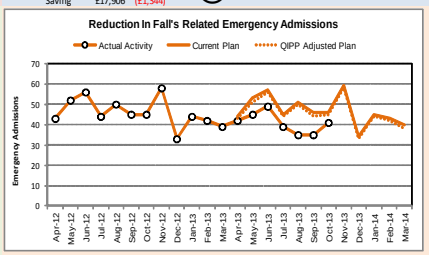
Variance	Plan	QIPP
Activity	7	-1
Saving	£17,906	(£1,344)

Total QIPP £24,720
QIPP Remaining £26,064



Variance	Plan	QIPP
Activity	7	-1
Saving	£21,153	(£1,958)

Total QIPP £39,680
QIPP Remaining £41,638



Variance	Plan	QIPP
Activity	9	56
Saving	£19,800	£123,200

Total QIPP £30,000
QIPP Remaining 0

QIPP Schemes	2013/14 Saving	Year To Date Savings Planned	Achieved	Variance	Full Year Forecast	Current Acheivement
Planned Care QIPP Programmes						
Medical Management Of Carpal Tunnel Syndrome	56,388	21,146	8,460	-12,686	22,559	✗
Joint Injections In Primary Care	72,667	27,133	19,490	-7,643	52,196	✗
ENT Day Case Activity Moved To An Outpatient Procedure Setting	43,869	16,451	18,507	2,056	49,352	✓
Direct Access Referral To Sleep Studies	23,793	8,677	140	-8,537	384	✗
Direct Access Referral To Microsuction	44,695			TBC		
Glaucoma Referrals To Opticians	84,000			TBC		
Primary Care LES To Achieve Schemes	-16,800					
Planned Care QIPP Total	**308,611**	**73,407**	**46,597**	**-26,810**	**124,492**	✗
Community Services QIPP Programmes						
Frail Older People						
Reduction In Other Anaemia Related Admissions	19,600	10,138	26,419	16,282	51,078	✓
Reduction In Emergency Urinary Tract Infection Admissions	24,720	17,906	-1,344	-19,250	-1,855	✗
Reduction In Senility Related Admissions	39,680	21,153	-1,958	-23,111	-3,673	✗
Reduction in admissions resulting from Falls	30,000	19,800	123,200	103,400	186,667	✓
Long Term Conditions						
Reduction in COPD Admissions	66,000	38,760	9,104	-29,656	15,503	✗
Reduction In Heart Failure Related Emergency Admissions	59,000	10,800	-2,160	-12,960	-11,800	✗
Community Paediatric Service Development						
Reduction in Paediatric Admissions	17,000	10,374	24,142	13,768	39,562	✓
Community Services QIPP Total	**256,000**	**128,931**	**177,404**	**48,473**	**275,480**	✓

QIPP Schemes	2013/14 Saving	Year To Date Savings Planned	Achieved	Variance	Full Year Forecast	Current Acheivement
Unscheduled Care QIPP Programmes						
Reduction In Cellulitis Related Emergency Admissions	34,000	16,730	842	-15,888	1,711	✗
Reduction in Avoidable GP Admissions*	100,000	25,631	25,631	0	76,893	✗
Unscheduled Care QIPP Total	**134,000**	**42,361**	**26,473**	**-15,888**	**78,604**	✗
Total	**698,611**	**244,699**	**250,473**	**5,774**	**478,576**	✗

**10 Week Pilot avoided 29 admissions (circa 25k) between April & June with a further 20 weeks planned from November onwards*

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 October progress.

Isle of Wight NHS Trust Board Performance Report 2013/14

November 13

Performance Summary - Acute Directorate

Isle of Wight NHS Trust

Performance on a Page - Acute Directorate

Governance Risk Rating M08: 0 - G

Finance Headlines: £000

As at M08:	YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	1,649.2	1,025.0	4.7	2,867.0
CIP	91.2	-500.0	-35.6	-788.0

Key Performance Indicators:

As at M08:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
Emergency Care 4 hour Standards	Nov-13	98.1%	98.1%	97.0%	97.0%
MRSA	Nov-13	0	0	1	1
CDIFF	Nov-13	0	0	5	1
RTT Admitted - % within 18 Weeks	Nov-13	90.6%			
RTT Non Admitted - % within 18 Weeks	Nov-13	96.1%	95.0%		
RTT Incomplete - % within 18 Weeks	Nov-13	95.2%	91.5%		
RTT delivery in all specialties	Nov-13	7	4		
Diagnostic Test Waiting Times	Nov-13	4	0	33	0
Cancer 2 wk GP referral to 1st OP	Nov-13	96.3%		95.5%	
Breast Symptoms 2 wk GP referral to 1st OP	Nov-13	97.1%		93.9%	
31 day second or subsequent (surgery)	Nov-13	100.0%		100.0%	
31 day second or subsequent (drug)	Nov-13	100.0%		99.6%	
31 day diagnosis to treatment for all cancers	Nov-13	100.0%		99.2%	
62 day referral to treatment from screening	Nov-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Nov-13	95.8%		93.5%	
Delayed Transfers of Care	Q2 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Nov-13	0	0	0	0
VTE Risk Assessment	Nov-13	89.8%		89.0%	
% of Category A calls within 8 minutes (Red 1)	Nov-13	91.7%	91.7%	83.1%	83.1%
% of Category A calls within 8 minutes (Red 2)	Nov-13	75.5%	75.5%	76.0%	76.0%
% of Category A calls within 19 minutes	Nov-13	96.0%	96.0%	96.9%	96.9%

**Cancer figures for November are provisional*

Workforce Headlines:

As at M08:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.81%	3.24%	3.65%	3.76%
FTE vs Budget			-98.0	-32.0
Appraisals			89.2%	85.1%

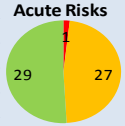
Quality Headlines:

As at M08:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs (Serious Incidents Requiring Investigation)	3	0	64	16
Incidents	416	143	3,307	1,115
Complaints	21	3	131	54
Compliments	297	98	2,835	808

Risk Register Summary: As at 18/12/2013

Risk Title	Risk Score	Type
Breakdown of 4 slice CT scanner	20	QCE
Vacant Consultant Physician Posts	20	QCE
Blood Sciences Out-ofHours Staffing	20	QCE
Radio Opaque Line on Pennine NG Tubes	20	PATSAF

Status of actions for all Acute Risks



SLA Performance:

As at M07:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Emergency Spells	3,360	-474	8,038	-288
Elective Spells	87	-5	151	2
Outpatients Attendances	16,011	681	2,343	14
Total			10,531	-272

Isle of Wight NHS Trust Board Performance Report 2013/14

November 13

Performance Summary - Planned Directorate

Isle of Wight NHS Trust

Performance on a Page - Planned Directorate

Governance Risk Rating M08: **0 - G**

Finance Headlines:

£000

As at M08:	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	1,649.2	1,729.3	4.7	1,806.6
CIP	91.2	989.4	-35.6	555.0

Key Performance Indicators:

As at M08:	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
Emergency Care 4 hour Standards	Nov-13	98.1%		97.0%	
MRSA	Nov-13	0	0	1	0
CDIFF	Nov-13	0	0	5	1
RTT Admitted - % within 18 Weeks	Nov-13	90.6%	90.6%		
RTT Non Admitted - % within 18 Weeks	Nov-13	96.1%	97.0%		
RTT Incomplete - % within 18 Weeks	Nov-13	95.2%	96.2%		
RTT delivery in all specialties	Nov-13	7	3		
Diagnostic Test Waiting Times	Nov-13	4	4	33	33
Cancer 2 wk GP referral to 1st OP	Nov-13	96.3%	96.3%	95.5%	95.5%
Breast Symptoms 2 wk GP referral to 1st OP	Nov-13	97.1%	97.1%	93.9%	93.9%
31 day second or subsequent (surgery)	Nov-13	100.0%	100.0%	100.0%	100.0%
31 day second or subsequent (drug)	Nov-13	100.0%	100.0%	99.6%	99.6%
31 day diagnosis to treatment for all cancers	Nov-13	100.0%	100.0%	99.2%	99.2%
62 day referral to treatment from screening	Nov-13	100.0%	100.0%	100.0%	100.0%
62 days urgent referral to treatment of all cancers	Nov-13	95.8%	95.8%	93.5%	93.5%
Delayed Transfers of Care	Q2 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Nov-13	0	0	0	0
VTE Risk Assessment	Nov-13	89.8%		89.0%	
% of Category A calls within 8 minutes (Red 1)	Nov-13	91.7%		83.1%	
% of Category A calls within 8 minutes (Red 2)	Nov-13	75.5%		76.0%	
% of Category A calls within 19 minutes	Nov-13	96.0%		96.9%	

**Cancer figures for November are provisional*

Workforce Headlines:

As at M08:	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	3.81%	3.79%	3.65%	3.38%
FTE vs Budget			-98.0	-22.0
Appraisals			89.2%	72.8%

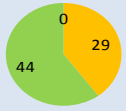
Quality Headlines:

As at M08:	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRIs (Serious Incidents Requiring Investigation)	3	2	64	11
Incidents	416	102	3,307	721
Complaints	21	15	131	55
Compliments	297	118	2,835	1,112

Risk Register Summary: As at 18/12/2013

Risk Title	Risk Score	Type
Insufficient & inadequate Ophthalmology facilities t	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 M07:	Activity		Income - £000	
	Actual	Var to Plan	Actual	Var to Plan
Emergency Spells	4,528	-267	7,167	-438
Elective Spells	4,458	-323	7,504	-550
Outpatients Attendances	52,428	-753	6,897	-18
Total			21,569	-1,005

Isle of Wight NHS Trust Board Performance Report 2013/14

November 13

Performance Summary - Community Health Directorate

Isle of Wight NHS Trust

Performance on a Page - Community Directorate

Governance Risk Rating M08: 1 - AG

Finance Headlines:

£000

As at M08:	YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	1,649.2	835.0	4.7	1,277.0
CIP	91.2	TBC	-35.6	TBC

Key Performance Indicators:

As at M08:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
Emergency Care 4 hour Standards	Nov-13	98.1%		97.0%	
MRSA	Nov-13	0	0	1	0
CDIFF	Nov-13	0	0	5	3
RTT Admitted - % within 18 Weeks	Nov-13	90.6%			
RTT Non Admitted - % within 18 Weeks	Nov-13	96.1%	94.5%		
RTT Incomplete - % within 18 Weeks	Nov-13	95.2%	97.3%		
RTT delivery in all specialties	Nov-13	7	0		
Diagnostic Test Waiting Times	Nov-13	4	0	33	0
Cancer 2 wk GP referral to 1st OP	Nov-13	96.3%		95.5%	
Breast Symptoms 2 wk GP referral to 1st OP	Nov-13	97.1%		93.9%	
31 day second or subsequent (surgery)	Nov-13	100.0%		100.0%	
31 day second or subsequent (drug)	Nov-13	100.0%		99.6%	
31 day diagnosis to treatment for all cancers	Nov-13	100.0%		99.2%	
62 day referral to treatment from screening	Nov-13	100.0%		100.0%	
62 days urgent referral to treatment of all cancers	Nov-13	95.8%		93.5%	
Delayed Transfers of Care	Q2 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Nov-13	0	0	0	0
VTE Risk Assessment	Nov-13	89.8%		89.0%	
% of Category A calls within 8 minutes (Red 1)	Nov-13	91.7%		83.1%	
% of Category A calls within 8 minutes (Red 2)	Nov-13	75.5%		76.0%	
% of Category A calls within 19 minutes	Nov-13	96.0%		96.9%	

**Cancer figures for November are provisional*

Workforce Headlines:

As at M08:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.81%	4.22%	3.65%	4.08%
FTE vs Budget			-98.0	-24.0
Appraisals			89.2%	93.1%

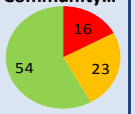
Quality Headlines:

As at M08:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs (Serious Incidents Requiring Investigation)	3	1	64	37
Incidents	416	126	3,307	1,036
Complaints	21	2	131	20
Compliments	297	80	2,835	840

Risk Register Summary: As at 18/12/2013

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 M07:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Community Contacts	47,384	2,829	n/a	n/a
Mental Health Community	24,392	13,638	n/a	n/a
Mental Health Consultant Led Outpatients	3,675	-253	n/a	n/a
Mental Health Inpatients	440	-67	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
HCAI	Health Care Acquired Infection (used with regard to MRSA etc)
HoNOS	Health of the Nation Outcome Scales
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

Enc E

Isle of Wight NHS Trust

FOR PRESENTATION TO PUBLIC BOARD ON: 8 January 2014

QUALITY & CLINICAL PERFORMANCE COMMITTEE
18 December 2013

Present:	John Matthews	Non Executive Director JM (Chair)
	Nina Moorman	Non Executive Director NM (NED)
	Dr Mark Pugh	Executive Medical Director (EMD)
	Alan Sheward	Executive Director of Nursing and Workforce (EDNW)
	Miss Sabeena Allahdin	Clinical Director – Planned Clinical Directorate (CDP)
In Attendance:	Sarah Johnston	Deputy Director of Nursing (DDN)
	Brian Johnston	Head of Corporate Governance & Risk Management (HOCG)
	Gill Honeywell	Chief Pharmacist (CP)
	Vanessa Flower	Quality Manager (QM)
	Theresa Gallard	Safety, Experience & Effectiveness Business Manager (SEEBM)
	Lesley Harris	Head of Clinical Services – Planned Clinical Directorate (HOCP)
	Deborah Matthews	Head of Clinical Services – Acute Clinical Directorate (HOCA)
	Mo Smith	Lead Nurse, Mental Health & Learning Disabilities (LN) – on behalf of Kay Marriot
	Jeannine Johnson	Stroke Nurse Specialist (SNS)- on behalf of Kay Marriot
	Chris Orchin	Non-Executive Director (Governance and Compliance) Healthwatch IW (HIW)
	Dr Victor Laurence	Consultant Physician (VL) - on behalf of Ma'en Al-Mrayat
	Dr Umama Khan	Consultant (UK) - on behalf of Sarah Gladdish
	Fiona Brothers	Risk and Litigation Officer (RLO) – *for item 13/307*
	Liz Nials	Lead on Equality and Diversity (LED) – *for item 13/312*
	Michael Head	Hotel Services Manager (HSM) – *for item 13/325*
	Andy Shorkey	Foundation Trust Programme Management Officer (FTPMO), *for item 13/328*
Minuted by:	Amanda Garner	Personal Assistant to EDNW (PA)

To be Received at the Trust Board meeting on Wednesday 8 January 2014

Key Points from Minutes to be reported to the Trust Board

- Risk Register – The Committee suggested changes to the report
- Pressure Ulcers – the Trust is not on track but is putting actions into place to address.
- Health Assure – the system was demonstrated to the Committee.

Minute No.

13/294 Apologies for Absence

Apologies were received from Sue Wadsworth (SW) Non- Executive Director and Chair, Sarah Gladdish, CD - Community Directorate, Ma'en Al-Mrayat, CD – Acute Directorate, and Ian Bast (Patient Representative)

13/295 **Confirmation of Quoracy**

The chair confirmed the meeting was quorate.

13/296 **Declarations of Interest**

Declaration made by the Chair – Assistant Coroner

Assurance Presentation

13/297 **Renal Mortality – Update on Audit**

VL presented a progress update on Acute and Unspecified Renal Failure – Mortality Review. VL updated the Committee on the recommendations and action plan including the need for weekend availability of ultrasonographers. The Committee discussed weekend working as a whole and the EMD advised that he would present a separate paper to the Committee regarding this in April 2014.

***Action Note**: EMD to present weekend working paper to April 2014*

Action by EMD

VL advised that the Care Quality Commission (CQC) had written back to the EDNW to say that they were satisfied with the findings and that VL would present a further update to the Committee in October 2014.

***Action Note**: Update to be added to rolling programme for October 2014*

Action by PA

The NED advised that this was an excellent piece of work and that lots of good outcomes had come about as a result and showed good practice. The EMD agreed that it was a great piece of work and there has been a remarkable turnaround in performance. The EMD advised that the Cusum alerts will be reviewed on a quarterly basis to review progress.

13/298 **Renal Mortality – CQC Letter**

Covered in item 13/297

13/299 **Minutes of Previous Meeting held on 20 November 2013**

The minutes of the meeting of the Quality & Clinical Performance Committee held on 20 November 2013 were reviewed, agreed and signed by the Chair.

13/300 **Review of Action Tracker**

The Committee reviewed the action tracker and updated the Chair on progress.

13/147 – The EMD advised that he is responding to the patient concerned – item complete.
13/159 – The HOCG advised that this item was now complete with the Trust utilising a rota system – item complete.
13/208 – VL attended the meeting and updated the Committee – item complete
13/251 – The HSM attended the meeting and updated the Committee – item complete
13/277 The DDN advised that the Summit meeting had gone ahead and that the report will be presented to the Committee at the February 2014 meeting.

***Action Note**: The PA to update action tracker*

Action by PA

The EDNW noted that some due dates were missing and advised that he would add these in.

***Action Note**: The EDNW to add due dates to outstanding and progressing actions.*

Action by EDNW

13/301 **Review of Rolling Programme**

The Committee reviewed the Rolling Programme. The EDNW asked that the Acute & Unspecified Renal Failure item be added to the Rolling Programme for October 2014. The EMD asked that Mortality SHMI be added to the Rolling Programme for presentation quarterly.

***Action Note**: Rolling Programme to be updated*

Action by PA

Quality

13/302 **Quality Report**

The EDNW presented the Quality Report to the Committee highlighting the following:

- Nursing Dashboard – this will be presented as the Quality Dashboard from January 2014
- Safety Thermometer – this has been added as it is reported externally. However the focus for the clinical teams is the detail behind each risk rather that this spot prevalence audit. However, the Safety Thermometer is useful as a benchmark.
- Number of Clinical Incidents - static figure. EDNW happy to see higher rates of reporting with lower rates of conversion to harm.
- Falls – the Trust is doing really well
- Healthcare Associated Infection (HCAI) – on trajectory for Cdiff and quarter three achieved against a set target of 12.
- MRSA Screening – making progress with this.and non elective screening improving. Work being done in Planned Directorate to exclude patients who do not need to be captured and this is being picked up at the Infection Prevention and Control Committee (IPCC).
- VTE – the EMD advised that the Pharmacy Prescribing System to be introduced in January 2014 will help achieve this target. It is regrettable this has not been fixed at the current time. In the meantime he has reviewed wards individually.
- Maternity – focussed work taking place regarding breast feeding. Practice embedded regarding monthly term admissions to NICU
- Mortality – slow downward trend over the year. The EMD advised that he had reviewed the November data and found no concerns. The EMD added that during the last quarter of the year the Trust saw an increased in admissions and deaths, however, this was not out of trend.
- Inquests – the EMD advised that a regulation 28 notice had been received regarding a Mental Health PM and that he was responding to this.
- Complaints – peak in November however still on target. The SEEBM advised that to date in December there had been 5 complaints received.
- Concerns – again a peak in November. The SEEBM advised that to date in December there had been 29 concerns. NED asked how the Trust compared with other Trusts of a similar size. The EDNW advised that where possible the report would link in with national data going forward. The EDNW advised that the directorates are reviewing themes and the top areas.
- Compliments – the Chair noted that there was a common theme which complimented staff with humanity which made a huge difference to patients.

- Friends and Family Test – Fantastic achievement with the Trust Development Authority (TDA) complimenting the Emergency Department on their achievement. Well done to all. Still some wards with work needed to be done. 76% of patients extremely likely to recommend to their family and friends.
- Single Sex Accommodation – not an issue but still being monitored.
- Patient discharges – separate item on the agenda
- Chaplaincy – doing a great job and there is a need to get them involved in the Patient Experience Strategy.
- Pressure Ulcers – back to where we were last year for Grade 4 in Hospital. The EDNW advised that he had contacted NHS England recently who had advised that it may take 12 to 18 months to see the work being done resulting in a reduction. The EDNW advised that he had commissioned an external review to take place in January 2014.
- Amber Care Bundle – met criteria for CQUIN but more work to be done regarding this.

13/303 **Local Response to National Issues**

Integrated Action Plan – Monthly Update

The EDNW presented the monthly update of the Integrated Action Plan. The EDNW added that progress was being made and also interviews for the Lead Nurse and Doctor for the Patient Safety Effectiveness and Experience (SEE) would be taking place in January 2014. The EDNW asked that an Executive Summary be reviewed for the next meeting.

***Action Note**: The SEEBM to review the summary*

Action by SEEBM

13/304 **Government Response to the Francis Report**

The EDNW advised that the QM had drafted this report and captured the essence of the report with the nine rejected recommendations included. The EDNW asked that a summary report is provided to this Committee on a monthly basis starting in February 2014.

***Action Note**: Summary report to be provided monthly from February 2014. PA to add to schedule.*

Action by QM

The QM asked that the Directorates shared this report with their teams at ward and team meetings. The EDNW asked that the Directorates included an individual response in their monthly reports.

***Action Note**: Directorates to share report with their teams and include directorate response in their monthly reports.*

Action by CDs

The NED advised that she had found the summary very useful.

13/305 **Quality Governance Framework**

The HOCG advised that this framework is based on guidance from Monitor and also incorporates all the third party assessments: a lot of progress is being made. The EDNW advised that work was being done on an end of year report to be presented to the Board

13/306 **Intelligent Monitoring Action Plan**

The HOCG reported on the new set of areas now used by CQC to assess quality in NHS organisations On receipt of the quarterly CQC update, senior management staff will be advised of any listed Risks and are then responsible for updating the monitoring report in respect of action plans to address these. The HOCG explained the RAG rating system and advised that items will stay as risks until the CQC receive an update. The HOCG added that the Trust was unsure why the ESR was on the list following a review and that a letter

has been sent to CQC to query this.

13/307 **HealthAssure**

The HOCG presented an update paper to the Committee regarding this software and advised that all areas are doing well in uploading information with no red indicators. The HOCG advised that it was being looked into how individual wards can access for the information for evidence to support compliance.

The RLO demonstrated HealthAssure to the Committee and advised that this can be accessed via the intranet page under Web Based Systems.

The DDN suggested that it would be very useful to have this information as part of the assurance walkarounds. The EDNW added that it would be useful to have this information integrated into the Quality Dashboard. The DDN advised that other systems can be integrated with HealthAssure.

***Action Note**: Information to be part of Assurance Walkrounds and integrated into the Quality Dashboard*

Action by HOCG / RLO/ QM

13/308 **Long Term Quality Plan**

The Directorates were asked to provide a presentation providing an update on how they are achieving the four in year Quality Goals and the Long Term Quality Plan:

1. Reducing Mortality Rates
2. Prevention of Pressure Ulcers
3. Improving Communication
4. End of Life Care (AMBER Care Bundle)

13/309 **Acute Directorate**

The HOCA presented the Acute Directorate's update to the Committee giving an overview of the work that has been done by the Directorate in support of these goals. The HOCA advised that the Directorate was seeing a reduction in pressure ulcers, work was being done regarding communication, that there were more local resolution meeting held regarding complaints and that progress is being made on the AMBER Care Bundle.

The EDNW advised that he could see what was being done however asked how the Directorates are assured that they are doing all they can? The Chair suggested that more detail was required in the report.

13/310 **Planned Directorate**

The HOCP presented the Planned Directorate's update to the Committee giving an overview of the work that has been done by the Directorate in support of these goals.

The Committee discussed Morbidity and Mortality meetings regarding minutes being taken and the QM advised that there is an M&M proforma for reporting minutes.

13/311 **Community Directorate**

The LN and SNS presented the Community Directorate's update to the Committee giving an overview of the work that has been done by the Directorate in support of these goals highlighting the Safer Care project(Mental health). The SNS advised that the Directorate still has issued with Grade 4 pressure ulcers and an analysis will be done of the last three months to see how improvements can be made. The SNS added that complaints had improved.

Equality & Diversity

13/312 **NHS LGB&T Staff and Friends Group – Notes of Meeting**

The LED updated the Committee on the inaugural meeting of the LGB&T meetings which were aimed at improving experience for both staff and patients. The LED advised that she had received lots of positive feedback and feedback regarding GP surgeries would be shared with the CCG. The LED advised that there were lessons to be learned and that she would share this with the Directorates at their Quality, Risk and Patient Safety meetings.

The LED advised that there was small attendance at the first meeting of the staff group and the decision had been made to merge the staff group with the patient group from January 2014. The DDN advised that any actions arising out of this merged group relating to staff would have a different reporting route to those relating to patients.

13/313 **Equality Objective Progress Report**

The LED presented the progress report to the Committee highlighting the progress made on the action plan. The LED added that the NHS Equality Delivery System (EDS) has been updated and will be relaunched.

Reports From Directorates

13/314 **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:

- Diagnostic imaging – progressing
- Phlebotomy – moving to Shackleton
- Clinic times

The HOCA advised that there had been an investigation into the number of falls on one ward and the actions taken following this.

The EDNW asked that the minutes of the Directorates Quality, Risk and Patient Safety Committee include the titles of those who attended.

***Action Note**: Directorates to include titles of attendees in their Quality, Risk and Patient Safety Committee minutes.*

Action by HOCA, HOCP, HOCC

The Committee discussed issues around staff sickness and lone working at the Phelbotomy Clinic which meant it was sometimes closed

13/315 **Planned Directorate - Quality, Risk and Patient Safety Committee**

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

- Investigating Officers – The CDP added that people need to be supported with time to carry out the investigations
- Laser Site Surveillance
- Biopsy Survey – excellent feed back
- Quality goals
- Update on LGBT
- Friends and Family Test – results improving slightly.

The NED enquired regarding the SIRI that related to Southampton Eye Screening. The

HOCP advised that their service is hosted there and that Southampton were carrying out an audit. The EDNW asked that the HOCP review incident WF26519 regarding its grading and suggested that the Friends and Family target be increased.

***Action Note**: HOCP to review grading of incident WF26519 and Friends and Family target.*
Action by HOCP

13/316 **Actions being taken in reviewing or action planning around clinical areas of concern**

The HOCP updated the Committee on an area of concern following a review of the appointments process and system, in particular cancelling and rescheduling follow up appointments, and advised how this was being reviewed. The HOCP added that this was on the Risk Register and would provide a more detailed report to the Committee in March 2014

***Action Note**: PA to add to Rolling Programme*
Action by PA

13/317 **Readmission Audit Summary**

The CDP presented the findings of the audit to the Committee. The NED enquired regarding "zero" days. The CDP advised that this related to patients discharged on the same day as they were readmitted, and perhaps could have been treated without being admitted The EDNW advised that the ISIS Bed State Programme would help to move to forward planning regarding readmissions. The HOCP added that some of the readmissions had been planned.

13/318 **Community Health - Quality, Risk and Patient Safety Committee**

The LN presented the minutes of the last Quality, Risk and Patient Safety Committee to the Committee.

13/319 **Actions being taken in reviewing or action planning around clinical areas of concern**

The SNS advised the main area of concern for the Directorate and how an analysis will be carried out. The SNS added that there had been challenges with ISIS and Paris and confirmed that problems with access had been resolved.

Patient Safety

13/320 **SIRI's – those coming on line**

The QM advised that there were currently 22 open cases with 3 being overdue. The Directorates confirmed that they were aware of these and the Committee discussed the possibility of "clockstops" on these cases if the internal process had been completed but an external agency's (eg police) process was holding up final closure.

13/321 **SIRI's – for final sign off**

The NED queried SIRI number 11087 regarding the causes. The SNS advised that she would review this summary. Closure not approved.

The EDNW queried SIRI number 1212 also regarding the causes and asked for further review. Closure not approved.

The Committee discussed SIRI number 8185 as the Naso Gastric Policy was not discussed at the Policy Management Group in December. Closure not approved. The Policy will be discussed at the Policy Management Group in January 2014.

The Committee approved the sign off of the SIRIs excluding numbers 11087, 1212 and 8185.

13/322 *The Chair left the Meeting at this point and handed over to NM (NED) to chair the remainder of the meeting*

Patient Experience

13/323 **Patient Story (film)**

The volume of the audio of the Patient Story was not loud enough to be heard by the Committee. The QM therefore summarised the patient story regarding the lack of communication and delays the patient experienced regarding their wound care although they could not fault the care that they had received. The HOCP advised that she would review this case and present a timeline for the January Committee Meeting.

***Action Note**: The HOCP to provide a timeline for the January Committee Meeting*

Action by HOCP

13/324 **Patient Experience Strategy – Exec Summary Report**

The QM presented the draft Patient Experience Strategy to the Committee which she outlined and advised that this links to FT membership. The QM highlighted the nine objectives to the Committee. The QM advised that the strategy would be reviewed at Trust Board and would be reviewed by the Patients' Council.

HIW advised that regarding the Citizen's Advice Bureau that when they receive calls from patients that there is a presumption that they wish to complaint and that work is required on separating complaints from concerns.

13/325 **Board Patient Meals Tasting – Feedback Report**

The HSM presented a feedback report to the Committee advising that the Board had eaten in the restaurant and scored their meals accordingly. The HSM acknowledged that at that time the department were making changes and enhancements and advised that more food was now being produced on site and local food was being used. The HSM advised that further tastings had been carried out recently and there had been an increase in the scoring. The HSM advised that there is now a comment box on the patient menu and the Assistant Head Chef visits wards on a regular basis for patient feedback. The HSM advised that further changes to the menu were being made to include snacks and fruit. The NED commented that it was good to see local produce being used and that fresh food was replacing frozen. It was suggested that food sourced from the Isle of Wight was advertised on the menu and it was agreed that this was a good idea. The EMD added that catering had improved and complimented the HSM on this.

13/326 **Patient Discharge Audit – Exec Summary**

The QM presented the Patient Discharge Audit to the Committee which reviewed Out of Hours Discharge data and reported the findings. The QM advised the Committee that no patients were discharged Out of Hours or if they were it was because of patient choice or time critical clinical needs. The QM advised that this report would be produced monthly and that an overview report would be presented to this Committee in March 2014.

***Action Note**: The PA to add to the Rolling Programme*

Action by PA

The EDNW advised that this had been raised by HealthWatch and that he would be responding to them with this report.

***Action Note**: The EDNW to respond to HealthWatch*

Action by EDNW

Clinical Audit and Governance

13/326 **Trust Risk Register**

The HOCG advised that there were currently 78 risks on the Register with 2 new risks being added this month.

The Committee discussed the risks that had increased scores this month. HW advised that he thought that there was a disconnect regarding how long it took to escalate an action plan. The Committee agreed that it would be helpful to see when a risk was added and that they needed to be assured that there were action plans in place for each risk. The HOCG advised that he would add a column to include the date a risk was added and that every three months there would be a review of the action plans with escalation if necessary.

***Action Note**: The HOCG to revise the report to include the date when a risk was added and put process in place regarding review of action plans.*

Action by HOCP

Safeguarding

13/327 **Safeguarding Children and Young People Report**

The EDNW updated the Committee regarding the Trust's participation in 2 Serious Case Reviews (SCR's) and how both highlighted good practice and areas for improvement. The EDNW advised that both action plans were being reviewed through the Joint Safeguarding Steering Group (JSSG).

The EDNW advised that there were 2 serious case reviews coming on line and gave brief details of these to the Committee. The EDNW advised that these will be reviewed through the JSSG.

Clinical Performance & Risk

13/328 **TDA Self Certification**

The FT PMO provided an update on the current status of Board Statements, Licence Conditions and FT Milestones.

Board Statements:
There had been no change to the status approved by the Committee at its last meeting. Additional guidance from the TDA on the Accountability Framework remained outstanding. It was suggested that we approach other Trusts in the region to identify how they were currently dealing with Statement 5. FTPMO agreed that he would pursue this line of enquiry. The NED asked that the supporting information around Statement 3 be reviewed with a view to updating. FTPMO would address this with LED.

Licence Conditions:
FTPMO advised the Committee that the Head of Commercial Development had reviewed Condition C2 relating to competition oversight and provided positive assurance. Two conditions now remained outstanding and would be addressed by 31 March 2014.

FT Milestones:
Revised milestones had now been agreed with the TDA following the exclusion of the Trust from the next wave of Chief Inspector of Hospitals visits. The Trust continued to meet the milestones agreed with the TDA.

As there was no Board meeting in December the Committee's recommendation would be taken to the Board meeting scheduled for 8 January 2014. The Committee agreed that they would recommend that the Board approve the self-certification return.

13/329 **Results of Self Assessment**

The Committee discussed the results of the Self Assessment and agreed that an "unsure" option would have been helpful. The SEEBM confirmed that the Committee produces an annual report in May and this self assessment is part of this report which then is reviewed by the Audit Committee. The EDNW advised that the Board carries out an assessment every 12 months and this Committee self assesses every 6 months. The BM added that this checklist is to review if the Committee had fulfilled the duties of the Terms of Reference and that the Report gives more detail. The Committee discussed its role regarding influencing quality throughout the Trust and if the right information is received by the Committee. The NED advised that she would not be able to easily identify the top five services within the Trust. The EDNW advised that the detail in the Quality Dashboard would address this. NM advised that the Trust needs to be benchmarking on how we compare to other Trusts.

13/ **Top Issues**

- Risk Register – The Committee suggested changes to the report
- Pressure Ulcers – the Trust is not on track but is putting actions into place to address.
- Health Assure – the system was demonstrated to the Committee.

13/ **Any Other Business**

There were no further items to discuss.

13/ **Date of Next meeting**

Wednesday 22 January 2014
9 am to 12 Noon
Large Meetings Room

Signed: _____ Chair

Date: _____

For Presentation to Trust Board on 8th January 2014

FINANCE, INVESTMENT & WORKFORCE COMMITTEE MEETING

Minutes of the Isle of Wight NHS Trust Finance, Investment & Workforce Committee meeting held on Wednesday 18th December 2013 in the Small Meeting Room.

PRESENT:	Charles Rogers	Non-Executive Director (Chair) (CR)
	Peter Taylor	Non-Executive Director (PT)
	Chris Palmer	Executive Director of Finance (EDOF)
	Alan Sheward	Executive Director of Nursing and Workforce (EDNW)
	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)
	Karen Jones	Workforce Planning & Information Manager (WPIM) *(Item 13/204)*
	Andy Shorkey	Programme Management Officer – Foundation Trust Programme (FT-PMO) *(Item 13/208)*
Minuted by:	Sarah Booker	PA to Executive Director of Finance (PA-EDOF)

To be Received at the Trust Board meeting on Wednesday 8th January 2014
Key Points from Minutes to be reported to the Trust Board

13/ 203	Forecast Out-turn – The Trust is confident in delivering its forecast out-turn of a surplus of £1.6m.
13/203	The Committee received assurance that the forecasting error arising at Month 7 had been rectified in the current position. Assurance was provided that additional validation checks had been introduced.
13/203	The EDOF assured the Committee that the CIP savings target was expected to be met for the year. The Committee noted that at this stage 40% of the savings for the year are non-recurrent although will be mitigated by the full year effect of schemes.
13/208	Self Certification: Sufficient assurance had been provided for the Committee to recommend that Trust Board approve the self-certification returns as proposed.

13/196 APOLOGIES

Apologies for absence were received from Mark Elmore, Deputy Director of Workforce (DDW) and Donna Collins, Head of Transformation and Quality Improvement (HTQI). Kevin Bolan, Associate Director of Facilities (ADFac) attended as deputy on behalf of the Executive Director of Planning, ICT and Integration (EDP).

13/198 CONFIRMATION OF QUORACY

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

13/199 DECLARATIONS OF INTEREST

There were no declarations.

13/200 APPROVAL OF MINUTES

The minutes of the meeting held on 20th November 2013 were agreed by the Committee.

13/201 SCHEDULE OF ACTIONS

The Committee received the schedule of actions taken from the previous meeting on 20th November and noted the following:

13/162 HMRC - Awaiting official response from HMRC regarding refund Action closed.

13/186 Mottistone Suite - Action not for CR. EDNW to meet with the Planned Associate Director and discuss business plan from a trading account perspective.

13/187 90 Day Debtors List – This is a standing item on the agenda each month. The position is improving and the DDOF is holding weekly meetings with the Senior Financial Accountant for updates.

Further actions are listed in the schedule of actions.

13/202 LONGER TERM STRATEGY AND PLANNING

LTFM Status Update:

The DDOF updated the Committee on the current LTFM status. The draft LTFM was submitted to the TDA on 30th November to accompany and be read in conjunction with the IBP. It is currently being reviewed by TDA staff. Their feedback to the Trust was due to take place on Tuesday 17th December but nothing received to date.

Several initial queries were subsequently received from them, the majority of which have been answered satisfactorily e.g. the calculation and timing of impairments to fixed assets. However, it has highlighted some issues which may need to be addressed prior to the submission of the next draft in March 2014. These include the Trade Payable days included in the model which need checking for consistency over the 5 year plan.

The LTFM will be updated in early January with the Month 9 position and there may be an opportunity to refresh again with Month 10 at the end of

February. Peter Taylor (PT) questioned whether the Capital would be refreshed and the DDOF assured the Committee that another draft will be undertaken to ensure compliance on the completion of the Capital Plan in line with the LTFM and the IBP.

13/203 FINANCIAL PERFORMANCE

Month 7 Briefing

The Committee discussed the forecasting errors from Month 7 which were highlighted by the EDOF during the November Trust Board meeting. Charles Rogers questioned the DDOF what is now happening to ensure more rigorous checks are in place. The IADF and DDOF assured the Committee that the current position is accurate and thorough checks are being undertaken with the aid of a formalised timetable devised by the IADF and confirmed the forecast surplus for the year will be met.

Month 8 Financial Performance Report

Continuity of Service Risk Rating:

Overall Rating of 4 after normal adjustments. This rating is expected to continue through to the year-end.

Summary:
The IADF presented the Month 8 Finance Report and highlighted the following:

Forecast Out-turn – The Trust is confident in delivering its forecast out-turn of a surplus of £1.6m.

Income – The YTD position is over plan by £7,058k. The variance of £1,605k in the Acute directorate is due largely to the prison extension contract in Apr-May, dermatology element within the Beacon contract and drug cost recharges. Within the Planned area the variance of £418k is due to mainly R&D and Allergy funding being higher than plan. The Community Health income variance of £838k is due to over plan charges for Mental Health 1:1 activity and recharges for Health Visitor costs. Income relating to Corporate areas is showing a favourable variance of £2,295k mainly because of the adjustment to the EMH budget, income relating to NHS Creative and training income being above plan. In addition the below the line receipt of charitable donations for Asset Acquisition of the £250k donation relating to the helipad and £52k in month received from League of Friends is over plan.

Pay – The YTD position on pay budgets is over plan by £1,461k. 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; £178k 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 £804k in the Planned directorate which is due to Locum Costs to cover vacancies and sickness and £246k in Corporate areas which is mainly due to costs relating to NHS Creative. Historically there is a significant increase in Locum/agency spend during the first 6 months of the year which then reduces. These issues are raised during the weekly directorate deep dive meetings.

The Committee agreed it would be useful to have sight of the Workforce Flash Report to look into this further.

Action: WPIM

The EDNW was concerned at the levels of underspend against established posts in the areas of direct clinical care and will hold a meeting to discuss this further with the WPIM and the IADF.

Action: EDNW/WPIM/IADF

Non Pay – The non pay budgets are overspent by £4,158k. 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 – The CIP plan for M8 is £717k. The actual savings totalled £1.786k and therefore there is an in month overachievement of £1,069k. The year-to-date target of £5,396k is shown as being fully delivered as £4,362k of planned schemes have been achieved to date and the full year effect of schemes banked amounting to £1,125k has been recognised. The forecast is showing achievement of £8,608k which is £36k underachievement against the annual plan.

40% of CIPs are at this stage non-recurrent, although funding for some cost pressures remains in reserve and the full year effect of schemes is expected to mitigate circa £2m. The DDOF assured the Committee of the commitment to close the gap to minimise any carry forward.

PT asked the EDOF whether the Board members should be concerned at the CIP forecast. The EDOF assured PT that she is confident the remaining gap can be closed from the full year effect of schemes delivered part way through 2013/14 along with additional schemes taking effect from April 2014 to offset those delivered non-recurrently.

PDC Update:

There was a discussion around the paper provided for the PDC reserves position. The IADF will be requesting all Finance Managers to forecast their positions each month.

Action: IADF

PT sought clarification on whether the 18 winter beds were part of the PDC spend and therefore what would happen when funds would not be available next year. The EDNW explained that the Trust will run a system to undulate bed stocks during the summer and increase them in the winter. The Trust will look into recruiting staff on a part time basis during the summer months with a view to making them full time in the winter and therefore the headcount per full time equivalent may drop during the summer and rise in

the winter.

90 Day Debtors List:

The DDOF discussed the breakdown of the aged debtors. The Senior Financial Accountant (SFA) provided the Committee with the action plan and comments on the top ten over 90 day debts detailing the current status on the overdue debts.

- The total sales invoice debt to the end of November is reduced by £1758k from last month.
- Total aged debt over 90 days decreased by £198k from October to November.
- Total debt over 30 days to the end of November has reduced by £361k from last month.

CR noted there is good work being undertaken in the recovery of these debts.

Cash Flow & Investments Update:

We have now started to invest short term with the National Loans Fund (NLF) which is administered by the Treasury. There have been two investments made so far with a total expected interest amount of £1570.68. Our main SLA income is received around 15th of each month; therefore we will be investing a minimum of £6 million for 7days at this time. Further investments will be made at other times of the month depending on available cash surplus at the time.

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 movement of the brought forward CIP schemes.

Capital Plan Update:

The EDOF, DDOF and the Capital Planning and Development Manager met to discuss the schemes and all are confident that schemes will be delivered by the end of the year.

CR queried why initiatives are still being agreed to be carried out during this financial year as noted in the Capital Investment Group minutes. The EDOF explained that schemes will still be committed, some during February and March for outstanding small equipment items where there are still funds available.

Cost Improvement Programme Update – Status of Schemes:

No report provided as HTQI not available to give an update.

13/204 WORKFORCE

Month 8 Workforce Performance Report:

The WPIM presented the Month 8 Report highlighting the following:

- The workforce variable plan is high and does not align with the in month plan. Variable hours is an issue every month and majority of issues are regarding the use of Locums. PT queried why we use so many Locums. The WPIM explained there are currently 20 doctor post vacancies which are hard to recruit posts. The sickness in month absence rate is still above target at 3.81% but last month it was 3.91% so has reduced from the previous month. The EDNW noted this is the best it has been in the last 3 years and regionally the Trust has a very low sickness absence rate.

- November Paybill: Agenda for Change £5.812m a decrease of £21k against October figure. The highest in month expenditure being Band 5, £1.19m and Band 6, £1.46m. Total Paybill for November Staff In-post £9.439m, £3.627m attributed to Non A4C contracts, Medical Staff Paybill, variable hours costs used. The WPIM will include an overtime column on the Bank/agency spend key performance indicator page of the Workforce report and will remove the COO from the sickness absence page.

  Action: WPIM

- The In Month turnover for November 2013 remained static at 1.0%.

- Mondays and Fridays are still the most common first days of absence. A Non-Executive Director questioned why there was a category for sickness absence "Other Unknown Causes" at the November Board and the EDOF said it would be raised during this meeting. The WPIM explained there is a drop down box on the MAPs system where staff can note their reason for absence. If their specific reason for absence is not listed staff tend to use the 'other unknown causes' category. The WPIM will look into removing this option from the system.

  Post meeting note: The WPIM confirmed this is possible and will action it immediately.

- The most common absence days and the days lost during the month will be published in the Transformation newsletter.

  Action: WPIM

- Good assurances are given in the performance reviews regarding the sickness absence levels in each directorate and the Directors are challenged on how they are supporting their staff.

- In November 97.91 FTE bank was used to cover sickness absence, an increase of 3.71 FTE against October usage. CR acknowledged there is good work going ahead to identify opportunities for cost savings but questioned whether this information was being sufficiently acted upon by line managers. The EDNW will attend a meeting in January 2014 with our legal team for further advice on this issue.

- PT discussed the government paper on 7 day working which will be coming out soon and noted this will need to be factored into the LTFM.

13/205 FINANCE FUNCTIONS

Contract Status Report:

No issues were raised from this comprehensive status report and CR noted it is in an excellent format.

National Funding Issues – CCG Allocations:

The EDOF explained to the Committee that NHS England are about to issue a paper imminently on the CCG allocations for the next two years. An update will be provided to the Committee at the next meeting.

Action: DDOF

13/206 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.

Car Parking Options:

Car Park contract ends March 2014.

The Committee discussed the paper and agreed to opt for option 1, a single tender waiver extension for one year from March 2014, with current prices held. This will go through Audit Committee for a Single Tender Waiver and then to Board for approval.

13/207 TRADING ACCOUNTS

Mottistone Update:

The Month 8 Trading Account was received. The Committee agreed strategic business plans will be requested from the business manager.

Action: WPIM

Beacon Update:

The Month 8 Trading Account was received.

NHS Creative Performance and Budget Update:

The Month 8 Trading Account was received.

13/208 SELF CERTIFICATION REVIEW

The FT PMO provided an update on the current status of Board Statements, Licence Conditions and FT Milestones.

Board Statements:
There had been no change to the status approved by the Committee at its last meeting. Additional guidance from the TDA on the *Accountability Framework* remained outstanding. AS advised that he would approach other Trusts in the region to identify how they were currently dealing with Statement 5.

Licence Conditions:
AS advised the Committee that the Head of Commercial Development had reviewed Condition C2 relating to competition oversight and provided positive assurance. Two conditions now remained outstanding and would be addressed by 31 March 2014.

FT Milestones:
Revised milestones had now been agreed with the TDA following the exclusion of the Trust from the next wave of Chief Inspector of Hospitals visits. The Trust continued to meet the milestones agreed with the TDA.

As there is no Board meeting in December the Committee's recommendation would be taken to the Board meeting scheduled for 8 January 2014. The Committee agreed that they would recommend that the Board approve the self-certification return.

13/209 COMMITTEES PROVIDING ASSURANCE

Minutes from the Capital Investment Group

No comments noted.

13/210 ANY OTHER BUSINESS

The Chairman discussed the possibility of these meetings lasting for 2 ½ hours from January 2014 to ensure all agenda items were allowed the correct amount of time for discussion. The Committee agreed this would be beneficial.

Action: PA-EDOF

13/211 KEY ISSUES FOR RAISING TO TRUST BOARD

Please refer to Key Points.

13/212 DATE OF NEXT MEETING

The Chairman confirmed that next meeting of the Finance, Investment & Workforce committee to be held is on Wednesday 22nd January 2014 in the Large Meeting Room.
The meeting closed at 3.00pm.

Enc G

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 8 JANUARY 2014

Title	Patient Experience Strategy			
Sponsoring Executive Director	Alan Sheward – Executive Director of Nursing and Workforce			
Author(s)	Vanessa Flower, Quality Manager			
Purpose	The strategy has been put in place to ensure that we have a cohesive and clear plan in place to ensure that patients, their families and carers experience care that not only meets but exceeds their expectations of the Trust Services.			
Action required by the Board:	**Receive**		**Approve**	P

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	18/12/13
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board		Trust Board Seminar	10/12/13
Please add any other committees below as needed			
Other (please state)	Patients Council, 16/12/13		

Staff, stakeholder, patient and public engagement:

The strategy has been reviewed by the Patients Council members, as well as HealthWatch Isle of Wight.

Executive Summary:

The Strategy lays down the vision of the Trust in relation to the Patient Experience Agenda for a 3 year period 2014 – 2017 and identifies some of the key actions that the Trust needs to undertake to ensure we improve and enhance the experience of our patients.

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)***	2.22		
Assurance Level ***(shown on BAF)***	£ Red	£ Amber	P Green
Legal implications, regulatory and consultation requirements			

Date: 23.12.13 **Completed by: Vanessa Flower**

Enc G

Isle of Wight NHS
NHS Trust

Patient Experience Strategy 2014 – 2017

'Seeing the person in the patient'

Author: Vanessa Flower – Quality Manager
December 2013

Foreword from the Trust Chairman and Chief Executive:

Isle of Wight NHS Trust is committed to the delivery of effective, safe and personal care to every patient, every time across all our services – ambulance, community, hospital and mental health. Our vision is to be an excellent and trusted provider of integrated patient focussed services that are locally and globally admired. We aim to improve quality by not only ensuring that the results of treatment and care (outcomes) are as good as the best achieved elsewhere, but by making sure that our patients, feel (and say) that we are treating them with compassion and dignity.

We know that patients have a unique vantage point at the centre of everything we do and as such are expert witnesses to the care delivered. Their judgements are not only made on the care that they receive, but also the care they witness others receiving. There is no doubt that the care experience of the patient and their family and friends, clearly plays a significant part in the patients' well being, making them the experts who can work with us to further improve the experience of all patients.

This strategy sets out how the organisation will proactively utilise patient feedback to improve the services we deliver, linking with our patients and other key stakeholders to ensure that we continue to deliver safe, effective and compassionate care.

The Trust Board, senior staff and everyone in the organisation are committed to improving the experience of the patients we serve. If you have any feedback or comments on this strategy please do not hesitate to get in touch. If you would like to become more involved in the organisation please sign up as a Member (www.iow.nhs.uk/membership).

Danny Fisher

Chairman

Karen Baker

Chief Executive

1. INTRODUCTION:

In 2013 the National Quality Board defined the Patient Experience dimension of Quality as **'**care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.' (2013:p.17)

The Equality Act 2010 provides a legal framework which should improve the experience of all patients using NHS services, and replaces all previous anti-discrimination legislation - including a public sector equality duty requiring public bodies to have due regard for the need to eliminate discrimination and to advance equality of opportunity; and to foster good relations between people who share certain protected characteristics and those who do not. The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

One of the recommendations from the Mid Staffordshire Inquiry (2013:p.85) state that 'the patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation to their basic rights.' This is underpinned further by Compassion in Practice published by the Department of Health in December 2014, which clearly identifies the six fundamental values: care, compassion, competence, communication, courage and commitment.

The Isle of Wight NHS Trust is committed to ensure that our services are developed and improved as a direct result of patients' experience and involvement; and that the patient is always our priority. Excellent Patient Experience is supported by the Trusts 5 Strategic Objectives and is clearly embedded throughout the Trusts Integrated Business Plan.

The implementation of this Strategy will ensure that the Trust has a co-ordinated approach enabling us to embark on a cycle of continual listening, learning from and working together with our patients and partners in care. This will in turn ensure that valuable feedback is routinely captured and used effectively to ensure excellence of the patient pathway from start to finish.

As we move towards Foundation Trust Status, this strategy will allow us to build a solid base of partnership with the membership and the Island Community as a whole, and it sets in motion a way of working which through our Council of Governors and membership which will make sure that our plans always put the patients' needs first.

2. PURPOSE OF THIS STRATEGY:

The aim of this strategy is to ensure that patients, their families and carers experience care that not only meets but exceeds their expectation of the services at the Isle of Wight NHS Trust.

High quality patient, carer and family experience:

- Is a right under the NHS Constitution for England
- Helps the Trust maintain and increase public confidence.
- Has been linked to better outcomes.
- Forms part of the Trusts Quality Accounts.
- Can be an indicator for poor quality care (reviews e.g Mid Staffordshire NHS Trust have shown that a greater focus on patient experience data could have highlighted problems at an early stage)
- Is a key factor within NHS strategies, including the Quality Governance Framework and the NHS Outcomes Framework 2013/14

Through the strategy, the Trust will define the action required to improve patient, family and carer experience and provide a framework to support this, with clear priorities and responsibilities identified.

This strategy will ensure that a culture of seeing the person in the patient is at the heart of everything we do.

Engagement will form the cornerstone of the Trust's pursuit of Foundation Trust status. We recognise and value the importance of engagement as a means to shape and deliver the best care for patients, relatives and carers.

3. STRATEGIC CONTEXT

The Trust has already established several mechanisms to capture patient feedback and improve the patient experience including:

- Use of Patient Stories – These will continue to be delivered to the Monthly Trust board, representing patients' views from all the services we deliver across the Island.
- A Patient Experience Listening day – which will give patients, relatives and carers the opportunity to come in and speak to senior staff from across the Trust
- Board Assurance Walkabouts – This enables Board Members to seek patient, staff and carer feedback for themselves.
- Implementation of the Friends and Family Test across the whole organisation. (See Appendix A)

- Use of locally developed patient surveys, which incorporate a net promoter score[1], and are reported at board
- Use of Mystery Shopper campaign
- Use of Healing Arts to improve the hospital environment
- Review of the complaints / concerns process to ensure that a more proactive approach is taken to facilitate early resolution of concerns
- Utilisation of Patient Council Members to capture patient feedback, with a current focus on nutrition.
- Dedicated engagement with the public members of the island from minority groups including Black, & Minority Ethnic (BME) groups & Lesbian, Gay, Bi-sexual, & Transgender (LGBT)
- Engagement with HealthWatch Isle of Wight.

[1] Net promoter score is a management tool that can be used to gauge the loyalty of a firm's customer relationships.

Patient Experience data will be shared at various committees across the organisation up to Board. The Board will continue to receive Patient Stories as a regular agenda item, as will its subcommittee, the Quality and Clinical Performance Committee (QCPC). The Quality and Clinical Performance Committee will also receive a quarterly Patient Experience report which pulls together all of the key elements of patient experience data from across the organisation.

Patient Experience data will used to inform the Organisations Equality Delivery System Self-Assessment.

The first objective of the Isle of Wight NHS Trusts' Integrated Business Plan (IBP) is to continue to develop the ***highest possible quality standards*** in the services we provide – delivering safe and effective services and good outcomes, and doing so in a way that achieves an excellent patient experience, with excellent customer care.

4. WHAT ARE THE BENEFITS OF IMPROVING THE PATIENT EXPERIENCE?

Not only does improving the patient experience benefit patients and families/carers, it also benefits the staff and the organisation by providing:

- Enhanced patient recovery and health outcomes (e.g. reduced length of stay)
- Enhanced quality of life and reductions in pain, anxiety and depression
- Improved patient confidence, involvement and coping ability
- Enhanced individualisation of care -more dignity, respect, and understanding
- Enhanced quality of care, including resolving problems
- Improved productivity, efficiency, and reduced costs
- More streamlined care pathways that are less resource intensive
- Lower staff turnover and absenteeism, better job satisfaction
- Enhanced team dynamics
- Better culture of care.

5. STRATEGIC OBJECTIVES – WHAT WE NEED TO DO TO IMPROVE

Objective 1: Develop a more proactive and robust approach to patient feedback and concerns via the Patient Experience Officers (PEO's) and continue to analyse complaints and concerns data to inform service improvement.

We recognise that it is important to make use of patient feedback from complaints and concerns data in order to support service improvement and to ensure important lessons are learnt when we have not got it right. It is also recognised that the way in which complaints are handled can either improve or worsen the experience of patients.

Our plans:

1. We will implement a more proactive approach to managing the concerns of patients and carers. Patient Experience Officers will be available to support Trust staff to effectively manage patient concerns. The Patient Experience Officers will liaise with Trust staff to achieve prompt and if possible immediate resolution. The Services will have experienced staff who will be expert communicators.

2. We will review and produce more accessible information for patients, carers and staff to promote the Patient Experience Service both internally and externally, through a variety of media.

3. We will identify a more central and accessible location for Patient Experience Officers for patients, carers and staff.

4. We will support patients to resolve their concerns at an earlier stage so they do not feel they need to register a formal complaint.

5. We will ensure that Patient Experience Officers are readily available to support and educate the Trust staff in dealing with concerns at an early stage, so that escalation to Patient Experience Officer level is reduced or avoided.

6. We will undertake a review of our complaints process including the quality of our responses, to ensure that complainants are fully informed throughout the process and to enable services to be improved. This will included talking to complainants on receipt of their concern, to identify how they would wish their complaint to be managed.

7. We will continue to report and analyse our complaints and concerns data monthly to be shared as part of the Executive Director of Nursing and Workforce's Quality Report. This report will continue to be shared at various forums such as Clinical Directorate meetings across the Trust, as well as with the Clinical Commissioning Group on request.

8. We will ensure that serious issues are highlighted to an Executive Director immediately upon receipt and action taken on them in line with Trust Policy.

9. We will continue to provide monthly analysis of data from complaints and concerns to the Clinical Directorates.

10. We will continue to develop service level action plans to address issues and themes from complaints and concerns, and report and monitor these appropriately to inform service improvement and redesign.

11. We will ensure that we utilise patient feedback from external sources such as information provided from HealthWatch Isle of Wight.

Objective 2: Build on existing work to further develop robust systems and processes for gaining both quantitative and qualitative feedback.

The Trust currently participates in gathering information about the services we deliver on a regular basis. The Quality Team currently collate information from across the Trust to measure performance and inform commissioners about service quality and provide evidence for regulators.

As well as undertaking the Friends and Family Test, the Trust participates in all mandated National Patient Surveys and develops local patient experience surveys to further evaluate services. Other means of capturing patient experience activities includes mystery shopping programmes, recording patient story videos and provision of patient diaries.

Our plans:

1. We will develop and implement a real-time feedback system for use in the organisation.

2. We will open our PALS centre at the front entrance of the Hospital providing patients with the opportunity to leave feedback or speak to someone 24 hours a day.

3. We will continue to improve the process of collecting patient feedback, by further evaluating and if appropriate purchasing an electronic solution for data capture.

4. We will maximise the use of social media – giving patients, relatives and carers the opportunity to contact the Trust to discuss their concerns, raise a complaint or to provide positive feedback to staff.

5. We will extend the roll out of the Friends and Family Test to the whole Trust ahead of the national timescale.

6. We will work with volunteers and HealthWatch Isle of Wight to further develop the current Patient Story process, to ensure that a more independent process of

interviewing patients is in place. Patient stories add an invaluable in-depth insight into pathways through the Trust and provide a human element to data. Patient Story videos will be shared at Board, as well as being used for staff training. We will ensure that these videos are available via the Trusts Intranet to ensure that they are easily accessible to staff across the Trust.

7. We will extend the Friends and Family Test to include staff. We recognise happy staff lead to happy patients.

8. We will ensure that a dedicated member of the Patient Experience Team is working alongside service line staff and Site Coordinators in the out-of-hours period to ensure that feedback is translated into actions which are then completed. This will include the introduction of a process to monitor service improvement as a result of action taken.

9. We will ensure that there is a more robust process for collecting, sharing and using feedback from websites such as NHS Choices and Patient Opinion as well as external sources such as HealthWatch Isle of Wight.

Objective 3: Develop the 'Living Room to Board Room' concept to ensure that patients who access community services are providing patient feedback to align to our board to ward approach.

1. We will ensure that the Friends and Family Test is implemented across community services ahead of the national implementation date, and that the results of this are reported to Board.

2. We will work with the Community Services Teams to identify patients who wish to participate in patient story videos from their own home, to relay their experience of community services to the Board.

3. We will work with volunteers and HealthWatch Isle of Wight to identify patients who wish to participate and contribute to the patient experience agenda in relation to community services.

Objective 4: Develop systems and processes that appropriately link willing patients, members, governors and other stakeholders with teams trying to make service improvements.

Patients and the public who may want to be involved to varying degrees in providing feedback and helping to shape the Trust's services will be approached to participate in engagement events. As such the organisation will need to have a variety of options available to support them.

The Trust will work with local representatives, user groups and partners but will also need to ensure that clear mechanisms are in place to enable current users of our services, and the wider public, to provide the Trust with feedback.

For the future it is clear that we will need to build a clear role for the current Patient Council, public members, as well as the governors appointed as part of the membership of our Foundation Trust in shaping the Trust's strategic objectives around patient experience.

Our plans:

1. We will ensure that we have an organisational register of all local patient user groups.
2. We will develop mechanisms to ensure that Trust Members provide their views and shape services.
3. We will develop an annual work programme that details all projects requiring patient/carer/public involvement.
4. We will put a clear process in place to ensure that services are able to identify and communicate with willing users to support service developments and improvements.
5. We will ensure that a policy is in place that clearly defines what support and reimbursement of expenses is available for service user involvement.

Objective 5: Develop a minimum data set that forms a ward / department dashboard that will enable teams and departments to ensure reliability and consistency of patient experience information.

It is essential that there is an emphasis on actual patients' experience, rather than on their perceptions, attitudes or opinions. This allows successful services to gain insights from which they identify opportunities for improvement. In order to allow service improvement, robust data must be readily available to service areas to support this.

Our plans:

1. We will continue to develop the Quality Dashboard, which also provides Patient Experience Data to enable services to have a snapshot view of their performance and feedback using clear performance indicators as measurement.

2. We will provide data on a regular basis so that progress is tracked and monitored over time.

3. We will routinely publish patient and staff experience.

Objective 6: Every service area within the Trust will use Patient Experience to gain insight and identify opportunities for improvement.

All services in the Trust need to understand how they contribute directly or indirectly to the patient experience. All areas need to be able to reflect on the feedback given to ensure that opportunities for improvement are identified, and appropriate action taken.

Our plans:

1. We will develop the organisations culture to ensure that all staff understand their impact on the patient experience.

2. We will ensure services are supported to gather robust patient experience feedback using a range of methods.

Objective 7: Every service will have identified at least one patient experience improvement project annually.

It is crucial to ensure that wherever possible action is taken promptly and efficiently on any issues raised by patients or relatives, and that a satisfactory resolution is agreed. The earliest possible resolution of problems or concerns is the best outcome for all parties. It is also essential that once resolution is agreed, learning should take place; and that we utilise this to inform service development and improve the patient experience in the future.

Our plans:

1. We will empower teams and ensure they have the skills and resources to take action to rectify issues immediately wherever possible.

2. We will ensure that services take action based on feedback from patients and relatives to improve services and enhance the patient experience.

Objective 8: A Trust wide 3 year 'campaign' style approach to make improvements in identified themes will be led by the patient safety, experience and effectiveness directorate, with the support of the Organisational Culture Development Group.

Some of the key themes arising from complaints received by the Trust relate to communication between staff and patients, the absence of basic nursing care and the attitudes of staff. The Trust plans to develop a campaign style approach to improve the experiences of patients and their families in relation to the following areas:

- Kindness and compassion
- Physical comfort
- Clear co-ordination of care
- Clear communication to ensure patients / relatives feel involved in care and treatment decision making.

Our Plans:

1. We will ensure that the board messages are clear, in continuing to support and improve patient care.

2. We will ensure that staff feel supported and have the necessary skills to undertake their role. Evidence strongly suggests that there is a strong relationship between staff wellbeing and a positive patient experience. Ensuring individual staff well being, will have a positive effect on direct patient care performance.

3. We will focus on the themes of kindness and compassion in year one of the campaign.

4. We will carry out observational studies using patient representatives as well as Trust staff to gather insight of the impact of culture, behaviours and attitudes when delivering care with kindness and compassion.

5. We will enlist 100 Quality Champions from across the Organisation to support the delivery of our quality goals and action plans to improve the patient experience.

6. We will work with HealthWatch Isle of Wight to support us in the campaign to improve the experiences of patients and their families.

Objective 9: The Trust will develop new patient experience key performance indicators for corporate monitoring, and a system of service reviews to theme patient experience data.

We need to ensure there is transparency and understanding of patient experience at every level from ward to board, in both clinical and non-clinical settings. We need to learn from our own and others mistakes, (e.g. Francis Report) and take effective action, so that issues and concerns are not repeatedly experienced. In order to achieve this, we need build a more effective performance monitoring mechanism for patient experience.

Our Plans:

1. We will routinely gather information on patient experience.

2. We will develop a systematic process for conducting and reporting quarterly patient experience service reviews.

3. We will ensure we keep abreast of developments both regionally and nationally to improve our own customer service.

6. OTHER DOCUMENTS TO BE READ IN CONJUNCTION WITH THIS STRATEGY:

Involving service users and carers in mental health & learning disability services. (*date to be included once approved)*

7. REFERENCES:

Equality Act 2010

Quality in the New Health System – maintaining and improving quality from April 2013 – National Commissioning Board January 2013

The Department of Health, Building on the Best Choice, Responsiveness and Equity in the NHS; December 2003 The Stationery Office

www.nursingtimes.net / vol109/No 27 / Nursing Times 10.07.13 – 'Does NHS staff wellbeing affect patients' experience of care?' ; Kings College London.

8. OTHER USEFUL RESOURCES:

Care Quality Commission Essential Standards of Quality and Safety

Department of Health Consultation on strengthening the NHS Constitution: Government response Published 26 March 2013

Department of Health NHS Patient Experience Framework 2011/12; 22 February 2012 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/146831/dh_132788.pdf.pdf

Department of Health The NHS Outcomes Framework 2013/14 13 November 2013

National Institute for Health and Care Excellence (NICE) Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (CG138) published February 2012

NHS Equality Delivery System http://www.england.nhs.uk/ourwork/gov/edc/eds/

NHS Employers "Personal, Fair and Diverse NHS" campaign
http://www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/CreatingPFDNHS/Pages/Signuptoday.aspx

The Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Robert Francis QC Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry published February 2013

The Patients Association www.patients-association.com

Appendix A

What is the Friends and Family Test?

The Friends and Family Test has been included in the government's mandate to the NHS Commissioning Board. Making sure that people have a positive experience of care is a key requirement in the Mandate, published on 13 November 2012.

It means every patient will be able to give feedback on the quality of their care:

- acute hospital inpatients and accident and emergency patients from April 2013
- for women who use maternity services from October 2013
- as soon as possible after October, for all those using NHS services.

The test will collect timely feedback which can be used to improve patient care and identify the best performing hospitals. Details of the initial roll out were announced by the Prime Minister in May 2012 in response to recommendations by the Nursing Care Quality Forum.

The test will involve the use of a simple question, which all patients in the target groups will be given the opportunity to answer, every day of the year.

For A&E departments, the question will be: "How likely are you to recommend our A&E department to friends and family if they needed similar care or treatment?"

The question for inpatient services asks: "How likely are you to recommend our ward to friends and family if they needed similar care or treatment?"

The expectation will be that the test will be used to improve the quality of care where patient feedback indicates that experience is poor. It is important that NHS services are patient centred and responsive and the Friends and Family test should be one of the tools used to deliver this aim

Source DoH 5 December 2012:

www.gov.uk/govenment/news/friends-and-family-test-mandate-update

Appendix B

Quality statements from NICE Clinical Guideline 138 – Patient Experience in adult NHS services: improving the experience and care for people using NHS services.

1. Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty.

2. Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.

3. Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.

4. Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.

5. Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.

6. Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.

7. Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.

8. Patients are made aware that they can ask for a second opinion.

9. Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.

10. Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.

11. Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.

12. Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.

13. Patients' preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.

14. Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

NHS Patient Experience Framework

In October 2011 the **NHS National Quality Board (NQB)** agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. This framework outlines those elements which are critical to the patients' experience of NHS Services.

Respect for patient-centred values, preferences, and expressed needs, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;

- **Coordination and integration of care** across the health and social care system;
- **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;
- **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;
- **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;
- **Welcoming the involvement of family and friends,** on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers;
- **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;
- **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

This framework is based on a modified version of the Picker Institute Principles of Patient-Centred Care, an evidence based definition of a good patient experience. When using this framework the NHS is required under the Equality Act 2010 to take account of its Public Sector Equality Duty including eliminating discrimination, harassment and victimisation, promoting equality and fostering good relations between people.

Gateway reference number 17273

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 8 JANUARY 2014

Title	Trust Board Walkabouts – Patient Safety Assurance Visits			
Sponsoring Executive Director	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**	P	**Approve**	

Previously considered by (state date):			
Trust Executive Committee	P	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.

155 Areas have been visited – culminating in 150 individual actions being identified. Currently 23 actions have slipped their initial due date. New Forecast dates have been added, and areas have provided a progress RAG rate to show their current position in completing their actions.

For following sections – please indicate as appropriate:

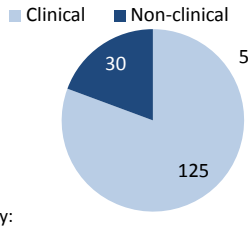
Trust Goal *(see key)*	Quality Goal		
Critical Success Factors *(see key)*	CSF1, CSF2 and CSF10		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	10.75		
Assurance Level ***(shown on BAF)***	£ Red	£ Amber	P Green
Legal implications, regulatory and consultation requirements			

Date: 20.12.13 **Completed by: Vanessa Flower**

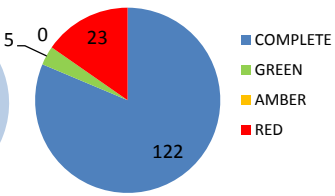
Board Walk Rounds Action Plan Status Report

Trust Overview

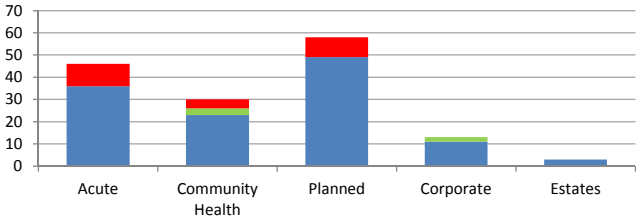
Areas visited



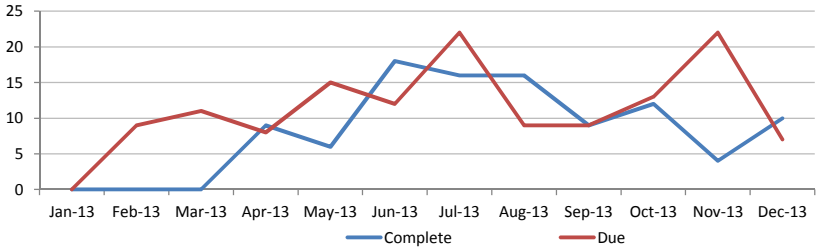
Status of actions



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-Mar-14	RED	GREEN	17 Dec: outline business case with TEC for consideration	Planned	Opthalmology Consultant
2	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	GREEN	17 Dec: business case being considered alongside additional options; aiming for Jan Board mtg	Planned	Associate Director / General Manager
3	AT/009/2013/008	24-Apr-13	Appley Ward	Review medical gas provision to ensure it is available for all beds	13-May-13	01-Jul-14	RED	AMBER	13.12.13 - The work is planned as part of the dementia works, which will HOPEFULLY commence April 14, this is not yet definite as we are waiting on confirmation this will be acceptable with regards to the funding that had been secured.	Acute	Associate Director Facilities
4	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	01-Jul-14	RED	AMBER	13.12.13 - The work is planned as part of the dementia works, which will HOPEFULLY commence April 14, this is not yet definite as we are waiting on confirmation this will be acceptable with regards to the funding that had been secured.	Acute	Head of Clinical Services
5	AT/013/2013/003	24-Apr-13	DSU	Privacy and dignity – patients not undressed	30-Jun-13	31-Dec-13	RED	GREEN	21 Oct: SOP to be reviewed following changing rooms installation by end of December 2 Dec: as above 17 Dec: as before	Planned	Ward Sister
6	AT/013/2013/002	24-Apr-13	DSU	Standard operating procedure for the undressing of patients	30-Jun-13	31-Dec-13	RED	GREEN	21 Oct: SOP to be reviewed following changing rooms installation by end of December 2 Dec: as above 17 Dec: as before	Planned	Ward Sister

No.	Action Reference	Walk Round	Area Visited	Action	Due	Forecast	Status	Progress RAG	Status Comments	Directorate	Responsible
7	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	12.12.13 Update received - Ascom currently on site carrying out testing mentioned above. To date only issue identified is the need for a few more wireless access points to be installed. IT to discuss cost with Rob Jubb LSMS. BF.	Community Health	Clinical Quality & Safety Lead for Acute & Inpatient MHS
8	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 18.11.13 - Directorate awaiting two quotes from Estates before being able to make further progress. AC.	Community Health	Community Clinic Service Manager
9	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
10	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	2 Dec: awaiting update 19 Dec: customer training timescales for Maternity and OPARU to be explored in New Year	Planned	Head of Midwifery
11	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	06-Dec-13	RED	AMBER	2 Dec: awaiting update 19 Dec: audit on cards to take place end of Jan; floor arrows to be considered as part of any potential future estates works	Planned	Head of Midwifery/Associat e Director Facilities
12	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	28-Feb-14	RED	GREEN	17 Dec: audit to be undertaken during January, following which a report will be made available	Planned	PAAU Manager
13	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. Update 20.12.13 - No change	Planned	Associate Director Facilities
14	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	13.12.13 - only update available is that there will not be any short term works done, as it will not be a worthwhile investment. Long term solution still needs to be found, still remains on Risk register and conversations are ongoing with all parties who may be able to help to try and resolve	Acute	Manager Diagnostic Imaging
15	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: 13/12/13 - next MAU meeting planned for Friday 20th Dec 14:00. where it will be raised Sr Gulati has discussed this with Dr Almyrat (9/12/13) clinical lead for medicine and he is keen to support this.	Acute	A&E Consultant

No.	Action Reference	Walk Round	Area Visited	Action	Due	Forecast	Status	Progress RAG	Status Comments	Directorate	Responsible
16	AT/031/2013/001	18-Apr-13	MAAU	Review the information cascade for pressure sores	23-Oct-13	31-Dec-13	RED	AMBER	Update 13/12/13 – 2) Sr Gulati has completed 51% of staff through competency with the aim of full completion by end of December2013 3) Still awaiting tissue viability to provide spec and make of camera deemed appropriate.	Acute	MAAU Sister
17	AT/033/2013/002	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 2 Dec: as above 17 Dec: as before	Planned	Quality Manager/ HSDUDeputy Manager
18	AT/037/2013/006	13-Sep-13	Pathology	Strong support for pathology paperless reporting. Develop plan for the implementation	15-Nov-13	15-Nov-13	RED	RED	Update 30.10.13. Mark Pugh is not adverse to going paperless with pathology results. The concerns he envisages would be the governance around the audit trail of checking systems. Pathology IT Systems Manager took Mark Pugh through the functionality and he was keen for some colleagues to trial to ensure this works effectively. To be discussed at the ISIS user group on 30th October for volunteers for Stuart to work with. Mark Pugh also raising at HMSC. To be discussed also at Health Records Committee.23.10.13 Update provided to advise that there is a meeting on 29th October with the Executive Medical Director to discuss this, plus it is an agenda item on the 1 November Health Record Committee	Acute	Programme Director - ISIS
19	AT/037/2013/005	13-Sep-13	Pathology	Consultant Body approval to using order comms for pathology is apparently awaited	15-Nov-13	15-Nov-13	RED	AMBER	update 18.12.13 - Pathology IT systems manager is still working with Logica and CSC to prove the functionality and there is still some configuration to do.	Acute	Consultant Chemical Pathologist
20	AT/037/2013/003	13-Sep-13	Pathology	Finalise e-learning for ward staff on use of pneumatic tube system and promote this	15-Nov-13	31-Jan-14	RED	AMBER	update 18.12.13 - e-learning module has been put together and been checked by other staff member and the amendments have been incorporated. The next step is to write the 10 questions and this should then be ready to go live at the end of January	Acute	Technical Head - Microbiology
21	AT/040/2013/001	30-Oct-13	Pharmacy	IT and Pharmacy to work together to repair a network issues related to a pharmacy payment machine in the Beacon Centre	29-Nov-13	29-Nov-13	RED	RED	update 18.11.13 in progress update 16.12.13 - awaiting IT having capacity to resolve the issue	Acute	Chief Pharmacist
22	AT/035/2013/001	06-Sep-13	Rehab Unit	The Stroke rehabilitation ward is required to set a local target and action plan to reduce the number of patients who are falling. This will required an MDT approach	29-Nov-13	31-Dec-13	RED	GREEN	. 04.12.13 Update Received - 1. Lying and Standing blood pressures on all patients who are transferred to the Stroke Unit, where appropriate, Due End December. 2. Intentional rounding for those patients at risk of falls Complete end November 2013 3. Clocks showing at what time patient to be reviewed/turned is on each door. Complete September 2013 4. 1:1 close supervision is reviewed and requested on an individual . Complete and ongoing 5. Cohort those patients who are at greater risk. Complete and ongoing	Community Health	Ward Sister
23	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 received 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. Update 18.12.13 No change		Director of Strategy

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 8 December 2013

Title	Patient Stories Action Tracker			
Sponsoring Executive Director	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**	P	**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:

To date 8 actions have been identified to be reviewed following the patient story videos. The attached summary shows the 3 outstanding actions that are still being managed through to completion by the relevant directorates.

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	P Green
Legal implications, regulatory and consultation requirements			

Date 19 December 2013 **Completed by: Vanessa Flower**

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Patient Story Action Tracker

Date	Issue	Theme	Person Responsible	Action to be taken	Date Action Due	Date Action complete	Status	Update
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		**In progress**	**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		**In progress**	**Update 19/12/13** -Administration assistant has proved invaluble in CNS absence with answering phone calls. Urology CNS resigned, reappointment has occured and commencing 24/12/13. CNS and lead cancer nurse are covering as able. Business case with Martin Robinson to discuss at directorate board and with commissioners.
Trust Board 28 August 2013	Issues with ensuring consultants of patients with long term conditions, are informed of an acute admission	Medical Care	Assistant General Manager (OPARU)	Review medical notes to ensure that the notes are in chronological order	13.01.14		**In progress**	**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.

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 8th January 2014

Title	Business Case - Backlog Maintenance			
Sponsoring Executive Director	Executive Director of Finance			
Author(s)	Associate Director Estates			
Purpose	For approval of the increased capital expenditure			
Action required by the Board:	**Receive**		**Approve**	ü

Previously considered by (state date):			
Trust Executive Committee	23/12/2013	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			
Board Seminar			
Other (please state)			

Staff, stakeholder, patient and public engagement:

Key staff and stakeholders have been engaged and consulted with to prioritize the works

Executive Summary:

It is essential that the physical condition of the Trust's estate is accurately assessed and maintained to ensure it is fit for purpose and safe for patients and staff.

Backlog maintenance cost is the cost to bring estate assets that are below condition B in terms of their physical condition and/or compliance with mandatory fire safety requirements and statutory safety legislation up to condition B.

The Trust's estate has been assessed and ranked in accordance with 'Estate Code' and the guidance on the risked based methodology for establishing and managing backlog.

The purpose of this Business Case is to identify the high risk backlog (priority1), seek approval for additional funds from the remaining capital allocation and to summarize the remaining backlog requirements for the next 5 – 10 years.

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	**Quality, To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience**					
Critical Success Factors *(see key)*	CSF1,CSF6,CSF2					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	6.7,8.3					
Assurance Level ***(shown on BAF)***	Red	ü	Amber		Green	
Legal implications, regulatory and consultation requirements	Any statutory approvals will be sought i.e. building control, planning permission as applicable					

Date: 20/12/2013 **Completed by: Kevin Bolan, Associate Director Estates**

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Isle of Wight NHS Trust

BUSINESS CASE

Isle of Wight NHS Trust

Backlog Maintenance Programme

December 2013

C O N T E N T S

SECTION 1 - EXECUTIVE SUMMARY

Introduction/Strategic Context

This Business Case sets out the planned 2013/14 and 2014/15 Backlog Maintenance Programme, identifies the remaining high risk backlog and summarises the total investment required over the next five- ten years to eradicate the current backlog maintenance requirement for St Mary's Hospital and the Community Sites.

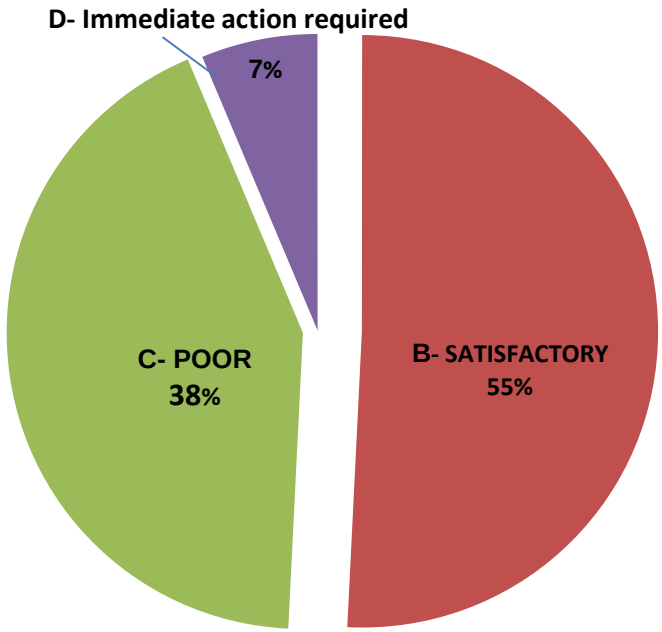
The need for this programme of work has been clearly identified and is based on an understanding of the local and national guidelines and health and safety requirements. For the purposes of this Business case the overarching standards by which the Backlog Maintenance Programme would be measured are described further in section 2.

Current Position

The trust has 53 Blocks of available accommodation on the St Mary's Hospital site and 19 Community locations,13 of which are leasehold and 6 freehold. The buildings vary in, use, condition and performance. It includes buildings dating back to the 1700's with the latest being completed in 2010.

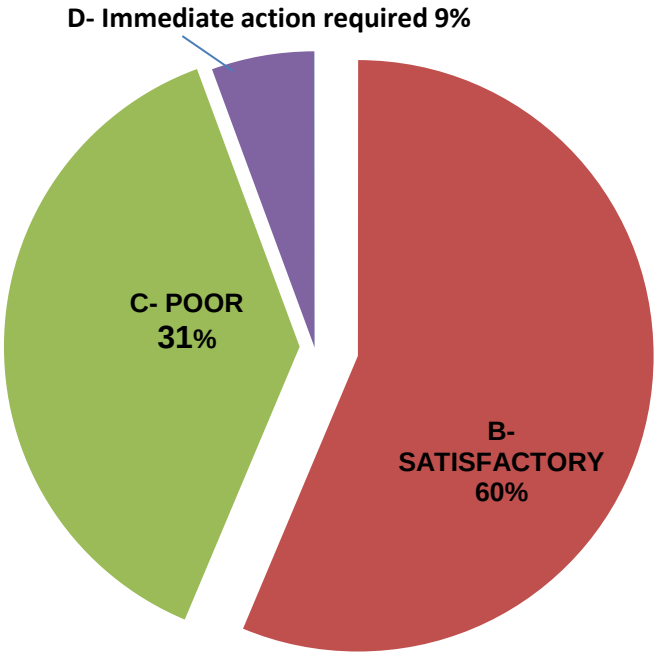
The building types vary from Grade II listed to pre-fabricated, concrete or steel framed or brick work structures.

Rider Levett Bucknall, on behalf of the Trust has undertaken an update of the two Facet Survey – Physical Condition and Statutory Compliance of buildings on the SMH Site and the community properties. The survey found 55% of building stock is Condition B with 38% Condition C and Condition D is 7% across the St Mary's Hospital estate. See below for a pictorial representation.



St Mary's Hospital

The survey of the Community Properties found 60% of the building stock is in Condition B with 31% Condition C and Condition D is 9% across the Community Estate. See below for a pictorial representation.



Community Sites

Procurement and Programme

The Trust's Programme to implement this year's backlog maintenance will be comprised of several individual packages of work which will be competitively tendered and completed by the 31st March 2014.

Capital Programme Allocation

The previously approved Capital allocation against the financial years 2013/14 and 14/15 is £1.m, total project cost, this business case is seeking approval of an additional £513,729 which takes the total proposed allocation to be used and prioritised against high risk backlog maintenance to £1,507,305, see breakdown below for further details.

BUDGET BREAKDOWN

Works Cost	£	1,239,160
Design Contingency @5%	£	49,994
General Contingency@ 5%	£	56,776
Sub Total	**£**	**1,345,930**

VAT @ 20% (assume maximum VAT recovery)	£	88,596
Professional fees	£	68,801
Statutory Fees	£	3,978
Total	**£**	**1,507,305**

High Risk Backlog Maintenance

The total priority one high risk backlog maintenance items are summarised in appendix two, which totals £2,055,044 (£1,920,619 St Mary's and £167,425 in the Community) minus the £963,158 already allocated above leaves £1,124,886 of high risk backlog remaining.

It is proposed that we manage the remaining high risk backlog by including priority 1 engineering works in the Carbon Energy Fund, which is a partnership with an energy solution provider who invests capital funding via the Carbon Energy Fund based on guaranteed savings (approximately £720,000 investment), planned to be in place during the summer 2014, this will reduce the remaining high risk backlog to £404,886 plus VAT and fees, total £513,729. Given the priorities against the capital allocation 2014/15 it is proposed that this could be funded from this year's remaining capital allocation, hence addressing the entire high risk backlog within one year.

Conclusion

This business case documents a compelling case for capital investment to be increased this financial year and to be allocated beyond 2014/15 against the Backlog Maintenance programme. It presents an exciting opportunity for Isle of Wight NHS Trust to provide a safe environment that will enable the delivery of services, to continue unhindered, and will provide a fit for purpose facilities for the people of the Isle of Wight and beyond, delivering this business case will:

- Reduce risks
- Improve the patient experience
- Support an improved quality of healthcare
- Support the 5 year Strategy and Transformation agenda of Isle of Wight NHS Trust

Managing Change

The Estate Management Department will need to keep abreast of all future proposed developments over the coming years and ensure that the backlog maintenance programme and schedule is updated accordingly.

Examples of future proposed developments include;

- Changes in Clinical Strategy
- Third party developments i.e. Strategic Estates Partner
- Ongoing Capital Programme projects

SECTION 2 – BACKLOG MAINTENANCE PROGRAMME

This section describes the Backlog Maintenance Programme in the context of National and Local policy and guidance.

2.1 Context

The need for this Programme of work has been clearly identified and is based on a clear understanding of the Local and National Guidelines and Health and Safety requirements.

The objectives of the scheme are underpinned by many national directives and policies. These national policies provide the strategic context for the Business Case which emphasises the requirement for an increased understanding of the risks associated with not doing the Backlog Maintenance work required. This proposal should be considered in the context of the key guidance and policy documents which set out to develop systems that address the following national policy initiatives:

Principal Legislation

- The Health & Safety at Work Act, 1974
- The Management of Health and Safety at Work Regulations, 1999
- The Equality Act 2010
- Disability Rights Commission Act 2007

Principal Guidance

- Health Building Notes, Guidance documents produced by the Department of Health which set standards that health buildings should be designed to and comply with.
- The annual Estates Return of Information Collated sent to the Department of Health 2012/13
- Building Research Establishment Energy Assessment Model
- Condition and statutory Facet Survey's
- Care Quality Commission standards

External Regulatory Authorities

- The Health and Safety Executive
- Local Fire Authority
- Environment Agency etc

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2.2 Estate Strategy

The Trust has prepared a draft Estates Strategy covering the period 2013 to 2018 and beyond. It supports the Trust's draft 5 year strategy (Integrated Business Plan) and has recently been submitted to the Trust Development Authority as part of our draft Integrated Business Plan submission. It includes a review of the current property portfolio, and in conjunction with a review the future service requirements, determines the extent to which the Trust's estate portfolio will support longer term service aspirations and plans. This business case is written in conjunction with the development of the estate strategy and is based upon the following principles:

- The estate is an enabler, not a driver, of service delivery.
- Rationalise and dispose of properties that are not fit for purpose

- We will maintain the existing estate to a good standard
- We will ensure the estate is functionally suitable and adheres to healthcare standards and codes of practice.
- Our estate will be sustainable (environmental management).
- We will optimise space utilisation of our estate.
- We will ensure the estate is in the right place, has an acceptable environment and is well designed.
- We will obtain maximum flexibility from our estate.
- We will maximise value for money from the estate.

The Trust through the development of the Integrated Business Plan and Estate Strategy is committed to reducing backlog work in buildings that have been identified as being the most appropriate for patient services. Therefore critical backlog only will be carried out on the South Site and the shaded area of the North Block shown in Appendix 1, these sites will be subject to future redevelopment in the future.

The strategic direction for estates must follow the Trust's Integrated Business Plan, to enable best use of its assets, to provide clinical services in a 'patient centred' environment, therefore the Trust will aim to deliver its estates objectives in the following key areas:

- Optimising the asset holding
- Disposal strategy
- Supporting strategic service initiatives
- Maintenance of the existing estate

The Estates Strategy describes the last of the four objectives in the following way:

"The Trust will endeavour to maximise the benefit to patients and staff through its occupancy of the existing estate. This will entail striving to eliminate backlog maintenance on all assets that the Trust intends to keep in the medium to long term, ensuring that all statutory compliance issues are resolved, especially fire and health and safety compliance, and moving towards better utilisation, energy efficiency and quality in the built environment."

2.3 Facet one survey-Physical Condition

The Survey found for St Mary's 55% is Condition B with 38% Condition C and Condition D is 7% across the estate.

The survey allocates a rating to each property based upon the Department of Health guidance document.

A = Good (as new)

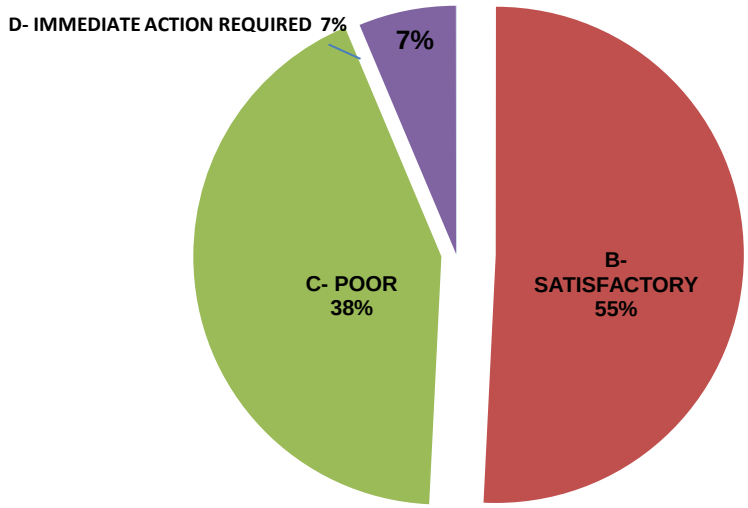
B = Satisfactory (minor repair)

C = Poor (Major repair)

D = Bad (Replacement)

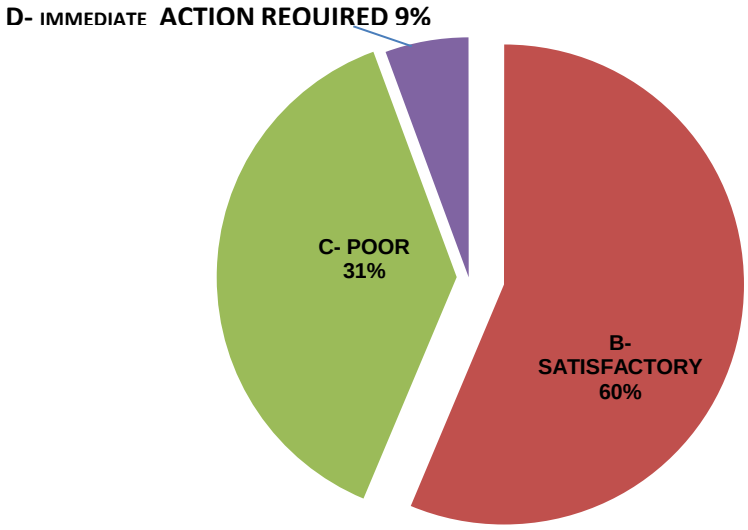
The survey assessed each property's internal and external condition. The internal review was undertaken on a room by room basis and scores were allocated to each room and each building.

A graphical illustration of the condition scores for the estate is shown below.



St Mary's Hospital

The survey found for the Community 60% is in Condition b with 31% Condition C and Condition D is 9%

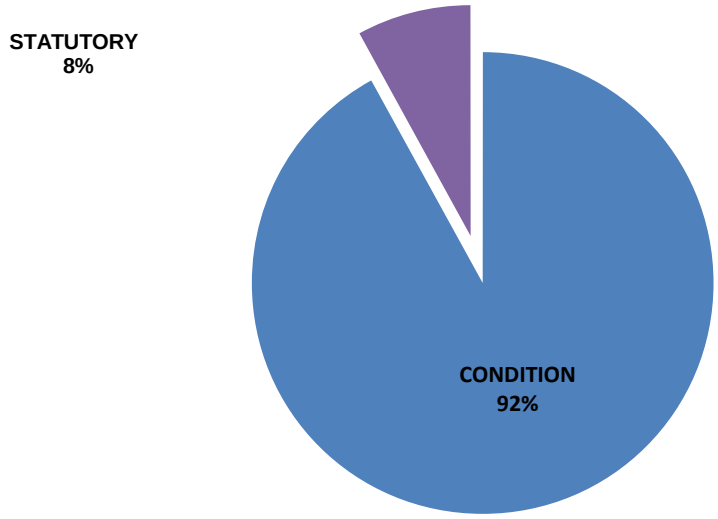


Community Sites

2.4 Facet two survey -Statutory Compliance

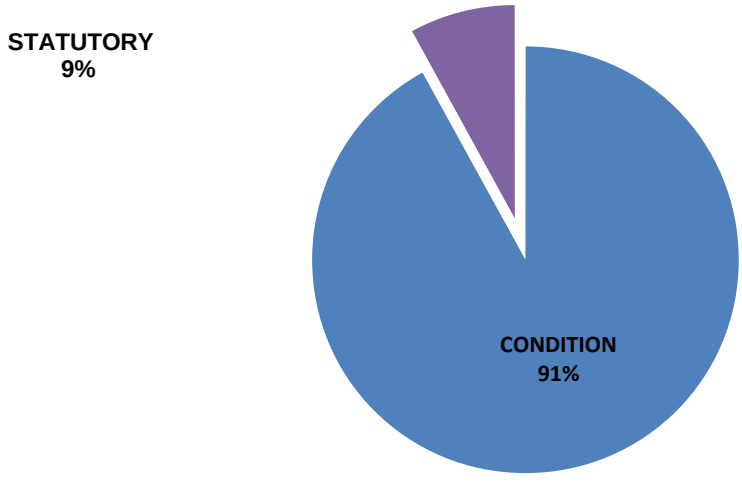
This facet assesses compliance with a wide range of statutory requirements, regulations and guidance, relating to hospitals and health facilities, the most important of which are Health and Safety and Fire regulations. A number of non-statutory standards are required by the Department of Health, such as Health Technical Memoranda and Health Building Notes. The assessment also covers compliance with the Disability Discrimination Act, the Health and Safety at Work Act, and control of Legionella, asbestos and hazardous substance etc.

The results for St Mary's indicated that 92% of the Trusts estate requires some action to meet full statutory standards at Condition B, and 8% requires attention, as it is known to contravene statute/regulation. This can pose a risk of action or enforcement order if no plan is developed to bring the relevant areas into compliance. See Appendix 2



St Mary's Hospital

The results for the Community Sites indicated that 91% of the estate requires some action to meet full statutory standards at Condition B and 9% requires attention as it is known to contravene statutory/regulations.



Community Sites

The table below summarises by category the statutory compliance areas which require action and the costs attributed to priority one items already approved to be carried out in year one, 2013/2014.

IOW NHS Trust : 2 Facet Survey **Priority One: Risk Adjusted Works: Year 1**

Legislative compliance

Score	Fire safety	DDA	Health and safety	Electrical Services	Asbestos	Food Hygiene	COSHH	Equipment in Confined Spaces	Safe Temperatures	TOTAL
A*	£ 86000	£ -	£ -	£ 329050	£ -	£ 10000	£ -	£ -	£ 8900	£ 433950
A**	£ -	£ -	£ -	£ 31700	£ -	£ -				£ 31700
A	£ 41000	£ 2200	£ 6700	£ 35199					£ 9600	£ 94699
B	£ -	£ 19753	£ 18600	£ 186586	£ 7500	£ -	£ -	£ -	£ -	£ 232439
C	£ 500	£ 3350	£ 1000	£ 63520	£ 2000	£ -	£ -	£ -	£ -	£ 70370
D	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£
										£ -
TOTAL	£ 127500	£ 25303	£ 26300	£646055	£ 9500	£ 10000	£	£	£ 18500	£ 863158

2.5 Backlog maintenance costs by category £'000s

The total estimated backlog maintenance cost required to bring the buildings on the St Mary's Site, to Condition B is £9.3m over a 10 year period (See Appendix 3 for a detailed breakdown of Backlog Maintenance requirements) and £1.5m for the community sites given a total of investment requirement over the 10 years of £10.8m. Backlog maintenance costs can also be divided between Priority 1, Priority 2 and Priority 3. Additional Business Cases will be submitted for subsequent years.

The allocation by priority areas for action is based on the following:

Priority 1 = Immediate (1 year) - £2,088,044
Priority 2 = Essential (2-5 years) - £7,089,961
Priority 3 = Desirable (6-10 years) - £1,694,694

The current approved and proposed Capital Projects for 13.14 and 14.15, together with the planned Carbon Energy Fund projects, address all of the 'Priority 1 - Year 1' items.

2.6 Impact of the Proposed Backlog Maintenance Programme on workforce issues

The assumption within this business case is that there is no increase or change in permanent members of the Estate Management team workforce required to deliver the Backlog Maintenance Programme.

SECTION 3 - CASE FOR CHANGE

This section summarises the preceding sections to make the case for change.

3.1 Introduction

The purpose of this section is to describe the case for supporting the Backlog Maintenance Programme.

3.2 Decision to Implement a Backlog Maintenance Programme

The Department of Health wrote to all Trusts on the 13th December 2012 requiring all Trusts to review its critical infrastructure risk, Gateway Approval Ref 18469.

As it is recognised that if Trusts do not eliminate such critical risks it indicates that the NHS may not be fully meeting its commitments under the NHS Constitution '*to provide services from a clean and safe environment that is fit for purpose based on national best practice'.* It may also be risking regulatory requirements to ensure '*service users are protected against risks associated with unsafe and unsuitable premises.'*

This business case supports the requirement to provide a comprehensive and robust solution to this problem.

3.3 The Current Position

The Trust has 53 Blocks of available accommodation on the St Mary's Hospital site. The buildings vary in, use, condition and performance. It includes buildings dating back to the 1700's, with the latest being completed in 2010.

It is recognised that by not addressing critical infrastructure risks that this position leaves the Trust open to potential litigation as well as potentially compromising its ability to conduct business should a serious incident remove essential estate and assets from service. These are mitigated by the implementation of the backlog maintenance programme, as described in this business case.

Rider Levett Bucknall, on behalf of the Trust has undertaken an update of two elements of the six facet survey – Physical Condition and Statutory Compliance of buildings on the SMH site. Of which 55% of the building stock is Condition B, 38% is Condition C and Condition D is 7% across the estate. The Physical Condition and statutory Compliance of buildings in the Community of which 60% is Condition B, 31% is Condition C and 9% is Condition D.

The Trust through the development of the Integrated Business Plan and Estate Strategy is committed to reducing backlog work in buildings that have been identified as being the most appropriate for patient services. Therefore critical backlog only will be carried out on the South Site and the shaded area of the North Block shown in Appendix 1, these sites will be subject to future redevelopment.

3.4 The Need

The update of two of the facet surveys (Physical Condition and Statutory Compliance) has identified the following areas which need action, which can be seen in Appendix 2, such as:

- Electrical systems
- Fire precautions
- Building fabric
- Heating/ventilation
- Disabled Access improvements
- Roofing repairs

The need for a fit for purpose estate, where the buildings and systems meets all required standards, whether they are legislative or guidance, has been made earlier in this document, through describing the problems with the current buildings and systems shortcomings.

It is essential that Priority 1 items begin to be addressed to minimise risk to all persons occupying the buildings and also to ensure the continuity of business in this financial year, 2013/14.

3.5 Risk of not prioritising capital in future years

Maintenance and specifically backlog maintenance is essential to keeping the clinical services and business of the organisation running. If buildings or systems are not available or running effectively it may affect patient and staff safety and impact on throughput of activity.

If backlog maintenance is not undertaken it could leave the Trust open to litigation as well as potentially compromising its ability to conduct business should a serious incident occur whereby essential estate and assets are out of service.

3.6 On-going Monitoring

The Estate Management Department will monitor the condition of the different elements and areas to ensure that any signs of early failure are highlighted before a serious incident occurs.

In the event of such a failure occurring we will re-prioritise the backlog maintenance schedule accordingly and inform the Trusts Risk Register.

SECTION 4 - PROJECT OBJECTIVES AND BENEFITS

The identification of the backlog maintenance requirement and associated risks has demonstrated a clear case for upgrading or replacing the building fabric, and/or, systems. The aims, objectives and benefits of the development along with the constraints in achieving them are outlined in this section.

4.1 Project Aims and Objectives

The project team has identified the following key investment objectives that support the investment aims described above:

- To minimise the risk of injury to any individual
- To protect Patients, Visitors and Staff
- To replace engineering system's that do not meet the current requirements of Legislation, the British Standards, Health Building Notes and Health Technical Memoranda
- To remove the risk of the current systems having a major site wide failure
- To ensure early detection of any problems, thereby ensuring damage and service disruption is minimised, improving the Trust's resilience and business continuity
- To reduce long term maintenance costs

4.2 Benefit Criteria

The following benefits can be achieved by the carrying out backlog maintenance programme.

Benefits	Benefit criteria
Reduce the Trust's Corporate Liability	• Safe environment (appropriate design) • Satisfies Health and Safety requirements • Reduces risk of litigation • Improves the Trust's resilience and business continuity
Improve Patient Safety	• Provides optimum functional suitability for receiving modern inpatient care
Improve Staff Safety	• Provides optimum functional suitability for the provision of modern inpatient care • Improved working environment
Improve Patient, Carers and Visitor Perception	• Patients, Carers and visitors feel reassured they are in safe hands
Increase Trust Asset Preservation	• Maximise availability of Trust assets to allow business activities to continue
Ease of implementation	• Minimum disruption to services • Service changes are deliverable within the deadlines set by the project • Works will be completed in accordance with the recommended programme
Strategic fit	• Delivers national agenda and standards Consistent with local health care estates strategic plans • Facilitates delivery of the Trust's service models in a safe environment
Effective use of resources	• Optimum use of estate and resources • Allows full integration of Mechanical &Electrical system with other areas of the estate • Offers flexibility for future change • Optimum systems, buildings and for maximising staffing efficiencies utilising North of the site predominantly • Contributes to delivery of energy management standards • Capital requirement likely to be affordable

4.3 Key Consequences of not allocating future capital funding against the Backlog Maintenance Programme

It is essential that the Backlog Maintenance Programme proceeds. However the implications of not doing so are as follows:

- Patients, visitors and Staff using the sites could be at risk from accidents and incidents
- Significant risk to the Trust's ability to meet the needs of patients and any unplanned loss of capacity may place patients at risk
- British Standards and Health Technical Memorandums and Health Building Notes guidance are not met
- Damage to Trust's assets could significantly compromise the ability of the Trust to provide commissioned services thus failing to meet required activity levels
- Revenue costs will rise as a consequence, buildings and systems may not function correctly, and thus requiring additional maintenance/replacement requires increasing levels of funding and/or maintenance.
- Potential loss of income to the Trust from disrupted services

4.4 Constraints

There are a number of constraints to achieving the proposed development and the intended benefits, namely:

- Availability of Capital
- Ability to tender and complete installation works within the given timescale
- Ability to ensure disruption to service delivery is minimised

4.5 Conclusion

By delivering the Backlog Maintenance programme, the scheme would:

- Provide a comprehensive and robust system
- Reduce maintenance costs
- Provide a more reliable estate
- Comply with British Standards and Health Technical Memorandums and Health Building Note's
- Reduce risk from accidents/incidents
- Maintain capacity
- Maintain income levels associated with activity in buildings associated with the programme

SECTION 5 - VALUE FOR MONEY AND AFFORDABILITY

The following section examines the value for money, affordability and economic appraisal of aspects of the Backlog Maintenance Programme.

5.1 Assumptions

- Fees have been tested against a standard fees template produced by Solent Supplies and compared with similar schemes
- Contingency has been set at 5% of works cost.
- Work will commence in the 1st quarter 2014
- In order to avoid a negative price inflation adjustment, current prices have been used.

5.2 Budget Breakdown of the Backlog Maintenance Programme

The previously approved Capital allocation against the financial years 2013/14 and 14/15 is £1.m, total project cost, this business case is seeking approval of an additional £513,729 which takes the total proposed allocation to be used and prioritised against high risk backlog maintenance to £1,507,305, see breakdown below for further details.

BUDGET BREAKDOWN

Works Cost	£	1,239,160
Design Contingency @5%	£	49,994
General Contingency@ 5%	£	56,776
Sub Total	**£**	**1,345,930**
VAT @ 20% (assume maximum VAT recovery)	£	88,596
Professional fees	£	68,801
Statutory Fees	£	3,978
Total	**£**	**1,507,305**

5.3 Revenue Costs

There will be no additional revenue costs to meet priority one items in order maintain existing properties on the North of the Site and South Block to Condition B.

5.4 Risk Assessment

.A team was established to risk assess the high risk backlog priorities, the team included the Assistant Director of Health Safety and Security, the Fire Prevention Officer, the Risk management department and Infection Control.

There are several areas of risk that needed to be considered.

The economic appraisal assumes that all prices/costs are at the same price base and increase by the same amount for inflation. Where there is the possibility of prices rising by greater than inflation this can be allowed for in the economic appraisal.

Risks associated with the capital installation phase - The contingency sum of 5% of works cost, included in the capital costs has been used as the quantification of the risk. The cost has been included in the capital cost.

SECTION 6 – APPRAISAL AND ECONOMIC ANALYSIS

6.1 Introduction

The Backlog Maintenance Programme described in this business case, the economic analysis supports the publicly funded procurement route and follows the methodology adopted by the Trust.

6.2 The programme delivers the following key benefits:

Benefits	Benefit criteria
Reduce Trust's Corporate Liability	• Safe environment (appropriate design) • Satisfies Health and Safety requirements • Reduces risk of litigation • Improves Trust's resilience and business continuity
Improve Patient Safety	• Provides optimum functional suitability for receiving modern inpatient care
Improve Staff Safety	• Provides optimum functional suitability for the provision of modern inpatient care
Trust's Asset Preservation	• Maximise availability of Trust's assets to allow business activities to continue
Ease of implementation	• Minimal requirement for interim system between existing and new provision • Minimum disruption to services during transitional stages • Service changes are deliverable within the deadlines set by the project • Works will be completed in accordance with the recommended programme
Strategic fit	• Delivers national agenda and standards, • Consistent with local health care estates strategic plans • Proposal has user support • Facilitates delivery of Trust service models in a safe environment
Effective use of resources	• Optimum use of estate and resources • Offers flexibility for future change • Contributes to delivery of energy management standards • Capital requirement likely to be affordable

6.3 Business Case Summary of Economic Appraisal

A robust economic analysis has been performed on the Backlog Maintenance programme which has been determined by Quantity Surveyors and the Project Team. The full requirements of the Capital Investment Manual have been followed.

6.4 Analysis of Backlog programme

This programme satisfies all of the project aims and objectives

6.5 Affordability

Capital costs are based on delivering Priority 1 items from the allocation available. The Trust has previously approved to fund a total of £900,000 2013/14, £100,000 2014/15, this additional £513,729 takes the total project cost to **£1,507,305** to be allocated from the capital programme.

6.6 Accounting treatment and balance sheet issues

The Backlog Maintenance Programme is funded from public sector capital and will be on-balance sheet and therefore count against the Trust's normal accounting treatment.

VAT recovery on the total project costs will be agreed with VAT advisors in due course. The estimated recovery has been factored into the capital costs reported in the business case for the approved works 2013/14, 2014/15.

6.7 Capital Funding - Cash flow

The capital funding provided from the Trust capital budget. The total outturn cost for the backlog maintenance programme is £1,407,305,000 for 2013/14.

The Trust has further set aside £100,000 from the 2014/15 Capital programme to further reduce its Backlog Maintenance.

6.8 Financial Support for the Scheme

Financial support for the project has been allocated within Capital Programme 2013/14 and 2014/15.

SECTION 7 – IMPLEMENTING THE BACKLOG MAINTENANCE PROGRAMME

7.1 Introduction

This section provides detail regarding the proposed in terms of design, construction, Maintenance and facilities issues.

7.2 Design

The design will need to take full account of:

- the varying safety needs of the different patients groups
- flexibility for future growth, change of use and changing service requirements where appropriate and practicable
- robustness of design and construction
- sustainability
- The need to maintain services during the works

The design will be developed from the experiences and expertise of the Trust in providing services and improving facilities in which to provide them.

7.3 Design Development

The general design of the Backlog Maintenance Programme will be developed with the support of experienced design consultants.

7.4 Health, Safety Requirements

Detailed layout proposals for the Backlog Maintenance Programme will be reviewed and approved by the Trusts Assistant Director of Health and Safety and Risk Manager to ensure compliance with statutory standards and Trust policies.

7.5 Sustainability and Environmental Impacts

The Backlog Maintenance Programme will incorporate where possible, the various themes set forth in the document 'Achieving sustainability in construction procurement – Sustainability Action Plan'. Careful consideration will be given to using local contractors, recycling the dismantled existing systems and a strategy for this will form part of the contracted agreement with the successful contractors. Particular attention will be paid to the disposal of batteries and ionising detectors, of which could pose health hazards.

Contractors and local sub-contractors and suppliers will be utilised where suitable. Due to the nature of this scheme it does not fall under the remit of Building Research Establishment Energy Assessment Model, we do however look to make energy saving and environmental improvements throughout the delivery of the scheme i.e. replacement of windows with 'A' rated windows, replacement roof coverings with insulated roof coverings, part or full replacement of engineering systems with modern more energy efficient systems.

7.6 Benefits to delivering Backlog Maintenance Programme

The Trust has identified a number of key benefits which will be delivered through this programme. The programme will indicate that key high-level benefits include:

- Reducing Trust corporate liability
- Improvements in patient safety
- Improvements in staff safety
- Improvements in Patient, Carer and Visitor perception
- Increase in Trust's asset preservation
- Ease of project implementation
- Strategic fit with the Trust's stated aims
- Effective use of resources maintained

7.7 Human Resource Implications of the Backlog Maintenance Programme

There is no expansion or reduction in workforce expected.

7.8 Phasing

It is anticipated that the Backlog Maintenance Programme will be implemented and carried out in one area at a time in a phased way. A plan will be discussed with clinical and non-clinical leads on how this would be best approached, so as to create minimal disruption to hospital services.

SECTION 8 – CONCLUSION

This business case documents a compelling case for capital investment in the Backlog Maintenance Programme. It presents an opportunity for Isle of Wight NHS Trust to provide a safe environment that will enable the delivery of services based on agreed priorities, value for money, ability to deliver on programme and will provide a safe, fit for purpose facility for the people of the Isle of Wight and beyond.

This business case demonstrates that:

- Patients will be able to be treated in a healthcare facility which meets the required safety standards
- National standards and guidelines will be met
- The scheme will provide value for money
- The programme will be delivered by year end.

Delivering this business case will:

- Significantly reduce the risks of injury or fatality, damage to Trust assets and loss of service provision
- Support the modernisation agenda of the NHS
- Result in a significant improvement in the patient experience
- Support an improved quality in healthcare environment

SECTION 9 – RECOMMENDATION

The Trust Board is requested to support and approve this Business Case.

APPENDICES

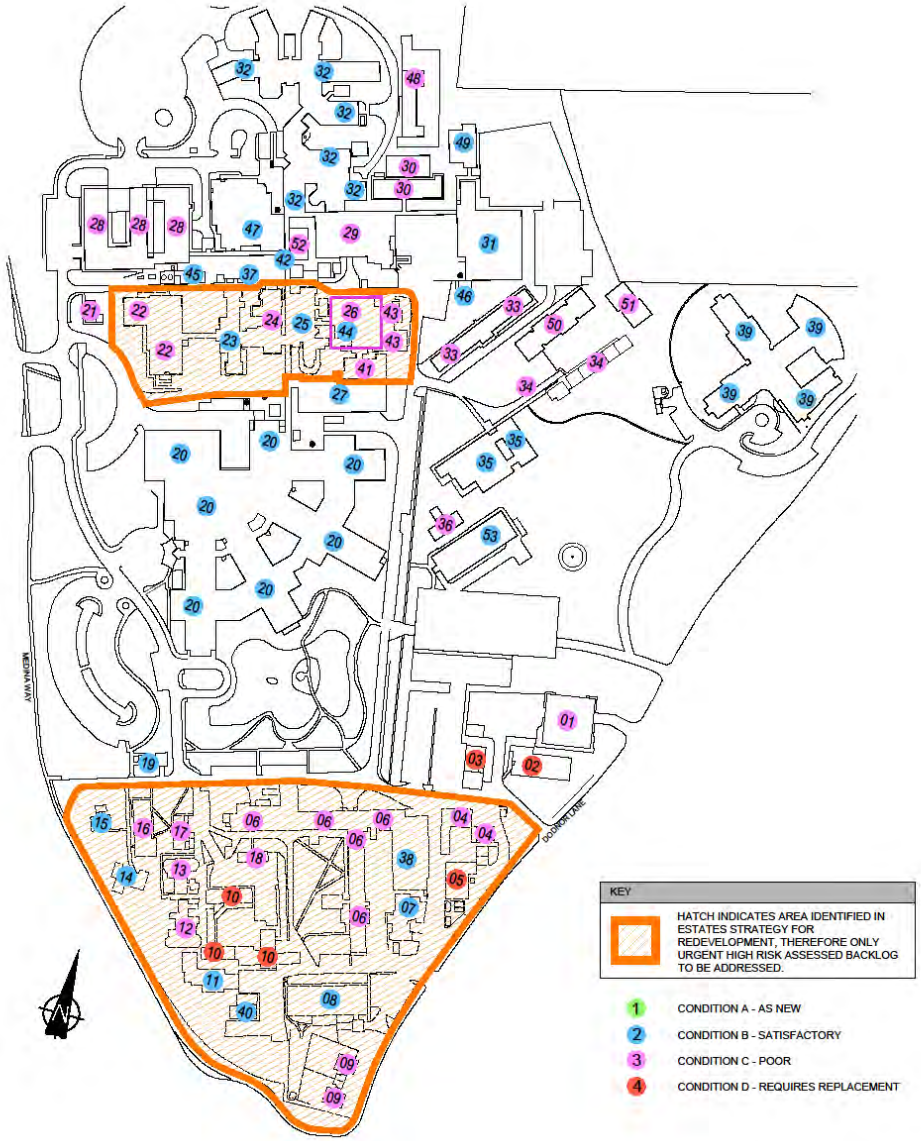
Appendix 1 Site Plan

Appendix 2 Grand Summary – 2 Facet Survey and Condition survey

Appendix 3 10 Year Summary Plan- 5 Year Capital Plan

Appendix 4 Capital Plan

APPENDIX 1 – Site Plan



Block Numbers And Buildings List

01 AMBULANCE STATION
02 SOCIAL CLUB
03 DUTCH BARN
04 SUPPORT SERVICES
05 MAIN BOILERHOUSE
06 MAIN SOUTH HOSPITAL BUILDING
07 WHEELCHAIR SERVICES
08 LAIDLAW DAY UNIT
09 ALMONDGATE/CHERRYGATE
10 PODIATRY/ORTHOTICS/SPEECH THERAPY
11 ALLERGY RESEARCH CENTRE
12 HOLLY HOUSE
13 DIABETIC CENTRE
14 BREAST SCREENING UNIT
15 BREAST CARE UNIT
16 SCHOOL OF NURSING
17 THE COTTAGE
18 VECTASEARCH UNIT
19 SOUTH PUBLIC WC's/GENERATOR
20 MAIN HOSPITAL
21 HV ELECTRICAL INTAKE
22 MOTTISTONE BLOCK
23 B BLOCK
24 PHYSIO/MANAGEMENT BLOCK
25 A BLOCK
26 MFU/ORTHODONTICS
27 DAY PROCEDURES UNIT
28 MATERNITY
29 LINEN SERVICES/MORTUARY
30 GUM CLINIC/IT DEPARTMENT AND SERVER ROOM
31 MED. RECS./TEL. EXCH./PRINTROOM
32 NEWCROFT BLOCK
33 FINANCE AND INFORMATION
34 MARGHAM HOUSE
35 EDUCATION CENTRE
36 WESTERN HOUSE
37 NORTH BLOCK GENERATOR
38 ESTATES BLOCK
39 SEVENACRES
40 DISTRICT NURSES PORTACABIN
41 PRE-OPP ASSESSMENT
42 LINK CORRIDORS NORTH
43 ENT/AUDIOLOGY BLOCK
44 NORTH X-RAY
45 NORTH BLOCK OUTBUILDINGS
46 STORES GENERATOR
47 C BLOCK
48 CRECHE
49 RENAL DIALYSIS UNIT
50 SOLENT
51 MEDINA
52 EBME DEPARTMENT
53 H.S.D.U.

Appendix 2

GRAND SUMMARY PRIORITY 1 – 2 FACET SURVEY OCTOBER 2011

St Mary's Hospital, Isle of Wight
2 FACET SURVEYS - Summary by Priority
October 2011

Building	Condition Rank	Priority 1	Comments
Block 01 Ambulance	D	£ 32,546	Heating System replacement
Block 02 Social Club		£0	No Works
Block 04 Ambulance Management	C	£ 42,931	General Fire Precautions and minor building works (roof)
Block 06 South Hospital	C	£34,000	Electrical rewire (lighting)
Block 08 Laidlaw	C	£6,700	Water Services/Electrics
Block 10 Orthotics Speech & Language		£0	Essential Maintenance Only
Block 11 Asthma Allergy	C	£300	Disability Discrimination Act
Block 12 Holly House	C	£ 24,050	Disability Discrimination Act/Fire Safety
Block 13 Diabetic Centre	C	£21,390	Low Surface Temperature Radiators
Block 15 Breast Care Unit	C	£5,200	Chimney/Disabled .WC
Block 16 School of Nursing	C	£ 29,450	Windows/Fire/Electrics
Block 17 Healing Arts	D	£ 17,890	Building Fabric/Electrics
Block 18 Vecta Search	D	£ 22,270	Building Fabric/Lighting
Block 20 Level A	C/D	£254,200	Boiler Burners, run round coils, Air Handling Units plant valves/cause and effects pipework
Block 20 Level B	C/D	£121,300	Theatre Interrupted power supplies /Hot Water Systems main repair
Block 20 Level C	C	£ 25,600	Water tanks oversized
Block 22 Mottistone and Endoscopy	C/D	£ 26,651	Extract Fans/Lighting
Block 23 B Block	C	£7,000	Building Fabric/Fire Doors
Block 24 Physiotherapy	C/D	£142,510	Lighting/domestic Water, Heating
Block 26 Orthodontics	C	£2,500	Disability Discrimination Act
Block 27 Day Procedures Unit	D	£100,000	Ventilation
Block 28 Maternity	D	£392,241	Heating, Med Air Compressor/Building Fabric/Drainage/ Hot Water System Boilers
Block 29 Mortuary and Linen Services	D	£81,299	Ventilation
Block 30 IT and Sexual Health	C	£3000	Roof Handrail (Design Only)
Block 31 Old Stores	C/D	£42,824	Cold Water Mains/Heating System

Block 32 Newcroft Block	C/D	£68,600	Heating/Kitchen Refurb
Block 33 Finance and Information Management	C /D	£53,446	Electrics/Lighting
Block 35 Education	C	£65,200	Heating/Electrics/Fire Doors.
Block 39 Sevenacres	C/D	£21,900	Windows/Heating Controls
Block 40 Cancer Services	C	£2,000	Fire Alarm Link
Block 41 Pre Operative Assessments	C/D	£20,381	Electrics/DDA/Minor Building Fabric
Block 43 Audiology	C/D	£58,740	Water Tanks/Flooring
Block 44 North X-Ray	C	£3,050	Building Fabric
Block 47 C Block	C	£2,450	Disability Discrimination Act Reception
Main Site	C/D	£189,000	Externals Paths/Roads Remedials from Stat inspections gas repairs, electrical remedials, roofing repairs
TOTALS (Excluding VAT/Fees/Prelims/Contingency)		**£1,920,619**	

Notes

Costs and Ranks are indicative only, as at 10/10/11, subject to final checking/edit

2 Facet - Condition & Statutory included only

South Block - Urgent Repairs: Priority One only included

Key

Priority 1 = Immediate (year 1)
Priority 2 = Essential (year 2 - 5)
Priority 3 = Desirable (6-10 years)

Condition - Rank
A = Good (as new)
B = Satisfactory (minor repair)
C = Poor (major repair)
D = Bad (replacement)

St Mary's Hospital, Isle of Wight
2 FACET SURVEYS - Summary by Priority - Year 1
July 2013

RLB Rider Levett Bucknall

Building	Condition Rank	Priority 1		Comments
68/69 Swanmore Road, Ryde	B	£	-	External repairs; replacement internal doors with vision panels (DDA); Full redecoration internally; Redesign reception / entrance to allow wheelchair access and rising damp issues to ground floor.
70/71 Swanmore Road, (Ryde OPD), Ryde	B	£	-	Replacement flooring; Rotten timber windows and fascias; Resurface areas of rear car park; External repairs/pointing and roof overhaul & repair.
Arthur Webster Clinic	C	£	9,750	External redecoration and timber repairs; Renew 50% of internal flooring and decorate (50%); DDA improvements and Structural cracking issues.
Brookside Health Clinic	B	£	8,850	Replacement atrium glazing and gaskets; Overhaul rainwater goods; Redecorate externally and external minor Repairs.
Buccleuch House	C	£	45,500	Overhaul to roof and guttering; External Repairs to fabric, yard surfacing and boundary walls; Internal Redecoration and replacement floor finishes and upgrade to shower/wc and kitchen.
Chantry House, Newport	C	£	11,625	Structural movement & cracking to elevations; Repairs to the main pitched roof; Undulated floors internally; Rotten timber windows in places and car park resurfacing works in the short term.
Cowes Medical Centre, West Cowes	B	£	4,700	Flooring repairs to upstand kerb details and Relocate disabled parking bays.
East Cowes Health Centre	-	£	-	N/A
Medical Record Store, Newport	C	£	-	Upgrade the staff toilets & consider a DDA toilet refurbishment. Repaint floor screed in store. Fill cracks around the front door internal reveal.
Moa Place - Freshwater	C	£	1,875	Replace all floor coverings in the short term and damaged suspended ceiling tiles. Replace tea point fitted units.
Newport Clinic (Health Centre), 7 Pyle Street	B	£	68,250	Internal refurbishment in progress; Replacement floor finishes; DDA improvements to internal access; External roof overhaul; Repairs to structural movement on the side elevation and re-surfacing to the rear car park.
Primary Care Mental Health Team	C	£	-	Replacement internal doors; Replace floor coverings and redecorate internally; Upgrade tea point facility; Replace / upgrade staff toilet appliances and improve signage to public areas.
Shackleton House	C	£	-	It is proposed to sell this property, therefore only essential works now included. External joinery and gutter repair and replacements; Internal redecorations; Replace central atrium ceiling tiles; Upgrade all internal doors; Replace left hand side timber fencing. Remove moss from roof. Provide lower reception / security desk. Provide CCTV at the entrance door.
The Gables, Newport	C	£	500	It is proposed to sell this property, therefore only essential works now included. External re-decoration; Overhaul rainwater goods and the lead covered flat roof to the entrance porch; Internal re-decoration; Upgrade internal fire doors and improve the escape lighting.
Unit 4, 3 Daish Way, Newport	B	£	5,000	Internal decoration including replacement suspended ceilings, carpet tiles, and finishes.
Unit 18, Barry Way, Newport	B	£	5,500	Replace the carpet and vinyl flooring to the front office, DDA toilet upgrade, ground corridor, rear corridor and rear supplies store.
Ventnor Neighbourhood Office	B	£	2,750	(Internal repairing lease only). Install an automatic DDA push opening pillar and front door; Make good damaged plaster near DDA toilet and provide timber ramp to rear escape doors.
Woodlands	B	£	3,125	Upgrade the ground floor pantry tea point units and 5No en-suite toilet / vanity units to the bedrooms.
TOTALS (Excluding VAT/Fees/Prelims/Contingency)		£	167,425	

Appendix 3 – 10 Year Summary Plan St Mary's

St Mary's Hospital, Isle of Wight

GRAND SUMMARY - 2 FACET SURVEYS

July 2013

RLB | Rider Levett Bucknall

		1		2		3		4		5		6		7		8		9		10	
		2013 / 2014		2014 / 2015		2015 / 2016		2016 / 2017		2017 / 2018		2018 / 2019		2019 / 2020		2020 / 2021		2021 / 2022		2022 / 2023	
Building	Total	Condition	Statutory	Condition	Statutory	Condition	Statutory	Condition	Statutory	Condition	Statutory	Condition	Statutory	Condition	Statutory	Condition	Statutory	Condition	Statutory	Condition	Statutory
Total	9,080,884	1,673,647	136,474	2,487,322	146,460	2,267,321	100,625	441,395	18,500	671,499	8,000	682,731	56,650	81,000	8,000	109,335	8,000	78,900	8,000	89,025	8,000
Block 01 Ambulance	165,480	32,046	500	83,234	-	49,200	-	500	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 02 Social Club	3,575	-	-	3,000	-	150	-	425	-	-	-	-	-	-	-	-	-	-	-	-	-
Main Site	787,000	162,000	12,000	55,000	8,000	73,000	8,000	63,000	8,000	65,000	8,000	63,000	10,000	60,000	8,000	50,000	8,000	60,000	8,000	50,000	8,000
Block 04 Ambulance Management	54,896	630	42,301	3,000	-	7,065	-	900	-	-	-	1,000	-	-	-	-	-	-	-	-	-
Block 05 Boiler House	34,200	-	-	2,500	-	-	30,000	500	-	-	-	1,200	-	-	-	-	-	-	-	-	-
Block 06 South Hospital	529,190	32,500	1,500	159,600	23,000	102,050	4,000	23,405	7,500	145,060	-	9,700	-	-	-	20,875	-	-	-	-	-
Block 07 OT, Wheelchair Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 08 Laidlaw	41,940	6,700	-	7,600	-	3,700	-	-	-	-	-	23,740	200	-	-	-	-	-	-	-	-
Block 09 NOT INCLUDED		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 10 Orthotics Speech & Language	40,001	1	-	10,000	-	10,000	-	10,000	-	10,000	-	-	-	-	-	-	-	-	-	-	-
Block 11 Asthma Allergy	47,760	-	300	1,860	-	44,200	-	-	-	-	-	-	1,400	-	-	-	-	-	-	-	-
Block 12 Holly House	138,850	19,700	4,350	68,750	3,100	42,800	-	-	-	-	-	-	150	-	-	-	-	-	-	-	-
Block 13 Diabetic Centre	75,355	19,400	1,990	38,025	2,200	-	150	-	-	-	-	5,940	-	-	-	7,650	-	-	-	-	-
Block 14 Breast Screening	15,161	-	-	13,386	300	300	-	-	-	-	-	825	350	-	-	-	-	-	-	-	-
Block 15 Breast Care Unit	15,695	1,000	4,200	6,440	3,350	100	550	-	-	-	-	55	-	-	-	-	-	-	-	-	-
Block 16 School of Nursing	91,590	28,650	800	31,721	100	9,819	-	-	-	-	-	20,500	-	-	-	-	-	-	-	-	-
Block 17 Healing Arts	76,705	17,440	450	11,415	-	47,350	-	-	-	-	-	50	-	-	-	-	-	-	-	-	-
Block 18 Vecta Search	60,764	20,120	2,150	32,066	500	5,928	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 19 Sub station	750	-	-	-	-	-	-	750	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 20 Level A	821,270	174,200	-	219,250	5,000	74,390	-	115,250	1,500	-	-	221,680	1,000	9,000	-	-	-	-	-	-	-
Block 20 Level B	605,286	121,300	-	218,336	-	165,525	-	29,200	-	-	-	56,000	-	12,000	-	2,925	-	-	-	-	-
Block 20 Level C	397,356	25,600	-	65,550	-	201,110	8,000	44,166	-	52,930	-	-	-	-	-	-	-	-	-	-	-
Block 21 Substation	163,425	-	-	3,250	-	-	-	-	-	160,000	-	-	-	-	-	-	-	-	-	175	-
Block 22 Mottistone and Endoscopy	223,582	18,800	1,851	4,395	15,600	124,628	-	20,800	-	-	-	37,508	-	-	-	-	-	-	-	-	-
Block 23 C Block	48,665	3,000	4,000	5,800	-	500	-	11,750	-	-	-	14,115	-	-	-	-	-	-	-	9,500	-
Block 24 Physiotherapy	335,840	141,510	1,000	153,015	4,020	21,090	-	100	-	-	-	-	4,500	-	-	10,605	-	-	-	-	-
Block 25 Ophthalmology	222,631	-	-	180,215	3,100	16,216	-	-	-	-	-	3,500	5,000	-	-	14,600	-	-	-	-	-
Block 26 Orthodontics	106,172	-	2,500	42,700	1,000	13,300	-	39,604	-	5,418	-	550	500	-	-	600	-	-	-	-	-
Block 27 Day Procedures Unit	370,811	100,500	1	182,870	20,440	18,900	-	-	-	-	-	29,200	-	-	-	-	-	18,900	-	-	-
Block 28 Maternity	1,028,367	392,239	2	184,580	15,000	402,046	1,500	7,000	-	-	-	13,250	12,750	-	-	-	-	-	-	-	-
Block 29 Mortuary and Linen Services	381,802	75,299	6,000	154,630	2,000	120,398	2,000	-	-	14,625	-	6,750	100	-	-	-	-	-	-	-	-
Block 30 IT and Sexual Health	116,197	-	3,000	62,756	3,000	29,096	5,500	325	-	-	-	10,440	-	-	-	2,080	-	-	-	-	-
Block 31 Old Stores	355,744	36,596	6,228	31,110	1,450	162,010	10,000	6,000	-	26,950	-	52,900	2,500	-	-	-	-	-	-	20,000	-
Block 32 Newcroft Block	500,875	56,000	2,600	221,075	2,350	71,050	3,500	6,000	1,500	136,200	-	-	-	-	-	-	-	-	-	600	-
Block 33 Finance and Information Management	196,730	42,145	11,301	36,604	3,000	47,280	10,000	-	-	46,400	-	-	-	-	-	-	-	-	-	-	-
Block 34 NOT INCLUDED		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 35 Education	138,290	52,200	13,000	15,300	13,350	28,500	7,800	8,000	-	140	-	-	-	-	-	-	-	-	-	-	-
Block 36 NOT INCLUDED		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 37 North Block Generator	70,000	-	-	-	-	70,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 38 Estates	26,050	-	-	500	-	8,050	-	17,500	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 39 Sevenacres	187,925	21,900	-	53,225	-	61,800	-	19,800	-	1,800	-	11,200	18,200	-	-	-	-	-	-	-	-
Block 40 Cancer Services	14,757	2,000	-	8,802	-	3,350	-	-	-	-	-	605	-	-	-	-	-	-	-	-	-
Block 41 Pre Operative Assessments	69,991	19,381	1,000	18,371	2,100	250	1,500	-	-	-	-	27,389	-	-	-	-	-	-	-	-	-
Block 42 Link Corridors North	43,020	-	-	5,200	-	3,570	-	-	-	-	-	25,500	-	-	-	-	-	-	-	8,750	-
Block 43 Audiology	128,797	47,740	11,000	50,171	6,450	210	-	7,000	-	6,226	-	-	-	-	-	-	-	-	-	-	-
Block 44 North X-Ray	43,885	3,050	-	20,825	-	240	-	-	-	-	-	19,770	-	-	-	-	-	-	-	-	-
Block 45 North Block Outbuildings	1,450	-	-	1,150	-	-	-	300	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 46 Stores Generator	1,000	-	-	1,000	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 47 C Block	199,105	-	2,450	920	4,500	190,110	1,125	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 48 Crèche	29,415	-	-	14,575	-	8,840	4,000	2,000	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 49 Renal Dialysis Unit	20,484	-	-	300	1,250	1,700	3,000	7,120	-	750	-	6,364	-	-	-	-	-	-	-	-	-
Block 50 NOT INCLUDED		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 51 NOT INCLUDED		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 52 EBME Department	5,250	-	-	2,750	-	2,500	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Block 53 H.S.D.U.	47,800	-	-	500	2,300	25,000	-	-	-	-	-	20,000	-	-	-	-	-	-	-	-	-

St Mary's Hospital, Isle of Wight
2 FACET SURVEYS - Summary by Priority - Year 1
July 2013

RLB | Rider Levett Bucknall

Building	Condition Rank	Priority 2	Priority 3	Total	Comments
68/69 Swanmore Road, Ryde	B	£ 134,055	£ 34,440	£ 168,495	External repairs; replacement internal doors with vision panels (DDA); Full redecoration internally; Redesign reception / entrance to allow wheelchair access and rising damp issues to ground floor.
70/71 Swanmore Road, (Ryde OPD), Ryde	B	£ 61,890	£ 82,845	£ 144,735	Replacement flooring; Rotten timber windows and fascias; Resurface areas of rear car park; External repairs/pointing and roof overhaul & repair.
Arthur Webster Clinic	C	£ 120,175	£ 53,860	£ 183,785	External redecoration and timber repairs; Renew 50% of internal flooring and decorate (50%); DDA improvements and Structural cracking issues.
Brookside Health Clinic	B	£ 60,800	£ 42,615	£ 112,265	Replacement atrium glazing and gaskets; Overhaul rainwater goods; Redecorate externally and external minor Repairs.
Buccleuch House	C	£ 72,360	£ 5,080	£ 122,940	Overhaul to roof and guttering; External Repairs to fabric, yard surfacing and boundary walls; Internal Redecoration and replacement floor finishes and upgrade to shower/wc and kitchen.
Chantry House, Newport	C	£ 129,940	£ 56,280	£ 197,845	Structural movement & cracking to elevations; Repairs to the main pitched roof; Undulated floors internally; Rotten timber windows in places and car park resurfacing works in the short term.
Cowes Medical Centre, West Cowes	B	£ 9,808	£ 6,015	£ 20,523	Flooring repairs to upstand kerb details and Relocate disabled parking bays.
East Cowes Health Centre	-	£ -	£ -	£ -	N/A
Medical Record Store, Newport	C	£ 15,264	£ 75	£ 15,339	Upgrade the staff toilets & consider a DDA toilet refurbishment. Repaint floor screed in store. Fill cracks around the front door internal reveal.
Moa Place - Freshwater	C	£ 16,780	£ 2,695	£ 21,350	Replace all floor coverings in the short term and damaged suspended ceiling tiles. Replace tea point fitted units.
Newport Clinic (Health Centre), 7 Pyle Street	B	£ 44,065	£ 56,458	£ 168,773	Internal refurbishment in progress; Replacement floor finishes; DDA improvements to internal access; External roof overhaul; Repairs to structural movement on the side elevation and re-surfacing to the rear car park.
Primary Care Mental Health Team	C	£ 26,080	£ 1,500	£ 27,580	Replacement internal doors; Replace floor coverings and redecorate internally; Upgrade tea point facility; Replace / upgrade staff toilet appliances and improve signage to public areas.
Shackleton House	C	£ 23,250	£ 4,555	£ 27,805	It is proposed to sell this property, therefore only essential works now included. External joinery and gutter repair and replacements; Internal redecorations; Replace central atrium ceiling tiles; Upgrade all internal doors; Replace left hand side timber fencing. Remove moss from roof. Provide lower reception / security desk. Provide CCTV at the entrance door.
The Gables, Newport	C	£ 25,450	£ 5,055	£ 31,005	It is proposed to sell this property, therefore only essential works now included. External re-decoration; Overhaul rainwater goods and the lead covered flat roof to the entrance porch; Internal re-decoration; Upgrade internal fire doors and improve the escape lighting.
Unit 4, 3 Daish Way, Newport	B	£ 14,940	£ 19,500	£ 39,440	Internal decoration including replacement suspended ceilings, carpet tiles, and finishes.
Unit 18, Barry Way, Newport	B	£ 7,145	£ 12,275	£ 24,920	Replace the carpet and vinyl flooring to the front office, DDA toilet upgrade, ground corridor, rear corridor and rear supplies store.
Ventnor Neighbourhood Office	B	£ 32,953	£ 500	£ 36,203	(Internal repairing lease only). Install an automatic DDA push opening pillar and front door; Make good damaged plaster near DDA toilet and provide timber ramp to rear escape doors.
Woodlands	B	£ 73,885	£ 81,305	£ 158,315	Upgrade the ground floor pantry tea point units and 5No en-suite toilet / vanity units to the bedrooms.
TOTALS (Excluding VAT/Fees/Prelims/Contingency)		**£ 868,839**	**£ 465,053**	£ 1,501,316	

Notes
Costs and Ranks are indicative only, subject to final checking/edit
2 Facet - Condition & Statutory included only

Key
Priority 1 = Immediate (year 1)
Priority 2 = Essential (year 2 - 5)
Priority 3 = Desirable (6-10 years)

Condition - Rank
A = Good (as new)
B = Satisfactory (minor repair)
C = Poor (major repair)
D = Bad (replacement)

Appendix 4 – 5 Year Capital Plan

Scheme £'000s	**Comments**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**Total**
	Rolling backlog maintenance programme							
Medium/high risk and fire safety	Approved at TEC 11.11.2013	£900	£100	£500	£1,500	£4,000	£4,500	**£11,500**
Medium/high risk and fire safety	13/14 value Approved	£						**£**

Enc K

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 8th JANUARY 2014

Title	Isle of Wight and Southampton Pathology Memorandum of Understanding			
Sponsoring Executive Director	Chief Executive			
Author(s)	John Wood , Managing Director of H & IOW Pathology Consortium			
Purpose	To provide a framework for how Isle of Wight and UHS pathology will work collaboratively. To improve sustainability and quality of pathology services			
Action required by the Board:	**Receive**		**Approve**	**P**

Previously considered by (state date):			
Trust Executive Committee	23/12/13	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		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:

Insert here details and dates of any engagement with staff, stakeholders (e.g. Council), patients or the public (e.g. Patient Council, Local Involvement Network (LINk), etc.

Executive Summary:

The programme board recognised that there continue to be advantages of Isle of Wight and UHS working together to bring about benefits in quality, efficiency, sustainability and resilience across the Trusts. The memorandum of understanding describes how pathology services across isle of Wight and UHS will co-operate going forward.

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	Clinical Strategy					
Critical Success Factors *(see key)*	CSF4					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	N/A					
Assurance Level ***(shown on BAF)***	Red	N/A	Amber	N/A	Green	N/A
Legal implications, regulatory and consultation requirements	N/A					

Date: 20 December 2013 Completed by: Karen Baker

Enc K

Isle of Wight NHS Trust

University Hospital Southampton NHS Foundation Trust

Memorandum of Understanding (MoU)

Setting out key principles that have been agreed and are yet to be agreed between Isle of Wight NHS Trust and University Hospital Southampton NHS Trust in the management and provision of pathology services

Distribution Record

Distribution	Purpose	Date
Programme team	Early draft for comments	25/11/2013
Programme chair and execs	Draft for comments	03/12/2013
Programme board	Final draft	05/12/2013
CEO's	For signing	12/12/2013

Amendment Record

Version	Amendment	Date
UHS&IOW MoU v 1	First draft	25/11/2013
UHS&IOW MoU v 2	Draft	03/12/2013
UHS&IOW MoU v 3	Final draft	05/12/2013
UHS&IOW MoU v 4	Final following Programme Board	12/12/2013
UHS&IOW MoU v 5	Amendments made by IOW	19/12/2013
UHS&IOW MoU v 6	Final Document	20/12/2013

1. Contents

2. Introduction

Financial analysis of the business case for Isle of Wight NHS Trust (IOW) and University Hospital Southampton NHS Foundation Trust (UHS) demonstrated that the investment required to run the Consortium as a shared services organisation (SSO) with its own management team and support staff exceeded the envisaged savings, making this option unworkable. The decision was therefore made to discontinue with the drive to form a new and separate organisation.

The programme board recognised that there continue to be advantages of IOW and UHS working together to bring about benefits in quality, efficiency, sustainability and resilience across the trusts. The Trusts have both delivered 25% price reductions to commissioners, and need to ensure this is sustainable.

This memorandum of understanding describes how pathology services across IOW and UHS will co-operate going forward.

It is our intention to maintain as a minimum, an essential services laboratory on the Island, whilst working in partnership with UHS.

3. Parties to the MoU

The parties to this Memorandum of Understanding ("MoU") are:

- Isle of Wight NHS Trust of St Mary's Hospital, Parkhurst Road, Newport, Isle of Wight PO30 5TG ("IOW")
- University Hospital Southampton NHS Foundation Trust of Southampton General Hospital, Tremona Road, Southampton, SO16 6YD ("UHS")

Hereafter referred to as 'The Parties'.

4. Purpose of the MoU

This Memorandum of Understanding (MoU) provides a framework for how IOW and UHS pathology will work collaboratively to improve sustainability and quality of their pathology services.

5. General principles

5.1. Good Faith

The parties recognise that it is impracticable to make provision for every contingency which may arise during the life of this MoU. They agree to act in good faith and in the spirit of the co-operation outlined in this MoU.

5.2. Principles of Cooperation

The parties have agreed that their working relationship will be characterised by the following principles:

- Clinically Led at all levels
- The need to make decisions that promote patient safety and high quality health care
- Respect for each organisation's independence
- The need to maintain stakeholder confidence
- Openness and transparency between the organisations as to when cooperation is and is not considered necessary or appropriate
- The need to use resources efficiently, effectively and economically.
- Maximise the opportunity to use training and development opportunities

The parties will work in an open and transparent fashion, acknowledge each other's respective responsibilities, and will take these into account when working together.

5.3. Areas of Cooperation

The working relationship between the parties involves cooperation across a number of functions. These are listed in Table 1 together with the names of the clinical and managerial leads.

Table 1. Areas of cooperation and leads

Area	IOW	UHS
Management	Liz Thorne	Nick Hurlock
Blood Sciences	*Dr Ali Al-Bahrani	Paul Cook (Chemistry)
	Chris DaCosta	Matthew Jenner (Haematology)
		Efrem Eren (Immunology)
		Elizabeth Hodges (Molecular)
		Steve Moody
Cell Path	Dr Kamarul Jamil	*Bryan Green
	Helen Tasker	Neil Woodward
Microbiology	Dr Sandya Theminimulle	Adrianna Basarab
	Helen Azzopardi	Nick Hurlock
IM&T	Paul Dubery	Adrian Byrne
	Stuart McCallum	Keith Burrill

*Clinical Lead

5.4. Information Sharing

Where it is necessary to share patient identifiable data, the parties will ensure that such data is shared and processed in accordance with the requirements of the Data Protection Act 1998.

The parties will keep each other fully informed about developments in their services, approach and methodologies in which they share a mutual operational interest.

The parties recognise each organisation's responsibilities under the Freedom of Information Act 2000. If either organisation receives an FOI request for information that it obtained from the other organisation, they will consult the other organisation prior to making a decision on disclosure.

The parties will apply adequate and appropriate security measures to confidential information that they receive in accordance with central government requirements.

The parties will respect the confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.

5.5. Concerns

Where either party has concerns about relevant incidents, including in relation to how a service (both NHS and non-NHS) has managed them, they will notify the other party under this MoU.

6. The Parties

6.1. Commitments

6.1.1. Each party will make available appropriate resources to facilitate the advancement of cooperation.

6.1.2. Each party will ensure that any collaborative projects are appropriately resourced. Where one party provides services to another these will be agreed in advance and appropriately recharged.

6.1.3. The Chief Executive Officer of each party will be a signatory to this MoU.

7. Responsibilities of the Management Teams

The management teams of each of the parties shall work together to:

- Implement and manage the collaborative working
- Manage and operate the collaborative working so as to not adversely impact existing customer base, quality and regulatory compliance

8. Approach to collaboration

The parties agree to adopt the following approach:

- Collaborate and co-operate in an open and professional manner, seeking to develop effective working practices, identify solutions and mitigate risk
- Adhere to statutory requirements and best practice. Comply with applicable laws and standards including EU procurement rules, data protection and freedom of information legislation

- Deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU
- Not to enter into negotiations relating to pathology provision contrary to the interests of the other party.

9. Communication required

The management teams will ensure that there is good communication at all levels.

10. Escalation

If any party has any issues, concerns or complaints about any matter in this MoU, that party shall notify the other party and shall then seek to resolve the issue by a process of consultation.

Any unresolved concerns will be escalated to the CEO's of the Parties for resolution.

11. Duration of Agreement

This Memorandum of Understanding is effective from (16th January 2014.) Its implementation will be reviewed by the parties every 12 months. The MoU may be reviewed in the light of prospective changes that occur. Any party may request a review, which will then be undertaken.

12. Variation

If any party wishes to vary this MoU for any reason, it may request such a variation by notice to the other parties in writing. If the parties agree to implement a variation, the details and impact of that variation shall be recorded in writing and signed by all parties.

13. Status

For the avoidance of doubt, this MoU is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this MoU. The parties enter into the MoU intending to honour all their obligations.

14. Schedule

Once there is agreement on the way forward this schedule will be developed to record what has been agreed, what are the key actions and timescales and who is responsible for implementing any changes.

14.1. Repatriation of work

Where it is clinically and financially appropriate to do so IOW will repatriate work to UHS wherever possible.

14.2. Management

Commence formal collaboration between management teams with the intent to meet quarterly, but more frequently initially to establish the necessary processes to deliver the changes within this MoU

14.3. Blood sciences

Each organisation will take forward changes they wish to implement through their own management structures. UHS will provide support, based upon its experience in this area, to IOW if requested.

14.4. Histopathology

IOW and UHS to work together to centralise the service at UHS to ensure we maintain quality and provide a future sustainable service. While services need to be delivered locally, this will be supported.

Agree clear actions, costs and a safe and resilient timetable for change acceptable to both parties.

14.5. Cervical Cytology

IOW and UHS wish to maintain the status quo for cervical cytology and not seek to move work to UHS.

14.6. Microbiology

Work with PHE in the provision of the IOW microbiology service.

IOW to express clear preference for provision from Southampton, (subject to the relevant quality/price being competitive from PHE) consistent with the spirit of this MoU.

14.7. IM&T

Look towards medium term upgrade for both parties to an enhanced enterprise pathology system.

15. Signature page

SIGNED by ....
for and on behalf of **ISLE OF WIGHT NHS TRUST** (Signature)
20/12/13 (Date)

SIGNED by ....
for and on behalf of **UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST** (Signature)
20/12/13 (Date)

Enc L

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD ON 8 JANUARY 2014

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	
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	20 December 2013

ISLE OF WIGHT NHS TRUST
NHS TRUST BOARD MEETING WEDNESDAY 8 JANUARY 2014
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 draft Integrated Business Plan (IBP) was submitted to the Trust Development Authority (TDA) as planned on 2 December 2013. The below appendices were also required as part of the submission:

- Long Term Financial Model (LTFM)
- Governance Rationale
- Constitution
- Public consultation outcome report
- Membership strategy
- Clinical strategy
- Workforce strategy
- IM&T strategy
- Estates strategy

On our current trajectory the final draft IBP is scheduled for submission to the TDA on the 31 March 2014 and this will be informed by feedback on the initial draft from the TDA. Whilst awaiting feedback from the TDA work continues to develop the IBP further.

The revised programme timeline has now been agreed with the TDA and is attached as Appendix 1. On our current trajectory Foundation Trust status is likely to be achieved in June 2015.

4. Communications and Stakeholder Engagement

A firm focus remains on membership recruitment activity. As at 7 December the Trust has 3763 public members and is making good progress towards the next target of 4000 members by April 2014 agreed with the TDA. The table below identifies the current membership breakdown by constituency:

Constituency	Membership	Required before election
North and East Wight	1066	500
South Wight	965	500
West and Central Wight	1354	500
Elsewhere ('Off Island')	378	250
Total	**3763**	**1750**

A successful membership engagement event, the initial "Medicine for Members" session, was held in the Education Centre on the 28 November 2013. Ninety members made initial enquiries and 56 members attended. FT members were welcomed to the Trust and given an update on the FT pipeline and current issues. Speakers included the Chairman, Chief Executive, Head of the Ambulance Service and FT Programme Director/Company Secretary. There was a discussion around what members wanted with a question and answer session which also involved the Executive Medical Director and Executive Director of Nursing and Workforce. Members provided feedback on what they wanted from their membership together with positive feedback about the Trust in general. As room capacity prevented us accommodating all members who wished to attend we are repeating this event with the same speakers to a different set of members on 31 January 2014.

Preparations are also ongoing for the additional Governor Development day that has been scheduled for the 10 February 2014 following the successful event held in September. Speakers from Portsmouth Hospitals Trust and University Hospital Southampton FT Councils of Governors have been invited. Resources to date have been focused on building the public membership and in the New Year this focus will shift to developing the staff membership.

Communication and engagement activity is ongoing with respect to the Clinical Strategy and IBP.

5. Key Risks

Although our FT application trajectory has been agreed with the TDA, the current timeline is dependent upon the Trust receiving a visit from the Chief Inspector of Hospitals in quarter 1 2014/15 and there remains a significant risk that the Trust will not receive a visit during this period. Out of the 19 Trusts included in the latest wave of Chief Inspector of Hospitals visits only 4 were aspirant FTs. Although the TDA have recommended to the Care Quality Commission that we receive an inspection, the timing of our inspection will be dependent on how we are prioritised by the CQC. The TDA's assurance activity will continue in parallel to mitigate this uncertainty as much as is possible.

Business continuity arrangements have been put in place with respect to Business Planning. An internal candidate has been appointed to the vacant Executive Director post as an interim measure. However, the lack of continuity across business planning presents a degree of risk to the delivery of the IBP and ongoing strategic planning arrangements.

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

6. Recommendation

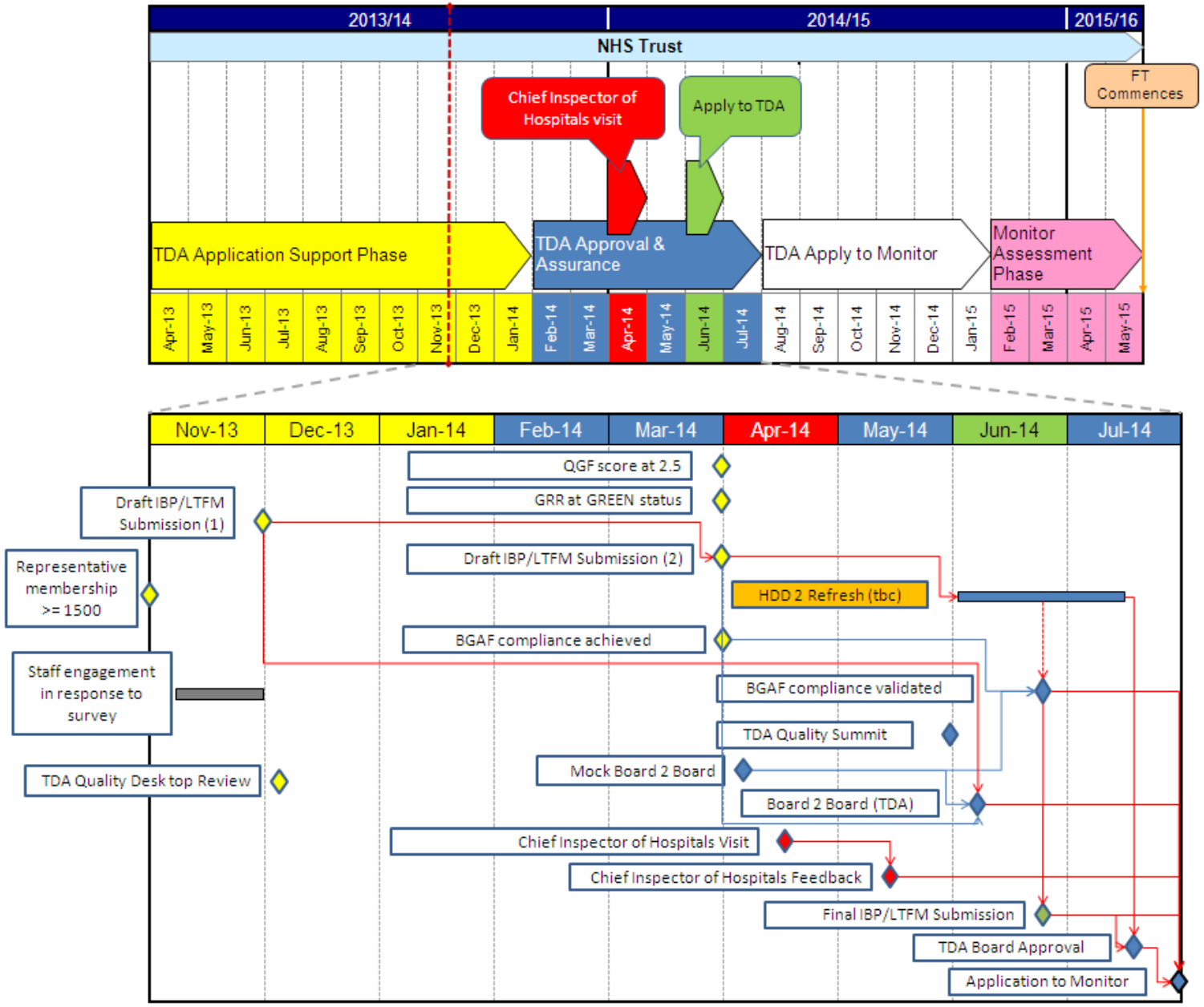
It is recommended that the Board:

(i) Note this update report

Mark Price
FT Programme Director/Company Secretary
20 December 2013

FT Application Timeline: December 2013

APPENDIX 1



Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD 08 JANUARY 2014

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	18 December 2013
Executive Board	
Foundation Trust Programme Board	
Mental Health Act Scrutiny Committee	
Nominations Committee (Shadow)	
Planned Directorate Board	
Quality & Clinical Performance Committee	18 December 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 to develop the assurance process.

Executive Summary:

This paper presents the December 2013 Trust Development Authority (TDA) self-certification return covering November 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 *Risk Assessment Framework* is necessary for FT Authorisation.

Action required by the Board:

(i) Approve the submission of the TDA self-certification return
(ii) Identify if any Board action is required

Date	20 December 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 November 2013 reporting period, prior to submission to the Trust Development Authority (TDA) in January 2014.

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) has worked 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. Further detailed guidance/information with respect to interpretation of the *Accountability Framework* from the TDA 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 10 of the 12 Licence Conditions. Since the Board received the last update Condition C2 relating to competition oversight has been confirmed as compliant. Condition G8 remains confirmed as non-compliant with a target date to achieve compliance by 31 March 2014. 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. 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. Revised milestones following the announcement of the next wave of Chief Inspector of Hospitals visits have been discussed with the TDA and form the basis of our current plan. The Trust continues to meet agreed milestones. 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
20 December 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 31 Jan 2014. Revised code of governance expected to be published by Monitor in early 2014.*	31-Jan-14	Mark Price
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 financial year and will ensure compliance with this licence condition.*	31-Mar-14	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	Yes	*Head of Commercial Development has provided positive assurance of compliance.*		Karen Baker
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	Complete	
3	Final Draft IBP/LTFM Submission	31-Mar-14	On target	
4	Chief Inspector of Hospitals visit	Mid April 2014	On target	
5	Board to Board meeting with TDA	Mid June 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	

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 8 JANUARY 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 December 2013 recommended changes to Assurance RAG ratings.			
Action required by the Board:	**Receive**		**Approve**	**P**

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)	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 two new Risks introduced since the August report.

The exception report details recommended changes to the Board Assurance RAG rating against the following 10 risks: 2.4; 7.4; 7.7; 7.18; 8.1; 8.4; 8.5; 9.9; 9.11; and 10.9

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)***	R Red	R Amber	R Green
Legal implications, regulatory and consultation requirements	None		

Date: 20 December 2013 **Completed by: Brian Johnston**

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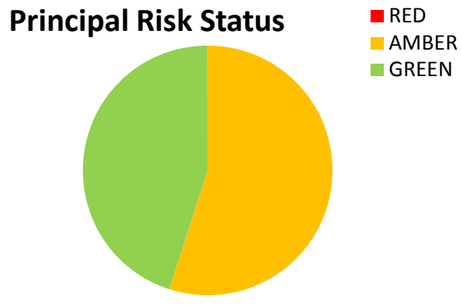
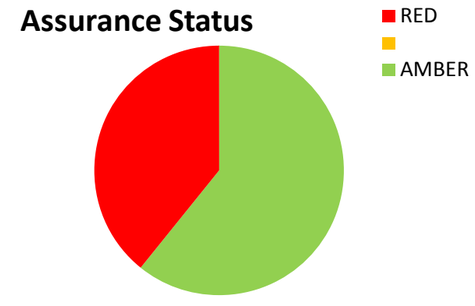
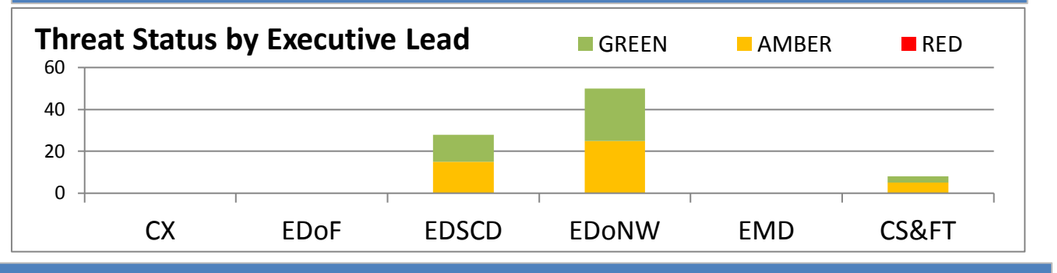
BAF Status Report

Isle of Wight NHS Trust

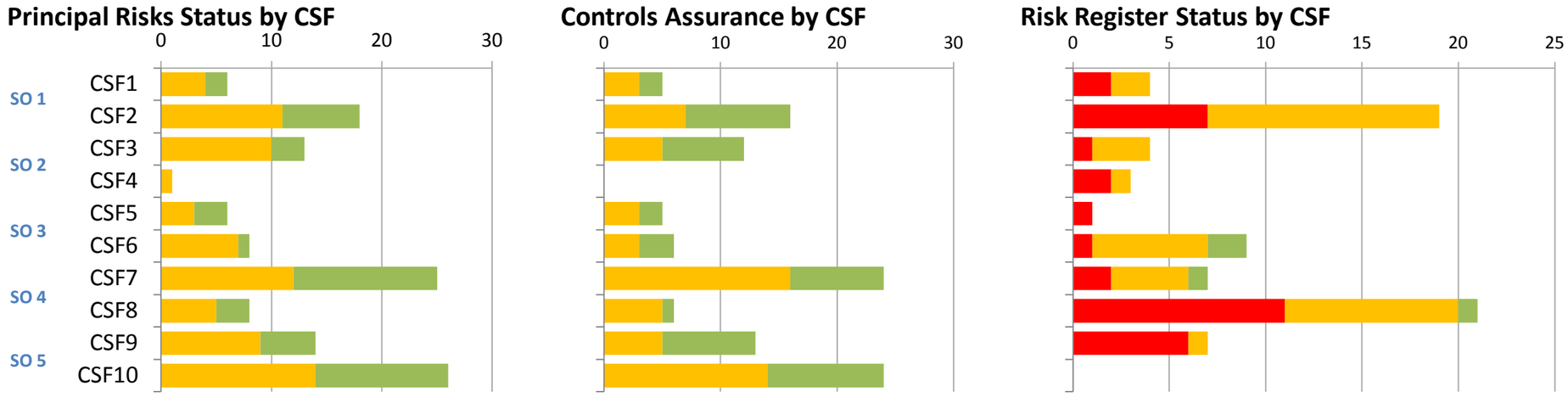




Principal Risks:	125	Aligned Risk Register Risks:	77



Strategic Objective & Critical Success Factor Status Overview



BAF
Increased Scores

0

Reduced Scores

10

Commentary

Principal Risks:
10 Principal Risks are recommended for changes from Amber to Green

New Risks, none of which are rated Red to date:

Ref.	Directorate	Title
592	Corporate	Limited assurance from Internal Audit of Estates
593	Corporate	Limited assurance from Internal Audit of Disaster Recovery and Out of Hours support

There are no changes to previously notified Risk scores

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
CSF2.4	EDoNW	2.4 (2.8) Audit is primarily focussed on finance with a non-mature quality audit function (Q30) Executive Director of Finance/ Executive Director of Nursing and Workforce/Company Secretary	Amber	Green
CSF7.4	EDoF; EDoNW	7.4 (5.8) There is no clinical engagement in setting the financial and supporting CIP plans (F14) Executive Medical Director/ Executive Director of Nursing and Workforce/ Executive Director of Finance	Amber	Green
CSF7.7	EDoF; EDoNW	7.7 (5.12) There is no clinical engagement in setting CIPs or no mechanism for feedback from staff (F17) Executive Director of Finance	Amber	Green
CSF7.18	EDoF; EDoNW	7.18 (5.44) There is no central co-ordination or monitoring of performance against CIPs (F28) Director of Strategy & Commercial Development	Amber	Green
CSF8.1	EDSCD	8.1 (5.6) There are several ad-hoc databases which are used in different departments (Q56) Executive Director of Finance/ Executive Medical Director/ Executive Director of Nursing and Workforce/ Executive Director of Strategic Planning	Amber	Green

CSF8.4	EDSCD	8.4 (6.6) Capital plans are not clearly aligned to service development strategies, cash planning, and capital investments (F16) Executive Director of Finance / Executive Director of Strategy and Commercial Development	Amber	Green
CSF8.5	EDSCD	8.5 (6.8) Implementing ICT strategy/ISIS Executive Director of Strategic Planning	Amber	Green
CSF9.9	EDoNW; EMD	9.9 (4.19) Lack of financial awareness training sessions provided to staff within the organisation (F33) Executive Director of Finance	Amber	Green
CSF9.11	EDoNW; EMD	9.11 (4.22) Financial awareness restricted to finance function and key members of the Trust Board (F33) Executive Director of Finance	Amber	Green
CSF10.9	EDoNW	10.9 (10.13) The Trust has not-met an NHSLA assessment or has been assessed at a lower level of compliance with standards than the Trust's own self-assessment (Q24) Company Secretary	Amber	Green
592 - 1	EDSCD	INTERNAL AUDIT REPORT ESTATES 2013/14 - LIMITED ASSURANCE	NEW	12
593 - 1	EDSCD	INTERNAL AUDIT REPORT DISASTER RECOVERY AND OUT OF HOURS SUPPORT 2013/14 - LIMITED ASSURANCE	NEW	12

PROPOSED CHANGES TO ASSURANCE RATINGS

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: Trust Executive Committee
Strategic Objective 1: QUALITY - To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience **Exec Sponsor: Executive Director of Nursing and Workforce**										
Critical Success Factor CSF2 **Lead: Executive Director of Nursing and Workforce** **Improve clinical effectiveness, safety and outcomes for our patients** **Links to CQC Regulations: 9, 10, 12, 13, 14, 17, 18, 20, 21, 22, 23**					MEASURES: VTE compliance HAPPI audit results HMSR stats. Pressure Ulcer indicators CQUIN outcomes MRSA and Cdiff stats. Discharges after 10pm Approved departmental clinical governance plans - National performance targets - Participation in screening programmes - Participation in Health improvement programmes for children and young people				TARGETS: **Board approved quality account within DH deadline** **80% compliance against all HAPPI indicators** **Zero MRSA cases in 13/14** **Achieve rebased HSMR of <105 by end March 2014** **Grade 3/4 pressure ulcers reduced by 50% by end March 2014** **100% achievement of CQUINS** **Emergency readmissions reduced to 4% in 13/14** **Less than 4% of patients waiting more than 17 weeks by 31/3/14** **Average LOS reduced by 7%** **Theatre Efficiency increased by 8%** **Achieve 100% of agreed Ward use of Amber Care bundle** **20% Reduction in complaints relating to communication**	
2.4 *(2.8)* Audit is primarily focussed on finance with a non-mature quality audit function (Q30) Executive Director of Finance/ Executive Director of Nursing and Workforce/Company Secretary	**4**	**4**		Only around 20% of the 12/13 audit plan is directly related to financial audits. The audit plan is discussed and approved at Executive Board and at Audit Committee. This consultation is directly influenced by the Board and the Head of Internal Audit's assessment of audit risk. There is a clear quality audit framework at the Trust Re-audits show that improvements have been made Internal audits and national audits are included in forward plans Outcomes of audits are clearly described Audit data base includes set field to capture BAF links	Assurance is driven by Audit Committee reporting by both internal audit and the report of outstanding recommendations compiled by the finance department. Quality and Clinical Performance Committee	Minutes of the Audit Committee; Report by the Head of Internal Audit and the annual report of the Chair of the Audit Committee; all reports with limited assurance are presented to the Audit Committee. Continued failure to meet recommendations would result in officer attendance at Audit Committee. Quality audit database being set up.	**Green**			Review current processes and agree actions to improve links **Sarah Johnston/Brian Johnston/Vanessa Flower** Update May 2013: Awaiting feedback on how we ensure that any outcomes from clinical audit is included in internal audit programme. Process needs to be considered on how we ensure issues from BAF and risk register are included on clinical audit programme. Update July 2013: (VF) Internal Audit Manager advised the following in relation to link issues from Clinical audit to internal audit programme 'It would be difficult to link clinical audit outcomes to internal audit as the skill sets are different. Local clinical audit outcomes are however a useful source of assurance so could be mapped against key risk areas to give the Audit Committee and Board assurance as appropriate.' Quality Advisors advised to ensure that any risks or issues from clinical audit are highlighted to the relevant directorates to ensure that they are noted on risk register where appropriate, however still need to agree process of linking clinical audit outcomes to the BAF. Update September 2013: process under review for using clinical audit outcomes as positive/negative assurance for the BAF Update October 2013: (VF) Clinical Audit outcomes, need to be linked where appropriate to the BAF. Database needs to be developed to enable this to happen, Owners of BAF actions need to ensure that where audit is being undertaken that provides BAF assurance this is utilised within this document. Quality Advisors asked to review current year's audit outcomes against BAF to ensure this is captured. **Update December 2013: (VF)** Governance advisors well aware of need to link to BAF. Current audit database under development includes a set field to capture this and ensure that all audit outcomes are linked to BAF. **Action Complete** **Recommend change of assurance rating to Green** Consider quality governance representation at Audit and Corporate Risk Committee **Chris Palmer/Sarah Johnston** Update April 2013: Work in progress and aiming to complete by end May 2013 **Update June 2013:** Clinical Audit list now reported to Audit and Corporate Risk Committee - **Action Complete**

PROPOSED CHANGES TO ASSURANCE RATINGS

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: Trust Executive Committee
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 CSF7 **Leads: Executive Director of Finance, Executive Director of Nursing and Workforce** **Improve value for money and generate our planned surplus whilst maintaining or improving quality** Links to CQC Regulations: 24					MEASURES: **Achievement of revenue financial plan** **Achievement of capital financial plan** **Achievement of cash plan** **Achievement of surplus position** **Achievement of recurrent CIP plan** **Satisfactory Internal & External Audit Reports**			TARGETS: **YTD surplus that is either equal to or at variance to plan by no more than 3% of forecast income** **Forecast surplus that is either equal to or at variance to plan by no more than 3% of income** **Surplus at year end of £1.6M or at variance to plan by no more than 3% of income** **Underlying breakeven position** **95% or more of the value of NHS and Non NHS bills are paid within 30 days** **95% or more of the volume of NHS and Non NHS bills are paid within 30 days** **Receivable days are less than or equal to 30 days** **Creditor days less than or equal to 30** **EDITDA equal to or greater than 5% of income**		
7.4 *(5.8)* There is no clinical engagement in setting the financial and supporting CIP plans (F14) Executive Medical Director/ Executive Director of Nursing and Workforce/ Executive Director of Finance	**10**	**10**		The Board has oversight of the financial planning process and can demonstrate that there has been engagement with a range of stakeholders (both internal and external) throughout the development of the Financial Plan. The process for the development of the Financial (Operational) Plan clearly articulates roles and responsibilities with evidence of broad clinical engagement throughout the process Revised process for 13/14 CIP planning process in place based on workshop arrangements. Best practice template introduced. QA being undertaken by nursing and medical directors. Transformation Projects have clinical leads CIPs have quality impact assessments	Directorate Operational Plans Directorate Service Boards	Finance, Investment & Workforce Committee minutes to Trust Board TEC reporting to Board	**Green**			**Lauren Jones/Donna Collins** Update April 2013: (DA) CIP monitoring being managed by PMO office with support on financials being provided by Finance team. Update August 2013: (LJ) CIP monitoring financials updated following CIP reviews by Divisions and there are a number of new schemes contained within the document requiring validation and paperwork by PMO before project numbers are assigned. (DA) All directorates involved in CIP Action Week 15-19 July 2013 to refresh existing CIP plans and to reduce the gap - work is ongoing. Service Transformation and Quality Improvement Lead will ensure clinical engagement. QIAs for all schemes. Update September 2013: (LJ) All CIP schemes have been reviewed by PMO and now have project numbers allocated. A gap remains and work continues to identify schemes to deliver this. (CP) DC needs to comment on gaps Update October 2013: (LJ) All CIPS are subject to quality impact assessments. These are signed off by Directorate management teams which is inclusive of clinicians. (CP) DC needs to comment on gaps entries **Update December 2013:** Currently developing 5 year business cases for all transformation projects: all 8 have a clinical lead. **Action complete** **Recommend change of assurance rating to Green**
7.7 *(5.12)* There is no clinical engagement in setting CIPs or no mechanism for feedback from staff (F17) Executive Director of Finance	**8**	**8**		The Board has an appreciation of the potential impact of CIP projects on quality and is assured that there are robust systems in place for listening to feedback and acting on this where concerns about quality are raised. The Board can demonstrate early-warning mechanisms are in place to flag when CIP / QIPP are not on track for being delivered. QUINCE database aligns Transition Projects appropriately Clinical Leads allocated to every project	CIP Plans and supporting documentation. Trust Board Papers and Sub-Committee Papers. Year end CIP results	CIP Plans and supporting documentation. Trust Board Papers and Sub-Committee Papers. Year end CIP results. Performance Reviews TEC reporting of Transformation Projects	**Green**			Include post-implementation reviews for CIPs in reports to Board and sub-committees by October 2012 **David Arnold/Donna Collins** Update March 2013: 5 programme delivery groups (Workforce, IM&T, SBEP, Clinical Redesign and Estaes) are being established that will monitor the delivery of CIPs and will provide highlight reports to the IBP Assurance Group (Trust Programme Board). The Programme Monitoring Group has been established to meet on a fortnightly basis to support the progress of CIPs and other projects. Update April 2013: All 13/14 CIPS have been quality assessed and leads have been asked to review queries raised by Exec team Update August 2013: (DA) All directorates involved in CIP Action Week 15-19 July 2013 to refresh existing CIP plans and to reduce the gap - work is ongoing. Service Transformation and Quality Improvement Lead will ensure clinical engagement. QIAs for all schemes. Update September 2013: (DA) Donna Collins has new Service Transformation Team in place. Further updates to come from DC Update October 2013: (DC) Programme Management Plan for Transformation & QIP approved October 2013, highlighting roles and responsibilities. 8 key transformational programmes and identified clinical leads. New database system being implemented that will ensure quality impact assessments are robustly developed and singed off by EMD & EDNW. **Update December 2013 (DC):** Each of Transition Projects is aligned to clinical strategy, IBP or Commissioning intentions. QUINCE database has drop down menu to select which path of alignment. **Action complete** **Recommend change of assurance rating to Green**
7.18 *(5.44)* There is no central co-ordination or monitoring of performance against CIPs (F28) Director of Strategy & Commercial Development	**8**	**8**		There is a PMO / Project office or equivalent in place that tracks and reports on CIP progress and savings achieved in real time QUINCE database operational	CIP plans and monthly reports. CIP PMO / Project structure . Finance Reviews	TEC feedback on highlight reports	**Green**			**Felicity Greene/Donna Collins** Update June 2013: Responsibility moved from DoF to DS&CD who noted that there is a programme in place, managed by PMO, but no yet fully embedded or robust. **Change of assurance rating from Green to Amber approved July 2013** Update September 2013: (DA) New CIP monitoring sheet implemented and Donna Collins has new Service Transformation Team in place. Further updates to come from DC. Update October 2013: (DC) Programme Management Plan for Transformation & QIPP approved October 2013, highlighting roles and responsibilities. **Update December 2013: (DC)** QUINCE database operating and providing review from different aspects. **Action complete** **Recommend change of assurance rating to Green**

PROPOSED CHANGES TO ASSURANCE RATINGS

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: Trust Executive Committee
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**	
8.1 *(5.6)* There are several ad-hoc databases which are used in different departments (Q56) Executive Director of Finance/ Executive Medical Director/ Executive Director of Nursing and Workforce/ Executive Director of Strategic Planning	**8**	**8**		The organisation has a master database for Patient Information (PAS) The ISIS Programme is removing the use for ad hoc databases No standalone databases being used	Data Quality Policy IM&T Delivery Board		**Green**			Agreement reached to move to ISIS. Changes agreed in principle with surgery/orthopaedics with a solution planned for Nov 2013 **Paul Dubery** **Update December 2013:** Surgery/Orthopaedics now using ISIS and no stand alone databases now being used in key areas**. Action complete.** **Recommend change of assurance rating to Green**
8.4 *(6.6)* Capital plans are not clearly aligned to service development strategies, cash planning, and capital investments (F16) Executive Director of Finance / Executive Director of Strategy and Commercial Development	**12**	**12**		There is a clear process for the review and approval of capital schemes, including alignment to overarching strategy Capital plan also aligned to latest IBP therefore reflects service development strategy. Working within REID guidance.	Trust Board Papers and Sub Committee Papers. Trust's Financial plan (revenue and capital). Capital schemes / plan risk assessment. Trust Business Plan	Achievement of Cash Resource Limit	**Green**			Confirm that the REID guidance has been included within the Trust Capital process and documentation by August 2012 Kevin Curnow Update March 2013: Major changes to the governance framework and risk ratings need to be considered during early 13/14 to assess their significance on capital investment programmes Update April 2013: (CW) All forms part of capital strategy signed off by Board Update October 2013: (KC) All plans reviewed at monthly CIG to ensure that they meet the Trust's business case process & tie in with the Clinical Strategy. (CP) Need to consider reprioritisation by Directorates of capital plan schemes. Update December 2013: (KC) Capital plan profiled in cash planning. Capital plan also aligned to latest IBP therefore reflects service development strategy. Action complete Recommend change of assurance rating to Green
8.5 *(6.8)* Implementing ICT strategy/ISIS Executive Director of Strategic Planning	**12**	**12**		PRINCE2 project structure with Project Board & exec sponsor Programme Director, Transformational Change in place Oct 2012 to support change elements. IM&T Strategy Funding for the IM&T programme approved for 2013/14 & 2014/15	Board reporting IM&T Delivery Group Executive briefings Capital Investment Group	Project highlight reports	**Green**	Resource & operational ownership. Requires organisational programme support - not just IT.		Paul Dubery Update February 2013: ISIS now live with c200 users for read only & discharge summary Update September 2013: Now around 700 users on ISIS. Medical discharge summary live. Surgery due to go live during Sept/Oct 2013. Ward view & bedstate due to go live Nov 2013. Update December 2013: Surgery and bed state ward view now live. Refreshed ISIS business case approved by TEC with funding secured for 13/14 and 14/15. Action complete Ensure business case for provider options clearly states and encompasses IM&T strategy capital and revenue requirements. IM&T incorporated into IBP & strategy refresh Nov 2013. Felicity Green/Paul Dubery Update June 2013: IM&T strategy to be updated for August submission of IBP Update November 2013: Strategy refreshed in IBP and review due this month. Action complete Update December 2013: Reviewed strategy agreed. Review annually. Review date: November 2014 Need to develop with workforce strategy and estate strategy Alan Sheward/Felicity Greene Update February 2013: Workforce strategy developed. Framework currently being developed with delivery groups identified. Update April 2013: (PD) Key process issues & the use of real time data currently a major issue. Workshop with operational staff planned for April 13 to agree new working processes. 324 clinical users now on ISIS and aiming for 400+ by end May 13. Update June 2013: now 581 users of ISIS as at 18th June 13 Update September 2013: Review current system where it may have impact on workforce requirements Update December 2013: IT bed State module is being introduced to the clinical areas. Early discussions on delivering Patient Safety Assessment at the patients bed side commenced led by IT. Workforce and estates Strategies now in place. Action complete Recommend change of assurance rating to Green

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: Trust Executive Committee
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**										
<u>Critical success factor CSF9</u> Leads: Executive Director of Nursing and Workforce, Executive Medical Director **<u>Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care</u>** Links to CQC Regulations: 15, 22, 24					MEASURES: **Workforce productivity measures including:** **Staff Turnover** **Occupational Health** **Relationship with Staff partnership Forum** **Redundancy rate reduced** **Increased opportunity for internal deployment**			TARGETS: **5 year workforce plan complete by September 2013. Recruitment strategy complete by October 2013. Trust job descriptions updated by March 2014. Workforce costs reduced by 5% (120 posts) by 31/3/14** **- Locum spend reduced by 10% by 31/3/14** **- Sickness rates under 3% by 31/3/14** **- Mandatory training compliance over 80% by 31/3/14** **- Benchmarking with peers especially around performance report**		
9.9 *(4.19)* Lack of financial awareness training sessions provided to staff within the organisation (F33) Executive Director of Finance	**12**	**12**		All staff members are introduced to financial awareness through the induction process and regularly informed of progress through cascade briefings; job and person specification for all senior posts contain financial expertise **Finance and Budget workshops for Managers set up for 2014**	Induction programme, Management Development Programme, Clinical Leadership Programme, Board and Committee Reports, Executive briefings	Finance, Investment & Workforce Committee minutes to Trust Board	**Green**			Workforce report to the Board needs to incorporate evidence of Induction Training compliance **Alan Sheward/Jackie Skeel** Updates March/April 2013: (CW) No further progress to report Update May 2013: (CW) No further progress. ADs will be reminded of availability of HFMA training. Spot training such as PbR has been undertaken on ad hoc basis. Update September 2013: (JS) Liaising with Lauren Jones and Chris Palmer regarding the need for finance awareness training and difficulty in Finance team having resource to be able to provide classroom sessions. CP has advised that she will discuss with new AD Finance when he commences. In the meantime we are promoting the HFMA e-learning modules for staff. Regular email messages are sent out by the HR helpdesk sometimes with useful handouts. Update November 2013: **JS** and Heather Cooper to meet with Lauren Jones and Kevin Curnow to discuss programme implementation. **Update December 2013:** 4 half day 'Finance and Budget workshops for Managers' set up to run each quarter during 2014 with 20 spaces on each course. This will be promoted to budget managers alongside the HFMA e-learning modules. We are also exploring whether the HFMA modules could be transferred to Training Tracker for better uptake. **Action complete** **Recommend change of assurance rating to Green**
9.11 *(4.22)* Financial awareness restricted to finance function and key members of the Trust Board (F33) Executive Director of Finance	**12**	**12**		The Trust Board leads in and promotes the development of a culture of financial awareness across the organisation. The Trust actively supports the development of senior/key staff capabilities through regular Board level exposure and engagement in supporting strategic processes of the Board. **Finance and Budget workshops for Managers set up for 2014**	Induction programme, Management Development Programme, Clinical Leadership Programme, Board and Committee Reports, Executive briefings Trust Board Papers and Minutes	Appraisals Completion of HFMA certificate in finance Finance, Investment & Workforce Committee minutes to Trust Board	**Green**			Finance training sessions to be developed and implemented by December 2012; FAST training sessions to be re-established; relaunch of HFMA certificate in NHS finance; Review of all budget holder levels and rationalisation of cost centres; Local induction to include basic financial training from finance managers **Kevin Curnow/Lauren Jones/John Cooper** Update March 2013: No further progress to report Update April 2013: (CW) Reminder of HFMA e-learning package to be disseminated; no further actions planned at this stage. Update May 2013: (CW) No further progress. ADs will be reminded of availability of HFMA training. Spot training such as PbR has been undertaken on ad hoc basis. Update August 2013: (LJ) Finance Managers remit to be extended to cover income across all areas ie. SLA, NCA etc in order to fully understand the divisional performance. Attendance at Divisional SLA and Performance Reviews is now mandatory for FMs during which they will be able to identify where further finance training within the divisions is required. Update October 2013: (KC) Open culture to be re-iterated at formal finance training but should also be reinforced at Performance Reviews in the interim **Update December 2013: (KC)** Quarterly training sessions beginning in February for budget holders. Additionally, 'bite-size' finance awareness sessions to be held. **Action complete** **Recommend change of assurance rating to Green**

PROPOSED CHANGES TO ASSURANCE RATINGS

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: Trust Executive Committee
<u>Critical success factor CSF10</u> Lead: Executive Director of Nursing and Workforce **<u>Develop our organisational culture, processes and capabilities to be a thriving FT</u>** 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**	
10.9 *(10.13)* The Trust has not-met an NHSLA assessment or has been assessed at a lower level of compliance with standards than the Trust's own self-assessment (Q24) Company Secretary	**5**	**5**		NHSLA level 1 accreditation achieved across all Trust services At latest assessment (Feb 2011) Trust assessed as compliant in 68 out of 70 criteria - our best ever result. Health Assure NHSLA software purchased to improve management and assurance of NHSLA preparation NHSLA no longer undertaking assessments	NHSLA accreditation reports Risk management Department Maternity - Risk management midwife	NHSLA level 1 accreditation	**Green**			Internal review underway to assess state of preparation for level 2 attempt in January 2013 **Brian Johnston/Exec Team** Update February 2013: NHSLA re-accreditation at Level 1 achieved following 2 day assessment in January 13. Aiming for Level 2 accreditation by Summer/Autumn 2014. Update August 2013: NHSLA accreditation scheme abolished and awaiting further guidance on future arrangements from NHSLA. Local assessment of NHSLA risk management standards to be undertaken to determine how to maintain standards achieved to date without the NHSLA assessments as a driver. Update October 2013: No further information received as yet from the Litigation Authority regarding future arrangements. **Update December 2013:** NHSLA now clearly saying there will be no provision for standards assessments in the future. Trusts discounts will be base-lined from their most recent assessments and this will be taken into account for future years scheme contributions. NHSLA will be focussing specifically on claims managment good practice in future. On the basis that this can no longer be seen as a risk: **Action complete** **Recommend change of assurance rating to Green**

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

<u>Principal Risks:</u> 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.
<u>RISK LEVEL</u> = 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

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

<u>Assurances on Controls:</u> 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.

<u>Assurance Level RAG ratings:</u>
Effective controls in place and Board satisfied that appropriate positive assurances are available <u>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</u> = 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)

<u>Gaps in Control:</u> 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.

<u>Gaps in Assurance:</u> 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.

<u>Action Plans:</u> 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)

<u>Assurance Framework 2013/14 working document - August 2013. Guidance last updated December 2009.</u>

RISKS ADDED SINCE 18.11.2013

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
592	INTAUD	CORPRI	GOVCOM	28/11/13	30/04/14	INTERNAL AUDIT REPORT ESTATES 2013/14 - LIMITED ASSURANCE	FG	* Limited Assurance - see audit report for full details * The Eclipse System not updated in a timely manner with statutory and pre-planned maintenance. * Repair jobs to be carried out within designated timeframes. * Not all Business cases fully	12	12	MOD	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	28.11.13 Approved at RMC 20.11.13.	See Internal Audit Report - October 13	EDSCD
593	INTAUD	CORPRI	GOVCOM	28/11/13	30/04/14	INTERNAL AUDIT REPORT DISASTER RECOVERY AND OUT OF HOURS SUPPORT 2013/14 - LIMITED ASSURANCE	FG	* Limited assurance - see audit report for full details * 12 recommendations made.	12	12	MOD	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	28.11.13 Approved at RMC on 20.11.13.	See Internal Audit Report - October 13	EDSCD

Key for Assurance Level for Risk Register Entries: GREEN - A adequate controls; AMBER - I inadequate controls; RED - U uncontrolled risks

Enc O

ISLE OF WIGHT NHS TRUST

FOUNDATION TRUST PROGRAMME BOARD

TUESDAY 26 NOVEMBER 2013 BETWEEN 11:00 – 12:30
SMALL MEETINGS ROOM, PCT HQ, SOUTH BLOCK

NOTES

PRESENT

Karen Baker (Chair)	Kevin Curnow	Sue Wadsworth	Mark Price
Danny Fisher	Peter Taylor		

1. APOLOGIES

Mark Pugh	Alan Sheward	Chris Palmer

IN ATTENDANCE

Andrew Shorkey	Margaret Eaglestone (for item 7)

Top Key Issues	Subject
3	Delegated authority approved for Chief Executive to sign off on submission of draft Integrated Business Plan and Long Term Financial Model to the Trust Development Authority.
4	Slippage in FT application timeline following announcement of latest wave of Chief Inspector of Hospital visits.

ACTION

2. **Notes and matters arising from** 22 October 2013
The notes of the meeting were received and accepted as a correct record.
Action Tracker
340 – modelling work had been undertaken to inform the definition of a 'significant transaction'. This had thrown up issues with respect to the thresholds involved. KC would make a recommendation for inclusion in the draft constitution. **KC**
421 – AS confirmed that the Governance Risk Rating against Monitor's Risk Assessment Framework was included again in the Board Performance Report.

3. **IBP/LTFM draft submission**
Updates were provided on the status of the Integrated Business Plan and Long term Financial Model. KC highlighted that there had been some minor changes. Capital and transformation were now aligned, liquidity days had increased, workforce was reflected in financial terms rather than posts and the Cost Improvement Programme had been revalidated. KC identified that more time was required to more fully explore downside scenarios and that this would be built into planning for the next iteration including modelling additional population scenarios and drugs pricing. **KC** SW asked if the population figures were drawn from the Joint Strategic Needs Assessment and KC advised that they were the figures used by the local authority. PT raised a query with respect to our understanding of the Trust's service cost base and KC advised that the Trust had the capability to achieve this more effectively in the future but that it was contingent upon the correct inputs being captured at the operational level. KB presented a summary of the IBP and asked that the Board approve delegated authority for the Chief Executive to sign off on the draft version to be submitted to the Trust Development Authority (TDA). Members of the Programme Board had been kept appraised of developments with respect to this iteration of the IBP and it was agreed that authority to sign-off on this submission of the IBP and LTFM would be delegated to the Chief Executive. **KB**

4. **Future Timeline**
MP advised that the timeline had been discussed with the TDA and presented an updated version. Our FT application trajectory had slipped as the Trust had not been included in the quarter 4 2013/14 wave of Chief Inspector of Hospital visits. The impact on the overall timeline indicated that FT status would not be achievable before June 2015. It was noted that there would be a general election before this date. MP was also liaising with TDA in relation to the non executive director tenures of DF, SW and PT which would expire on 31 March 2015. MP advised that we had been advised that a desktop quality review would be undertaken by TDA on 5 December 2013.

5. **Action Plan Assurance**
Integrated Action Plan Status Report
MP and AS advised that the plan would be recast against the revised timeline. AS would liaise with leads and owners to update the plan. **AS**

6. **Workstream Updates**
   None.

7. **Communications and Stakeholder Engagement**
   Membership Update
   ME updated the group on the current status of the membership campaign and activity to engage with members that had been informed by good practice elsewhere. The membership event scheduled for 28 November 2013 was oversubscribed and an additional session would be run in the new year. SW advised that there was an increasingly active Lesbian, Gay, Bisexual and Transgender group that could be engaged as part of membership development. ME advised that contact had been initiated. ME stated that we had a significantly high email communication capability with 80% of our membership indicating a preference to use this channel. An additional module was available from Capita to support the email process, but this would come at extra cost. AS advised that there might be other in-house solutions available.

8. **Programme Governance and Approvals**
   (i) Risk Management
   AS presented the updated risk report and highlighted key areas of risk relating to the uncertainty around the timing of the Chief Inspector of Hospitals visit and slippage across the Integrated Business Plan delivery schedule.
   (ii) Programme Budget
   The update for month 7 was presented to Programme Board. MP advised that the revised schedule would impact on expenditure initially expected in the 2013/14 financial year. MP would liaise with KC with respect to accruals. **MP/KC**

9. **Feedback from FTN Events and FT Visits**
   AWS had attended an FTN HR Directors event which he had found to be very useful. Notes had been circulated to the group. PT advised that he would be attending a Non Executive Directors FTN event on 11 December 2013.

10 **Any other Business**

11 **Future Meetings**
   The next meeting was scheduled for 12:00-13:30hrs, Tuesday 17 December 2013, Small Meetings Room, South Block. It was noted that this meeting clashed with the Executive Briefing session and in the absence of any feedback from TDA on our IBP/LTFM submission a view would be taken nearer the time as to whether it would be held.

Enc P

FOR PRESENTATION TO TRUST BOARD ON 8th JANUARY 2014

Minutes of the meeting of the Charitable Funds Committee held on the 10th December 2013 at 8.30 a.m. in Seminar Room 3, St Mary's Hospital, Newport, Isle of Wight.

PRESENT:	John Matthews	JM	Non Executive Director (Chair)
	Chris Palmer	EDF	Executive Director of Finance
	Peter Taylor	PT	Non Executive Director
	Sue Wadsworth	SW	Non Executive Director
	June Ring	JR	Patient Council
	Vincent Thompson	VT	Friends of St Mary's
	Annie Hunter	AH	Staff Representative
	Andrew Heyes	HCD	Head of Commercial Development *(deputising for Executive Director of Strategy and Commercial Development)*
In Attendance:	Mark Price	CS	Company Secretary
	Andy Hollebon	HoC	Communications
	Kevin Curnow	DDF	Deputy Director of Finance
	Richard Dent	VCo	Volunteer Co-ordinator
	Katie Parrott	SFA	Senior Financial Accountant
	Tracey Thompson	AFA	Assistant Financial Accountant-Internal Governance
	Guy Eades	HAD	Healing Arts Director (Item 13/074)
Minuted by:	Sarah Booker	PAEDF	PA to Executive Director of Finance

Top Key Issues	Subject
Min. No. 13/073	Future of NHS Charities
Min. No. 13/074	Shackleton Gardens
Min. No. 13/074	Wild Meadow
Min. No. 13/074	Koan
Min. No. 13/075	Large legacy for Patients and Friends
Min. No. 13/075	Moveable Balance

13/065 Apologies For Absence

Apologies for absence were received from:

Nina Moorman - Non Executive Director
Mark Pugh – Executive Medical Director

13/066 Quoracy

The Chair person confirmed that the meeting was quorate.

13/067 Declarations Of Interest

The Chairman declared an interest as Assistant Coroner.

13/068 Terms of Reference

The Executive Director of Strategy and Commercial Development title will need to be changed once the replacement has been made. The Committee approved the amendments to the Terms of Reference.

13/069 Minutes Of The Previous Meeting

The minutes of the meeting held on the 10th September 2013 were agreed and signed by the Chair as a true record with a view to the following item being amended:

13/063 - There was a discussion around a Breast Care proposal which will need to be

developed through the normal process of governance. Action: SW & AH. This action should just read AH.

13/070 Matters Arising /Review Of Schedule Of Actions

a) **13/009 Charitable Funds Administrator** – This item remains open for the time being.

b) **12/049 Friends of St Mary's Memorandum of Understanding** - The EDF confirmed that the Memorandum of Understanding (MOU) items will be returned to the Trust Executive Committee to prepare a MOU with the friends of St Mary's for the Trust to approve.

c) **13/017 Friends of St Mary's working collaboration** – VT said he was not aware this item had been deferred as this information was not passed on. JM apologised for this error.

d) **13/035c IW Awards Funding** – Update from HoC: There is a shortfall of £2545.22 for the Awards funding. The Committee agreed to award a grant from the Charitable Funds to go towards the cost of the annual awards process.

e) **13/016 Sunshine (Hospital) Radio equipment request** – The request was for £13,500 not £123,500 as stated on the schedule of actions.

f) **13/063 Breast Care** – SW initials to be removed so the action is with AH only. The Capital has now been approved for minor improvements in the Breast Care nurses' accommodation and the proposal was agreed at the last Capital Investment Group meeting. Item now closed.

13/071 Draft Report and Accounts 2012/13

The Committee thanked the Senior Financial Accountant for the full and comprehensive report. There are 4 minor amendments to make for the 31st January 2014 submission. This paper will be sent to Trust Board in January 2014 for approval.

Action by SFA

13/072 2013/14 Fundraising Appeals/Projects

Chemotherapy – still no requisitions received as yet for the vein finder. SFA chasing this. The EDF advised the Committee that the Head of Transformation and Quality Improvement will be asking staff to use the same business case process when requesting Charitable Funds. This will identify the impact on costs and activity and will ensure there is the same governance around the Charitable Funds bids. SFA to update at the next meeting.

Action: SFA

13/073 HFMA Charitable Funds Conference Overview

The SFA and AFA gave a brief overview on the Conference they attended on the 25th September, highlighting the various updates. As a result of the VAT session a couple of changes have been implemented. JM asked whether any further information had been provided regarding enabling NHS bodies to set up independent charities. The SFA reported the Department of Health has still to respond to the consultation later this year, therefore any legislation is unlikely to be before 2015. SW thanked the SFA for the notes taken at this conference which were very succinct.

13/074 Healing Arts

Healing Arts Director (HAD) presented his report on the Healing Arts which included the following updates:

- There was a long discussion around the proposed Shackleton garden. The EDF recommended checks are made to ensure this aligns with the Estate Plan

before anything is approved. PT questioned whether access would be given to any other garden during the construction of this new one. The HAD confirmed the Chemotherapy garden is close and could be used but would need to be more secure. JM was very concerned as the contract appeared to have been already awarded and is now being re-thought on the eve of the start date. The CS recommended this discussion is taken to the Board Seminar meeting which immediately follows this meeting to seek approval in principle and the CS will then contact the HAD with a decision on this matter.

Post meeting note: The CS confirmed this scheme was approved to commence.

- Burial Ground – The HAD is pursuing money to create a wild meadow. The HAD noted there is a need for a volunteer gardening team and that they would be well used around the site. SW congratulated the HAD on his work around the wild meadow and its potential benefits to Island families.

- The Koan is due to be repaired shortly. The company involved in carrying out the work has volunteered their services free of charge so we will need to wait for them to become available to undertake the work. The head of this company is committed to the Koan being in working order again (illuminated and rotating). The VCo suggested this should be publicised to make people aware the work is being carried out voluntarily. JM agreed and noted the Koan is our icon and Islanders are aware of its background but attitudes may have changed over time. The HoC will look into using local media sources in order to raise awareness of the work carried out at the Trust on a voluntary basis.

Action: HoC

13/075 Balances, Income & Expenditure

Senior Financial Accountant reported on the current income and expenditure sheet for the period August 2013 – October 2013. She noted the General Fund has a new legacy of £114k and that this has been specified to be spent equally between staff and patients. Some of this legacy has been utilised already on the Empathy video for training and the Lesbian, Gay, Bisexual, Trans-gender project. The SFA has drafted a paper to the family to be signed by JM detailing what the legacy has/will be used for. VT suggested using the opportunity to publicise the legacy and the opportunities surrounding it with the consent of the family. SFA will action.

Action: SFA

SW questioned whether the funds are being spent adequately. The EDF assured SW that plans are in place to spend the legacies and that these are not static values as money is coming into the Trust all of the time. The SFA is targeting some areas which need to spend their legacy funds.

The EDF requested the SFA ensures the credits and expenditure figures are validated.

Action: SFA

13/076 Requests for Consideration

As reported in the Healing Arts Update.

13/077 Friends of St Mary's – Bids Update

VT reported to the Committee that lots of items are on order now and some have been received. The system seems to work well and the Senior Financial Accountant will chase the outstanding orders which still need to be submitted.

Action: SFA

13/078 Investment Policy Review

The Senior Financial Accountant reported that there were no changes to this policy.

13/079	**Legacies Update**

The Legacies update was received and noted.
Laidlaw – Based on the spending plan requisitions need to be received as soon possible. VT noted there could be a crossover with funding so will speak to the Fund Manager to clarify exact plans and any issues of ad-hoc availability of staff.

Action: VT

13/080	**Items to be included in E-Bulletin**

- Staff/patient legacy fund
- AH noted slides have been prepared to advertise CFC on the Trust screensavers.

Action: HoC

13/081	**Any Other Business**

- The IW College are undertaking 3 projects for the Trust and will be refreshing the external and internal leaflets and posters advertising Charitable Funds.

- PT asked whether the funds previously held for the Charitable Funds Administrator will be released now. The Committee agreed to release this fund.

Action: SFA

- The General Fund has £57k to be used for staff. This Committee will need to consider how this is best utilised within the HMRC guidelines. The CS noted events are well received by staff which are discussed at the Celebrations Group and utilising some of this fund to support the organisation of more events could be well received.. SW would prefer to receive ideas set out via a paper rather than this Committee coming up with ideas for these events. The CS will bring the proposal to the next Charitable Funds Committee meeting.

Action: CS

- The CS thanked JM on behalf of the Trust for his Chairmanship at this Committee over the last year. JM thanked the Committee Administrator (Governance Officer) for her assistance and support and commented that she runs this Committee in a very efficient manner. She always keeps JM informed and his success is due to her.

13/081	**Date of Next Meeting**

Date: Tuesday 11th March 2014
Venue: Conference Room, St Mary's Hospital
Time: 08:30 – 09:45

The meeting closed at 09:42

Enc Q

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 8th JANUARY 2014

Title	Annual Accounts & Report of the Isle of Wight NHS Trust Charitable Funds 2012/13			
Sponsoring Executive Director	Executive Director of Finance			
Author(s)	Senior Financial Accountant			
Purpose	As Corporate Trustee, to approve and adopt the Annual Report and Accounts for 2012/13			
Action required by the Board:	**Receive**		**Approve**	**P**
Previously considered by (state date):				
Trust Executive Committee		Mental Health Act Scrutiny Committee		
Audit and Corporate Risk Committee		Nominations Committee (Shadow)		
Charitable Funds Committee	10 December 2013	Quality & Clinical Performance Committee		
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:

Representatives from the Friends of St. Mary's and the Patient Council were present

Executive Summary:

The Annual Accounts & Report of the Isle of Wight NHS Trust Charitable Funds were agreed and recommended for adoption to the Corporate Trustee by the Charitable Funds Committee at its meeting on the 10th December, 2013.

The format and content of the Annual Accounts and Report follow the standard published by the Charity Commission and the guidance contained within SORP 2005. The Accounts were subject to an independent examination by our independent External Auditors during December 2013. The Independent Examiner's Report will be provided by Ernst & Young once the accounts have been signed and will be inserted on pages 2 and 3.

The Annual Accounts and Report are required to be submitted to the Charity Commission by 31 January 2014.

The Corporate Trustee is asked to:

- Sign the Letter of Engagement
- Approve, adopt and sign the Annual Report and Accounts for the Isle of Wight NHS Trust Charitable Funds for 2012/13

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	Productivity					
Critical Success Factors *(see key)*	CSF7					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	N/A					
Assurance Level ***(shown on BAF)***	Red	N/A	Amber	N/A	Green	N/A
Legal implications, regulatory and consultation requirements	To be in accordance with Charity Commission regulations					

Date: 18/12/13 **Completed by: Katie Parrott**

ISLE OF WIGHT NHS TRUST

Isle of Wight NHS Trust Charitable Funds
Annual Report & Accounts

Year Ended: 31st March 2013

Registered Charity No. 1049606

TRUSTEE'S REPORT OF THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND AS AT 31 MARCH 2013

Reference and Administrative Details

The charity, registered number 1049606, was entered on the Central Register of Charities on 4 October 1995.

Following the de-merger of Isle of Wight NHS Primary Care Trust to form two organisations – IOW NHS PCT and IOW NHS Trust, the charity now operates as the umbrella charity of the Isle of Wight NHS Trust. Within this umbrella are the individual designated funds that relate to the various wards, departments and special projects within the Trust.

Trustee

With effect from 1 April 2012, following the de-merger described above, the Corporate Trustee changed to the Isle of Wight NHS Trust and is governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

The names of those people who served as agents (Trustees) for the Corporate Trustee during the year ended 31 March 2013, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990 were as follows:

Danny Fisher	Chairman
Kevin Flynn	Chief Executive (until 30 June 2012)
Karen Baker	Chief Operating Officer (until 31 July 2012) then Chief Executive (from 1 Aug 2012)
Christine Palmer	Executive Director of Finance
Dr Mark Pugh	Executive Medical Director
Carol Alstrom	Chief Nurse and Director of Infection Prevention & Control (until 18 Sep 2012)
Sarah Johnston	Acting Executive Director of Nursing (from 19 Sep 2012 to 31 Dec 2012)
Alan Sheward	Executive Director of Nursing (from 1 Jan 2013)
Felicity Greene	Executive Director of Strategic Planning and Commercial Development (from 15 Oct 2012)
Peter Taylor	Non Executive Director
Susan Wadsworth	Non Executive Director
Noel Dobbs	Non Executive Director (until 18 Jan 2013)
Carole Kenwright	Non Executive Director (until 31 Aug 2012)
Nick Wakefield	Non Executive Director (from 1 Oct 2012)
John Matthews	Non Executive Director (from 1 Oct 2012)

Under a scheme of delegated authority approved by the Corporate Trustee, the Fund Managers have authority to approve all expenditure up to £1,000. Anything above this limit will follow the process defined in the Trust's Standing Financial Instructions.

Mrs Katie Parrott acted as the principal officer overseeing the financial management and accounting for the charitable funds during the year. Mrs Tracey Thompson undertook the day to day duties.

Structure, Governance and Management

The charity's unrestricted fund was established using the model declaration of trust and all funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main charity. Subsequent donations and gifts received by the charity that are attributable to the original funds are added to those fund balances within the existing charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds the Corporate Trustee respects the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff. The Corporate Trustee has given due consideration to Charity Commission published guidance on the operation of the public benefit requirement.

The charitable funds available for spending are allocated to specialties within the Trust's management structure. Each allocation is managed by use of a designated fund within the general unrestricted fund. For example there are charitable funds for Intensive Care Unit, Coronary Care Unit, Chemotherapy etc plus funds for numerous wards. This maintains a clear focus on different patients and patient conditions treated at the hospital sites and enables donor wishes to be more easily respected.

Non-Executive Members of the Trust Board are appointed by the NHS Appointments Commission and Executive members of the Board are subject to recruitment by the Trust Board. Members of the Trust Board are not individual trustees under Charity Law but act as agents on behalf of the Corporate Trustee.

Newly appointed members of the Trust Board are provided with copies of the Corporate Trustee's annual report and accounts, minutes, and information about trusteeship, including Charity Commission booklet CC3, The Essential Trustee.

The Board of the Trust has established a Charitable Funds Strategy, which defines the Purpose and Objectives of the Charitable Fund as follows:-

Objectives and Activities during the year

Purpose

To ensure that legacies and donations are maximised and that they are applied in accordance with the donors' wishes and in a way which makes the maximum contribution to enhancing both patient and staff welfare and amenities.

TRUSTEE'S REPORT OF THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND AS AT 31 MARCH 2013

Objectives

- To attract new funds and encourage fund raising
- To have efficient processes for approval of and requesting applications for funds
- To have clear and simple policies to enable staff to use the charitable funds for all criteria rather than setting up other charities
- To ensure that investment policies and procedures maximise income and capital growth while complying with requirements of Acts of Parliament and Corporate Trustee responsibility to minimise risk

The accounting records and the day-to-day administration of the funds are dealt with by the Finance Department located on the St Mary's Hospital site.

Activities

The Charity's main fund has NHS wide objectives as follows:
"To ensure that legacies and donations are applied in accordance with the donor's wishes, whilst making the maximum contribution to enhancing both patient and staff welfare and amenities."

The Corporate Trustee takes account of the Charity Commission's guidance on public benefit in reviewing the spending plans for each year and in setting or reviewing the guidelines for fund managers who are authorised to spend charitable funds.

Annual Review:

During the year, the funds continued to support a wide range of charitable and health related activities benefiting both patients and staff. In general they are used to purchase the very varied additional goods and services that the NHS is unable to provide. Every effort is made to utilise funds for the charity's purpose.

The ward charitable funds receive many donations specifically given to thank the nursing staff and these are used for training, morale boosting facilities or amenities which strengthen the Trust staff's capacity to serve their patients well.

The charitable funds also enable consultants and other medical staff to attend courses, not funded by the NHS, which will update them on the new ideas and modern techniques in their specialties.

The General Fund receives donations and legacies that can be used for any charitable purpose relating to the NHS. This flexibility has been used to contribute towards other departments/wards purchase additional equipment when their own ward funds are insufficient.

Healing Arts: Isle of Wight

Healing Arts, working as a department of the Trust, provides a comprehensive range of high quality programmes linking the arts with healthcare to bring about recovery from illness, improvements in health, and promoting the well-being of the Trust's patients, staff and the Island community.

Healing Arts is held as a restricted fund within the Isle of Wight NHS Trust's Charitable Funds.

Risk Management

The major risks to which the charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. The most significant risks are identified where possible losses from a fall in the value of the investments and the level of reserves available to mitigate the impact of such losses. These have been carefully considered and there are procedures in place to review the investment policy and to ensure that both spending and firm financial commitments remain in line with income.

Partnership Working and Networks

The Isle of Wight NHS Trust is the main beneficiary of the charity and is a related party by virtue of being Corporate Trustee of the charity. By working in partnership with the Trust, the charitable funds are used to best effect. When deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to the main activities, objectives, strategies and plans of the Trust.

We remain indebted to the work of the volunteers of the Isle of Wight Friends of St Mary's, who raise thousands of pounds each year for St Mary's Hospital and also to the many members of staff who give up much of their spare time to fund raise.

Reserves Policy

The fund balance represents the amounts awaiting application for the benefit of patients and staff, to be utilised as soon as practically possible and are considered by the Corporate Trustee's to be adequate for its current level of operation.

Review of Finances, Achievements and Performance

Performance

The net assets of the charitable funds as at 31st March 2013 were £722k, an increase of £19k from 2012.

The charity continues to rely on donations, legacies and investment income as the main sources of income. Total incoming resources increased by £16k overall compared to 2012. There was a decrease in contributions from Friends of St Marys and an increase of £12k in legacy income.

Included in the £316k income received during the year, the charity accepted a total of £87k from legacies which were all donated for unrestricted use.

Of the total expenditure, £279k was spent on direct charitable activity across a range of programmes, compared to £337k last year.

Patient Welfare & Amenities

The total spend of £221k represents a vital and valuable contribution to enhancing the provision of clinical care. In addition to numerous smaller items, some larger purchases were made as follows:-

- Vapotherm flow heat & humidification device for NICU
- Lightweight lifter-work positioner for ICU
- Newborn baby manikin to aid training in neonatal resuscitation
- Defibrillator/monitor for ICU
- Complementary therapies for breast care patients
- Pulse oximeter for Childrens Ward
- Patients armchairs for Respiratory rehab & clinic

Some funds were also spent on Christmas festivities and gifts for the patients helping to make their stay as enjoyable and comfortable as possible.

The total spend figure also includes £65k funding from the Friends of St Mary's for numerous items including:-

- Point of care full blood count analyser for A&E
- Standing & raising aid for Physiotherapy
- ECG Machine for District Nursing
- Infusion pump for clinical nurse specialist
- Ultrasound probe for A&E
- Garden renovation for Sevenacres Mental Health Unit
- Various smaller items for departments including Speech & Language Therapy, Sexual Health, Alverstone Ward, Learning Disabilities.

Staff Welfare & Amenities

A total of £5k was spent on smaller items of equipment such as office furniture and IT equipment helping to create efficient working environment for staff. Some funds were also spent on staff functions to benefit staff morale, where donations had been left specifically for this purpose.

Staff Education – Resources & Courses

A total of £51k was spent on numerous courses and £2k on resources such as educational and training materials, all helping to further the knowledge and experience of a wide range of clinical staff.

Investments

Cash is now held within the Charities Official Investment Fund (COIF) specifically designed for charities which obtains a competitive investment income return during the year. The interest rate for the period ended 31 March 2013 was 0.671% p.a.

Plans for Future Periods

Mindful of the many changes in the NHS, including efficiency reviews, payment by results and new employment contracts, the future direction of the charity will be shaped by changes in the NHS. The reconfiguration of services and the plans for redesigning patient care to meet the needs of the future will influence the priorities for spending charitable funds.

The Corporate Trustee reviews the spending priorities for the charity annually and aligns them with the Trust's corporate objectives and the charity's purpose. The focus for the coming year will cover:–

- improvements to the patient experience
- development of functions linked to the Helipad, following the approval of St Marys Hospital to be a Trauma Unit
- appointment of a full time fundraiser to co-ordinate appeals and to raise the profile of the Charity in order to maximise the donations received

The Corporate Trustee will make every effort to utilise as much of the available funds as possible in furtherance of the charity's objectives.

On behalf of the staff and patients who have benefited from improved services due to donations and legacies, the Corporate Trustee would like to thank all patients, relatives and staff who have made charitable donations.

Principal Offices & Advisers

Principal Office

Charitable Funds
Isle of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

Tel: 01983 822099 x 6274

Principal Professional Advisers

Bankers
Barclays Bank PLC
St James Square
Newport
Isle of Wight

Tel: 01983 276130
Contact: Kathy Davis

Independent Examiner
Ernst & Young LLP
Wessex House
19 Threefield Lane
Southampton
SO14 3QB

Tel: 023 8038 2285

Investment Company
COIF Investment Management Ltd
COIF Charity Funds
80 Cheapside
London EC2V 6DZ

Tel: 020 7489 6010

Approved on behalf of the Corporate Trustee:-

Signed Date

Signed Date

Isle of Wight NHS
NHS Trust

Statement of Corporate Trustee's Responsibilities

The Corporate Trustee is responsible for:

- keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable them to ensure that the accounts comply with requirements in the Charities Act 2011 and those outlined
- establishing and monitoring a system of internal control; and
- establishing arrangements for the prevention and detection of fraud and corruption.

The Corporate Trustee is required under the Charities Act 2011 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 2011. In preparing those accounts, the trustees are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps or the prevention or detection of fraud and other irregularities

The Corporate Trustee confirms that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages IV to XII attached have been compiled from and are in accordance with the financial records maintained by the trustees.

By Order of the Corporate Trustee

Signed:

Chairman

Date:

Independent examiner's report to the Trustee of Isle of Wight NHS Trust Charitable Funds

I report on the accounts of the Trust for the year ended 31 March 2013**,** which are set out on pages 4 to 12.

This report is made solely to the Trustee, as a body, in accordance with our appointment letter dated 18 October 2012. The examination has been undertaken so that we might state to the Trustee those matters that are required to be stated in an examiner's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the Trustee as a body, for this examination, for this report, or for the statements made.

Respective responsibilities of the Trustee and independent examiner

The charity's Trustee is responsible for the preparation of the accounts. The Trustee considers that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as Trustee concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in any material respect the requirements:

► to keep accounting records in accordance with section 130 of the 2011 Act; and

► to prepare accounts which accord with the accounting records, comply with the accounting requirements of the 2011 Act

have not been met; or

2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Name: Caroline Mulley

For and on behalf of Ernst & Young LLP

Wessex House
9 Threefield Lane
Southampton
SO14 3QB

31 January 2014

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2012-2013

Statement of Financial Activities for the year ended 31 March 2013

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total Funds £000**	2011-12 Total Funds £000
Incoming resources						
Incoming resources from generated funds:-						
Voluntary income:						
Donations		210	0	0	**210**	211
Legacies		87	0	0	**87**	75
Gift Aid		1	0	0	**1**	2
Activities for generating funds		0	0	0	**0**	0
Investment income	6.2	3	0	0	**3**	3
Incoming resources from charitable activities		0	0	0	**0**	0
Other incoming resources		15	0	0	**15**	9
Total incoming resources		**316**	**0**	**0**	**316**	**300**
Resources expended						
Costs of generating funds:-						
Costs of generating voluntary income		3	0	0	**3**	2
Fundraising trading: cost of goods sold & other costs		0	0	0	**0**	0
Investment management costs		0	0	0	**0**	0
Charitable activities	3	219	60	0	**279**	337
Governance Costs	2	15	0	0	**15**	25
Other resources expended		0	0	0	**0**	0
Total resources expended		**237**	**60**	**0**	**297**	**364**
Net (outgoing)/incoming resources before transfers		**79**	**(60)**	**0**	**19**	**(64)**
Transfers	4					
Gross transfers between funds		0	0	0	**0**	0
Net (outgoing)/incoming resources before other recognised gains and losses		**79**	**(60)**	**0**	**19**	**(64)**
Other recognised gains and losses						
Gains on revaluation of fixed assets for charity's own use		0	0	0	**0**	0
Gains/losses on investment assets		0	0	0	**0**	0
Acturial gains/losses on defined benefit pension schemes		0	0	0	**0**	0
Net Movement in Funds		79	(60)	0	**19**	(64)
Reconciliation of Funds						
Total Funds brought forward		393	310	0	**703**	767
Total Funds carried forward		**472**	**250**	**0**	**722**	**703**

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2012-2013

Balance Sheet as at 31 March 2013

	Notes	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	**Total at 31 March 2013 £000**	Total at 31 March 2012 £000
Fixed Assets						
Investments	6.1	385	0	0	385	385
Total Fixed Assets		**385**	**0**	**0**	**385**	**385**
Current Assets						
Debtors	7	140	0	0	140	165
Short term investments and deposits		0	0	0	0	0
Cash at bank and in hand		21	250	0	271	227
Total Current Assets		**161**	**250**	**0**	**411**	**392**
Liabilities						
Creditors: Amounts falling due within one year	8	74	0	0	74	74
Net Current Assets		**87**	**250**	**0**	**337**	**318**
Total Assets less Current Liabilities		**472**	**250**	**0**	**722**	**703**
Creditors: Amounts falling due after more than one year		0	0	0	0	0
Total Net Assets		**472**	**250**	**0**	**722**	**703**
Funds of the Charity						
Expendable Endowment Funds		0	0	0	**0**	0
Restricted Income Funds	9.1	0	250	0	**250**	310
Unrestricted Income Funds	9.3	472	0	0	**472**	393
Total Funds		**472**	**250**	**0**	**722**	703

The notes at pages 6 to 12 form part of these accounts.

Signed: Date

Designation:

Signed: Date

Designation:

Notes to the Accounts

1 Accounting Policies

1.1 Accounting Convention

The financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain investments, and in accordance with applicable United Kingdom accounting standards and policies for the NHS approved by the Secretary of State and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued by the Charities Commissioners in 2005.

1.2 Incoming Resources

a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;

ii) certainty - when there is reasonable certainty that the incoming resource will be received;

iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.

b) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3 Resources expended

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

a) Cost of generating funds
The cost of generating funds are the costs associated with generating income for the funds held on trust.

b) Grants payable
Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the funds held on trust's charitable objectives to relieve those who are sick. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. This includes grants paid to NHS bodies.

c) Support Costs
These are accounted for on an accruals basis and are recharges of appropriate proportions of the costs from the Isle of Wight NHS Trust, apart from the audit fee.

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is designated in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustees have chosen to earmark for set purposes are designated funds. The major funds held within these categories are disclosed on notes 9.1, 9.2 and 9.3.

1.5 Fixed Assets

The only fixed assets that the Fund has are investment assets.

1.6 Investment Fixed Assets

Investment fixed assets are shown at market value.

i) Other investment fixed assets are included at trustees' best estimate of market value.

1.7 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.8 Value Added Tax (VAT)

No income is generated by the charity which includes VAT. Purchases made by the charity are subject to VAT. Purchases of a medical nature are liable to VAT exemption when purchased by the charity and VAT exempt certificates are sent when ordering these goods.

2 Allocation of Governance Costs

Governance Costs	2013 Total £000	Allocated to Governance £000	Basis of Apportionment	2012 Total
Finance	7	0	see note below	13
Information Technology	2	0	see note below	5
Audit - Internal	2	0		0
Audit - External	3	0		6
Indemnity insurance	1	0	see note below	1
Total	**15**	**0**		**25**

Support costs have all been classed as Governance and have been apportioned across all funds based on 5% of donation total with the remaining balance allocated to General Fund.
As the IOW NHS Trust Charitable Fund is not that substantial, it was not felt appropriate to apportion costs to specific activities.

3 Analysis of Charitable Expenditure

	Activities Undertaken Directly £000	Grant Funded Activity £000	Support Costs £000	2013 Total £000	2012 Total £000
Patient Welfare & Amenities (inc equip)	221	0	0	221	284
Staff Welfare & Amenities	5	0	0	5	41
Staff Education & Resources	2	0	0	2	4
Staff Education - Courses	51	0	0	51	8
Total	**279**	**0**	**0**	**279**	**337**

4 Details of transfers between funds

There have been no material transfers between funds in 2012/13.

5 Analysis of Staff Costs

	2013 Total £000	2012 Total £000
Salaries & wages	6.0	11.0
Social security costs	0.5	1.0
Other pension costs	0.5	1.0
Total	**7.0**	**13.0**

Average monthly number of employees in the year:	**2**	**3**

Employees: Senior Financial Accountant and Asst Financial Accountant - both full time members of staff with IOW NHS Trust. A proportion of their time is recharged to the Isle of Wight NHS Trust Charitable Fund. They are both members of the IOW NHS Trust pension scheme. Neither employees had emoluments in excess of £60,000.

6 Analysis of Fixed Asset Investments

6.1 Fixed Asset Investments:	2013 £000	2012 £000
Market value at 31 March	**385**	385
Less: Disposals at carrying value	**0**	0
Add: Acquisitions at cost	**0**	0
Net gain on revaluation	**0**	0
Market value at 31 March	**385**	**385**
Historic cost at 31 March	**385**	**385**

Note: These investments are all held with CCLA Investments in a Charities Official Investment Fund (COIF).

6.2 Total gross Income from investments

	2013 Held in UK Total £000	2012 Held in UK Total £000
COIF Interest	**3**	3
	3	**3**

7 Analysis of Current Assets	2013 £000	2012 £000
Amounts falling due within one year:		
Amounts due from subsidiary and associated undertakings	**0**	0
Trade debtors	**0**	0
Prepayments	**0**	0
Accrued income	**93**	110
Other debtors	**47**	55
Total debtors falling due within one year	**140**	**165**

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2012-2013

8 Analysis of Current Liabilities

	2013	2012
Amounts falling due within one year:	**£000**	£000
Loans and overdrafts	**0**	0
Trade creditors	**0**	0
Amounts due to subsidiary and associated undertakings	**0**	0
Other creditors	**74**	74
Accruals	**0**	0
Deferred income	**0**	0
Total creditors falling due within one year	**74**	74

9 Analysis of Funds

9.1 Restricted Funds

	Balance 31 March 2012	Incoming Resources	Resources Expended *see note*	Transfers	Gains and Losses	**Balance 31 March 2013**
	£000	£000	£000	£000	£000	**£000**
Material funds						
A Healing Arts	40	0	(16)	0	0	**24**
B Legacy	10	0	(1)	0	0	**9**
C Legacy	43	0	(3)	0	0	**40**
D Legacy	217	0	(40)	0	0	**177**
Total	310	0	(60)	0	0	**250**

9.2 Details of material funds - restricted funds

Name of fund	Description of the nature and purpose of each fund
A Healing Arts	Links arts with healthcare to improve recovery & promote well-being Funds are reserved for maintenance & repairs to existing art works
B Restricted Legacy (Elderly)	Legacy bequeathed for Elderly Services
C Restricted Legacy (Laidlaw)	Legacy bequeathed for Laidlaw Day Hospital
D Restricted Legacy (ITU)	Legacy bequeathed for Intensive Care

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2012-2013

9.3 Unrestricted Funds

	Balance 31 March 2012	Incoming Resources	Resources Expended	Transfers	Gains and Losses	**Balance 31 March 2013**	
	£000	£000	£000	£000	£000	**£000**	
General Fund	133	98	(61)	0	0	**170**	
Designated Funds							
Breast Care	53	33	(12)	0	0	**74**	
Cancer Research	18	5	0	0	0	**23**	
Chemotherapy	22	2	(3)	0	0	**21**	
Children's Ward	8	6	(4)	0	0	**10**	
Colwell Ward	3	0	0	0	0	**3**	
Coronary Care Unit	6	1	(1)	0	0	**6**	
District Nurses	2	0	0	0	0	**2**	
Intensive Therapy Unit	0	8	(4)	0	0	**4**	
Leukaemia	5	0	0	0	0	**5**	
Neonatal Intensive Care Unit	12	0	(4)	0	0	**8**	
Nicu Move Fund (Barely Born)	51	30	(23)	0	0	**58**	
Orthopaedic Department	0	6	0	0	0	**6**	
Post.Grad.Med.Centre	6	0	0	0	0	**6**	
Respiratory Department	18	26	(32)	0	0	**12**	
Rheumatology Fund	17	3	0	0	0	**20**	
Stroke Services	10	7	(5)	0	0	**12**	
Whippingham Ward	2	0	0	0	0	**2**	
Speech & Language Therapy	0	0	0	0	0	**0**	
Cardiac Investigations	1	0	0	0	0	**1**	
Community Heart Failure	3	0	(1)	0	0	**2**	
Other funds with movements less than £1000 or balances less than £4000	24	24	(21)	0	0	**27**	** See Page 12
Friends of St Marys	0	65	(65)	0	0	**0**	
Roundings	(1)	2	(1)	0	0	**0**	
Sub Total	**393**	**316**	**(237)**	**0**	**0**	**472**	

The purpose of all Unrestricted funds is to benefit patient and staff welfare including education and training where appropriate.

9.3 Unrestricted Funds (Continued)

**** Breakdown of other funds with movements less than £1000 or balances less than £4000**

	Balance 31 March 2012	Incoming Resources	Resources Expended	Transfers	Gains and Losses	**Balance 31 March 2013**
	£	£	£	£	£	£
Accident & Emergency	623	15,194	(15,147)	0	0	**670**
Allergy Research	438	0	0	0	0	**438**
Alverstone Ward	675	1,015	(41)	0	0	**1,649**
Ambulance General	2,041	245	(12)	0	0	**2,274**
Appley Ward	2,059	324	(216)	0	0	**2,167**
Breast Screening Unit	1,385	426	(383)	0	0	**1,428**
Cancer Nurse Training	109	0	0	0	0	**109**
Challenging Behaviour	286	159	(8)	0	0	**437**
Chapel	678	2,688	(873)	0	0	**2,493**
Children's Community Fund	650	447	(297)	0	0	**799**
Community Fund	1,162	0	(1,078)	6	0	**90**
Diabetic Centre	0	0	0	0	0	**0**
Diagnostic Imaging	397	0	0	0	0	**397**
Dr Magier Research Fund	500	0	1,747	0	0	**2,247**
Endoscopy Unit	1,181	0	0	0	0	**1,181**
England Fund Sevenacres	572	175	(279)	0	0	**468**
Halberry Lodge	1,287	0	(250)	0	0	**1,037**
Luccombe Ward	276	45	(2)	0	0	**319**
Maternity	1,653	1,142	(1,858)	0	0	**938**
Medical Assessment Unit	635	312	(13)	0	0	**935**
Newchurch Ward	861	362	(1,596)	373	0	**0**
Nurses Fund	945	0	(412)	0	0	**533**
Ophthalmic Department	1,804	0	(13)	0	0	**1,791**
Paediatric Diabetes	135	600	(30)	0	0	**705**
Paediatrics Research	0	0	0	0	0	**0**
Pathology Research Fund	0	0	0	0	0	**0**
Pharmacy	0	0	0	0	0	**0**
Rehabilitation Fund	611	461	(481)	0	0	**591**
Sevenacres Staff Fund	691	0	0	0	0	**691**
Shackleton House	0	0	0	0	0	**0**
St Helen's Ward	613	500	(100)	0	0	**1,013**
Stoma Care	546	50	(3)	0	0	**594**
Urology Unit	1,066	80	(4)	0	0	**1,142**
	23,880	**24,224**	**(21,347)**	**379**	**0**	**27,136**
Rounded to £000's	**24**	**24**	**(21)**	**0**	**0**	**27**

10 Related Party Transactions

The Isle of Wight NHS Trust as Corporate Trustee receives the majority of the benefit provided by Charitable Funds. However, the individual members have not undertaken any material transactions with the Isle of Wight NHS Trust Charitable Funds during the year.

During the year the staff involved in administering the charity were employed by the Trust and their costs totalling £6,867 were recharged to the charity; at the year end there was a balance due to the Trust in respect of this of £6,867.

11 Trustees Expenses

The Trustees have received no expenses in 2012/13

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Isle of Wight NHS Trust Charitable Funds
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

8 January 2014

Ernst & Young LLP
Wessex House
19 Threefield Lane
Southampton
SO14 3QB

Dear Sirs

This representation letter is provided in connection with your examination of the financial statements of Isle of Wight NHS Trust Charitable Funds ("the Charity") for the year ended 31 March 2013. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to complete your examination as to whether there are matters to which attention should be drawn to enable a proper understanding of the financial statements to be reached.

We understand that the purpose of your examination of our financial statements is to report whether any matter has come to your attention:

which gives you reasonable cause to believe that in any material respect the requirements:

„ to keep accounting records in accordance with section 130 of the 2011 Act; and

„ to prepare accounts which accord with the accounting records, comply with the accounting requirements of the 2011 Act have not been met; or

to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

We understand that this examination is substantially less than an audit and involves an examination of the accounting records and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose – all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

1. The Directors of the Trustee consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

2. We have fulfilled our responsibilities, as set out in the engagement letter, for the preparation of the financial statements in accordance with the Charities SORP and UK Generally Accepted Accounting Practice.

3. We acknowledge, as directors of the Trustee of the Charity, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance and cash flows of the Charity in accordance with UK GAAP, and are free of material misstatements, including omissions. We have approved the financial statements.

4. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.

B. Fraud

1. We acknowledge that we are responsible for the design, implementation and maintenance of internal controls to prevent and detect fraud.

2. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

3. We have no knowledge of any fraud or suspected fraud involving management or other employees who have a significant role in the Charity's internal controls over financial reporting. In addition, we have no knowledge of any fraud or suspected fraud involving other employees in which the fraud could have a material effect on the financial statements. We have no knowledge of any allegations of financial improprieties, including fraud or suspected fraud, (regardless of the source or form and including without limitation, any allegations by "whistleblowers") which could result in a misstatement of the financial statements or otherwise affect the financial reporting of the Charity.

C. Compliance with Laws and Regulations

1. We have disclosed to you all known actual or suspected noncompliance with laws and regulations whose effects should be considered when preparing the financial statements.

D. Information Provided and Completeness of Information and Transactions

1. We have provided you with:

   - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters.

   - Additional information that you have requested from us for the purpose of the examination and

   - Unrestricted access to persons within the entity from whom you determined it necessary to obtain evidence.

2. All material transactions have been recorded in the accounting records and are reflected in the financial statements.

3. We have made available to you all minutes of the meetings of trustee or subcommittees of trustee (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the period to the most recent meeting on the following date: 10 September 2013.

4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Charity's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.

5. We have disclosed to you, and the Charity has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

E. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.

2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal advisers.

3. We have recorded and/or disclosed, as appropriate, all liabilities related litigation and claims, both actual and contingent, and have not given any guarantees to third parties.

F. Subsequent Events

1. There have been no events subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.

Yours Faithfully

_____

Chairman

Signed on behalf of the Corporate Trustee