Trust Board Papers

Isle of Wight NHS Trust

Board Meeting in Public (Part 1)

to be held on

Wednesday 29th 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.

Isle of Wight NHS Trust

The next meeting in public of the Isle of Wight NHS Trust Board will be held on **Wednesday 29th January 2014** 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: Sue Wadsworth	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 8th January 2014 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's report 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	EDF	Receive	Enc D
	6.2	Minutes of the Quality & Clinical Performance Committee held on 22 January 2014	QCPC V.Chair	Receive	Enc E
	6.3	Minutes of the Finance, Investment & Workforce Committee held on 22 January 2014	FIWC Chair	Receive	Enc F
11:10		**COMFORT BREAK**			
11:20	6.4	Quality Governance Update	EDNW	Receive	Enc G
	6.5	Summary Hospital Level Mortality Indicator (SHMI) Update	EMD	Receive	Pres
	6.6	Patient Experience Strategy	EDNW	Approve	Enc H
	6.7	Board Walkabouts Action Tracker	EDNW	Receive	Enc I
	6.8	Patient Story Action Tracker	EDNW	Receive	Enc J
	6.9	Staff Story	EDNW	Receive	Pres
11:55	**7**	**Strategy and Business Planning**			
	7.1	Business Case - ITU/CCU	EDNW	Approve	Enc K
	7.2	FT Programme Update	FTPD	Receive	Enc L
	7.3	FT Self Certification	FTPD	Approve	Enc M

12:15	**8**	**Governance and Administration**			
	8.1	Board Assurance Framework (BAF) Monthly update	Comp Sec	Approve	Enc N
	8.2	Terms of Reference for Remuneration & Nominations Committee	Comp Sec	Approve	Enc O
	8.3	Quarterly Summary report for Remuneration Committee	Comp Sec	Receive	Enc P
	8.4	Minutes of the Mental Health Act Scrutiny Committee held on 22 January 2014	MHASC Chair	Receive	Enc Q
12:25	**9**	**Matters to be reported to the Board**	Chair		
	9.1				
	10	**Any Other Business**	Chair		
	11	**Questions from the Public**	Chair		
		To be notified in advance			
12:30	**12**	**Issues to be covered in private**.	Chair		

The meeting may need to move into private session to discuss issues which are considered to be 'commercial in confidence' or business relating to issues concerning individual people (staff or patients). On this occasion the Chairman will ask the Board to resolve:

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

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

Waste Contract 2014-19
Carbon Energy Fund Outline Business Case
Reports from Serious Incidents Requiring Investigation (SIRIs)
Safeguarding Update
Employee Relations Issues
Quarterly Claims Report

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 26th February 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 8th January 2014 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)
	Alan Sheward	Executive Director of Nursing & Workforce (EDNW)
	John Matthews	Non Executive Director
	Nina Moorman	Non Executive Director
	Charles Rogers	Non-Executive Director (Senior Independent Director)
	Peter Taylor	Non-Executive Director (from Item 6.4 arrtived11.30am)
	Sue Wadsworth	Non Executive Director
In Attendance:	Jessamy Baird	Designate Non-Executive Director
	David King	Designate Non-Executive Director
	Jane Tabor	Designate Non-Executive Director
	Andy Hollebon	Head of Communication
	Mark Price	FT Programme Director & Company Secretary
	Andy Heyes	Interim Director of Planning, ICT & Integration
	Brian Johnston	Head of Corporate Governance & Risk Management *(for item 13/300)*
	Lesley Matthews	Rostering Support Officer *(for item 13/286)*
	Karen Jones	Workforce Planning & Information Manager *(for item 13/286)*
	Jo Booth	Contracts Support Officer *(for item 13/286)*
	Anthony Dale	Hospital Volunteer *(for item 13/286)*
	Richard Dent	Volunteer Co-ordinator *(for item 13/286)*
	Tracy Fyffe	District Nurse *(for item 13/286)*
	Pat McCamley	Clinical Head – Community Health *(for item 13/286)*
	Sue Morris	CAMHS Team Leader *(for item 13/286)*
	Fran Cotton	Domestic Assistant – CAMHS *(for item 13/286)*
	Duncan Fleming	Office Manager – CAMHS *(for item 13/286)*
	Brenda Lovell	Senior Unit Administrator – MAAU *(for item 13/286)*
	Andrew Tate	Charge Nurse / Independent Nurse Prescriber *(for item 13/287)*
	Sam Patey	Mental Health Support Worker *(for item 13/287)*
	Sandie Paice	Practice Development Co-ordinator *(for item 13/295)*
	Salem Abouelela	Pre-Reg Pharmacy Technician *(for item 13/295)*
	Theresa Gallard	Business Manager *(for item 13/295)*
	Kevin Bolan	Associate Director Facilities *(for item 13/296)*
	Katie Parrott	Senior Financial Accountant (*for item 13/303)*
Observers:	Chris Orchin	Health Watch
	Caroline Morris	Isle of Wight Clinical Commissioning Group
	Alison Toney	Communications Officer
	Janette Ward	Information Officer – PIDS
Minuted by:		
Members of the Public in attendance:	There were two members of the public present	

Minute No.

14/001 **APOLOGIES FOR ABSENCE, DECLARATIONS OF INTEREST AND CONFIRMATION THAT THE MEETING IS QUORATE**

The Chairman welcomed everyone to the meeting.

Apologies for absence from members were received from Peter Taylor, Non-Executive Director who stated he would be joining the meeting at approximately midday.

Apologies were also received from Andrew Turner MP, Cllr Lora Peacey-Wilcox, Mike Carr – Patient Council and the Isle of Wight County Press.

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

The Chairman announced that the meeting was quorate.

14/002 **PATIENT STORY**

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

The patient outlined his treatment history and his experiences with St Mary's. He stated that he was unsure how to make a complaint but he also felt that there were enough staff on duty when he had been seen and was happy with the way they had treated him.

The Chief Executive explained to the meeting for those who had not previously attended, that these stories where aimed at informing the Board and could include both positive and negative aspects. Concerning this month's story she acknowledged that it showed that our administrative services were not always as good as they could be and that this was being looked into. The Executive Director of Nursing & Workforce confirmed that the patient had now received his appointment and that the Head of Clinical Services – Planned Directorate had met with the patient to seek further information and that following a review would be meeting again to ensure that they were fully informed on the outcome.

Sue Wadsworth asked if the patient's problem had been referred earlier would this have reduced the need for surgery. The Executive Medical Director advised that the medical approach to this type of problem was to waiting to allow for natural healing to take place, and that in this case nothing else could have been done. However he acknowledged that communication of the processes to the patient could have been better

Sue Wadsworth confirmed that this film had been viewed at the Quality & Clinical Performance Committee and that feedback would be passed to the relevant directorates and department. David King commented on the importance of learning from these stories and Jane Tabor asked if they were shown to other staff. The Executive Medical Director confirmed that these stories were used to enhance staff learning and were used within ward development days. He also stated that there was a plan to make them available to a wider audience online.

The Isle of Wight NHS Trust Board received the Patient Story

14/003 **MINUTES OF PREVIOUS MEETING OF 27th NOVEMBER 2013**

Minutes of the meeting of the Isle of Wight NHS Trust Board held on 27th November 2013 were approved.

Proposed by Sue Wadsworth and seconded by John Matthews

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

Post Meeting Note: *Note: Min No.'s 13/262 & 13/263 should read "held on 20th November 2013".*

14/004 REVIEW OF SCHEDULE OF ACTIONS

a) TB/046 - This item has now been included within the report. This action is now closed.

b) TB/047 - This item was discussed at the Finance Investment & Workforce Committee and reported in the minutes later in this meeting. This action is now closed.

c) **TB/053 –** This item will be discussed at the Quality & Clinical Performance Committee meeting on 22nd January.

d) **TB/057 –** This item would be updated to Board at Seminar after this meeting. This action is now closed.

e) **Min No 13/257b) –** The Executive Director of Finance wished to clarify the funding position mentioned in this minute. She confirmed that an offer of funding had been made for the covered walk to the helipad but stated that to date no funding had been requested by the Trust. The Chairman stated that as this was the case could the Chief Executive pursue the funding.

Action Note: Chief Executive to formally pursue the funding to allow the creation of the covered walk to the helipad.

Action by: CEO

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

14/005 CHAIRMAN'S UPDATE

The Chairman reported on the following items:

a) **John Matthews** – The Chairman thanked John Matthews for all his work with the Trust and the considerable knowledge he had shared during his time as a Non-Executive Director. He hoped when John steps down at the end of January that it would not signal the end of his association with the Trust and expressed his best wishes for the future.

b) **Designate Non-Executive Directors** – The Chairman welcomed Jane Tabor, Jessamy Baird and David King who were joining the Board as Designate Non-Executive Directors and outlined their role within the organisation

c) **Interim Director of Planning, ICT & Integration** – The Chairman welcomed Andy Heyes who has commenced as Interim Director of Planning, ICT & Integration. His substantive role within the Trust is that of Head of Commercial Development.

d) Board Sub Committee Membership – The Chairman presented changes in the membership of the Board Sub Committees for approval. These now included the new Designate Non-Executives, with Nina Moorman replacing John Matthews as Chair of the Charitable Funds Committee at the end of January.

Proposed by Charles Rogers and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the amendments to the Board Sub Committee Membership

e) **Christmas and New Year –** The Chairman congratulated staff for their work over this period and especially to the Emergency Department who had given an excellent service over the period.

f) **Membership –** This was going extremely well and would be covered in detail later in the meeting

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

14/006 CHIEF EXECUTIVE'S UPDATE

The Chief Executive presented the new written report. She explained that this was a new format and would allow greater information to be provided on the areas covered. Areas covered were:

1 **National**
- a) Seven Day Working
- b) Clinical Commissioner Group Funding Allocations

2 **Regional**
- a) Vascular Services
- b) Pathology Consortium

3 **Local**
- a) Winter Planning
- b) Dementia
- c) Royal College of Psychiatry Award
- d) Quality Champions

4 **Trust Senior Appointments**

a) Acute Directorate:
- Dr Ma'en Al-Mrayat - Clinical Director
- Shane Moody – Associate Director

b) Education, Training & Development – Following confirmation of the structure by the EDNW
- Dr Oliver Cramer – Associate Medical Director & Associate Medical Director for Education, Training & Organisational Development
- Richard Young – Head of Clinical Education & Resuscitation
- Jackie Skeel – Assistant Director for Organisational Development

c) Designate Non-Executive Directors
- Jessamy Baird
- David King
- Jane Tabor

d) Communications, Engagement & Membership
- Sarah Morrison – Membership & Engagement Officer
- Emma Topping – Communications & Engagement Manager

Charles Rogers asked why was winter planning special when the whole year had been busy and why were only 6 of the beds open by January. The Executive Director of Nursing & Workforce confirmed that the Trust had made a pledge not to open the beds unless they were safely staffed and to date there had not been the need for more to be opened. The situation was under weekly review on Whippingham ward and we were currently seeing less patients than had been anticipated. He stressed that the beds were only one part of the whole programme. He confirmed that the beds could be used flexibly over surgical and medical needs over the coming year. Jessamy Baird asked if agency staff were used and she was advised by the Executive Director of Nursing & Workforce that the beds would not be opened using solely agency staff – this would not be in patients best interests. Nina Moorman asked if elective surgery could be moved to quieter periods and was advised that the planned 18 beds would be adequate and that it would not be possible to postpone elective surgery due to national performance indicators. The Executive Director of Finance confirmed that within the Integrated Business Plan (IBP) capacity planning had been undertaken to ensure that the necessary resources were in place.

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

14/007 EMPLOYEE RECOGNITION OF ACHIEVEMENT AWARDS

The Chief Executive presented Employee Recognition of Achievement Awards: This month under the Category:

a) **Employee Role Model:** Brenda Lovell & Lesley Matthews
b) **Going the Extra Mile** – Tracy Fyffe & Fran Cotton
c) **Volunteer Working** - Tony Dale

The Chief Executive congratulated all recipients on their achievements.

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

14/008 EMPLOYEE OF THE MONTH

The Chief Executive presented Employee of the Month award to Sam Patey who is a Mental Health Support Worker within the Seagrove Intensive Care Unit at Sevenacres.

She confirmed that Sam had been nominated for his excellent work by a patient who felt he should be recognised for his work. The Chief Executive congratulated him.

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

QUALITY AND PERFORMANCE MANAGEMENT

14/009 PERFORMANCE REPORT

The Executive Director of Nursing & Workforce presented the Performance report for November.

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.

Key Points:

a) 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.

Venous Thrombo-Embolism (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.

Health Care Acquired Infection (HCAI Our local stretched target for Health Care 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.

b) 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 achieved in November there were 15 breaches this month, 14 of which were patient led.

c) 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.

d) 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, recurrent savings of £1,523k still need to be identified.

i. **Breast Feeding uptake:** Jane Tabor asked if Breast Feeding figures could benefit from community health workers coming into the hospital to add to continuity of care. The Executive Director of Nursing & Workforce confirmed that this was happening and that both the midwives and community health workers were working towards increasing the uptake.

ii. **Pressure Ulcers:** Jessamy Baird asked if there was an issue with provision for equipment out of hours. The Executive Director of Nursing & Workforce confirmed that there was no problem with getting equipment to patients out of hours.

iii. **Complaints and Compliments:** The Chairman asked if patients knew how to complain. The Executive Director of Nursing & Workforce confirmed that the clinical leads had been tasked with increasing access for patients through notice boards and internet access together with 24/7 access to the PALS team. Jane Tabor asked if the compliments could be added to this report for comparison. She was advised that these were covered in detail in the directorate pages at the end of the report and also in detail at the Quality and Clinical Performance Committee.

iv. **CQUIN Funding:** The Chairman asked how much funding was the Trust losing out to because of incomplete discharge summary data. The Executive Director of Finance advised that it was in the region of £88k for this year. The Executive Director of Nursing & Workforce confirmed that once all the patients had been signed off then an appeal would be made to the Clinical Commissioning Group to request the monies be paid. He further confirmed that this was only applicable to inpatients.

v. **Staff Turnover:** David King asked if the Board should be concerned with a staff turnover of 7%. The Executive Director of Finance advised that the rate had been as high as 15% some years ago and that the relatively low rate was advantageous in terms of stability. The Executive Director of Nursing & Workforce confirmed this was an aggregated position. There were benefits to individuals and the Trust in a level of turnover.

vi. **Flu** – Nina Moorman asked how the flu campaign was doing. The Executive Director of Nursing & Workforce advised that to date 45% of eligible staff had been covered. He commented that Hull Trust used incentives to get staff to take up the vaccine and had almost 100% staff covered. He stated that if staff have 0% sickness absence, all mandatory training completed and flu vaccine they get the incentive which he wanted to explore. The Chief Executive also stated that the figure given did not include those staff who received their vaccine from their GP.

Action Note: *The EDNW wanted to explore staff incentives linked to flu vaccination*

Action by: EDNW

vii. **Staff Absence** – Sue Wadsworth asked if the "unknown" category had been removed from the ESR and this was confirmed. The Executive Director of Nursing & Workforce confirmed that a review of the absence process was being undertaken by Occupational Health, Human Resources and Managers and staff who were highlighted as having a potential absence issue were being contacted. Charles Rogers confirmed that the Finance, Investment and Workforce Committee were monitoring the issue.

The Isle of Wight NHS Trust Board received the Performance Report

14/010 MINUTES OF THE QUALITY & CLINICAL PERFORMANCE COMMITTEE

John Matthews reported on the key points raised at the last meeting held on 18th December 2013:

a) **13/302 - Pressure Ulcers** – the Trust is not on track but is putting actions into place to address

b) **13/305 - Risk Register** – the Committee suggested changes to the report

c) **13/307 - Health Assure** – the system was demonstrated to the Committee.

Sue Wadsworth thanked John Matthews and Nina Moorman for their assistance with the workload of this committee and welcomed the new members. She confirmed that together with the Executive Director of Nursing & Workforce and Nina Moorman, she would be visiting Frimley Park Hospital to view their quality committee to see if there was anything that could assist in streamlining our committee.

The Executive Director of Nursing & Workforce confirmed that the committees 6 month self-assessment had been completed.

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

14/011 MINUTES OF THE FINANCE, INVESTMENT & WORKFORCE COMMITTEE

Charles Rogers reported on the key points raised at the last meeting held on 18th December 2013:

a) **13/203 - Forecast Out-turn** – The Trust is confident in delivering its forecast out-turn of a surplus of £1.6m.

b) **13/203** – **Forecast Error** - 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.

c) **13/203 – CIP** - 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 this will be mitigated by the full year effect of schemes.

d) **13/208 - Self Certification:** Sufficient assurance had been provided for the Committee to recommend that Trust Board approve the self-certification returns as proposed.

The Chairman highlighted the work the sub committees undertake to look in depth at issues before they come to Board to provide Board assurance. Jessamy Baird asked where information governance sat within the structure and the Company Secretary advised that it was with the Audit and Corporate Risk Committee.

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

Peter Taylor arrived

14/012 DR FOSTER GOOD HOSPITAL GUIDE AND QUARTERLY MORTALITY UPDATE

The Executive Medical Director gave an overview of the Dr Foster Guide for the new members and highlighted the key factors:

- Improvement in 12 month Hospital Standardised Mortality Ratio (HSMR) – 103 within 'expected range'
- Weekend death rates 'as expected'
- 2 x Outlier areas:
  - 3 year HSMR (new measure)
  - Fractured Neck of Femur operation within 2 days

He outlined the Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Level Mortality Indicator (SHMI) update. He advised that a review of the deaths had been undertaken in November with Appley and Colwell being the principal medical wards and the results had been as expected. Sue Wadsworth asked why the mortality figures were up at present and was advised that we are currently in the quarter which has the highest incidence of deaths.

The Isle of Wight NHS Trust Board received the Dr Foster Good Hospital Guide and Quarterly Mortality Update

14/013 PATIENT EXPERIENCE STRATEGY

The Executive Director of Nursing & Workforce gave an overview of the strategy and the 9 key areas which were included to measure against. He advised that it had been received at the Quality & Clinical Performance Committee and was here for approval.

Jane Tabor stated that she thought it was a very good document but wondered how feedback would be captured from staff. She noted that the balance between complaints and compliments seemed to need some work. The Chairman asked if this could be addressed.

Jessamy Baird noted that there seemed to be a lack of Equality & Diversity within the document especially in areas of mental health and learning disabilities.

The Chairman asked that these areas be reviewed and that approval for the strategy be deferred at this time.

Action Note: *The Isle of Wight NHS Trust Board requested that further work was undertaken on the Patient Experience Strategy before it was resubmitted for approval.*
Action by: EDNW

14/014 BOARD WALKABOUT ACTION TRACKER

The Executive Director of Nursing & Workforce explained to the new members the background to the walkabout visits and the Chairman's weekly visits where he visits areas around the hospital with the service lead and an Executive Director. He asked that the meeting note that this report is updated regularly and has been updated since the version submitted.

The outstanding issues shown are in the main awaiting action as part of the capital estates

plan – progress is being monitored weekly through the Trust Executive Committee.

Sue Wadsworth asked if the report included any out of hours visits she undertakes. She was assured that these were included and that there would be an annual report submitted at the end of the financial year. The Executive Director of Nursing & Workforce also confirmed that the template used during these visits was being reviewed.

Action Note: *The Executive Director of Nursing & Workforce to arrange for an annual report be submitted to Board in April 2014.*

Action by: EDNW

Jane Tabor asked if the Trust ever visited other providers where Trust patients are referred to. The Chairman said that if the new mainland based Board members would be agreeable that this would be a good idea which he would like to develop.

Action Note: *The Executive Director of Nursing & Workforce to explore Board visits to mainland providers.*

Action by: EDNW

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

14/015 PATIENT STORY ACTION TRACKER

The Executive Director of Nursing & Workforce confirmed that the actions from 31 July – Oncology and 28 August were now closed. He confirmed that the other 31 July action was being actioned under the capital estates programme. He also confirmed that an action would be added following the Patient Story shown today.

Action Note: *The Executive Director of Nursing & Workforce to update the patient story action tracker with details of today's Patient Story*

Action by: EDNW

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

14/016 STAFF STORY

This month's staff story was about the development through apprenticeship of Salem Abouelela who initially joined the Trust as an apprentice within the Quality team and after achieving qualifications and completing his apprenticeship has now taken up a position as a trainee pharmacy technician.

Sandie Paice, Practice Development Co-ordinator explained the importance of developing young people through the organisation and keeping a watch out for potential which can be channelled into developing their personal development and excellence in training for the organisation. Working with outside providers such as HTP adds potential for local students to join the Trust and develop their ambitions whilst benefitting their mentors and the organisation as a whole. Salem Abouelela outlined his story and stressed how pleased he was to secure his new position. The Chairman congratulated him.

The Isle of Wight NHS Trust Board received the Staff Story

STRATEGY AND BUSINESS PLANNING

14/017 BUSINESS CASE – BACKLOG MAINTENANCE

The Interim Director of Planning, ICT and Integration advised that this business case was here for approval by the Board.

The Associate Director Facilities confirmed that the business case for backlog maintenance was coming to Board as there had been an increase to over £1m required to cover the work and the business case therefore required Board approval. This was in line with the estates strategy for the next 5 years.

He confirmed that this would cover the cost of bringing the estate to level B (fit for purpose with minimal defects) would be £1,507,305 as shown in the business case.

The Chairman expressed his concern on the Carbon Energy Fund as he understood that savings did not always materialise as promised. The Chief Executive advised that further information was being sought on this area and the Carbon Energy Fund would be brought to Board as a separate business case.

***Action Note**: Chief Executive to ensure that the Carbon Energy Fund would be brought to Board as a separate business case.*

Action by: CEO

Peter Taylor asked if the areas covered within the business case were covered by the Long Term Financial Model (LTFM) and would there being any risks attached within the next 4 years. He was assured that any changes had been factored in. The Executive Director of Finance confirmed that there was sufficient capital funding available as at Month 9 to cover this case.

Charles Rogers expressed concern that this was a large sum of money to spend by end of March 2014. The Associate Director Facilities confirmed that all projects can be completed by 31st March 2014. The FT Programme Director stated that it was important to get as much back log work completed as possible prior to FT status being granted to ensure that the Trust's assets were in a fit state to transfer to the new organisation, and this was an area of concern for Monitor, the FT regulator.

Jessamy Baird commented that the I M & T Strategy did not appear – she was advised that this was being covered under the ISIS business case.

Proposed by Sue Wadsworth and seconded by John Matthews

The Isle of Wight NHS Trust Board approved the Business Case for Backlog Maintenance

14/018 ISLE OF WIGHT & SOUTHAMPTON PATHOLOGY MEMORANDUM OF UNDERSTANDING

The Chief Executive gave an overview of the project for the new members. She advised that it had been signed but that it was not a legally binding document. It would be led by clinicians with support from a management team and the University Hospital Southampton NHS FT would be providing project support. She outlined some of the problems recruiting some staff to the Island and how services would be supported within this arrangement.

Peter Taylor asked how savings would be measured. The Executive Director of Nursing & Workforce advised that there would be quarterly reviews as well as key performance indicators which would include a range of measures.

The Chief Executive confirmed that this memorandum of understanding would be in place for 12 months and would be reviewed at that point.

David King asked if other providers had been contacted. The Chief Executive advised that she would be happy to discuss the history of this project at a 1:1 with the new members.

***Action Note:** The CEO to arrange a briefing on this issue with new Board members.*

Action by: CEO

The Chairman asked if the Trust would be losing any of its Microbiologists as a result of this initiative and he was advised that this would not be happening.

Proposed by John Matthews and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the Isle of Wight & Southampton Pathology Memorandum of Understanding

14/019 FT PROGRAMME UPDATE

The FT Programme Director presented the monthly update:

- Draft IBP & LTFM submission was made to the Trust Development Authority (TDA) on 2nd December 2013 , Final Draft submission scheduled for 31 March 2014
- Timeline – TDA and Monitor have introduced proposals to streamline application process
- Membership Recruitment campaign – as at 3 January – 3841 public members and we are on track to reach target of 4000 by the end of March.

The FT Programme Director explained that the streamlined FT application process included:

- Thorough inspection of the Trust by the Chief Inspector of Hospitals at the front of the process:
  - quality of services at the heart of the assessment
  - overall rating of "Good" or "Outstanding" required to progress
- Monitor's assessment of quality governance brought forward into TDA phase
- Different aspects of financial assessment and Historic Due Diligence being streamlined
- Public and patient involvement being more thoroughly embedded into the process
- Assessment of how well-led an organisation is included -scrutiny of culture, leadership and governance

David King asked what members were getting from joining. He was advised that the first newsletter will be issued this month and a further members meeting has been arranged. From the first meeting details on their preferred options had been gathered and this was being used to develop a programme of involvement for members.

Jane Tabor suggested that the Patient Stories and Staff Stories could be used to add a personal aspect to the members newsletter.

Action Note: *FTPD to consider the suggestion with the membership team.*

Action by: FTPD

Peter Taylor stated that following his FTN training course it had been made apparent that the Board needed to be 100% ready for the Chief Inspectors inspection. It was confirmed that the Board 2 Board preparation would be undertaken over the next 6 months. The Executive Medical Director advised that he was scheduled to take part in an inspection visit on the mainland and this would help provide information which would aid the Board.

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

14/020 FT SELF CERTIFICATION

The FT Programme Director presented the monthly update stating that there was little change from November'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

14/021 BOARD ASSURANCE FRAMEWORK (BAF) DASHBOARD & SUMMARY REPORT

Head of Corporate Governance & Risk Management presented the report and advised that currently there were no principal risks rated as Red. He also confirmed that 2 new risks had been added.

There were currently 127 principal risks open and 77 which had been brought over from the corporate risk register. He requested that approval be given for the 10 risks which were

recommended to be amended from Amber to Green status. He also confirmed that action plans were in place for the new risks.

Proposed by Peter Taylor and seconded by John Matthews

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

14/022 NOTES OF THE FOUNDATION TRUST PROGRAMME BOARD

The Chief Executive reported on the key points raised at the last meeting held on 26th November 2013.

a) **Item 3 - IBP/LTFM draft submission** - 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.
b) **Item 4 – Future Timeline** - Slippage in FT application timeline following announcement of latest wave of Chief Inspector of Hospital visits.

She advised that these points had now been superseded by the FT Programme Directors report today.

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

The following two items were considered by the Board in its capacity of Corporate Trustee

14/023 MINUTES OF THE CHARITABLE FUNDS COMMITTEE

John Matthews reported on the key points raised at the last meeting held on 10th December 2013:

a) **Min.No. 13/073 - Future of NHS Charities** – The Department of Health has yet to respond to the consultation to enable NHS bodies to set up independent charities. It is envisaged that there will be no changes in legislation until 2015.

b) **Min. No. 13/074 - Shackleton Garden** – this was supported by the Charitable Funds Committee and the project has now commenced.

c) **Min. No. 13/074 - Wild Meadow** – The creation of a wild meadow on the site of the old burial ground is currently being pursued. Noted that this would have potential benefits to Island families.

d) **Min. No. 13/074 – Koan** – this is due to be repaired shortly. Local company has volunteered their services free of charge to repair the Koan to its full working order (illuminated and rotating).

e) **Min. No. 13/075 - Legacy for Patients and Friends** – New legacy has been received to be used equally between staff and patients.

f) **Min. No. 13/075 - Moveable Balance** – confirmed that legacy balances are being spent but that the additional funding means that this is not a static position.

14/024 CHARITABLE FUNDS ACCOUNTS & ANNUAL REPORT APRIL 2012 – MARCH 2013

The Executive Director of Finance introduced Katie Parrott, Senior Financial Accountant, who presented the annual accounts and report for the Charitable Funds Committee which required formal approval and signing by the Board as Corporate Trustee..

The Senior Financial Accountant highlighted that following internal audit there had been 4 very minor amendments to the accounts which concerned wording and numbering. She gave thanks to the Friends of St Mary's for their donations and also the work of the finance team in completing these reports as there is a lot of work involved with Charitable Funds finance which does go unnoticed and adds to their normal workload.

She also noted that awareness needed to be raised that funds were available for projects and it was planned that in 2013/14 year the profile would be raised. To date funding had been used for the Trim Trail and the Children's Wards Magic Carpet project as well as having received some large legacies.

Peter Taylor congratulated the Senior Financial Accountant and her team on all her work for Charitable Funds.

The Chief Executive advised the meeting that the gardens within the site were all being developed to be dementia friendly areas – this was not just confined to the Shackleton Garden. She also advised that the gardens would be open to everyone.

Proposed by Sue Wadsworth and seconded by Peter Taylor

The Chairman and Executive Director of Finance signed the documents.

The Isle of Wight NHS Trust Board approved the Charitable Funds Accounts & Annual Report for period April 2012 – March 2013.

14/025 MATTERS TO BE REPORTED TO THE BOARD
None

14/026 QUESTIONS FROM THE PUBLIC
There were no questions received from the public.

14/027 ANY OTHER BUSINESS
There was no other business.

14/028 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 29th January 2014** in the Conference Room, St Mary's Hospital, Newport, Isle of Wight.

The meeting closed at 12:30

Signed…… Chair Date:……

ISLE OF WIGHT TRUST BOARD Pt 1 (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)

Interim Director of Planning, ICT & Integration (IDPII)

Non Executive Directors: Danny Fisher (DF) Sue Wadsworth (SW) John Matthews (JM) Peter Taylor (PT) Charles Rogers (CR) Nina Moorman (NM)

Designate Non Executive Directors: David King (DK) Jane Atbor (JT) Jessamy Baird (JB)

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. **21/01/14** - Will go to QCPC in February.	30-Nov-13	26-Feb-14	Progressing		Open
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. **08/01/14** - This item has now been included within the report. This action is now closed.	08-Jan-14	08-Jan-14	Completed	08-Jan-14	Closed
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. **08/01/14** - This item was discussed at the Finance Investment & Workforce Committee and reported in the minutes later in this meeting. This action is now closed.	08-Jan-14	08-Jan-14	Completed	08-Jan-14	Closed
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. **21/01/14** - Action Tracker updated, report mechanism needs to be developed for dashboard	08-Jan-14	26-Feb-14	Progressing		Open
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. **21/01/14** - going to QCPC on 22nd Jan.	01-Mar-14	26-Mar-14	Completed	22-Jan-14	Closed
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. **30/12/13** - DDW confirmed that this would be removed from the beginning of Jan. **20/01/13** - EDF confirmed that this has been actioned		29-Jan-14	Completed	20-Jan-14	Closed

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Due Date	Forecast Date	Progress RAG	Date Closed	Status
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. **08/01/14** - This item will be discussed at the Quality & Clinical Performance Committee meeting on 22nd January.	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 **20/01/14** There continues to be a level of non completed discharge summaries by the cut off date for payment, although these are all completed eventually. EMD in discussion with Acute Directorate to move to patients not leaving hospital unless the summary is completed.	26-Feb-14		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. **21/01/14** - Going to QCPC & FIWC in March	29-Jan-14	26-Mar-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. **21/01/14** - DDN to present update at QCPC in Feb	29-Jan-14	26-Feb-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. **08/01/14** - This item would be updated to Board at Seminar after this meeting. This action is now closed.	29-Jan-14		Completed	08-Jan-14	Closed
08-Jan-13	13/283e	TB/058	**Funding for Covered Walk from Helipad:** The Executive Director of Finance wished to clarify the funding position mentioned in this minute. She confirmed that an offer of funding had been made for the covered walk to the helipad but stated that to date no funding had been requested by the Trust. The Chairman stated that as this was the case could the Chief Executive to pursue the funding.	CEO	Chief Executive to formally pursue the funding to allow the creation of the covered walk to the helipad.	26-Feb-14		Progressing		Open
08-Jan-13	13/288vi	TB/059	**Flu Incentives:** The Executive Director of Nursing & Workforce commented that Hull Trust used incentives to get staff to take up the vaccine and had almost 100% staff covered. He stated that if staff have 0% sickness absence, all mandatory training completed and flu vaccine they get the incentive which he wanted to explore.	EDNW	The Executive Director of Nursing & Workforce to explore staff incentives linked to flu vaccination. 21/01/14 - DDW reviewing this suggestion	26-Feb-14		Progressing		Open
08-Jan-13	13/292	TB/060	**Patient Experience Strategy**: The Isle of Wight NHS Trust Board requested that further work was undertaken on the Patient Experience Strategy before it was resubmitted for approval.	EDNW	The Executive Director of Nursing & Workforce to explore suggestions made by at the meeting and review strategy. To be resubmitted to Board on 29 Jan 14	29-Jan-14		Completed	21-Jan-14	Closed
08-Jan-13	13/293	TB/061	**Board Walkabouts Action Tracker**: Annual report requested.	EDNW	The Executive Director of Nursing & Workforce to arrange for an annual report be submitted to Board in April 2014.	30-Apr-14		Progressing		Open
08-Jan-13	13/293	TB/062	**Board Walkabouts on Mainland:** Jane Tabor asked if the Trust ever visited other providers where Trust patients are referred to. The Chairman said that if the new mainland based Board members would be agreeable that this would be a good idea which he would like to develop	EDNW	The Executive Director of Nursing & Workforce to explore Board visits to mainland providers. **21/01/14** - support from UHS, proforma to be developed.			Completed	21-Jan-14	Closed
08-Jan-13	13/294	TB/063	**Patient Story Action Tracker -** Action to be added relating to story shown at 8th Jan Board meeting	EDNW	The Executive Director of Nursing & Workforce to update the patient story action tracker with details of today's Patient Story. **21/01/14** - actions from planned directorate fed into action tracker			Completed	21-Jan-14	Closed

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Due Date	Forecast Date	Progress RAG	Date Closed	Status
08-Jan-13	13/296	TB/064	**Carbon Energy Fund:** The Chairman expressed his concern on Carbon Energy Fund as he understood that savings did not always materialise as promised. The Chief Executive advised that further information was being sought on this area and the Carbon Energy Fund would be brought to Board as a separate business case.	CEO	Chief Executive to ensure that the Carbon Energy Fund would be brought to Board as a separate business case. **22/01/14** - Outline case to be presented to Private Board 29/01/14	29-Jan-14	29-Jan-14	Completed	21-Jan-14	Closed
08-Jan-13	13/297	TB/065	**Pathology Constortium:** David King asked if other providers had been contacted. The Chief Executive advised that she would be happy to discuss the history of this project at 1:1 with the new members.	CEO	Chief Executive to arrange a briefing on this issue with new Board members.	26-Feb-14	26-Feb-14	Progressing		Open
08-Jan-13	13/298	TB/066	**Trust Members:** Jane Tabor suggested that the Patient Stories and Staff Stories could be used to add a personal aspect to the members newsletter.	FTPD	FT Programme Director to consider the suggestion with the membership team.	26-Feb-14	26-Feb-14	Progressing		Open

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 29TH JANUARY 2014

Title	Chief Executive's Report					
Sponsoring Executive Director	Chief Executive Officer					
Author(s)	Executive Director of Finance					
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: 23rd January 2014			**Completed by: Andy Hollebon**			

NATIONAL

The earlier, the better campaign

NHS England have launched a campaign *The earlier, the better* which aims to reduce pressure on the NHS urgent and emergency care system during the first quarter of 2014. Its focus will be to influence changes in public behaviour to help reduce the number of people requiring emergency admissions through urgent and emergency care services, particularly A&E departments, with illnesses that could have been effectively treated earlier by self-care or community pharmacy services. We are discussing with the local Urgent Care Board how we can tie into this campaign locally.

Planning for the future

People's need for services will continue to grow faster than funding, meaning that we will have to continue to innovate and transform the way we deliver high quality services, within the resources available, to ensure that patients, and their needs, are always put first. Much of what is required is set out in NHS England's recently published Strategic and Operational Planning Guidance 2014 to 2019 which seeks:

- **Strategic plans covering a five year period**, with first two years at operating plan level
- **An outcomes focused approach**, with stretching local ambitions expected of commissioners, alongside credible and costed plans to deliver them
- **Citizen inclusion and empowerment** to focus on what patients want and need as outlined in recently published best practice guidance
- **More integration between providers and commissioners**
- **More integration with social care –** cooperation with Local Authorities on Better Care Fund planning
- Plans to be explicit in **dealing with the financial gap and risk and mitigation strategies**. No change not an option

New NHS England Chief Executive

NHS England will have a new Chief Executive in April 2014 when Sir David Nicholson retires. The new Chief Executive, Simon Stevens, will have his own ideas about how the NHS should be run and our direction of travel and it will be interesting to see the difference in approach when he takes up his post.

A more measured view of NHS performance

Focusing on our failings is an easy win for the media compared to highlighting the good services that are provided to the majority. I was pleased therefore to see that the leaders of ten key organisations including the NHS Confederation, the Foundation Trust Network and the College of Emergency Medicine calling at the end of December for "a more measured view of how the NHS is performing" in an open letter published in The Guardian. I very much agree that we must strike the right balance between recognising the extraordinary achievements that the NHS and its staff deliver every day and the need for improvements highlighted by the Francis report.

Mental Health Services

On 21st January the Department of Health set out 25 priorities for changing how mental health services are provided. The document set out how changes in local service planning and delivery will make a difference to the lives of people with mental health problems in the next two or three years. At the same time NHS England has pledged to tackle the issue of early death in patients with serious mental illness, a group who have the life expectancy of people living in the 1950s. We will need to review how these priorities affect our services.

LOCAL

Five Year Health and Social Care Vision

The Isle of Wight Health and Social Care System is facing unprecedented challenges as set out in the NHS Call to Action initiative:

- An ageing Society
- Rising numbers of long-term conditions
- Increasing patient expectation
- Increasing costs of providing care
- Constrained public resources including significant reduction to Local Authority spending

This has required a fundamental review of how services are commissioned and how we work with our partners. This has been recognised in the work we have done already as part of the My life A Full Life programme, but to achieve the effectiveness and efficiency and service transformation across the whole system, we have identified a need to set out a joint vision and set of principles which we the Trust, the Isle of Wight Clinical Commissioning Group (CCG) and Isle of Wight Council are signed up to.

I am pleased to let you know that all three organisations have now signed up to a vision (attached at Appendix 1) for a highly integrated model of care which promotes longer, healthier and more independent lives. The principles also set out how we will work together and with our other stakeholders. I have asked all staff to consider how this will affect their everyday work. We all need to take the vision and principles into account as we implement service change.

Community Responder Scheme

Community Responder schemes are well established on the island, and now, thanks to the generosity of a local island company, a new community responder scheme has started in the Calbourne and Shalfleet area. Community Responders are members of the public or in this case employees of In Flight Peripherals (IFPL) in Elm Lane, Shalfleet, who live or work in the area where a scheme operates and volunteer to be on call in the event of an emergency. So far, five IFPL staff have been trained, including the Managing Director. They now take turns to be on call between 9am and 5pm Monday to Friday.

When people fall suddenly ill, they often need immediate care and in some cases that early treatment can be the difference between life and death. The training given includes patient assessment, extended First Aid, oxygen therapy and the management of medical emergencies. Much of the training has also been on the use of automatic defibrillators, which are used to try and restart the heart after a cardiac arrest. These machines are most effective if used within the first 5 minutes after the patient has collapsed and Community Responders across the island are playing a significant part in improving survival rates for patients suffering a cardiac arrest.

We are always looking for more volunteers to join this exciting initiative. Schemes currently operate in East Cowes, Bembridge/St Helens, Brighstone/Shorwell, Whitwell/Niton, Godshill, Chillerton/Rookley and central Cowes. We would also like to hear from people in Seaview, Chale, St Lawrence or Wroxall where schemes are planned for the future. More information is available on 01983-534111 or email firstresponders@iow.nhs.uk.

Hand Hygiene

Just before Christmas we, with the support of the acting Director of Public Health at Isle of Wight Council, reminded visitors to healthcare, hospital, nursing home and residential care facilities of the need for good hand hygiene to prevent the spread of norovirus and other infectious diseases. Unlike some mainland hospitals we have remained comparatively clear of norovirus so far this winter and we'd like to keep it that way! The precautions to be taken are:

- To prevent becoming infected it is very important to wash your hands with soap and water after you have been around someone who is ill.
- Thorough cleaning of hard surfaces with a bleach solution, paying particular attention to the toilet and toilet area will help to reduce the spread of the virus.
- It is vitally important for those who have been unwell with vomiting and/or diarrhoea recently, especially if they have had these symptoms in the past 48 hours, if possible, to stop visiting patients, relative or friends whether they be in hospital or nursing or residential care homes.

Christmas Gifts

We would like to thank:

- The official Isle of Wight Toy Appeal
- Island Scooterists
- Farnsworth Newsagent's in Newport
- The Hessey's of the Three Bishops Pub in Brighstone
- Children and staff of St. Helens Primary School
- Hills family in Ryde
- The Owl and Monkey Haven
- Wave 105 and Sainsbury's

…for the Christmas gifts received for the Children's Ward and for children living on the Island who are facing serious illness. We do our very best to get children home at Christmas, but this obviously depends on the child's condition. Children that attend the Ward between Christmas Eve and Boxing Day receive a small gift, while those that have to remain on the ward Christmas Day receive a sack of presents that is delivered to the bedside.

Christmas and New Year Babies

Two babies arrived at St. Mary's Hospital on Christmas Day 2013. First to arrive at 06:52hrs in the morning on 25th December was a baby girl who weighed in at 8lb 10ozs (3.92kg). Second and last to arrive at 22:55hrs was a baby boy who weighed in at 7lb (3.18kg). Two more babies arrived on New Years Day 2014. The first to arrive was born at 11 minutes past three (03:11hrs) on 1st January 2014. He weighed in at 5lb 13ozs (2.64kg). He was followed in afternoon at 15:35hrs baby girl who weighed in at 6lbs 14ozs (3.11kgs). Christmas and New Year are a special time in the Maternity Unit and across all our health services and we are grateful to all our staff who agreed to work across Christmas and New Year.

Isle of Wight NHS Trust

Christmas and New Year Pressures

Whilst we had a good Christmas and New Year the pressure, as it always does, built steadily over the 10 days. The intensive care unit was full at one stage and we were having more admissions. Mental health services always see an increase in activity at this time of year. I know that this increases demands on our staff and we need to make sure that staff and teams continue to work together. The Emergency Department have done some fantastic work on team building and the importance of staying positive, particularly when the pressure is on.

Sadly our emergency services attended a major road traffic incident on the Mersley Down Road on 2nd January 2014. Our Integrated Care Hub at St. Mary's was alerted and the first 999 ambulance arrived on the scene within 12 minutes. Due to the nature of the incident we deployed additional resources as follows:

- Silver command (a senior ambulance manager)
- Two further 999 emergency ambulances
- Two doctors and a nurse from the Emergency Department at St. Mary's who were taken to the scene by Police vehicle.
- Jumbulance – the Island's special vehicle for the treatment and carriage of multiple patients
- Two Air Ambulances

This was a difficult scene which was managed extremely well by all emergency services working closely together. It is unusual for us to deploy staff from the Emergency Department and the Jumbulance but this shows the flexibility of response we can offer at very short notice in emergency situations. Using the Integrated Care Hub to remotely coordinate the scene enabled us to identify the correct resources to send from the outset of the incident.

Dementia Awareness

On Wednesday 15th January the Trust hosted a Dementia Awareness Day in the Conference Room at St Mary's. The day was open to any member of staff and the public who had questions relating to Dementia. It also provided education and support to those individuals or their family members who may need it.

Incident Response Exercise at St. Mary's Hospital

Isle of Wight NHS Trust is a 'category one' emergency responder to major incidents. This covers both the Ambulance Service and St. Mary's Hospital. It is a statutory requirement that 'category one' responders test their ability to respond to major incidents. A test of the Emergency Department at St. Mary's Hospital took place on Thursday 16th January, between 09:15hrs and 11:45hrs. The incident involved 15 mock 'patients' made up to look like real casualties arriving over a two hour period at the Main Entrance at St. Mary's Hospital.

Casualties were met by hospital staff at the main entrance and moved through the area to a temporary triage area in the Beacon Health Centre. Additional staff were called in to help manage the 'incident' and there were some changes to the way minor injuries with a temporary clinic established in the Fracture Clinic on the ground floor at St. Mary's.



It is important that we test our systems for responding to a major incident. We did this whilst offering as near normal service for real patients. We endeavoured to minimise any inconvenience to patients who we hope understood the need for us to undertake this important exercise.

Improving Communication with Patients

Improving communication with our patients is one of the key objectives for all of us this year. This was the subject of the 'Grand Round' (a training session) held on Friday 17th January for doctors, nurses and allied health professionals (AHPs). The facilitator, Hedley Finn, spoke about best practice and two patients spoke about their experience. A panel discussion, which included Clinical Director and Consultant, Sabeena Allahdin and Executive Director of Nursing and Workforce, Alan Sheward, followed. There was an excellent turnout, the event over ran and we are considering making this a regular part of our training and development programme.

Margaret and Roger Pratt

On Sunday 19th January we learnt that Margaret Pratt, interim Director of Finance in 2005/06 and interim Chief Executive for 9 months in 2008 for our predecessor organisation, the Isle of Wight Primary Care Trust (PCT), and her husband Roger, had been attacked in St. Lucia. Sadly Roger died in the attack and Margaret was hospitalised for a short period. Our deepest condolences go to Margaret and her family.

Endoscopy

Congratulations to the Endoscopy Department who have received their accreditation from the Royal College of Physicians for 2014. This means that we can continue to provide this service on the Island.

Blood Sciences Laboratory

Work started in week commencing 20th January 2014 in the Blood Sciences laboratories. This extensive refurbishment will allow the co-location of automated equipment and centralisation of specimen reception functions in order to develop more efficient and 'lean' ways of working. The refurbishment will also address temperature control issues that have hampered some aspects of service provision over the last few years.

The refurbishment is due to be completed by mid April 2014. The Pathology Service is endeavouring to provide an uninterrupted service during this period but whilst the refurbishment is taking place the Blood Sciences staff will be operating in approximately half the usual space and will have to move their equipment around to allow the contractors to complete their work.

Chris Palmer
Executive Director of Finance
for Chief Executive Officer
23rd January 2014

Attached Appendix 1: Five Year Health and Social Care Vision.

Appendix 1

Five Year Health and Social Care Vision

''Person centred, coordinated health and social care''

Introduction

The joint aim of the Island's health and Social care organisations is to promote longer, healthier and more independent lives for the people of the Isle of Wight. Primary, secondary and social care, all have individual contributions to make to this, but we recognise our overall effectiveness and efficiency is dependent upon developing a highly integrated model of care. The people we serve need to be at the heart of all our decisions and be the ultimate judge of everything we do.

The services that are delivered need to focus on prevention and supported self-management and be of the highest standards of safety and quality, which we can deliver within the resources we have as an Island.

The My Life a Full Life programme has been a catalyst for change, bringing together our organisations to deliver a significant programme of changing cultures, attitudes and behaviours. The focus has been on person centred community response to ensure people receive co-ordinated care and support. This has developed into a conceptual model which is bigger than the initial programme in how we need to work across all services and organisations.

This paper sets out the wider vision, objectives and principles of working that all the organisations sign up to. It does not replace the My Life a Full life Programme which will continue to be the vehicle to deliver the message, of our commitment to integration and improving health and social care. The delivery of this commitment will be measured and evaluated through the My Life A Full Life programme.

Vision

Person centred, coordinated health and social care

Objectives

- Person centred provision
- Improved health and social care outcomes

- People have a positive experience of care
- Service provision and commissioning is delivered in the most efficient and cost effective way across the whole system, leading to system sustainability
- Our staff will be proud of the work they do, the services they provide and the organisations they work for and we will be employers of choice.

Principles and Aims of working together and with others to improve services

- To work towards better integration and coordination of care across all sectors of health and social care provision.
- To reduce bureaucracy, improve efficiency and increase capacity to meet future demands for services
- To work towards one Island budget for health and social care which makes the best use of resources.
- To ensure all care will be person centred, evidence based and delivered by the right person in the right place and at the right time.
- To jointly ensure that that our resources are focused on prevention, recovery and continuing care in the community.
- To jointly ensure that people are supported to take more responsibility for their care and to be independent at home for as long as possible reducing the need for hospital admission and long term residential care.
- To continually improve the quality of our care and improve the experience of people in contact with our services within available resources.
- To ensure partnership working across all sectors, including the Third Sector and Independent Sector.
- To develop our workforce to enable our staff to have to have the right knowledge, skills and expertise that is appropriate to their role.
- To encourage staff to work beyond existing boundaries to support system wide innovative delivery of care.
- To work towards a fully integrated IT system across primary, secondary and social care with appropriate access for staff.
- To jointly commission services with outcome focused contracts, which incentivise positive change in providers of services.
- To recognise the importance of communities and act to ensure we listen to Island people in the planning of services and responding to their concerns.
- To share information in an open and transparent way to enable decision making across the organisations.

Enc D

Isle of Wight NHS Trust Board Performance Report 2013/14

December 13

Isle of Wight NHS Trust

Title	**Isle of Wight NHS Trust Board Performance Report 2013/14**				
Sponsoring Executive Director	Chris Palmer (Executive Director of Finance) Tel: 534462 email: Chris.Palmer@iow.nhs.uk				
Author(s)	Iain Hendey (Assistant Director of Performance Information and Decision Support) Tel: 822099 ext 5352 email: Iain.Hendey@iow.nhs.uk				
Purpose	To update the Trust Board regarding progress against key performance measures and highlight risks and the management of these risks.				
Action required by the Board:	**Receive**		**X**	**Approve**	
Previously considered by (state date):					
Trust Executive Committee			Mental Health Act Scrutiny Committee		
Audit and Corporate Risk Committee			Nominations Committee (Shadow)		
Charitable Funds Committee			Quality & Clinical Performance Committee		22/01/2014
Finance, Investment & Workforce Committee		22/01/2014	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: Thursday 23rd January	**Completed by: Iain Hendey**				

Isle of Wight NHS Trust Board Performance Report 2013/14

December 13

Executive Summary

Isle of Wight NHS Trust

Patient Safety, Quality & Experience:

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

Pressure ulcers: We continue to under achieve our planned reduction for all grades of pressure ulcers, both in the hospital setting and the wider community. A range of actions is underway and competency assessments continue for both hospital and community staff.

VTE Risk assessment: The recorded percentage of patients that have a VTE risk assessment remains below target for December (88.23%). This is the result of a known data collection problem and the system upgrade due to enforce compliance is due to be completed during January 2014.

HCAI: Our local stretched target for Hospital Acquired Clostridium Difficile infection has been exceeded with another case identified during December (target YTD =4 cases, actual = 6) although we are still within our nationally set trajectory (7) for this point in the year.

Workforce:

The total pay bill for December (£9.71m) is above plan (£9.41m) although 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.

Sickness absence reduced slightly in December (3.74%) but remains above plan. 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 achieved 93% this month against our challenging stretched target of 95% for high risk TIA fully investigated and treated within 24 hours. Although still under achieving, we consistently exceed the national target of 60%.

All cancer targets are again green for December and year to date. A range of actions is continuing to improve the performance of these indicators. Although all targets were achieved in December, there were 9.5* breaches this month, 6 were patient led, 2.5 with complex pathways/medical delay and only 1 not booked within target.

*0.5 represents shared care case

Finance & Efficiency:

Overall we have achieved our financial plans for December 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 £829k and Trustwide Transformation schemes of £1,479k, the YTD CIP has under-delivered by £292k. At this stage, without further CIPs being identified there is a carry forward risk of £1.846m into next financial year.

Isle of Wight NHS Trust Board Performance Report 2013/14

December 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 Performance	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	4	Dec-13	16	↘		20
	Quality Acct #2 Patients admitted that develop a grade 2 or 3 pressure ulcer	60	13	Dec-13	79	↘		109
	Quality Acct #3 Reduction in communication complaints/concerns	150	15	Dec-13	122	↘		159
	Quality Acct #4 Amber care bundle (now implemented - no audited results as yet)	-	-		-	-		-
	Level 1 & 2 CAHMS seen within 18 weeks referral to treatment	100%	100%	Dec-13	98%	↔		99%
	VTE (Assessment for risk of)	>95%	88%	Dec-13	89%	↘		89%
4a	MRSA (confirmed MRSA bacteraemia)	0	0	Dec-13	1	↔		1
4b	C.Diff (confirmed Clostridium Difficile infection - stretched target)	8	1	Dec-13	6	↘		7
	Clinical Incidents (Major) resulting in harm (confirmed & potential, includes falls & PU G4)	48	7	Dec-13	49	↘		60
	Clinical Incidents (Catastrophic) resulting in harm (confirmed & potential)	8	1	Dec-13	6	↔		8
	Falls - resulting in significant injury	11	1	Dec-13	8	↔		13
	Delivering C-Section	<25%	25%	Dec-13	20%	↘		21%
	Normal Vaginal Deliveries	>70%	60%	Dec-13	66%	↘		66%
	Breast Feeding at Delivery	>85%	76%	Dec-13	76%	↗		75%
	Formal Complaints	<276	10	Dec-13	141	↗		176
	Patient Satisfaction (Friends & Family test - aggregated score)	Q3>Q1	65	Dec-13	67	↘		67

To develop our people, culture and workforce competencies to implement our vision and clinical strategy

Workforce	Month Target	Actual Performance		YTD	Month Trend Performance		YTD plan
Total workforce SIP (FTEs)	2,672.0	2,655.9	Dec-13	n/a	↗		
Total pay costs (inc flexible working) (£000)	£9,412	£9,711	Dec-13	£86,798	↘		£84,956
Variable Hours (FTE)	139	113.00	Dec-13	1,223.80	↗		1263
Variable Hours (£000)	£60	£679	Dec-13	£4,814	↘		£529
Staff sickness absences	3%	3.74%	Dec-13	3.66%	↗		3%
Staff Turnover	5%	0.70%	Dec-13	7.91%	↘		
Mandatory Training	80%	73%	Dec-13	73%	↘		
Appraisal Monitoring (cumulative)	100%	61.4%	Dec-13	61.4%	↗		
Employee Relations Cases	0	26	Dec-13	158(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 Performance	Sparkline	Year end forecast
3e	Emergency Care 4 hour Standards	95%	98%	Dec-13	97%	↗		97%
3j	Ambulance Category A Calls % < 8 minutes	75%	76%	Dec-13	76%	↗		76%
3k	Ambulance Category A Calls % < 19 minutes	95%	96%	Dec-13	97%	↘		96%
	Stroke patients (90% of stay on Stroke Unit)	80%	96%	Dec-13	91%	↗		91%
	High risk TIA fully investigated & treated within 24 hours (National 60%)	95%	93%	Dec-13	82%	↗		80%
3d	Symptomatic Breast Referrals Seen <2 weeks*	93%	100%	Dec-13	94%	↗		96%
3a	Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100%	Dec-13	100%	↔		100%
3a	Cancer Patients receiving subsequent surgery <31 days*	94%	100%	Dec-13	100%	↔		100%
3b	Cancer Patients treated after screening referral <62 days*	90%	92%	Dec-13	99%	↘		98%
	Cancer Patients treated after consultant upgrade <62 days*	85%	No Patients	Dec-13	100%	↔		100%
3c	Cancer diagnosis to treatment <31 days*	96%	97%	Dec-13	99%	↘		99%
3b	Cancer urgent referral to treatment <62 days*	85%	97%	Dec-13	94%	↗		96%
3d	Cancer patients seen <14 days after urgent GP referral*	93%	98%	Dec-13	96%	↗		97%
2a	RTT:% of admitted patients who waited 18 weeks or less	90%	90%	Dec-13	92%	↘		92%
2b	RTT: % of non-admitted patients who waited 18 weeks or less	95%	95%	Dec-13	97%	↘		97%
2c	RTT % of incomplete pathways within 18 weeks	92%	95%	Dec-13	95%	↘		96%
	No. Patients waiting > 6 weeks for diagnostics	100	2	Dec-13	35	↗		41
	%. Patients waiting > 6 weeks for diagnostics	1%	0.47%	Dec-13	0.48%	↗		0.4%
	Elective Activity (Spells) (M8 target - 682)	8,683	648	Nov-13	5,192	↗		7,981
	Non Elective Activity (Spells) (M8 target - 1,221)	13,199	1,145	Nov-13	9,026	↔		13,626
	Outpatient Activity (Attendances) (M8 target - 9,592)	136,390	10,053	Nov-13	78,450	↗		119,442
	Data Quality (see detail sheet for explanation of scoring)		2			↔		

***Cancer figures are provisional for December**

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

Finance & Efficiency	Annual Target	Actual Performance		YTD	Month Trend Performance		
Achievement of financial plan	£1.6m	£2.44m	Dec-13	£2.44m	↗		
Underlying performance	£1.6m	(£1.4m)	Dec-13	(£1.4m)	↘		
Net return after financing	0.50%	5.60%	Dec-13	5.60%	↗		
I&E surplus margin net of dividend	=>1%	1.93%	Dec-13	1.93%	↘		
Liquidity ratio days	=>15	41	Dec-13	41	↗		
Continuity of Service Risk Rating	3	4	Dec-13	4	↔		
Capital Expenditure as a % of YTD plan	=>75%	25%	Dec-13	25%	↗		
Quarter end cash balance (days of operating expenses)	=>10	19	Dec-13	19	↗		
Debtors over 90 days as a % of total debtor balance	=<5%	18.0%	Dec-13	18.0%	↘		
Creditors over 90 days as a % of total creditor balance	=<5%	0.00%	Dec-13	0.00%	↗		
Recurring CIP savings achieved	100%	79.00%	Dec-13	79.00%	↘		
Total CIP savings achieved	100%	81.67%	Dec-13	81.67%	↗		
Contract Penalties	TBC						

	Annual Target	Actual Performance		YTD	Month Trend Performance	Sparkline	Year end forecast
Theatre utilisation	83%	84..07%	Dec-13	83%	↘		83%
Cancelled operations on day of / after admission	TBC	0.5%	Dec-13	0.5%	↘		0.5%
Average LOS Elective (non-same day)	TBC	3.59	Dec-13	3.20	↘		3.11
Average LOS Non Elective (non-same day)	TBC	8.27	Dec-13	7.92	↘		7.87
Outpatient DNA Rate	TBC	7.1%	Dec-13	7.6%	↗		7.5%
Emergency Readmissions <30 days (with exclusions)	TBC	4.6%	Dec-13	4.5%	↗		4.6%
Daycase Rate	68%	74%	Nov-13	72%	↗		73%

Highlights

- **Operational performance is again very good with no Red rated categories**
- **All 8 Cancer indicators are again green for month and year to date**
- **Emergency Care 4 hour standard performance remains above target**
- **Formal complaints maintained within reduced target**
- **Both 8 minute and 19 minute Ambulance response targets achieved.**

Lowlights

- **Grades 2 and 4 Pressure Ulcers remain above plan**
- **VTE assessment compliance again below target**
- **Staff absenteeism due to sickness remains above target.**
- **Clostridium Difficile incidence above stretched trajectory**
- **CIP targets remain challenging**

Isle of Wight NHS Trust Board Performance Report 2013/14

December 13

Pressure Ulcers

Isle of Wight NHS Trust

Commentary:

There has been a change in the reporting process whereby numbers are reviewed for both the current and previous month and there may be changes to previous figures once validated. These figures are also included within the clinical incident reporting and where any rise is also reflected.

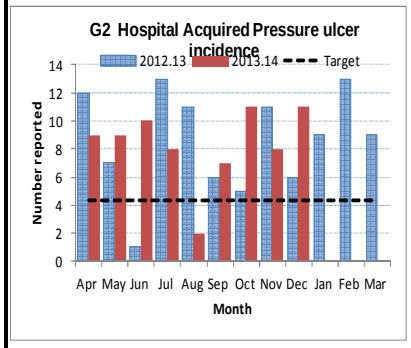
Hospital acquired: There were 4 grade 4 pressure ulcers reported in the hospital during December, showing a YTD position of 16 against 17 at the same point last year. Grade 2 numbers stand 72 against 75 for the same period with grade 3 numbers at 4 YTD against 11 in 2012/13.

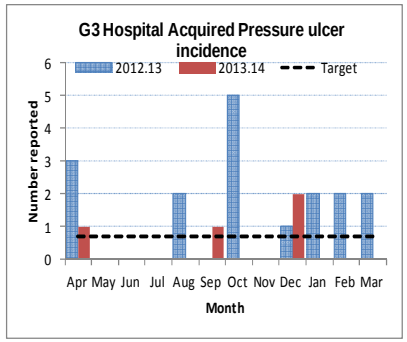
Community acquired: In the community there has been an increase in grade 4 of pressure ulcers over the last years baseline, but both grade 2 and 3 pressure ulcers have reduced, with the reduction in grade 3s being in line with target.

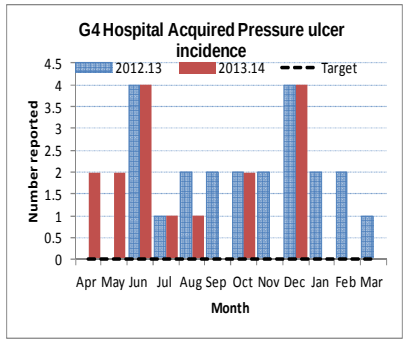
Analysis:

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 reviewing 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	Jan-14	In progress
The Clinical Nurse Specialist continues to support the wards with management of complex wounds and assessment of Pressure Ulcer Competency standards across all front-line staff throughout the trust.	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Jan-14	In progress
Issues have been highlighted,relating to the use of appropriate care plans and this will form part of the ward accountability process. Matrons are now working to summarise care delivery standards for patients at risk, in order to streamline analysis of PUs once identified.	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Jan-14	In progress
The Clinical Nurse Specialist & Director of Nursing are working with Communication & Engagement to develop a Pressure Ulcer Campaign across the wider healthcare economy.	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Spring 14	In progress

Commentary:

Clostridium difficile

There was a single case of Healthcare Acquired Clostridium Difficile (C Diff) in December (YTD = 6) and we remain within our planned trajectory for the national threshold of 12 for the year.

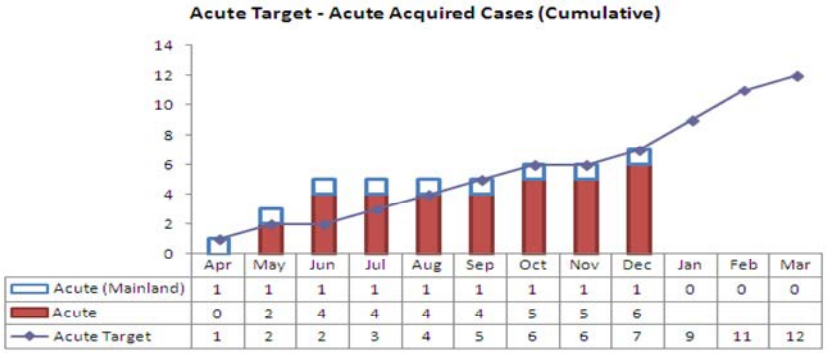
We are currently working towards a locally stretched target of 8. Due to weighting across the year, we are outside this stretched trajectory for the December year to date position. We are entering the winter period where more cases are historically expected and the weighting is set to allow for this over the coming months.

Methicillin-resistant Staphylococcus Aureus (MRSA)

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

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

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Acute (Mainland)	1	1	1	1	1	1	1	1	1	0	0	0
Acute	0	2	4	4	4	4	5	5	6			
Acute Target	1	2	2	3	4	5	6	6	7	9	11	12

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	0				1

Action Plan:	Person Responsible:	Date:	Status:
A risk register entry for this target is under development by the Director of Infection Prevention & Control (DIPC) in conjunction with the Infection Prevention & Control Team.	Executive Director of Nursing & Workforce	Jan-14	In progress
An external Healthcare Acquired Infection expert (currently working with the Trust Development Authority) has agreed to oversee our current policies & procedures to offer advice on improvement.	Executive Director of Nursing & Workforce	Feb-14	Planned
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	Jan-14	Ongoing

Isle of Wight NHS Trust Board Performance Report 2013/14

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Formal Complaints

Commentary:

There were 10 formal Trust complaints received in December 2013 (21 previous month).

Across all complaints and concerns in December 2013:
Top areas complained about were:
- Orthopaedics (6)
- Gastroenterology (4)/ Ambulance (4)
- Appley Ward (3)/District Nursing (3)

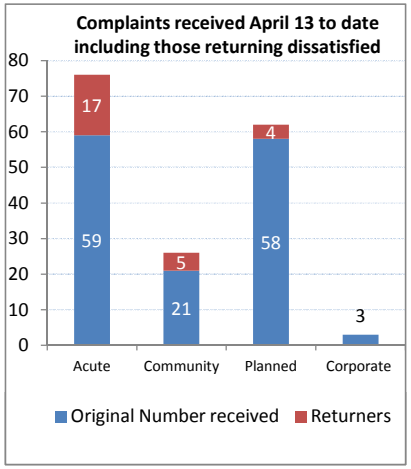
Across all complaints and concerns in December 2013:
Top 4 subjects complained about were:

- clinical care (15)
- communication (8)
- out-patient appointment delay/cancellation (6)
- staff attitude (6)

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.

Analysis: Complaints



Primary Subject	October 2013	November 2013	December 2013	CHANGE	RAG rating
Clinical Care	2	13	4	-9	↓
Nursing Care	1	1	3	2	↑
Staff Attitude	1	2	1	-1	↓
Communication	3	1	1	0	→
Outpatient Appointment Delay/ Cancellation	0	0	0	0	✓
Inpatient Appointment Delay / Cancellation	0	0	0	0	✓
Admission / Discharge / Transfer Arrangements	0	2	0	-2	✓
Aids and appliances, equipment and premises	0	0	0	0	✓
Transport	1	0	0	0	✓
Consent to treatment	0	0	0	0	✓
Failure to follow agreed procedure	0	0	0	0	✓
Hotel services (including food)	0	0	0	0	✓
Patients status/discrimination (e.g. racial, gender)	0	0	0	0	✓
Privacy & Dignity	0	0	0	0	✓
Other	1	2	1	-1	↓

Quality Account Priority 3 - Improving communications

KPI Description	Target (cumulative)	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total ytd
Reduction in complaints relating to communication	↓20%	2012/13	3	4	6	3	4	6	8	7	1	7	5	2	56
		2013/14	4	1	3	5	2	2	3	2	4				26
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	11				96

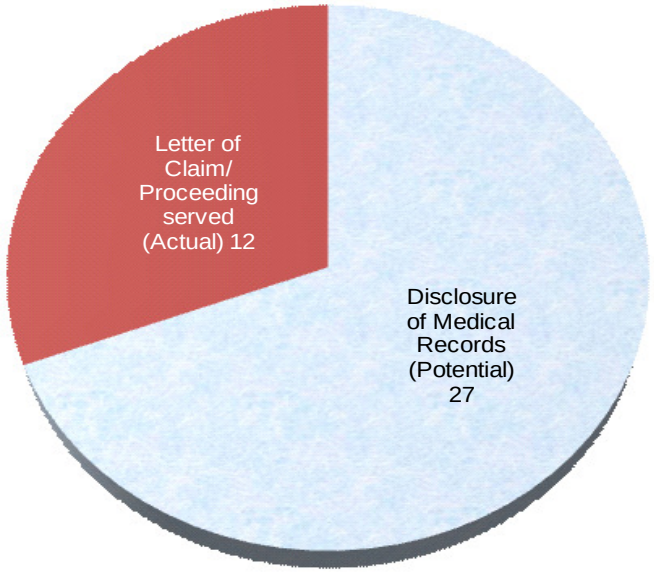
Individual months are colour rated for their achievement of the target for that month.
The Year to Date figure for 2013/14 shows the cumulative position against the equivalent YTD position for 2012/13

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 to be identified through organisational change.	Executive Director of Nursing & Workforce / Business Manager - Patient Safety; Experience & Clinical Effectiveness	Apr-13	Planned

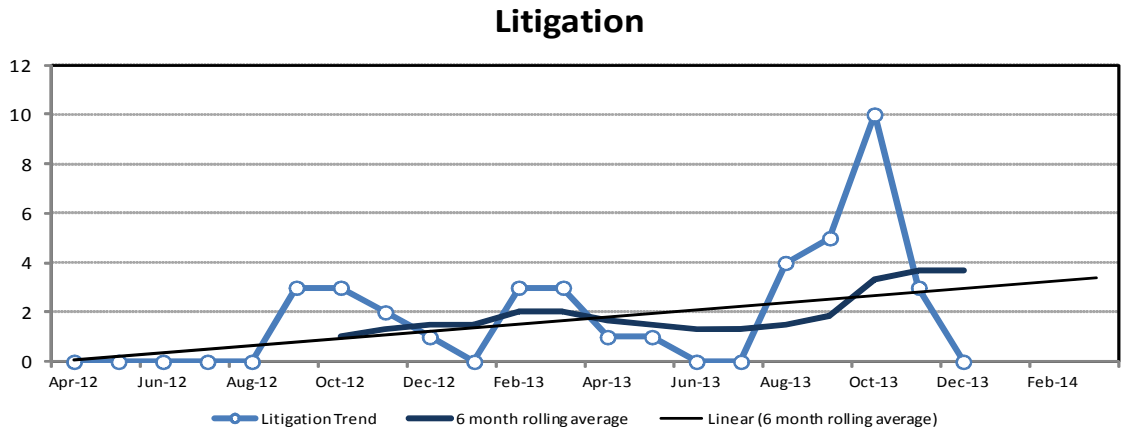
Q3 Isle of Wight NHS Trust Claims Dashboard

Current number of open claims 39

Number of Open Claims by Category



NPSA Category	Litigation				
	Q3 12/13	Q2 13/14	Q3 13/14	Change	RAG
Access, Appointment, Admission, Transfer, Discharge	1	2	3	1	↑
Accident that may result in personal injury	0	0	0	0	✓
Consent, Confidentiality or Communication	0	0	0	0	✓
Infrastructure or resources (staffing, facilities, environment)	0	1	0	-1	✓
Medication	0	0	0	0	✓
Implementation of care or ongoing monitoring/review	2	1	4	3	↑
Treatment, procedure	3	5	7	2	↑
Total	6	9	14	5	↑



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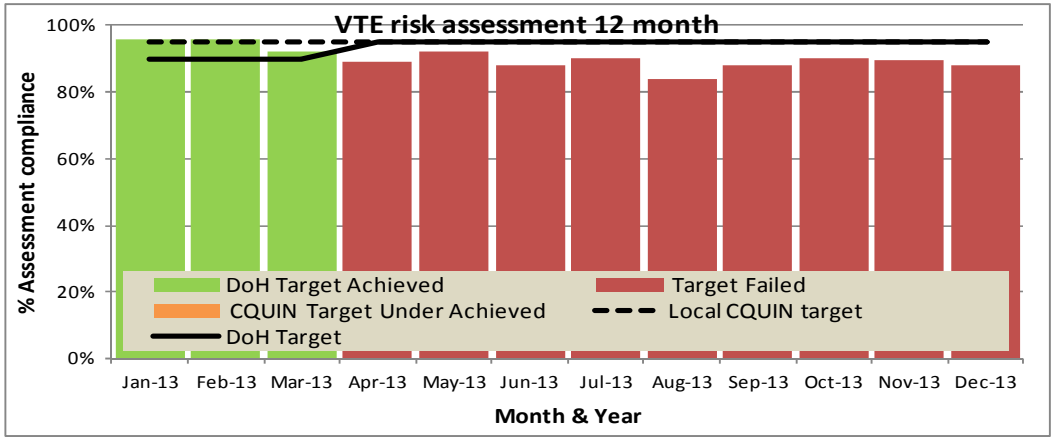
Venous ThromboEmbolism Assessment (VTE)

Commentary:	**Analysis:**
In December 2013 the Trust continued to record compliance of below 90% (88.23%) against the national target and local Commissioning for Quality & Innovation (CQUIN) target of 95%. The year to date average remains 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 problem is due to be completed during January. This is expected to raise the recorded compliance levels substantially and reflect a more accurate picture of VTE assessment levels. Results for January should demonstrate improvement, with subsequent months expected to show full compliance.	

Action Plan:	**Person Responsible:**	**Date:**	**Status:**
The Executive Medical Director continues to review individual cases and monitor assessment compliance.	Executive Medical Director	Jan-13	Ongoing

Isle of Wight NHS Trust Board Performance Report 2013/14

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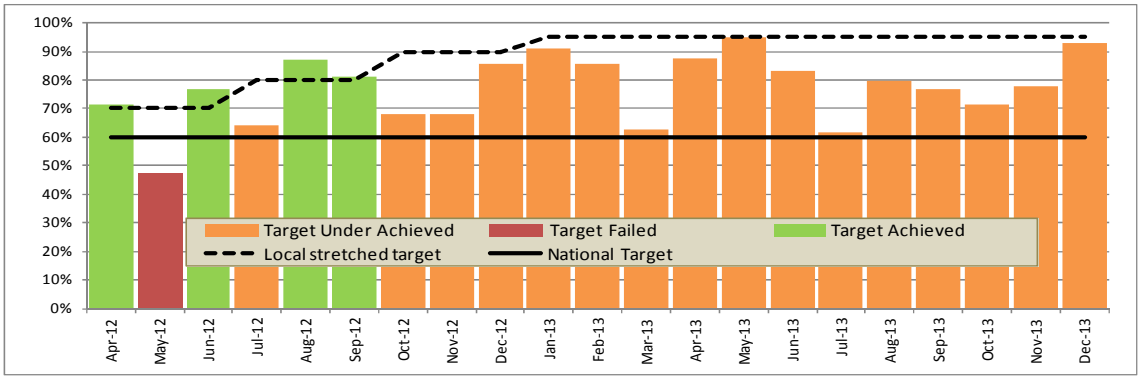
Stroke & Transient Ischemic Attack (TIA)

Isle of Wight NHS Trust

Commentary:	**Analysis: TIA December 2013**
Proportion of people with high risk TIA fully investigated and treated within 24 hours: The national target of 60% continues to be exceeded. 13 of the 14 TIA patients were contacted and seen within the required timescale, resulting in a 93% achievement. One patient (1) was unable to be contacted, causing the single breech for this month. 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 as patients are obviously unable to drive themselves and hospital transport requires 24 hours notice. 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	Jan-13	Ongoing nationally

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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: 19,719

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	364	98.2%	99.1%
Patient Pathway	396	93.3%	60.3%
Treatment Function	0	100.0%	99.8%
Main Specialty	0	100.0%	100.0%
Reg GP Practice	10	99.9%	99.5%
Postcode	2	100.0%	99.9%
Org of Residence	7	100.0%	97.1%
Commissioner	32	99.8%	98.4%
Primary Diagnosis	1,340	93.2%	98.8%
Primary Procedure	0	100.0%	99.9%
Ethnic Category	4	100.0%	97.9%
Neonatal Level of Care	0	100.0%	98.9%
Site of Treatment	843	95.7%	96.6%
HRG4	1,345	93.2%	98.5%

Total Outpatient General Episodes: 107,972

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	658	99.4%	99.3%
Patient Pathway	47,152	52.7%	49.4%
Treatment Function	0	100.0%	99.7%
Main Specialty	0	100.0%	99.8%
Reg GP Practice	8	100.0%	99.8%
Postcode	4	100.0%	99.8%
Org of Residence	9	100.0%	96.7%
Commissioner	50	100.0%	97.6%
First Attendance	0	100.0%	99.8%
Attendance Indicator	1	100.0%	99.6%
Referral Source	692	99.4%	98.5%
Referral Rec'd Date	692	99.4%	95.8%
Attendance Outcome	10	100.0%	98.8%
Priority Type	692	99.4%	96.9%
OP Primary Procedure	0	100.0%	98.2%
Ethnic Category	**10**	**100.0%**	**92.7%**
Site of Treatment	4,751	95.6%	97.8%
HRG4	3	100.0%	99.1%

Total A&E Attendances 40,866

Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	815	98.0%	95.7%
Registered GP Practice	35	99.9%	99.0%
Postcode	18	100.0%	99.7%
Org of Residence	969	97.6%	95.1%
Commissioner	1,299	96.8%	97.3%
Attendance Disposal	12,749	68.8%	98.4%
Patient Group	0	100.0%	94.5%
First Investigation	558	98.6%	94.8%
First Treatment	1,258	96.9%	93.3%
Conclusion Time	300	99.3%	98.3%
Ethnic Category	0	100.0%	90.8%
Departure Time	162	99.6%	99.7%
Department Type	0	100.0%	99.5%
HRG4	709	98.3%	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	Mar-14	Ongoing

Data Quality - November 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%	97.9%	> = 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%	92.7%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Total Invalid Data Items	1	n/a	=<2	>2 =<4	>4	G	2	0.0	Performance relates to the no. of Red rated data
A&E	Valid NHS Number	98.0%	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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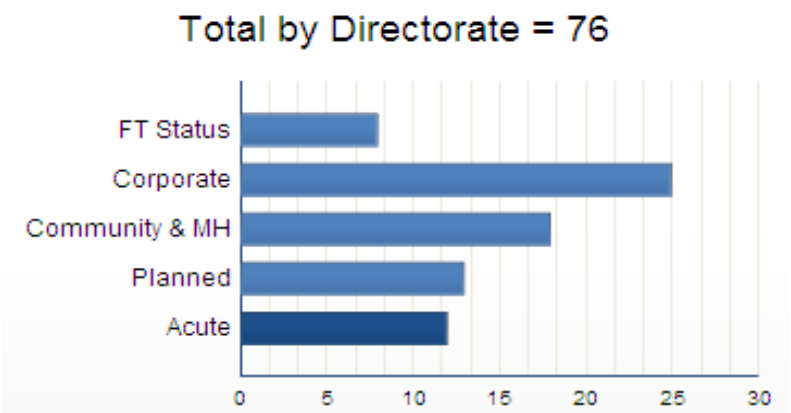
Risk Register -Situation current as at 20/01/2014

Analysis:



Risk Title	Directorate	Type	Rating
Insufficient and inadequate Ophthalmology facilities to meet se	PLANND	QCE	20
Insufficient and inadequate Endoscopy facilities to meet service	PLANND	QCE	20
Ophthalmic Casenotes - Poor Condition, Misfiling and Duplicatio	PLANND	PATSAF	20
Failing heating/cooling system impacting on service delivery (BA	PLANND	PATSAF	20
PRESSURE ULCERS	CORPRI	PATEXP	20
SEGREGATION, CONSIGNING AND COLLECTION OF CLINICAL WAS	CORPRI	GOVCOM	20
FIRE COMPARTMENTS - CAUSE AND EFFECT OF FIRE ALARM SYSTE	CORPRI	GOVCOM	20
MANDATORY TRAINING	CORPRI	GOVCOM	20
VACANCIES IN ADULT SPEECH & LANGUAGE THERAPY TEAM	COMMH	PATSAF	20
LOW STAFFING LEVELS WITHIN OCCUPATIONAL THERAPY ACUTE T	COMMH	PATSAF	20
INCREASED DEMAND ON ORTHOTICS	COMMH	GOVCOM	20
VACANT CONSULTANT PHYSICIAN POSTS (BAF: 10.73)	ACUTE	QCE	20
BLOOD SCIENCES OUT-OF-HOURS STAFFING (BAF 4.4)	ACUTE	QCE	20
RADIO OPAQUE LINE ON PENNINE NG TUBES	ACUTE	PATSAF	20
RISK DUE TO BED CAPACITY PROBLEMS (BAF 2.22 & 6.12)	ACUTE	PATSAF	20

Data as at 20/01/2014 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 no new risks have been added. One new risk has been signed off by the Directorates this is No. 588 Medical Electrical Safety Testers - all Rigel 288 testers have been back to Rigel/Seaward and had the relay that is prone to failing replaced with an up-rated version of the component. Rigel/Seaward have undertaken extensive testing to ensure this resolves the issue.

Isle of Wight NHS Trust Board Performance Report 2013/14

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Workforce - Key Performance Indicators

Isle of Wight NHS Trust

Measure	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	In Month Final RAG Rating	Trend from last month
Workforce FTE	Dec-13	2672	2656	-16	✓		⇧
Workforce Variable FTE	Dec-13	139	113	-26	✓		⇩
Workforce Total FTE	Dec-13	2811	2769	-42	✓	✓	⇩
Finance	**Period**	**Month Target/Plan** (£000s)	Month Actual (£000s)	In Month Variance (£000s)	**RAG rating**	**Year-to Date Final RAG Rating**	
Total In Month Staff In Post Paybill	Dec-13	£9,352	£9,032	-£320	✓		⇧
In Month Variable Hours	Dec-13	£60	£679	£619	✗		⇧
In Month Total Paybill	Dec-13	£9,412	£9,711	£299	✗		⇧
Year-to Date Paybill	Dec-13	£84,956	£86,798	£1,842	✗	✗	
Sickness Absence	**Period**	**Month Target/Plan**	**Month Actual**		**RAG Rating**		
In Month Absence Rate	Dec-13	3%	3.74%		✗		

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

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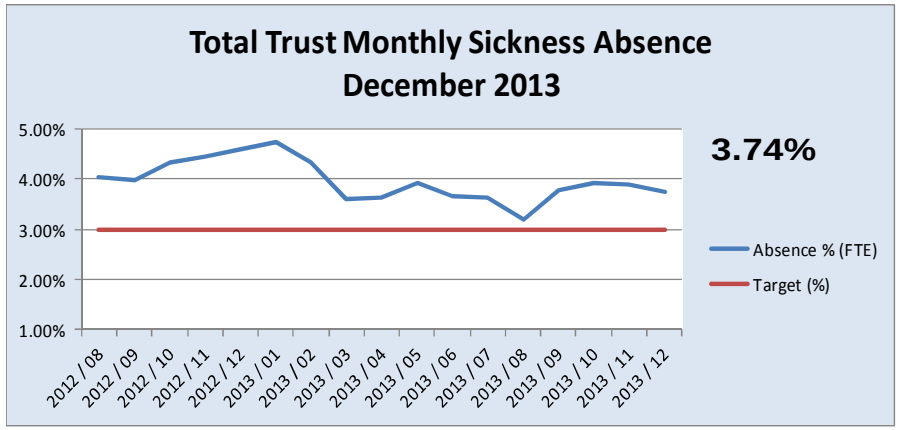
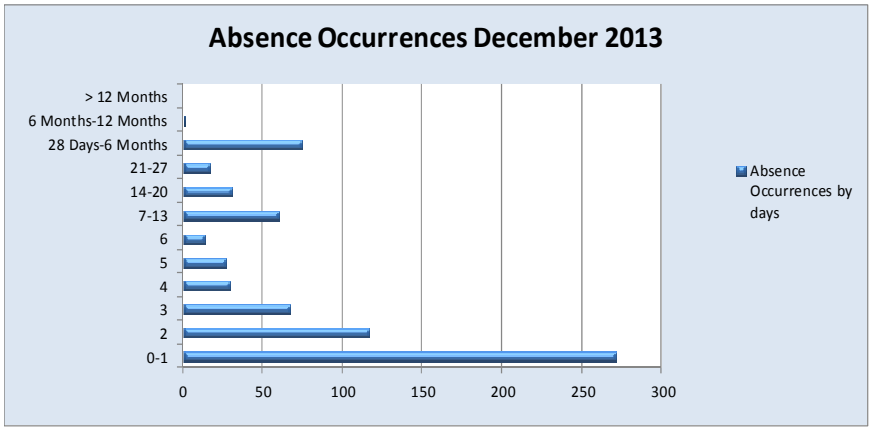
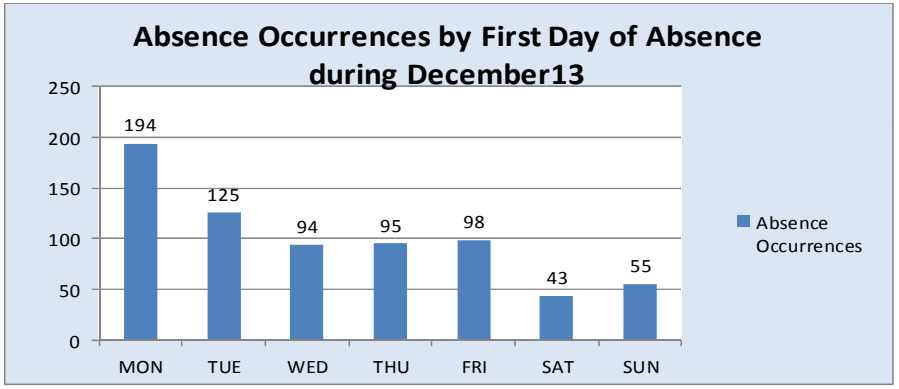
Sickness Absence - Monthly Sickness Absence







Top 10 Absence reasons by FTE Year To Date

Absence Reason	FTE Lost
S10 Anxiety/stress/depression/other psychiatric illnesses	571.80
S98 Other known causes - not elsewhere classified	388.32
S13 Cold, Cough, Flu - Influenza	330.49
S12 Other musculoskeletal problems	326.99
S11 Back Problems	222.55
S25 Gastrointestinal problems	219.45
S28 Injury, fracture	209.32
S15 Chest & respiratory problems	199.37
S17 Benign and malignant tumours, cancers	171.15
S99 Unknown causes / Not specified	152.45
S26 Genitourinary & gynaecological disorders	111.20

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 9 Income & Expenditure position is over plan at a surplus of **£2,455k.** The forecast out-turn is **£1,603k.**	Green	Green	Green
Cost Improvement Programme (CIP)	• Month 9 - Year-to-date CIPs achieved **£5,821k** against a plan of **£6,113k.** 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 9 was **£8,454k.**	Green	Green	Green
Capital	• Capital YTD spend **£1,266k** . Forecast **£7,255k** to year end totalling **£8,521k.**	Green	Green	Green

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Income & Expenditure - Key Highlights - Trust

Isle of Wight NHS Trust

(in £'000)	Month			YTD			Full Year		
I&E - TRUST	**Budget**	**Actual**	**Actual v Budget** (+ over / - under)	**Budget**	**Actual**	**Actual v Budget** (+ over / - under)	**Budget**	**Forecast**	**Forecast v Budget** (+ over / - under)
I&E by subjective:									
Income									
Income - Patient Care Revenue	11,682	12,108	425	106,048	107,847	1,799	144,514	145,789	1,275
Acute	309	413	105	2,799	4,509	1,710	3,836	5,690	1,854
Community Health	292	362	69	2,695	3,603	908	3,573	4,658	1,085
Planned	206	240	34	2,185	2,636	452	2,937	3,545	608
Corporate	394	694	300	3,569	6,164	2,595	4,752	8,414	3,662
Risk Share Income	0	77	77	0	604	604	0	0	0
Total Income	**12,884**	**13,894**	**1,010**	**117,297**	**125,365**	**8,068**	**159,612**	**168,095**	**8,484**
Pay									
Acute	(2,884)	(2,869)	16	(25,670)	(25,887)	(218)	(34,365)	(34,414)	(49)
Community Health	(2,687)	(2,687)	(1)	(24,266)	(24,445)	(179)	(32,401)	(32,614)	(212)
Planned	(2,499)	(2,719)	(219)	(22,633)	(23,657)	(1,023)	(30,522)	(31,776)	(1,253)
Corporate	(1,347)	(1,452)	(105)	(12,433)	(12,778)	(345)	(16,611)	(17,202)	(591)
Reserves	0	0	0	0	0	0	(0)	0	0
Total Pay	**(9,417)**	**(9,726)**	**(309)**	**(85,003)**	**(86,767)**	**(1,764)**	**(113,900)**	**(116,006)**	**(2,106)**
Non-Pay									
Acute	(968)	(1,298)	(330)	(8,634)	(11,358)	(2,724)	(11,840)	(15,372)	(3,532)
Community Health	(227)	(407)	(179)	(1,824)	(3,498)	(1,675)	(2,702)	(4,877)	(2,176)
Planned	(647)	(802)	(155)	(5,433)	(6,929)	(1,496)	(7,490)	(9,460)	(1,970)
Corporate	(1,075)	(1,424)	(350)	(7,923)	(9,942)	(2,019)	(11,189)	(14,352)	(3,163)
Reserves	553	(294)	(847)	(926)	962	1,888	(3,475)	721	4,195
Total Non-Pay	**(2,364)**	**(4,225)**	**(1,861)**	**(24,740)**	**(30,765)**	**(6,025)**	**(36,695)**	**(43,341)**	**(6,646)**
EBITDA	**1,103**	**(57)**	**(1,160)**	**7,554**	**7,833**	**279**	**9,017**	**8,749**	**(268)**
Income Received									
Receipt of Charitable Donations for Asset Acquisition	0	0	0	0	302	302	0	350	350
Total Income Received	0	0	0	0	302	302	0	350	350
Capital Charges									
Depreciation & Amortisation	(619)	(593)	26	(5,598)	(5,704)	(106)	(7,400)	(7,517)	(117)
PDC (reallocated to Non Pay FY13/14 only)	0	0	0	0	0	(0)	0	0	0
Profit/Loss on Asset Disp	0	(1)	(1)	0	37	37	0	37	37
Total Capital Charges	**(619)**	**(594)**	**25**	**(5,598)**	**(5,667)**	**(69)**	**(7,400)**	**(7,480)**	**(80)**
Other Finance Costs									
Interest Receivable	1	2	1	11	18	7	15	18	4
Interest Payable	(2)	(4)	(2)	(18)	(23)	(5)	(24)	(24)	0
Bank Charges	(1)	(1)	(0)	(7)	(9)	(1)	(10)	(10)	0
Foreign Currency Adjustments	(0)	(0)	0	(1)	(0)	1	(1)	(1)	0
Total Other Finance Costs	**(2)**	**(3)**	**(1)**	**(15)**	**(13)**	**1**	**(20)**	**(16)**	**4**
Net Surplus / (Loss)	**483**	**(653)**	**(1,136)**	**1,942**	**2,455**	**513**	**1,598**	**1,603**	**5**

Overall Position

Month 9 position shows a year to date surplus of **£2,455k**. This is **£513k** 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 **£1,603k**.

Income -The YTD position is over plan by **£8,068k**. The variance of **£1,710k** 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 **£452k** is due to mainly R&D and Allergy funding being higher than plan. The Community Health income variance of **£908k** 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 **£2,595k** 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** received from League of Friends is over plan.

Pay – The YTD position on pay budgets is over plan by **£1,764k.** 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; **£179k** 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 **£1,023k** in the Planned directorate which is due to Locum Costs to cover vacancies and sickness and **£345k** in Corporate areas which is mainly due to costs relating to NHS Creative.

Non Pay – The non pay budgets are overspent by **£6,025k**. All clinical directorates and Corporate area overspends includes the non-achievement of CIPs as per plan; within the clinical directorates are overspends on non PbR drugs offset by income and costs relating to the prison extension.

CIP – Plan of **£6,113k** was underachieved at month 9 by **£292k.** This includes the recognition of **£829k** of the full year savings of banked CIPs & **£1,479k** non recurrent savings related to budgeted cost pressures & investments held within reserves not required this financial year.

Isle of Wight NHS Trust Board Performance Report 2013/14

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Cost Improvement Programme - CIP by Directorates

Isle of Wight NHS Trust

	Month			YTD			FULL YEAR						
Directorates	**Plan**	**Actual**	**Variance**	**Plan**	**Actual**	**Variance**	**Plan Recurrent**	**Forecast Recurrent**	**Forecast Non Recurrent**	**Total Forecast**	**Variance Recurrent (CYE)**	**Total Variance**	**Full Year Effect**
Acute	214	115	(99)	1,823	1,295	(528)	2,575	1,864	85	1,949	(711)	(626)	128
Community Health	199	210	11	1,667	669	(998)	2,340	802	402	1,205	(1,538)	(1,135)	104
Finance and Performance Mgt	16	15	(1)	113	189	76	167	213	51	264	46	97	0
Nursing and Workforce	45	20	(25)	380	214	(166)	534	214	96	311	(320)	(223)	37
Planned	223	226	3	1,868	950	(918)	2,622	1,373	363	1,736	(1,249)	(886)	216
Strategic & Commercial Directorate	20	62	42	261	196	(65)	406	289	55	344	(117)	(62)	0
Trustwide Transformation Schemes	0	0	0	0	1,479	1,479	0	0	2,779	2,779	0	2,779	1,558
Total	**717**	**649**	**(68)**	**6,113**	**4,992**	**(1,121)**	**8,644**	**4,755**	**3,832**	**8,587**	**(3,888)**	**(57)**	**2,043**
Banked CIPs	0	(296)	(296)		829	829							
Grand Total	**717**	**353**	**(364)**	**6,113**	**5,821**	**(292)**	**8,644**	**4,755**	**3,832**	**8,587**	**(3,888)**	**(57)**	**2,043**

Commentary:

The CIP plan for M9 is **£717k**. The actual savings totalled **£649k** and with the unwinding of £296k of banked CIPs in month there is an in month underachievement of **£364k**. The year-to-date target of **£6,113k** is shown as as being partially delivered as **£4,992k** of planned schemes have been achieved to date. In addition, the full year effect of schemes banked amounting to **£829k** has been recognised resulting in a ytd variance of **(£292k)**. The forecast is showing achievement of **£8,587k** which is **£57k** underachievement against the annual plan with a **£1.846m** carry forward risk. Directorates are continuing to review opportunities to mitigate this balance with a view to eliminating any carry forward into next financial year.

Isle of Wight NHS Trust Board Performance Report 2013/14

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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)	**0**	**0**	**8,171**	**7,560**
Other charitable donations			100	100
Donated Helipad Income			250	
Total Anticipated Funds Available	**0**	**0**	**8,521**	**7,660**
Application of Funds				
12/13 Schemes Carried Forward				
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	18	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	
Sub-total	**708**	**333**	**1,040**	**300**
13/14 Schemes - Approved				
Pathology Refurbishment Phase 2	50	807	857	860
Medical Assessment Unit Fees	21	4	25	
Medical Assessment Unit Extension	0	347	347	1,100
Ward Reconfiguration Level C	2	623	625	
Theatre Stock Inventory System	0	144	144	
North East Locality Hub Locality Professional Fees	8	7	15	
North East Locality Hub Locality	1	249	250	600
Backlog high/medium risk & fire safety 13.14	13	901	914	500
Other Backlog Schemes	7	264	270	
Infrastructure (e.g. underground services)	0	300	300	300
Staff Capitalisation	123	57	180	100
IM&T	107	318	426	500
PARIS - Staff Capitalisation	17	73	90	
ISIS Further Faster	0	616	616	
RRP - Equipment & Ambulances	78	210	288	500
Purchase of letter folder stuffer	0	17	17	
Bed Store	0	39	39	
Turnkey for DR Rooms	0	150	150	
Other Bids	11	234	245	
Office Moves - Finance Relocation	0	53	53	
Other Adjustments	17	-17	0	
Dementia Friendly	13	178	191	
Upgrade of current ICE and LabComm servers	0	6	6	
Wireless Network and Infrastructure Upgrade	0	119	119	
Automation of medicines storage at Ward level	0	571	572	
Telephone Data Capture (Tiger Billing)	0	13	13	
ISIS - Med Epad Additional Costs	0	26	26	
P21+ Contractors Site Accommodation	0	100	100	
ICU/CCU	0	182	182	
Maternity E3 IT System Upgrade	0	3	3	
Urodynamics Machine	0	18	18	
Orthopaedic Theatre Tool Set	0	61	61	
High Definition Camera System (Gynae & Urology)	0	91	91	
ENT Microscope	0	60	60	
Replacement Medial Grade Camera for the Ophthalmic Microscope	0	31	31	
Theatre Inventory Management System (Additional to Theatre Inventory System £144k)	0	38	38	
Relocate Cancer Pathways Team	0	19	19	
Sub-total	**468**	**6,911**	**7,381**	**4,760**
13/14 Schemes - Awaiting TEC Approval				
Endoscopy Relocation	38	-38	0	
Sub-total	**38**	**-38**	**0**	**0**
Other Schemes				
Ophthalmoloy				1,300
Dementia Wing				600
Maternity				600
Sub-total	**0**	**0**	**0**	**2,500**
Other charitable donations	52	48	100	100
Gross Outline Capital Plan	**1,266**	**7,254**	**8,521**	**7,660**

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

Isle of Wight NHS Trust Board Performance Report 2013/14

December 13

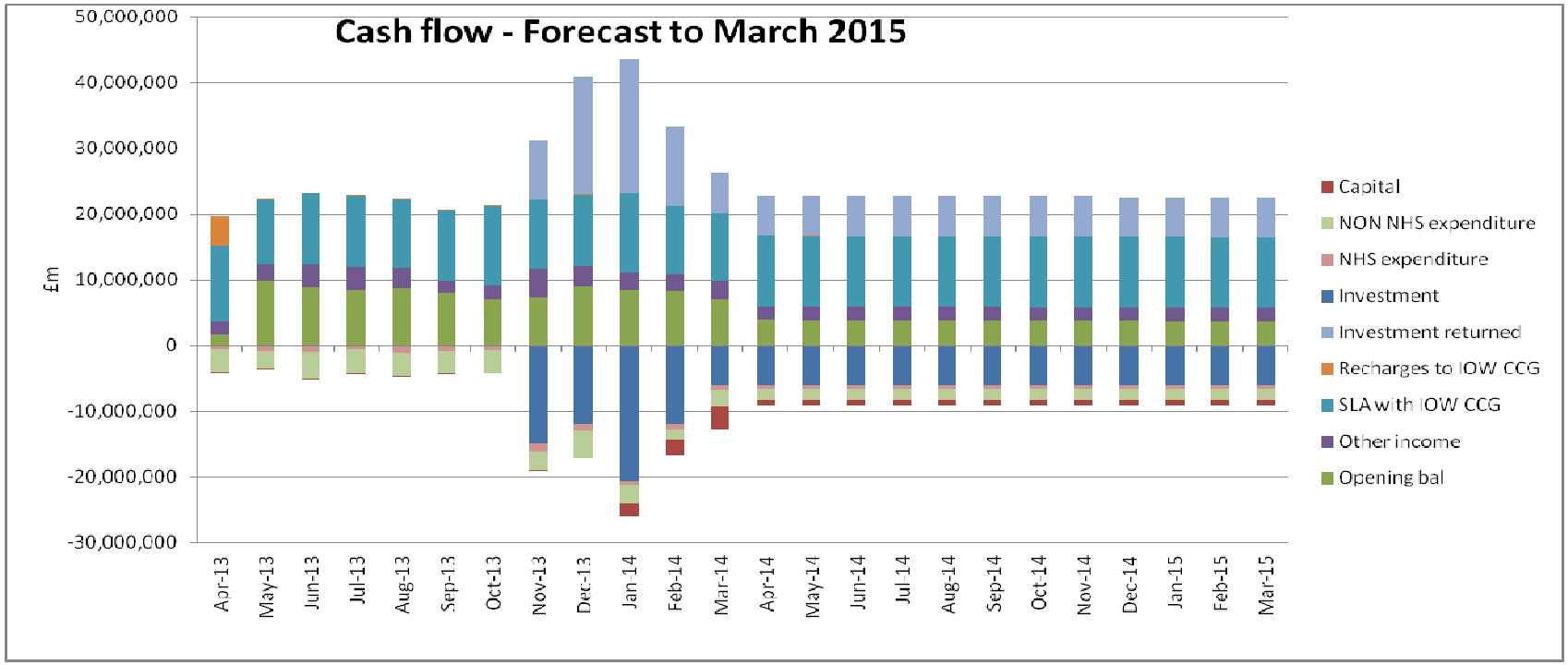
Monthly statement of Financial Position - December 2013

Isle of Wight NHS Trust

	Dec -13	Nov -13	Month-on-month Movement
PPE	108,707	108,612	95
Accumulated Depreciation	19,498	19,007	491
Net PPE	**89,209**	**89,605**	**(396)**
Intangible Assets	7,051	7,045	6
Intangible Assets Depreciation	3,268	3,162	106
Net Intangible Assets	**3,783**	**3,883**	**(100)**
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	**92,992**	**93,488**	**(496)**
Cash	8,454	9,009	(555)
Accounts Receivable	12,401	11,964	437
Inventory	1,958	1,920	38
Investments	0	0	0
Other Current Assets			0
Current Assets	**22,813**	**22,893**	**(80)**
Total Assets	**115,805**	**116,381**	**(576)**
Accounts Payable	15,310	15,287	23
Accrued Liabilities	0	0	0
Short Term Borrowing	32	46	(14)
Current Liabilities	**15,342**	**15,333**	**9**
Non-Current Payables	0	0	0
Non-Current Borrowing	48	48	0
Other Liabilities	262	187	75
Long Term Liabilities	**310**	**235**	**75**
Total Net Assets/Liabilities	**100,153**	**100,813**	**(660)**
Taxpayers Equity:			
Revaluation Reserve	21,251	21,251	0
Other Reserves	75,937	75,944	(7)
Retained Earnings incl. In Year	2,965	3,618	(653)
Total Taxpayers Equity	**100,153**	**100,813**	**(660)**

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 the reduction in non-current assets values can be attributed to depreciation.



Commentary:
The table above shows the actual cashflow to the end of December and the forecast to March 15. It shows both the in-flow and out-flow of cash broken down to the constituent elements.
Investment in the short term deposit of the National Loans Fund of £6m continued during December. 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.

Isle of Wight NHS Trust Board Performance Report 2013/14

December 13

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.

Isle of Wight NHS Trust Board Performance Report 2013/14

December 13

Governance Risk Rating

Isle of Wight NHS Trust

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'.

						Historic Data			Current Data				
Area	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Qtr to Mar-13	Qtr to Jun-13	Qtr to Sep-13	Oct-13	Nov-13	Dec-13	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	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	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	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	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	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	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	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	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	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	Yes	
	11	Meeting commitment to serve new psychosis cases by early intervention teams		95%	1.0	Yes	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	Yes	
			Red 2 calls	75%	1.0	Yes	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	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	Yes	
			Is the Trust below the YTD ceiling	13		No	No	No	Yes	Yes	Yes	Yes	
	16	Minimising mental health delayed transfers of care		≤7.5%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	17	Mental health data completeness: identifiers		97%	1.0	Yes	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	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	Yes	
	20	Data completeness: community services, comprising:	Referral to treatment information	50%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
			Referral information	50%									
			Treatment activity information	50%									
				TOTAL		**3.0**	**2.0**	**4.0**	**1.0**	**1.0**	**1.0**	**1.0**	
						AR	AR	R	AG	AG	AG	AG	

Isle of Wight NHS Trust Board Performance Report 2013/14

December 13

Performance Summary - Acute Directorate

Isle of Wight NHS Trust

Performance on a Page - Acute Directorate

Governance Risk Rating M09: 0 - G

Finance Headlines:

As at M09:	£000 YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	513.3	1,237.0	4.9	2,986.0
CIP	-291.6	-608.0	-56.8	-626.0

Key Performance Indicators:

As at M09:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
Emergency Care 4 hour Standards	Dec-13	98.2%	98.2%	97.1%	97.1%
MRSA	Dec-13	0	0	1	1
CDIFF	Dec-13	1	1	6	2
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	Dec-13	98.2%		95.8%	
Breast Symptoms 2 wk GP referral to 1st OP	Dec-13	100.0%		94.4%	
31 day second or subsequent (surgery)	Dec-13	100.0%		100.0%	
31 day second or subsequent (drug)	Dec-13	100.0%		99.7%	
31 day diagnosis to treatment for all cancers	Dec-13	96.6%		99.0%	
62 day referral to treatment from screening	Dec-13	92.3%		99.0%	
62 days urgent referral to treatment of all cancers	Dec-13	96.8%		93.8%	
Delayed Transfers of Care	Q2 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Dec-13	0	0	0	0
VTE Risk Assessment	Dec-13	88.2%		88.9%	
% of Category A calls within 8 minutes (Red 1)	Dec-13	75.5%	75.5%	80.9%	80.9%
% of Category A calls within 8 minutes (Red 2)	Dec-13	76.3%	76.3%	76.0%	76.0%
% of Category A calls within 19 minutes	Dec-13	95.7%	95.7%	96.8%	96.8%

**Cancer figures for December are provisional*

Workforce Headlines:

As at M09:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.74%	3.40%	3.66%	3.72%
FTE vs Budget			-124.0	-28.0
Appraisals			93.2%	91.1%

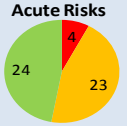
Quality Headlines:

As at M09:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs (Serious Incidents Requiring Investigation)	5	0	69	16
Incidents	416	143	3,307	1,115
Complaints	10	5	141	59
Compliments	632	184	3,467	992

Risk Register Summary: As at 13/01/2014

Risk Title	Risk Score	Type
Vacant Consultant Physician Posts	20	QCE
Blood Sciences Out-of-Hours Staffing	20	QCE
Radio Opaque Line on Pennine NG Tubes	20	PATSAF
Risk Due To Bed Capacity Problems	20	PATSAF

Status of actions for all Acute Risks



SLA Performance:

As at M08:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Emergency Spells	3,845	-535	9,260	-250
Elective Spells	100	-5	170	1
Outpatients Attendances	18,516	1,039	2,686	31
Total			12,117	-218

Isle of Wight NHS Trust Board Performance Report 2013/14

December 13

Performance Summary - Planned Directorate

Isle of Wight NHS Trust

Performance on a Page - Planned Directorate

Governance Risk Rating M09: 0 - G

Finance Headlines:

£000	YTD		Forecast Outturn	
As at M09:	Org	Directorate	Org	Directorate
Actual vs Budget	513.3	2,070.5	4.9	2,610.8
CIP	-291.6	998.8	-56.8	886.3

Key Performance Indicators:

	Latest	In Month		YTD	
As at M09:	Data	Org	Directorate	Org	Directorate
Emergency Care 4 hour Standards	Dec-13	98.2%		97.1%	
MRSA	Dec-13	0	0	1	0
CDIFF	Dec-13	1	0	6	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	Dec-13	98.2%	98.2%	95.8%	95.8%
Breast Symptoms 2 wk GP referral to 1st OP	Dec-13	100.0%	100.0%	94.4%	94.4%
31 day second or subsequent (surgery)	Dec-13	100.0%	100.0%	100.0%	100.0%
31 day second or subsequent (drug)	Dec-13	100.0%	100.0%	99.7%	99.7%
31 day diagnosis to treatment for all cancers	Dec-13	96.6%	96.6%	99.0%	99.0%
62 day referral to treatment from screening	Dec-13	92.3%	92.3%	99.0%	99.0%
62 days urgent referral to treatment of all cancers	Dec-13	96.8%	96.8%	93.8%	93.8%
Delayed Transfers of Care	Q2 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Dec-13	0	0	0	0
VTE Risk Assessment	Dec-13	88.2%		88.9%	
% of Category A calls within 8 minutes (Red 1)	Dec-13	75.5%		80.9%	
% of Category A calls within 8 minutes (Red 2)	Dec-13	76.3%		76.0%	
% of Category A calls within 19 minutes	Dec-13	95.7%		96.8%	

**Cancer figures for December are provisional*

Workforce Headlines:

	In Month		YTD	
As at M09:	Org	Directorate	Org	Directorate
% Sickness Absenteeism	3.74%	3.57%	3.66%	3.40%
FTE vs Budget			-124.0	-26.0
Appraisals			93.2%	89.7%

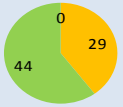
Quality Headlines:

	In Month		YTD	
As at M09:	Org	Directorate	Org	Directorate
SIRIs (Serious Incidents Requiring Investigation)	5	0	69	11
Incidents	416	102	3,307	721
Complaints	10	3	141	58
Compliments	632	239	3,467	1,351

Risk Register Summary: As at 13/01/2014

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

Status of actions for all Planned...



SLA Performance:

	Activity		Income - £000	
As at M08:	Actual	Var to Plan	Actual	Var to Plan
Emergency Spells	5,181	-289	8,140	-540
Elective Spells	5,092	-358	8,645	-536
Outpatients Attendances	59,934	-693	7,853	-29
Total			24,639	-1,105

Isle of Wight NHS Trust Board Performance Report 2013/14

December 13

Performance Summary - Community Health Directorate

Isle of Wight NHS Trust

Performance on a Page - Community Directorate

Governance Risk Rating M09: 1 - AG

Finance Headlines: £000

As at M09:	YTD Org	YTD Directorate	Forecast Outturn Org	Forecast Outturn Directorate
Actual vs Budget	513.3	945.5	4.9	1,561.0
CIP	-291.6	TBC	-56.8	TBC

Key Performance Indicators:

As at M09:	Latest Data	In Month Org	In Month Directorate	YTD Org	YTD Directorate
Emergency Care 4 hour Standards	Dec-13	98.2%		97.1%	
MRSA	Dec-13	0	0	1	0
CDIFF	Dec-13	1	0	6	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	Dec-13	98.2%		95.8%	
Breast Symptoms 2 wk GP referral to 1st OP	Dec-13	100.0%		94.4%	
31 day second or subsequent (surgery)	Dec-13	100.0%		100.0%	
31 day second or subsequent (drug)	Dec-13	100.0%		99.7%	
31 day diagnosis to treatment for all cancers	Dec-13	96.6%		99.0%	
62 day referral to treatment from screening	Dec-13	92.3%		99.0%	
62 days urgent referral to treatment of all cancers	Dec-13	96.8%		93.8%	
Delayed Transfers of Care	Q2 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Dec-13	0	0	0	0
VTE Risk Assessment	Dec-13	88.2%		88.9%	
% of Category A calls within 8 minutes (Red 1)	Dec-13	75.5%		80.9%	
% of Category A calls within 8 minutes (Red 2)	Dec-13	76.3%		76.0%	
% of Category A calls within 19 minutes	Dec-13	95.7%		96.8%	

**Cancer figures for December are provisional*

Workforce Headlines:

As at M09:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
% Sickness Absenteeism	3.74%	4.13%	3.66%	4.08%
FTE vs Budget			-124.0	-45.0
Appraisals			93.2%	99.9%

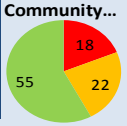
Quality Headlines:

As at M09:	In Month Org	In Month Directorate	YTD Org	YTD Directorate
SIRIs (Serious Incidents Requiring Investigation)	5	5	69	42
Incidents	416	126	3,307	1,036
Complaints	10	1	141	21
Compliments	632	187	3,467	1,027

Risk Register Summary: As at 13/01/2014

Risk Title	Risk Score	Type
Vacancies in adult speech & language therapy team	20	PATSAF
Low Staffing Levels within Occ Therapists Acute Tean	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 M08:	Activity Actual	Activity Var to Plan	Income - £000 Actual	Income - £000 Var to Plan
Community Contacts	54,195	3,275	n/a	n/a
Mental Health Community	27,316	-15,823	n/a	n/a
Mental Health Consultant Led Outpatients	4,219	-373	n/a	n/a
Mental Health Inpatients	497	-99	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')
TDA	Trust Development Authority
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
HR	Human Resources (department)
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: 29 January 2014

QUALITY & CLINICAL PERFORMANCE COMMITTEE
Wednesday 22 January 2014

Present:	Sue Wadsworth	Non Executive Director and Chair (Chair)
	John Matthews	Non Executive Director and Deputy Chair (DC)
	Nina Moorman	Non Executive Director (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)
	Dr Sarah Gladdish	Clinical Director – Community Clinical Directorate (CDC)
	Dr Ma'en Al-Mrayat	Interim Clinical Director – Acute Clinical Directorate (ICDA)
In Attendance:	Brian Johnston	Head of Corporate Governance & Risk Management (HOCG)
	Gill Honeywell	Chief Pharmacist (CP)
	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)
	Kay Marriott	Acting Head of Clinical Services – Community Clinical Directorate (HOCC)
	Ian Blast	Patient Representative (PR)
	Chris Orchin	Non-Executive Director (Governance and Compliance) Healthwatch IW (HIW)
	Mark Price	FT Programme Director and Company Secretary (CS) *observing*
	Neil Fradgley	Commissioning Manager and Controller (CMC) *for item 14/012*
	Amy Rolf	Senior HR Manager (SHRM) *for item 14/017*
	Heather Cooper	Training Manager (TM) *for item 14/018*
	Dr Emily McNaughton	Consultant Microbiologist (CM) *for item 14/032*
	Andy Shorkey	Foundation Trust Programme Management Officer (FTPMO), *for items 14/038 and 14/039*
Minuted by:	Amanda Garner	Personal Assistant to EDNW (PA)

Key Points from Minutes to be reported to the Trust Board

- Item 14/009 – The Committee discussed its Structure and Terms of Reference and agreed the changes to the membership ie the addition of the two designate Non Executive Directors and the Safety, Experience & Effectiveness Business Manager (SEEBM).
- Item 14/012 – The Committee were advised of the progress towards implementation of the Quality Dashboard which will be implemented by the end of March 2014.
- Item 14/018 – The Committee received an update on the progress of recruiting the Quality Champions. There is an induction day on 31 January 2014 and there have been 109 applications.
- Item 14/037 – The Committee noted the Estate risk of Ophthalmology on the Risk Register

Minute No.

14/001 **Apologies for Absence**

Apologies were received from Vanessa Flower, Quality Manager (QM), David King, Designate Non Executive Director, Jessamy Baird, Designate Non Executive Director and Sarah Johnston, Deputy Director of Nursing (DDN)

14/002 **Confirmation of Quoracy**

The chair confirmed the meeting was quorate.

14/003 **Declarations of Interest**

Declaration made by the Deputy Chair – Assistant Coroner

14/004 **Committee Items**

The Committee discussed the venue of the meeting and agreed that, due to accessibility issues that that the meeting needed to be moved back to the Conference Room.

Action: AG

The Chair welcomed Dr Ma'en Al-Mrayat to the Committee and introductions were made. The Chair advised that there will be two new Designate Non Executive Directors joining the Committee however unfortunately this meeting was not in their diaries for this month and they were unable to attend hence their apologies.

Assurance Presentation

14/005 **Evolving and Integrating front-line services in the treatment of sepsis on the IOW – leading the way in pre-hospital sepsis care**

The Chair advised that apologies were received from Dr John Pike and Dr Tholi Wood and the Committee agreed that this item be added to the agenda for March 2014.

Agenda Items

14006 **Minutes of Previous Meeting held on 18 December 2013**

The minutes of the meeting of the Quality & Clinical Performance Committee held on 18 December 2013 were reviewed, agreed and signed by the Chair.

14/007 **Review of Action Tracker**

The Committee reviewed the Action Tracker. The Chair brought the Committee's attention to the "open" items.

Item QCPC0124 – The HOCP advised that this is not yet complete. The Chair asked that this item remain open with a due date for February 2014.

Item QCPC0126 – The HOCG advised that he is currently working with PIDS regarding the Quality Dashboard which will then link into the Walk Around Programme.

The Chair brought the Committee's attention to the "progressing" items and highlighted Item QCPC0015 – The HOCG advised that this is progressing and that he had received further information from the NHSLA advising that they will not be carrying out any further assessments. The HOCG advised that claims will now be managed via a system called "Extranet" which has the added benefit of the Trust being able to see information from other Trusts for benchmarking purposes and for sharing good practice. The HOCG added that the Trust does produce a Good Practice Newsletter.

14/008 **Review of Rolling Programme**

The Committee reviewed the Rolling Programme. The Chair confirmed that two new items had been added – Summary Hospital-level Mortality Indicator (SHMI) and Special Measures.

The EMD added that the latest SHMI results were out and that the Trust remained at 112 and advised that he would update the Committee further at a future meeting.

14/009 **Review of Committee Chart**

The HOCG advised the Committee that this showed where it sits within the structure and that there were no sub-groups reporting to it for assurance i.e. submitting their minute. The HOCG added that however the Committee may like to see information from some of the groups, asking them questions for assurance and that he had highlighted these groups on the chart. The HOCG advised that when the Patient Safety, Experience and Effectiveness (SEE) Committee is set up then some groups will report to that Committee. The HOCG advised that he assumed that groups that reported to the Quality and Patient Safety Committee, which no longer exists, would report to the SEE. The HOCG added that the Nursing and Midwifery Committee (NMC) no longer exists and had a query regarding where the Matrons' Action Group (MAG) would now report. The Chair advised that the Terms of Reference for the Committee did state that it had sub-groups. The Committee discussed this and agreed that those "management" groups now reported to the Trust Executive Committee. The EDNW advised that there is a slight mismatch and added that when the SEE is set up it will provide this Committee with assurance regarding matters such as nutrition and infection prevention and control.

The NED enquired as to how clinical audit and medical clinical audits would be heard about by this Committee. The EMD advised that this is part of the Directorates' Quality, Risk and Patient Safety Minutes that come to this Committee. The EMD added that regarding Clinical Effectiveness and Outcomes that he would provide a report to the Committee in March 2014 for an overview which will include external views.

Action: EMD

The EMD enquired as to how the Committee could be assured regarding quality implications from the implementation of IT systems. The CS advised that there is a new IT and Integration Committee being set up to provide the Board with assurance. The EMD added that he had recently been part of a CQC visit which had included questions regarding an organisation being well led and how leadership affects quality. The EMD asked how the Committee could be assured that leaders were doing a good job to improve quality and added that this information is not gathered into one place for review. The EDNW added that regarding clinical leadership that key indicators will point to well led areas i.e. the Quality Dashboard and that concerns will be raised based on this data. The EDNW advised the Committee that the Matrons are undertaking a Matrons' Development Programme and that this is a formal assessment process. The CDP advised that it was very important for the different groups of staff to be aware of what is required of them, that they will be audited and held to account. The CDC added that appraisals and staff surveys linked with patient outcomes would also link in. The Chair agreed that the Trust needs to demonstrate how staff are measured, monitored and how actions are delivered. The CDP added that how they would be supported needed to be considered also. The EDNW agreed to take up this action with Organisational Development

Action: EDNW

14/010 **Review of Terms of Reference – to include new Non Executive Directors**

The CS advised that the Terms of Reference needed to be amended regarding item 7.2 and sub committees. The EDNW added that his expectation was that although groups such as Infection, Prevention and Control Committee formally reports to the Trust Executive Committee that they would also provide assurance to this Committee. The CS advised that this needed further discussion at a separate meeting. The Chair suggested that this come back for discussion at the Committee Meeting in March 2014. The Committee agreed the changes to the membership ie the addition of the two designate Non Executive Directors

and the Safety, Experience & Effectiveness Business Manager (SEEBM).

Action: PA to add to Rolling Programme

Update on Local / National Issues

14/011 **Integrated Action Plan – monthly update**

The EDNW advised that progress is being made and presented a summary update to the Committee. The EDNW added that the Clwyd and Hart Review which related to patient experience would also be added to this for February's meeting.

Action: SEEBM

The EDNW advised that of the 123 recommendations within the action plan there were 5 which had not been started and updated the Committee on these. The EDNW added that there had been significant progress on these since December 2013 and would be providing an update to the Patient Council on 27 January 2014. The EDNW added that he had had feedback from the Acute Directorate and was awaiting assurance from the others. The Chair noted that one of the forecast dates had now passed. The EMD highlight that he needed to provide an update to the SEEBM and once received that status of this item will change.

Action: EMD

The Committee discussed some of the recommendations that related to external agencies that the Trust needed to be aware of. The Committee agreed that this needed further discussion at a separate meeting. The EDNW added that the plan demonstrated that progress was being made.

Quality

14/012 **Quality Report**

The EDNW presented the Quality Report for December 2013 to the Committee. The EDNW highlighted the following:

- Summary on pages 2 and 3 and advised that there were 42 red ratings which was less than the previous two quarters and that there had been no new red ratings.
- Pressure Ulcers – progress being made with an overall 35% reduction

The Chair highlighted the End of Life Care on page 3 of the summary. The EDNW advised that the Amber Care Bundle (ACB) is a Quality Goal with an associated CQUIN however there had been discussion regarding the Liverpool Care Pathway nationally and that General Practitioners had instigated the Anticipatory Care Pathway (ACP). The EDNW explained that the ACB is only live when a patient is an inpatient and this reverts to the ACP when they are discharged. The EDNW advised that progress had not been made as it should and that the Clinical Commissioning Group (CCG) has asked for a review. The CDC added that documentation relating to the ACP was poor and she was keen for the Trust to not head in this direction. The EDNW suggested that patients need to be started on the ACB and kept on this pathway when the patient left the Trust. The CDC added that the main focus of the ACP was to keep people in nursing homes from being admitted to hospital. The Chair asked that when the CCG report was available that it be added to the agenda for review.

Action: PA

The EDNW advised that there is a lot of work to be done on this and had deliberately RAG rated Red this month as there was concern on its delivery.

The CMC updated the Committee on the Quality Dashboard and QlikView, the new system which is very much a two-way system allowing users to comment and "drill down" into data. The CMC advised that licenses had been purchased and that Quality is top of the list for new dashboards to be developed. The CMC confirmed that the new system is much faster to view and that information is in "real time". The CMC advised that he was committed to this being in use before the end of March 2014.

The EDNW continued to highlight the following in the Quality Report adding that there would be a full report at the Committee Meeting in February 2014 regarding the Quality Risk Summit.

- Hand hygiene training compliance – the EDNW advised that he needed assurance from the Planned Clinical Directorate regarding this. The HOCP updated the Committee on this and expected to see a significant improvement next month. The EDNW advised that he required assurance on hand hygiene prior to the next meeting.

Action: HOCP

- MAU – The EDNW advised that he had consulted the Quality Dashboard and that MAU looked in better shape using the "real time" data.
- Paediatrics – there is an external review to take place and the outcome will be shared.
- HIW highlighted the sickness rate of one area. The Chair added that she had recently visited this ward and there were clearly issues with lack of access to outside space. The Committee discussed this and the CDC advised that work is ongoing however this is only an interim measure. The dementia Garden at the North end of the Hospital near to Shackleton Ward will be complete in the coming weeks.
- The EDNW added that from 1 February 2014 sickness and absenteeism will be part of the Human Resources Deep Dive Meetings.
- Harm Free Care – The indicators are pressure ulcers, falls, catheter associated urinary tract infections and VTE. The EDNW advised that nationally the Trust was in a good place however there needs to be a system in place for tracing catheter related infections.

Action: CMC

- CQC Intelligent Report – updated report due to be published shortly. The HOCG advised that he would update the team further under agenda item 4.8.
- SIRIs – the EDNW advised that good progress had been made.
- Clinical incidents – The EDNW asked that the HOCC review the 4 community catastrophic incidents. The EDNW advised that there had been overall improvement and that a meeting had been arranged to review the 52 majors and actions and that he would update the Committee when the review was complete

Action: HOCC / EDNW

- Healthcare Associated Infection – Cdiff cases were at 6 against a stretch target of 8 and a national trajectory of 12. The EDNW acknowledged the excellent work and effort especially from Microbiology & Pharmacy that had gone into this.
- Healthcare Associated Infection – second case of MRSA this week with a review being done at the end of this week. The EDNW advised that the patient was well and added that the Trust now had 2 cases against a trajectory of zero and will update the Committee in due course regarding this.

Action: EDNW

- MRSA Screening – the EDNW advised that he required an update from the Directorates regarding this. The HOCP updated the Committee and advised that a lot of work had been done into reviewing individual data and expected to see a significant increase. The HOCP advised that she would contact Microbiology regarding this to ensure that the correct data was being supplied. The HOCA updated the Committee and advised that the directorate was currently at 95.8%. The EDNW requested an update at the next QCPC on when the directorates would be delivering 100%

Action: HOC's

- MRSA Screening – the EDNW advised that he required confirmation that processes are in place for rescreening and that he would contact Microbiology for a rescreen report.

Action: EDNW

- VTE – The CP advised that the new system would be going live on 2 February 2014 and that training had been completed.
- Maternity Performance – slight improvement in breastfeeding and term admissions

remain low.

- Healthcare Inquests – increase in number of claims being withdrawn.
- Hospital Antimicrobial Prudent Prescribing Indicators (HAPPI) – Pharmacy reviewing the high rate
- Complaints – remain good with the Trust ready to change the process regarding action planning and learning from complaints.
- Friends and Family Test - rolling out to rest of organisation by March 2014.
- Hospital Cancellations – the Committee agreed that this data required validation as some may be related to patient choice, or unexpected events ie sickness. The EDNW advised that it may be a quality goal for next year. The CDC advised that it would be helpful for this data to be split regarding if the cancellations were more or less than 6 weeks prior to the cancelled appointment. The SEEBM will contact the relevant department regarding the possibility of this data being split in future Quality Reports.

  Action: SEEBM

  The CDA advised that the data may also include patients being cancelled for their appointment to be brought forward. The HOCP advised that a group has been set up to review this data as it is a concern
- Pressure Ulcers – the EDNW advised that overall the Trust is seeing a reduction and the main area of focus is Community Grade 4 but he considered that the increase is due to improved reporting. The EDNW added that PU Competency Assessments were less than 50% however the HOC's were reviewing this and there was targeted training in place.
- Communication and complaints – peak in concerns in October however the Directorates were carrying out focus work which should improve this figure.

14/013 **Quality Governance Framework – Self Assessment Update**

The EDNW advised that this report is to provide an update and assurance regarding the Quality Governance Framework Action Plan and that there has been improvement.

The EDNW advised that any CQC inspection report recommendations or actions will be included in this report also. The EDNW added that there will be a third party assessment in April 2014 as the last one was 12 months ago. The Chair requested a seminar event to work though the QGF

Action: PA to discuss with Board Administrator

14/014 **Intelligent Monitoring**

The HOCG advised that the Trust is awaiting the CQC second report which is due shortly. The EDNW added that the Trust was awaiting clarity on why some indicators were RAG rated to amber.

14/015 **Clinical Negligence Claims Received**

The HOCG advised that this was an update to the end of Quarter three.

14/016 **Top 21 Clinical Codes and Patient Falls Update**

The HOCG advised that this was a quarterly trend report and explained the graphs and table within the report. The HOCG advised that he had reviewed three incidents of compromised care/actual harm occurred and reported his findings. The HOCG advised that the Trust is seen as a very good reporter which is seen as a good quality indicator.

14/017 **Staff Raising Concerns**

The SHRM presented the quarterly report for the period 1 October to 31 December and advised that there had been no whistle blowing however there had been two concerns raised through the confidential email. The SHRM gave brief details of these. The SHRM

advised that there had been 2 referrals under the counter fraud reporting resulting in two referrals and one full investigation. The EDNW advised that he is contacted directly and that this data is not captured anywhere. The EDNW advised that he sends details of such contact to the SHRM to record and asked his colleagues to do the same.

Action: All

14/018 **Quality Champions**

The TM updated the Committee regarding the Quality Champions advising that there was an induction day scheduled for 31 January 2014. The TM advised that the aim was to recruit 100 Quality Champions with there being 109 applications. The TM advised that dates have been set up for monthly meetings with Executives to discuss quality and communication. The Chair advised that there was a need to feed back information to the clinical areas regarding if this initiative was effective and suggested that an interim report and an end of year report be provided to the Board. The NED suggested that a heat map across the hospital be generated to highlight areas that are performing well. The EDNW added that he was really pleased that there had been six medical applicants. The EDNW to feed this information back to the Associate Director for Organisational Development.

Action: EDNW

Reports From Directorates

Acute Clinical Directorate

14/019 **Quality, Risk and Patient Safety Committee**

The HOCA presented the minutes of the Acute Clinical Directorate's Quality, Risk and Patient Safety Committee meeting held on 5 December 2013 and highlighted the following:

- Delays in processing pressure ulcer SIRIs
- Winter pressure beds – 6 opened in this directorate
- Appley and Colwell environments
- Complaints – response turnaround times considerable improved.
- Audits – the directorate is reviewing clinical and nursing audits.

The EDNW advised that it was really good to see this level of assurance from the directorate who had good processes in place.

14/020 **Actions being taken in reviewing or action planning around clinical areas of concern**

The HOCA updated the Committee on the Acute Directorate's area of concern highlighting recruitment, sickness and staff turnover. The HOCA added that there would be a full update at the February 2014 meeting.

14/020 **TDA Report update**

The HOCA updated the Committee on the Acute Directorate's progress to date.

Planned Clinical Directorate

14/021 **Quality, Risk and Patient Safety Committee**

The HOCP advised that there had been no meeting in December 2013 as this coincided with the Christmas break.

14/022 **Actions being taken in reviewing or action planning around clinical areas of concern**

The HOCP updated the Committee on the Planned Directorate's area of concern and advised that a sub group had been set up to review this and that Rachel Weeks, Assistant General Manager, could attend the February 2014 Committee meeting to update.

Action: HOCP / AG

14/023 **TDA Report update**

The HOCP updated the Committee on the Planned Directorate's progress to date and advised that this is discussed at the Directorate Performance Review, Directorate Quality Meeting and the Directorate Service Board.

Community Health Directorate

14/024 **Quality, Risk and Patient Safety Committee**

The CDC presented a summary of the Community Clinical Directorate's Quality, Risk and Patient Safety Committee meetings for Community & MHLD held on 17 and 18 December 2013 and highlighted the following:

- Pressure Ulcers – significant progress made against The Community Nursing Action Plan
- HealthAssure- additional training and support services have been put in place.
- ISIS/Paris Interface – currently being investigated
- Lessons Learned – spreadsheet developed and in place to share lessons learnt and best practice across the Directorate
- Central Action and Policy Tracker in place
- Improved monitoring and evidencing of actions taken.

The HOCC advised that the Directorate is trying to merge the two meetings and arrange for the team to have a shared drive and this was progressing.

The EDNW suggested that it would be helpful for reports to include CQC actions as a standing item on the agenda and where the directorate is up to regarding recommendations and actions. The EMD advised that he would review this and added that the mental health team meet weekly to review quality issues, discuss SIRIs and CQC actions. The NED added that the Mental Health Act Scrutiny Committee pick these up too.

The Chair asked if the update paper could be headed up as "Summary" going forward.

Action: HOCC

14/025 **TDA Report update**

The CDC updated the Committee on the Community Health Directorate's progress to date and advised that three of the mental health markers did not include Isle of Wight data. The CDC suggested that this was because it was classed as part of the acute hospital.

Patient Safety

14/026 **SIRI's – those coming on line**

The SEEBM updated the Committee and advised that there had been five new SIRIs in December 2013 all in the Community Directorate. The SEEBM advised that there were 21 SIRIs currently in the system.

Summary Report of SIRIs Lessons learned and examples of how they are shared

14/027 **Planned Clinical Directorate**

The HOCP advised the Committee of the SIRI process which includes a Review Panel Meeting, circulation of reports, action plan and lessons learnt to all staff involved and then discussion at Directorate Service Board and Directorate Quality, Risk and Patient Safety Committee. The CDP explained that the Investigating Officer (IO) is generally not from the Directorate and attends the Review Panel Meeting. The Committee discussed the role of the IO and the HOCG advised that refresher training is available. The CDP asked that this be advertised through HMSC.

Action: HOCG

The EMD said that it was very important to consider what is done afterwards with the lessons learned and suggested that this information is shared across the Directorates. The CDP advised that this is done but could be improved upon. The HOCG added that there is a quarterly newsletter produced for learning from SIRIs.

14/028 **Acute Clinical Directorate**

The HOCA updated the Committee on how lessons have been learned from SIRIs and presented a summary covering October 2013 to December 2013. The HOCA advised that full copies of SIRI executive summaries and action plans are also included in their Quality meetings.

The EDNW advised that sharing lessons learned via the Trust screensaver was being considered. The EDNW advised that he has asked the Quality Manager to carry out an audit in 3 to 6 months. The Chair advised that this should be reviewed at Board.

Action: QM

14/029 **Community Health Directorate**

The HOCC updated the Committee on how lessons have been learned from SIRIs and presented a summary report and added that there is a pressure ulcer group meeting and lessons learned are shared with other areas.

14/030 **SIRI's – for final sign off**

The Committee reviewed and discussed each of the SIRIs presented for final sign off including those not signed off at the December 2013 meeting (2013/11087, 2013/1212 and 2012/8185)

Acute Directorate

- 2012/8185 – The NED advised that the further comments had been helpful. Approved for sign off
- 2013/6003 – approved for sign off
- 2013/16848 – approved for sign off
- 2012/20731 – approved for sign off
- 2013/25507 – approved for sign off
- 2013/26450 – approved for sign off
- 2013/10382 – approved for sign off

Community Directorate

- 2012/21570 – the Committee requested that further information be provided on this SIRI at the February 2014 Committee meeting.
- 2013/11087 – The EDNW advised that greater levels of assurance had been received. The NED and HOCC discussed the fall risk assessment. Approved for sign off.
- 2013/1212 – The EDNW advised that this had been downgraded and was not a SIRI.
- 2011/21714 – approved for sign off. The Chair asked that the HOCC reported back at the February 2014 meeting who this took so long to complete.

Action: HOCC

- 2013/27874 – approved for sign off.
- The committee raised concern at the amount of time it had taken to complete some of the actions and investigations. The EDNW agreed this would be tracked and presented to the board. This level of information was also picked up at the Directorate performance reviews.

Action : QM

The Committee approved all the SIRIs for sign off except for SIRI 2012/21570 and

requested that more information be presented at the next meeting.

Action: QM

14/031 **Diabetes Patient Education "avoiding long term complications"**

The PR advised that he wanted to bring this issue to the attention of the Committee. The PR updated the Committee regarding patient education in the Diabetes Centre and how the Trust had not put in for the contact and explained the reasons for this. The PR advised that this was concerning as there were 7000 patients with diabetes on the Isle of Wight and this service was very good. The ICDA advised that he shared the concerns raised and stated that the decision was based purely on financial reasons. The EDNW asked that the shortfalls be reviewed and how the Trust would bridge this gap. The EDNW added that he would be happy to contact the CCG regarding this and suggested that the HOCA, the PR and ICDA met separately to discuss to mitigate the risk and understand the detail. HIW added that he would be interested to see the outcome of this.

Action: HOCA / PR/ ICDA

The Chair asked that the Committee be updated at the February 2014 meeting.

Action: PA to add to agenda

Sub Committee Groups

14/032 **Infection Prevention and Control**

The CM presented a summary of the Infection Prevention and Control (IPC) Work Plan and advised that there are a lot of actions. The CM advised that to improve the governance processes of IPC within the Trust an IPC Operations Group has been set up. The CM also highlighted the following:

- Increased presence at Directorate Quality meetings
- Water Safety Meetings
- Infection Control Policies – a lot of work has been done
- Audits – progressing well
- Post Infection reviews – follow up process
- Lack of Surveillance Software – working on a business case
- Education – more face to face sessions

The EDNW advised that the team had made great progress and now had a clear work programme and needed support for the Surveillance Software. The Committee thanked and commended the team. The Chair asked that a further update be provided in 6 months time including if the business case is successful.

14/033 **Joint Safeguarding Steering Group**

The EDNW advised that the Steering Group had met recently and would update the Committee at the February 2014 meeting.

14/034 **Adult Safeguarding Peer Review**

The interim Operational Lead for Safeguarding Adults was not available to attend the meeting at the time specified and the Chair asked that this item be included on the agenda for February 2014.

Patient Experience

14/035 **Patient Story Tracker**

The SEEBM presented the Tracker on behalf of the QM and advised that 8 actions are progressing. The Committee agreed that the information was helpful and both the Chair and NED agreed that the format worked well. The EDNW asked that all target dates for actions are inserted into the Tracker.

Action : QM

14/036 **Patient Story**

The SEEBM gave the Committee an overview on a complex patient story that had originated from a complaint. The SEEBM advised that the complaint covered a broad area including clinical care and communications. The SEEBM advised that the complainant had been responded to in writing however they were not happy with the response and a meeting had been arranged for the complainant to meet with the Chief Executive Officer as follow up and part of local resolution. The SEEBM advised that actions had arisen from this meeting and that the directorate involved were following through the actions. The SEEBM advised that the complainant was aware that their story was being relayed to this Committee and that there would be a further letter written to them with an update on actions and lessons learned. The Committee discussed the story and deeply regretted the issues that were raised. The NED asked that the thoughts of the Committee were conveyed back to the complainant.

Action: SEEBM

Clinical Audit and Governance

14/037 **Trust Risk Register – Summary Report**

The Committee discussed the Trust Risk Register and agreed that it was relieved to see that Ophthalmology facilities had been highlighted as an increased risk. The Committee agreed that the facilities were insufficient and acknowledged that the staff in the Department were dedicated and committed. The EDNW advised that demand had increased and that the directorate is urgently considering the way forward. The Chair requested that regular updates are conveyed to the Committee.

Clinical Performance & Risk

14/038 **TDA Summer Report**

The FTPMO advised that the TDA had published this report in September 2013 and looked at the performance of NHS Trusts in delivering care. The FTPMO advised that he had summarised the report and advised that the Isle of Wight NHS Trust was included in Category 1 (no identified concerns). The FTPMO added that the Trust needed to ensure that this status was maintained. The Chair thanked the FTPMO for the summary adding that it read very well.

The CDC advised that there was no record of Mental Health for the Isle of Wight having been assessed for three of the items.

14/039 **TDA Self Certification**

The FTPMO advised that there had been no further movement since the Committee meeting on 18 December 2013 however updated the Committee on the changes in the FT milestones.

The Committee agreed that they would recommend that the Board approve the self-certification return.

14/040 **Any Other Business**

The Chair advised the Committee that the DC would be standing down after this meeting and she thanked him for all his work. The DC advised that it had been a great pleasure and privilege to serve on the Committee and added that it was very important to the Trust. The DC wished all the very best towards FT status.

14/041 **Top Issues**

- Item 14/009 – The Committee discussed its Structure and Terms of Reference
- Item 14/012 – The Quality Dashboard will be up and running by the beginning of April
- Item 14/018 – The Committee received an update on the progress of recruiting the Quality Champions.
- Item 14/037 – The Committee noted the Estate risk of Ophthalmology on the Risk Register

14/042 **Date of Next meeting**

Wednesday 19 February 2014
9 am to 12 Noon
Large Meetings Room – subject to change

Signed: _____ Chair

Date: _____

Isle of Wight NHS Trust

For Presentation to Trust Board on 29th January 2014

FINANCE, INVESTMENT & WORKFORCE COMMITTEE MEETING

Minutes of the Isle of Wight NHS Trust Finance, Investment & Workforce Committee (FIWC) meeting held on Wednesday 22nd January 2014 in the Large Meeting Room.

PRESENT:	Charles Rogers	Non-Executive Director (Chair) (CR)
	Jane Tabor	Designate Non Executive Director (JT)
	Alan Sheward	Executive Director of Nursing and Workforce (EDNW)
	Andrew Heyes	Interim Director of Planning, ICT & Integration (IDPII)
	Kevin Curnow	Deputy Director of Finance (DDOF), *deputising for Chris Palmer, Executive Director of Finance (EDOF)*
In Attendance:	John Cooper	Assistant Director of Finance, Strategy, Planning & Reporting (ADF)
	Lauren Jones	Interim Assistant Director of Finance (IADF)
	Mark Elmore	Deputy Director of Workforce (DDW)
	Karen Jones	Workforce Planning & Information Manager (WPIM)
	Charles Joly	Environmental, Waste & Sustainability Manager (EWSM) *(Item 14/012)*
	Louise Webb	Matron, Critical Care Services (MCCS) *(Item 14/012)*
	Martin Robinson	Associate Director – Planned (ADP)
	Catherine Budden	Mottistone Business & Operational Manager (MBOM) *(Item 14/012)*
	Mark Price	FT Programme Director & Company Secretary (FTPD/CS) *(Item 14/012)*
Minuted by:	Sarah Booker	PA to Executive Director of Finance (PA-EDOF)

To be Received at the Trust Board meeting on Wednesday 29th January 2014 Key Points from Minutes to be reported to the Trust Board	
14/007	**Workforce –** The Committee were updated on the Roster Perform system and how it will be used to compliment the safer staffing levels and additionally improve areas for workforce efficiencies.
14/009	**Financial Performance –** the Committee received assurance that based on the Month 9 position the end of year surplus will be met.
14/012	**Cases for Change –** The Committee agreed a recommendation to the Trust Board for each of the Capital Cases presented: · Waste Contracts Ratification · Carbon Energy Fund · ITU/CCU Business Case
14/013	**Mottistone –** The Committee were updated on the business strategy and were satisfied plans are in place to increase potential for Mottistone.

14/001 APOLOGIES

Apologies for absence were received from Chris Palmer, Executive Director of Finance (Kevin Curnow deputising), Donna Collins, Head of Transformation and Quality Improvement (HTQI) and David King, Designate Non Executive Director (DK).

14/002 CONFIRMATION OF QUORACY

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

14/003 TERMS OF REFERENCE UPDATE & WELCOME TO NEW MEMBERS

CR welcomed Jane Tabor (JT) and David King (DK) to the Committee. JT and DK will be added to the membership of the committee on the terms of reference and the Executive Director of Strategic Planning and Commercial Development will be replaced by the Interim Director of ICT, Planning and Integration. As this post is currently being substantively recruited the interim director will be a member in the meantime. The Deputy Director of Human Resources title should be amended to Deputy Director of Workforce.

The PA-EDOF will make the changes to the terms of reference and circulate an updated terms of reference to the committee members.

Action: PA-EDOF to amend the Terms of Reference and circulate to the Committee Members

14/004 DECLARATIONS OF INTEREST

There were no declarations.

14/005 APPROVAL OF MINUTES

The minutes of the meeting held on the 18th December 2013 were agreed by the Committee.

14/006 SCHEDULE OF ACTIONS

The Committee received the schedule of actions taken from the previous meeting on 18th December and noted the following:

13/156 HR and OD Strategy – The DDW confirmed the strategy will be available to the Committee at the next FIWC meeting for endorsement.

13/175 NHS Creative – The redundancy will occur but this action can be closed now as funding is secured for it. DDW to keep IADF informed as this progresses.

13/203 Month 8 Financial Performance Report – Pay – A meeting has been arranged to look into Workforce information and will address this action. Item to remain on the schedule of actions and EDOF will update Committee at the next FIWC meeting.

JT requested the meeting dates are included on the schedule of actions.

Post meeting note: PA-EDOF completed this action

14/007 ALLOCATE SOFTWARE ROSTER PERFORM PRESENTATION

The DDW introduced Cheryl Patterson, Director of Pre- Sales and Gareth Rowley, Business Development from Allocate Software and Stuart Austin from the HR Rostering team.

The Health Roster enables Ward Managers to put together safe, fair and cost effective rosters. This system highlights the key performance indicators to ensure all requirements are covered. Wards should be forecasting rotas 6 weeks in advance which should ensure all annual leave is appropriately covered and therefore reduce the use of bank and agency staff. The plan will be to expand this Trust wide into all corporate and clinical areas. The system also highlights over and understaffed areas and after the software upgrade in the summer it will also highlight cost as a key performance indicator. The EDNW would like to eventually publish the safe staffing levels to become more transparent about the indicators.

CR questioned whether the present safer staffing levels work will be compatible with this software? The EDNW explained that as a Trust we set our parameters and this system will be able to report whether we are meeting them.

The DDW noted that a Rostering Group is being set up which will have both clinical and non clinical representatives attending and they will be looking at safer staffing levels and issues.

The EDNW believes this system will enable Ward Managers to use staff from across the Trust rather than teams working in silos. Although contracts state which Ward staff will be working on they also state they may be required to work elsewhere within the Trust.

The EDNW stated this system will hold Ward Managers to account with regard to fairness. As this system auto rosters it removes the emotion from rostering and creates safe, fair and cost effective rosters.

JT queried whether this system is secure as it can be access via internet explorer.

Cheryl Patterson explained this is safe as there are no personal details on the system. Staff can use an app on their smart phones to log into the system to see when they will be working over the coming weeks.

JT noted this data will be very powerful and the EDNW said once this system is fully in place more detailed information will be available to hold Ward Managers to account. This in depth safer wards information will be available in August/September time and evaluations can be made.

14/008 LONGER TERM STRATEGY AND PLANNING

LTFM Status Update:

The DDOF updated the Committee on the current Long Term Financial Model (LTFM) status. The IBP will be re-submitted at the end of March and will include the refreshed LTFM. Assista is back here this week to begin the refresh timetable. The DDOF noted the refreshed version could be presented at the next FIWC meeting or will definitely be presented at the March meeting.

Action: DDOF to update the Committee on the progress of the LTFM at the next meeting.

14/009 FINANCIAL PERFORMANCE

Month 9 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.

The IADF presented the Month 9 Finance Report and highlighted the following:

Summary:
Month 9 Income & Expenditure position is over plan at a surplus of £2,455k. The forecast out-turn is £1,603k.

Cost Improvement Programme (CIP):
Month 9 - Year-to-date CIPs achieved £5,821k against a plan of £6,113k. This includes the recognition of £829k of the full year savings of banked CIPs & £1,479k of reserve slippage. The RAG rating remains Amber due to the level of non recurrent plans although the DDOF said the target is achievable.

CR questioned the DDOF about what the risks are should the target not be met. The DDOF explained there are weekly deep dive meetings to monitor weekly spend and these meetings hold Directors and budget managers to account and improvements have been made due to this level of scrutiny. A message was sent out at the Executive Briefing session on Tuesday that we still plan to deliver the required surplus but this is increasingly challenging.

Working Capital & Treasury:
Cash 'in-hand' and 'at-bank' at Month 9 was £8,454k.

Capital:
Capital Year-to-date spend £1,266k. Forecast £7,255k to year end totalling £8,521k.

Overall Position:
Month 9 position shows a year to date surplus of £2,455k. This is £513k over plan as the budget set-aside for the repayment of Public Dividend Capital (which for transforming Community Services Trusts for the year

2013/14 has been waived) will be spent in the second part of the year. The forecast year end surplus is forecast just over plan at £1,603k.

Income:
The Year-to-date position is over plan by £8,068k. The variance of £1,710k 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 £452k is due to mainly Research and Development (R&D) and Allergy funding being higher than plan. The Community Health income variance of £908k 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 £2,595k mainly because of the adjustment to the Earl Mountbatten Hospice (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 received from League of Friends is over plan.

Pay:
The year-to-date position on pay budgets is over plan by £1,764k. This includes spend in the Acute directorate (variance £218k) 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; £179k over plan in Community which is due to Health Visitor (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 £1,023k in the Planned directorate which is due to Locum Costs to cover vacancies and sickness and £345k in Corporate areas which is mainly due to costs relating to NHS Creative.

Non-Pay:
The non pay budgets are overspent by £6,025k. All clinical directorates and Corporate area overspends are predominantly due to non-achievement of Cost Improvement Plans (CIPs) as per plan; within the clinical directorates are overspends on non Payment by Results (PbR) drugs offset by income and costs relating to the prison extension.

JT queried the downward trajectory on spend. The DDOF explained that there is a loss month on month but there are additional funding streams coming in from the Commissioners which may have an impact. This spend is monitored weekly and forecast month by month. The DDOF also explained that we are anticipating a deficit in the next 3 months but we are expecting the spend profile to be much higher from January – March due to PDC.

The EDNW questioned the income position against the Service Level Agreement (SLA) as most directorates are over trading. If we don't always get the planning and forecasting correct this can create confusion.

Action: Through budget setting for 2014/15 the DDOF will ensure budgets accurately reflect income assumption.

PDC Update:
The IADF explained to the Committee that the expenditure will increase in the last 3 months of the year and that there is a page in the report which sets out where we are intending to spend the funding.

Balance Sheet Review:
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 the reduction in non-current assets values can be attributed to depreciation.

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 December is £3,306k which is an increase of £189k from last month.
- Total aged debt over 90 days increased by £198k from £634k in November to £832k in December.
- Total debt over 30 days to the end of December is £2,066k which is an increase of £479k from last month.

The DDOF noted his disappointment that level of debts is so high once again. This could be due to the Christmas and New Year period but more work needs to done in order to recover these debts in a more timely manner. Although the list looks very negative half of the total amount of debts have been recovered.

JT queried whether certain names appear on the list more frequently than others? The DDOF commented that there are a couple of customers whose names frequently appear. The DDOF will be meeting with the Senior Financial Accountant to discuss these outstanding debts and how they can be recovered.

The EDNW queried whether the dates of when the debts start can be added to the list so the Committee can see how long they have been outstanding for.

Action: DDOF will discuss the outstanding debts with the Senior Financial Accountant.

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 five investments made so far with a total expected interest amount of £4028.36. 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.

Budget Setting Principles and Timetable:

The DDOF presented the Budget Setting Principles to the Committee and explained that the purpose of the budget setting framework is to ensure a sound and consistent approach to budget setting and to ensure that realistic and deliverable budgets are set and delivered against. We are currently around 3-4 months behind where we should be. Next year we must ensure the timetable is more robust and the timescales are adhered to.

The budgets will be formally approved by this Committee during the March meeting.

The Committee approved the timetable.

Review of Non Purchase Orders (Non POs) to ensure correct process:

The DDOF reported that during a previous Counter Fraud meeting there were 3 non purchase orders that were discovered that had not been through the correct process.

The DDOF has asked the internal Audit team to look into this and suggested the team are commissioned to sample the non purchase order process and for this to be included into the work plan. The Committee agreed an audit of this process should take place.

Action: DDOF to liaise with the Internal Audit team to ensure a review of non POs is included in the work plan.

Treasury Management – Internal Audit Report:

The DDOF briefly presented the report and explained the only issue that was identified in the report will be completed by the end of January.

CR congratulated the team as this is an excellent report and result.

Change of Ownership for Internal Audit Report:

The DDOF explained the letter detailing the change of ownership. Deloitte has agreed to sell the public sector internal audit part of the Company to Mazars with completion due on the 31st January 2014, following which this section of the Company will become a member of the Mazars Group. Gareth Davies, Mazars' Partner and Head of Public Services, has confirmed that their first priority is to ensure continuity of service and that there will not be any changes to the Trust's core team and key contacts.

14/010 WORKFORCE

Month 9 Workforce Performance Report:

The WPIM presented the Month 9 Report highlighting the following:

- The WPIM reported there has been a decrease in the total in month staff in post paybill however the in month variable hours have an overspend of £619k.
- December Paybill: Agenda for Change £5.833m an increase of £13k against November figure. The highest in month expenditure being Band 5, £1.19m and Band 6, £1.48m. Total Paybill for December Staff In-post £9.711m, £3.878m attributed to Non Agenda for Change contracts, Medical Staff Paybill, variable hours costs used.

There was a discussion around some of the services under delivering and the Committee agreed a 30 minute presentation to the Committee detailing the overspends and the Service Line Reporting should be added to the agenda within the next few months.

Action: DDOF liaise with the Head of Performance Information to present the Service Line Reporting (SLR) to the Committee during the May FIWC meeting.

The WPIM noted the sickness levels within the Trust have been reduced. This is discussed at depth in the weekly deep dive meetings. When directorates reach a monthly absence rate of 5% or more for two or more months they will be sent rapid report packs to complete which detail how to solve any issues being experienced.

The EDNW noted there will be a reduction in numbers in some pay bands and although this is moving forward a benefit will not be seen for another 18 months.

The WPIM noted invoices have been coming in batches which misrepresent the figures. The upgrade of the Roster Perform system could show a better allocation of costs.

The EDNW requested the overtime breakdown is detailed by cost centre to show exactly where spend is occurring.

Action: WPIM to include cost centres into the overtime breakdown in the report for February.

The DDOF suggested this report is highlighted in a summary format as it contains so much detail.

Action: WPIM to include a summary page highlighting key areas for the February meeting.

Confirmation of removal of a reason for staff absence:

The WPIM confirmed the 'other known causes' reason has been removed from the system and cannot be used any longer by staff.

The IADF queried what reason should be completed if the doctor has not noted a reason for absence from work on a sick form? The DDW suggested managers refer the form to Occupational Health for advice in that instance.

14/011 FINANCE FUNCTIONS

Contract Status Report:

The DDOF briefed the Committee on the two points arising from the report:

- The underperformance of Acute and the potential that we may not receive some income next year.
- Tariffs have been released for next year and these have been modelled through the LTFM.

National Funding Issues:

The DDOF noted there will be an increase on next year's allocations from the Commissioners.

14/012 INVESTMENT/ DISINVESTMENTS

Procurement Status Report including Solent Supplies change of name:

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

Approval Limits for Business Cases:

Cases for Change:

1. **Waste Contracts Ratification:**

The EWSM presented the ratification and explained the savings on spend, the major compliance issues and the stakeholder's responsibilities. The Committee agreed to approve the recommendations to award for the adjudication process following the tender of the Trust waste management contracts for the period 2014-2019 under 3 lots (Clinical waste, Domestic waste, Confidential waste).

CR commented that this has gone through a very robust and rigorous process and JT commented that this paper was clear, concise and high level.

The Committee agreed to approve this paper for Trust Board next week.

2. **Carbon Energy Fund:**

The EWSM presented the contract and explained this is a very low risk, long term contract whereby the contractors agree up front exactly what the cost savings will be for the Trust for the entire contract. Therefore this contract has a full guarantee and the delivery partner has strong reasons to deliver. This is a sound business and financial case and an excellent environmental case to help reduce the carbon footprint.

The Committee agreed to approve this paper for Trust Board next week.

3. **ITU/CCU Business Case**

The EDNW gave the Committee a brief history of the project. The Intensive Care Unit (ICU) is currently located on Level B and is adjacent to theatres and the pathology labs. The current unit operates with 6 intensive care beds with the ability to expand to 8 beds. Currently within ICU there is insufficient space for storage of essential equipment and side room 7 has been identified as a ongoing risk in the annual ICU risk assessment process because the space is insufficient for caring for an ICU patient.

The Coronary Care Unit (CCU) is currently located at the north end of the hospital. The unit consists of 6 acute coronary care beds (currently used to accommodate acute admissions), a step down area that contains 4 acute stroke beds and 8 coronary care step down beds.

This business case requests Trust Board support for the integration of the ICU and CCU into the existing CCU footprint with extension. Frees up prime space within the organisation that could potentially be used to relocate Endoscopy to enable JAG Accreditation. The project requires £182k of this year's Capital allocation and requires an investment of £2,254k next year.

CR had concerns regarding this paper due to the lateness of its submission to the Committee and there are a few conflicting points within the case.

CR questioned what would happen to the capital funding if we do not go ahead with these plans? The EDNW explained that there is a risk of underspending the capital allocation as there are no other schemes lined up and ready to go.

The DDOF pointed out that this year is fine as it is budgeted for. If the £180k is not spent this year it will have to be rolled forward on to next year which could create a problem.

The EDNW assured the Committee that any reduction in the number of beds during the move will be managed.

The Committee agreed it is not a major risk to not have the on call facilities next to the function. It may be possible to use the staff accommodation which is on site.

The DDW mentioned he attended the Partnership Forum meeting and there were concerns raised about the proposed change of locations. The EDNW reassured the Committee that there are many advantages as there are disadvantages in the change of locations.

The paper has been discussed at the Capital Investment Group and at the Trust Executive Committee.

CR queried whether the cardiac colleagues approve of this case. The MCCS confirmed that many discussions have taken place and that they are comfortable with the plan.

JT questioned how the move would work so patients were not affected. The MCCS explained the CCU will be relocated to Newchurch Ward and when the work is complete the CCU will move back and the ICU will move to the other half of the space. The critical care delivery has changed over the past

few years as the equipment is far easier to transport now.

The Committee agreed to approve the whole business case and recommended it should go to the Trust Board meeting next week.

Department of Health letter re: Land and Buildings received from a former PCT:

The DDOF explained that this letter states that any changes the Trust requires to make to our properties must be approved by the Department of Health as detailed in the letter discussed. The Committee noted this.

14/013 TRADING ACCOUNTS

Mottistone Update:

The ADP and MBOM attend to present an update to the Committee. They explained the background behind Mottistone and what work has been completed to achieve a break through position. They listed the strategy for 2013/14 which noted the pricing strategy, contracts, marketing and the environment. They explained the improvements on income generation and the new patient contacts which will be implemented early in 2014.

A top priority is increasing private patient activity.

Further objectives were explained and listed some identified objectives for 2014/15 which will need to be approved by Mottistone Service Delivery Board.

There was a discussion around the budget forecast where it noted a 10% increase in income is forecast. The ADP and MBOM briefly discussed the strategic analysis which outlined the strengths, weaknesses, opportunities and threats.

The ADP requested Trust Board members to support the Mottistone by making a firm commitment to the continued development of the Mottistone. CR questioned how he was proposing to get this. ADP suggested the Trust Board could give the Mottistone Board their view on how the Trust views the long term future of Mottistone.

CR suggested this could be an item for discussion at Board Seminar. The EDNW recommended this.

Action: EDNW to pass this discussion request to Company Secretary for Board Seminar.

JT questioned who they are targeting the advertising towards and how the outstanding debts from the insurance companies which are listed on the Debtors List can be resolved more quickly. JT would be happy to ask questions to the ADP and MBOM prior to the Seminar in order to ensure all areas of questioning are covered.

The MBOM noted there is a leaflet being printed which will be given to every patient receiving hospital care.

The IDPII said this is now a more viable opportunity and there is more work to be done but this does require support from the Board. The EDNW agreed the marketing strategy should be looked into to increase opportunity.

CR thanked the ADP and the MBOM on behalf of the Committee for presenting this report.

The Month 9 Trading Account was received. The overhead figure was omitted on the presentation report so it is actually in negative figures rather than positive.

Beacon Update:

The Month 9 Trading Account was received. They are continuing to perform very well. IADP to look at the forecast figures.

Action: IADP

NHS Creative Performance and Budget Update:

The Month 9 Trading Account was received. There is still a small loss month on month. The surplus is forecast due to the workload being back ended.

14/014 SELF CERTIFICATION REVIEW

Board Statements:
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. Advice is being sought from neighbouring Trusts with respect to their treatment/interpretation of Board Statement 5.

Licence Conditions:
Compliance is confirmed at present against 10 of the 12 Licence Conditions. Condition G8 remains confirmed as non-compliant with a target date to achieve compliance by 31 March 2014 and condition G4 remains on target for completion by 31 January 2014.

FT Milestones:
Initial 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 DDOF and ADF questioned milestone 3 of the new milestones presented in the updated paper provided to the Committee. The DDOF and ADF thought the final draft of the IBP/LTFM submission should be the final submission rather than in draft form.

Post meeting note: The FT-PMO confirmed the milestones listed on the paper discussed at the meeting were correct and the submission at the end of March 2014 is for the final draft IBP/LTFM.

The Committee agreed that they would recommend that the Board approve the self-certification return.

14/015 COMMITTEES PROVIDING ASSURANCE

Minutes from the Capital Investment Group

No comments noted.

Quarterly Strategic Supplies Meeting Terms of Reference:

The DDOF recommended this is put onto the agenda for the next FIWC meeting as a further updated version was received earlier today.

Action: PA-EDOF to add to February's agenda.

14/016 ANY OTHER BUSINESS

None.

14/017 KEY ISSUES FOR RAISING TO TRUST BOARD

Please refer to Key Points.

14/018 DATE OF NEXT MEETING

The Chairman confirmed that next meeting of the Finance, Investment & Workforce committee to be held is on Wednesday 19th February 2014 in the Large Meeting Room.

The meeting closed at 3.40pm.

Enc G

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 29 JANUARY 2014

Title	Quality Governance Framework Action plan – Summary Update			
Sponsoring Executive Director	Alan Sheward – Executive Director of Nursing & Workforce			
Author(s)	Theresa Gallard – Business Manager, Patient Safety; Experience & Clinical Effectiveness			
Purpose	To provide exception reporting on progress against action plan			
Action required by the Board:	**Receive**	ü	**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	22 Jan 2014
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:

The action plan has been shared with relevant leads for development / updating

Executive Summary:

This document provides an overarching summary of performance and the exception report relating to the actions in the Quality Governance Action Plan.

It highlights specifically:-

- Progress
- Current status
- Delivery profile
- Action outstanding – flagged for urgent review.

There are currently no actions flagged for urgent review.

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)*	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	2.10 2.15 2.22					
Assurance Level ***(shown on BAF)***	Red		þ Amber		þ Green	
Legal implications, regulatory and consultation requirements						

Date: 14 January 2014 **Completed by:** Theresa Gallard
Business Manager
Patient Safety; Experience & Clinical Effectiveness

Isle of Wight NHS Trust

Isle of Wight NHS Trust
Nursing & Workforce Directorate
Patient Safety; Experience & Clinical Effectiveness
Quality Governance Action Plan Update

The organisation is required to undertake a self assessment against Monitor's Quality Governance Framework, as part of the Foundation Trust, as aspirant Foundation Trusts must achieve a score of 3.5 or below to be authorised. The Quality Governance Framework Action Plan was developed to support this and actions have been included following the University Hospital Southampton NHS Foundation Trust peer review 29 November 2012; a third party assessment by KPMG in January 2013 and a visit from the Trust Development Authority (TDA) on 11 September 2013.

The action plan is reviewed on a monthly basis and progress monitored through the Patient Safety; Experience & Clinical Effectiveness Triumvirate. Following the latest review in January 2014, progress is as follows:-

Status	Total November 2013	Total December 2013	Progress
Completed	39	39	è
Green	26	28	é
Amber	34	32	ê
Red	0	0	è

There are 14 actions that relate to collating and providing information to Monitor, which cannot be progressed until the organisation moves into the monitor phase of the Foundation Trust journey. These actions are currently flagged for review on 31 January 2014, but the timelines will be reviewed over the next month to realign with the new overarching FT application timetable.

Over the last month, specific progress has been made against the following recommendations:-

- Action 37: ***Clear system for use of special measures*** - changed from amber to green – Following the initial Risk Summit, the process is now being reviewed and will be discussed at Quality & Clinical Performance Committee in February 2014. On target to deliver a clearly defined process for end February 2014.

- Action 68: ***Quality Accounts, auditors opinion & progress with Francis Action Plan*** - changed from amber to green - Francis Action Plan now developed and progressing.

- Action 102: ***Copy of CQC Inspection Report (Sevenacres) to Trust Development Authority*** - changed to completed. All information requested has now been provided.

For further details relating to recommendations assessed as non compliant and actions not yet started, please see Appendix 1: Exception Summary Report. There are currently no actions flagged for urgent review.

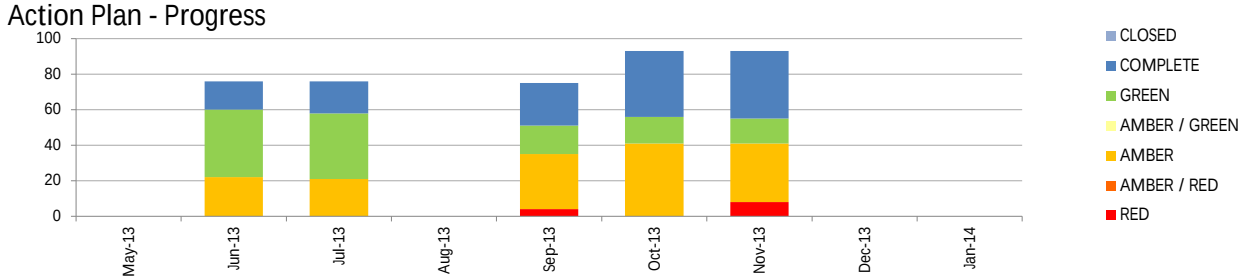
Work continues in order to deliver the outstanding actions within the action plan and the next review against the Quality Governance Action Plan is due February 2014.

THERESA GALLARD
Business Manager – Patients Safety; Experience & Clinical Effectiveness
14 January 2014

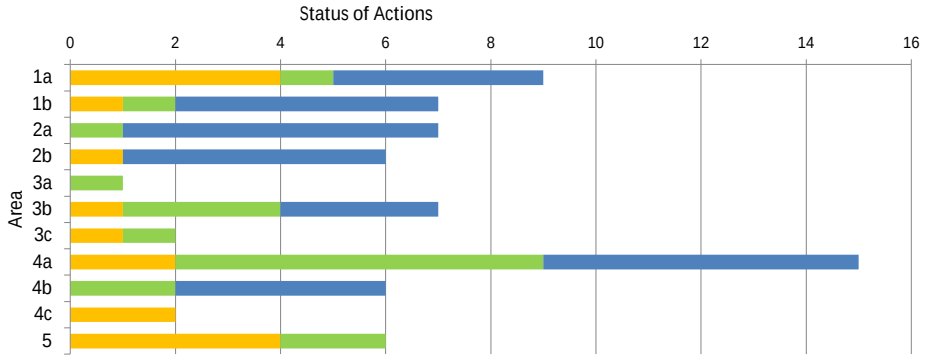
Quality Governance Framework Action Plan - Status Report

APPENDIX 1

Action Plan - Progress



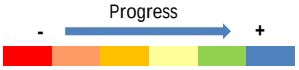
Action Plan - Current Status



Urgent Review (behind schedule or RED status)	0
Review (due date near)	0

see exception report

Progress



Note:
1. 'Blue' bars signify completion of actions as advised by action owners. It does not necessarily signify that there has been an impact upon the assessed status as a consequence of the action. This will need to be independently assessed and additional actions may be required as a consequence. 2. Variance between actions identified for 'urgent review' within Integrated Plan due to inclusion of activity from other action plans in QGFAP.

QGF Action Plan - Exception Report

No	Flag	Ref.	Issue	Action	Due	RAG	Comments	Accountable	Responsible

There are no actions flagged for urgent review at this time

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 29 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	P	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	P
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)	Patients Council,		

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. This is been re-submitted following revisions in light of feedback received at Decembers Board Meeting.

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: 20.1.14 **Completed by: Vanessa Flower**

Isle of Wight NHS
NHS Trust

Patient Experience Strategy 2014 – 2017

'Seeing the person in the patient'

Foreward 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.

The strategy aims to influence the overall direction and quality of services by giving a meaningful voice - at all levels - to Patients/ Service Users and Carers in order that they can support the Trust in making improvements to their own care and treatment. It is recognised that the Trust must continue to learn from Patient / Service User and Carers experience and drive forward improvements for the wide range of services we provide.

The Isle of Wight NHS Trust is committed to ensure that our services are developed and improved as a direct result of ***patients'/Service Users and carers*** 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.

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 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 ***continually assess and*** 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, families 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, families 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.
- ***Trust wide collation and sharing of 'Good News' (compliments) data.***
- 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 also be cascaded throughout the organisation, and ensure that all staff have the opportunity to feedback and inform actions taken to improve the patient experience***.

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 / service users, families and carers, it also benefits the staff and the organisation by providing:

- Enhanced patient / service user recovery and health outcomes (e.g. reduced length of stay)
- Enhanced quality of life and reductions in pain, anxiety and depression
- Improved patient */ service user* 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
- ***Consistent, sustained improved*** culture of care.
- ***Increased Trust Reputation and performance against peers and targets.***

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

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

We recognise that it is important to make use of patient / ***service user*** 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 / service users, families and carers. Patient Experience Officers will be available to support Trust staff to effectively manage patient ***/ service user*** 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 / service users, 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 / service users, carers and staff.

4. We will support patients / service users / families and carers 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, concerns and ***compliments*** 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 ***/ service user*** feedback from external sources such as information provided from HealthWatch Isle of Wight.

12. ***We will ensure that 'Good News' (compliment) data continues to be collated and reported across the Trust and ensure that lessons are learnt from positive feedback.***

13. ***We will ensure that we clearly publicise the patient experience feedback mechanisms available to patients.***

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 / Service User Surveys and develops local patient / ***service user*** experience surveys to further evaluate services. Other means of capturing patient / ***service user*** experience activities includes mystery shopping programmes, recording patient / ***service user*** 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 an area in the main foyer of the Hospital to support patients/service users, families and carers; and provide 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 / ***service user*** 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, families and carers the opportunity to contact the Trust ***in a variety of formats***, 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 / ***service user*** Story process, to ensure that a more independent process of interviewing patients is in place. Patient / ***Service User*** stories add an invaluable in-depth insight into pathways through the Trust and provide a human element to data. Patient / ***service user*** 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 implement the Staff Friends and Family Test, there is an increasing body of evidence which indicates an association between positively engaged staff and positive patient / service user experiences.***

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.

10. ***We will develop and implement a process to ensure learning from the positive feedback received both from surveys and 'Good News' data, which will support sustained improvements, to further enhance the patient / service user experience***.

Objective 3: Develop the 'Living Room to Board Room' concept to ensure that patients who access community services are providing patient / service user 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 / service user 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 / service user experience.

Our plans:

1. We will ensure that we have an organisational register of all local patient / service 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/service user/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 / service user 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 / Service User Experience Data to enable services to have a ***timely*** 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, ***carer/family*** and staff experience.

Objective 6: Every service area within the Trust will use Patient / Service User 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 / service user 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 / service user experience.

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

Objective 7: Every service will have identified at least one patient / service user 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 families, 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 / service user 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 families to improve services and enhance the patient / service user experience.

Objective 8: A Trust wide 3 year 'campaign' style approach to make improvements in identified themes will be led by the patient / service user 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 / service users and their families/ carers in relation to the following areas:

- Kindness and compassion
- Physical comfort
- Clear co-ordination of care
- Clear communication to ensure patients / families and ***carers*** 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 / service user 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 / service user experience. Ensuring individual staff well being, will have a positive effect on direct patient / service user care performance.

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

4. ***We will develop a 'values based' recruitment process; ensuring staff are employed who can demonstrate the qualities of the Organisational Culture. Using patients / service users as interview panel members where appropriate to support this approach.***

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

6. 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 / service user experience.

7. 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 / service user experience key performance indicators for corporate monitoring, and a system of service reviews to theme patient / service user experience data.

We need to ensure there is transparency and understanding of patient / service user 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 to build a more effective performance monitoring mechanism for patient / service user experience.

Our Plans:

1. We will routinely gather information on patient / service user experience.

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

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

4. ***We will ensure that areas of good practice / role models are highlighted and lessons learnt across the organisation.***

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 centered 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.

Author: Vanessa Flower – Quality Manager
December 2013

Gateway reference number 17273

Isle of Wight NHS Trust

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REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 29 JANUARY 2014

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

Previously considered by (state date):			
Trust Executive Committee	P	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Foundation Trust Programme Board	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Remuneration & Nominations Committee	
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.

At the time of reporting, 160 visits have taken place, 126 Clinical, 34 non-clinical, from these 153 actions have been identified,

- 130 are complete,
- 4 are still within timescale,
- 18 remain overdue against the original date for completion set, with 1 showing as overdue against both board and directorate revised timescale, this actions is progressing.

It has been agreed by the Trust Executive Committee, that Directorates will have an opportunity to input a revised date, following review of progress against actions. This is now captured in the spreadsheet and summary report presented this month.

All actions are monitored by the directorate and reported twice monthly and will be monitored until completion.

At the time of writing there are still a small number of feedback sheets outstanding following a Board Walkabout Visit.

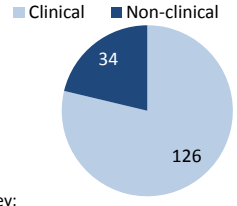
For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	Quality Goal		
Critical Success Factors *(see key)*	CSF1, CSF2 and CSF10		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	10.75		
Assurance Level ***(shown on BAF)***	£ Red	£ Amber	P Green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

Date: 20 January 2014 **Completed by: Vanessa Flower**

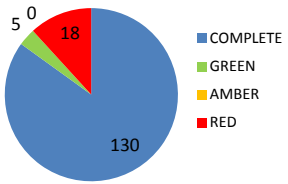
Board Walk Rounds Action Plan Status Report

Trust Overview

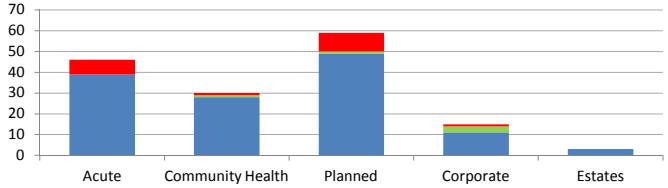
Areas visited



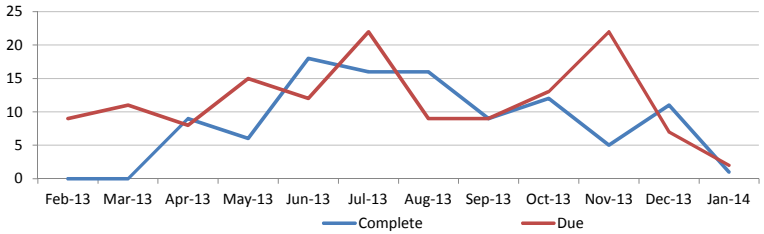
Status of actions



Directorate Profiles



12 month profile from: Feb-13 to Jan-14



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	Date for completion set by board	Directorate revised date	Status against date set by board	Progress against directorate revised date	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 8 Jan: as previously	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 8 Jan: as previously 17 Jan: ENT scopes use Tristel system to decontaminate scopes which is used nationally for this level of decontamination and approved by ENTUK. Department still lacks clean and dirty area to decontaminate scopes and for correct storage; Estates currently unable to engage as it does not fit into the outpatient reconfiguration project.	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	GREEN	13.12.13 - The work is planned as part of the dementia works, which are planned to commence April 14, this is not yet definate as we are waiting on confirmation this will be acceptable with regards to the funding that had been secured. DM	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	GREEN	Update 08.01.14 - Estates to remove the bath imminently and redecorate as part of the refurbishment at the same time as the dementia works. This will allow the room to be utilised for storage sooner than originally planned. DM	Acute	Head of Clinical Services

No.	Action Reference	Walk Round	Area Visited	Action	Date for completion set by board	Directorate revised date	Status against date set by board	Progress against directorate revised date	Status Comments	Directorate	Responsible
5	AT/013/2013/003	24-Apr-13	DSU	Privacy and dignity – patients not undressed	30-Jun-13	31-Jan-14	RED	GREEN	21 Oct: SOP to be reviewed following changing rooms installation by end of December 2 Dec: as previously 17 Dec: as previously 8 Jan: changing room works nearly completed; revised SOP to be produced by end of Jan	Planned	Ward Sister
6	AT/013/2013/002	24-Apr-13	DSU	Standard operating procedure for the undressing of patients	30-Jun-13	31-Jan-14	RED	GREEN	21 Oct: SOP to be reviewed following changing rooms installation by end of December 8 Jan: changing room works nearly completed; revised SOP to be produced by end of Jan	Planned	Ward Sister
7	AT/023/2013/001	26-Jun-13	Osborne Ward	Progress the roll out of Safety and Security Alarms – to get back on track	01-Aug-13	28-Feb-14	RED	GREEN	09.01.14 Update Received - Working with Ascom and IT to complete installation by end of February 2014. RJ. 14.01.14 Update Received - Urgent progress meeting scheduled for 16.01.14. to confirm current status and develop robust action plan to ensure delivery. SN.	Community Health	Clinical Quality & Safety Lead for Acute & Inpatient MHS
8	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	31-Mar-14	RED	GREEN	2 Dec: awaiting update 19 Dec: customer training timescales for Maternity and OPARU to be explored in New Year 16 Jan: obs&gynae admin team to undertake level 1 customer service training to complete by end of January 17 Jan: Project Scope undertaken in December 2013 to develop a cross directorate corporate customer service standard/accreditation. PID being developed and will be shared with organisational development January 2014.	Planned	Head of Midwifery
9	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	28-Feb-14	RED	GREEN	19 Dec: card audit to take place end of Jan; floor arrows to be considered as part of any potential future estates works 8 Jan: as previously	Planned	Head of Midwifery/Associate Director Facilities
10	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 8 Jan: as previously	Planned	PAAU Manager
11	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	RED	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

No.	Action Reference	Walk Round	Area Visited	Action	Date for completion set by board	Directorate revised date	Status against date set by board	Progress against directorate revised date	Status Comments	Directorate	Responsible
12	AT/031/2013/001	18-Apr-13	MAAU	Review the information cascade for pressure sores	23-Oct-13	31-Jan-14	RED	GREEN	Update 13.01.2014 - 86.6 % of staff identified as requiring the pressure ulcer competency training have completed it, only three more staff remain tocomplete it. 2 of those have nearly completed it, and the third is on maternity leave. The member of staff on maternity leave has now been requested to be removed from the % to give an accurate representation.	Acute	MAAU Sister
13	AT/033/2013/002	20-Sep-13	HSDU	Local Risk assessment to be completed and updated	01-Nov-13	31-Jan-14	RED	GREEN	4 Nov: risk assessment booked for December 2013 2 Dec: as above 17 Dec: as before 8 Jan: awaiting response from HSDU manager 13 Jan: local risk assessment not undertaken during December due to sickness; to be undertaken by end of January	Planned	Quality Manager/ HSDUDeputy Manager
14	AT/037/2013/006	13-Sep-13	Pathology	Strong support for pathology paperless reporting. Develop plan for the implementation	15-Nov-13	31-Jan-14	RED	GREEN	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	GMS IT Business Manager/IM&T Projects Manager/Deputy Director for IM&T
15	AT/037/2013/005	13-Sep-13	Pathology	Consultant Body approval to using order comms for pathology is apparently awaited	15-Nov-13	28-Feb-14	RED	GREEN	Update 13.01.14 - Prior to going on leave for several weeks over the festive period the current state of play with this project is that we have been working alongside CGI to ensure their ordrcomms is fit for purpose and fulfils the Trusts requirements. We have been faced with several key configuration challenges to both the functional 'ordering' aspect of the software and also the interface between ISIS and TPath. CSC's resources have been limited and it has been a struggle to obtain any significant block of dedicated time from their interface engineer. This has subsequently meant that we have missed several project milestones. We still have significant challenges to overcome however, I am confident that given dedicated recourses from all parties we can achieve an ordercomm pilot by mid/late February. SM	Acute	Consultant Chemical Pathologist
16	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	GREEN	Update 09.01.14 - Questions have been written and proof read documents have been sent t training so this should be completed very soon.	Acute	Technical Head - Microbiology
17	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	28-Feb-14	RED	GREEN	update 08.01.14 - Still waiting for a quote for the telephone line installation from IT, chasing weekly, not much more that pharmacy can do at this point	Acute	Chief Pharmacist

No.	Action Reference	Walk Round	Area Visited	Action	Date for completion set by board	Directorate revised date	Status against date set by board	Progress against directorate revised date	Status Comments	Directorate	Responsible
18	AT/028/2013/002	10-May-13	Old Social Club	Long term storage capacity requirements to be identified alongside paperless ISIS work stream	31-Dec-13	31-Dec-13	RED	RED	Update 19.8.13: we are in the process of evaluating the ISIS business case and storage options and costs . Electronic Document Management is the sub work stream within the ISIS Programme. Update 18.10.13: Update received Project Manager being considered to evaluate the electronic options for both cilinical and non-clinical documentation. Funding required to support this and ISIS refreshed business case going to TEC on 21st October 2013. Update 07.11.13: £30K secured from PDC monies to get a specialist project manager in the provide business case options for approval. Interviews to take place in next couple of weeks. Update 19.12.13 - Brian Johnston and Paul Dubery were to interview agency, but have decided to appoint internally (Kevin Wilkins) to lead this project.	Corporate	Programme Director -

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 8 December 2013

Title	Patient Stories Action Tracker			
Sponsoring Executive Director	Alan Sheward – Executive Director of Nursing and Workforce			
Author(s)	Vanessa Flower, Quality Manager			
Purpose	To provide assurance of progress of actions identified following the Patient Story			
Action required by the Board:	**Receive**	P	**Approve**	

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Foundation Trust Programme Board	
Charitable Funds Committee		Quality & Clinical Performance Committee	22.01.14
Finance, Investment & Workforce Committee		Remuneration & Nomindations Committee	
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

Staff and patients are engaged in the process of patient stories allowing us capture patients experience. Volunteers and Patient Council Members have been trained to undertake the interviews.

Executive Summary:

Attached is the revision of the action tracker for Patient stories which lists all the stories that have been filmed or relayed since the process started in March 2013, this does include some stories that were not shared with Board or Quality and Clinical Performance Committee but are available on the trust Intranet.

The original tracker only captured actions identified by the board or QCPC to be addressed, the attached tracker has undergone further revision, and is still under development to ensure it captures all feedback either positive or negative. Staff have been asked to review the films as soon as available and ensure that action is taken and lessons learnt from this process.

This remains work in progress as we streamline the process to ensure that staff have access to the videos in a timely manner. This process is now agreed and moving forward films should be loaded more promptly to allow more proactive approach to taking action/learning lessons.

The attached tracker shows the current status of actions identified. From the 26 videos – 4 had no action to be taken and were entirely positive regarding their experience. 22 Areas had at least one issue identified. Of these 22 issues, 11 actions have been completed, 8 are in progress, and 3 areas are still awaiting a review and feedback from relevant area. This will continue to be monitored and regular reports provided to Quality and Clinical Performance Committee and Trust Board.

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 17 January 2014 **Completed by: Vanessa Flower**

Patient Story Action Tracker version 2. December 2013

Date of Video	Area	Key Issue (s) raised	Date Reviewed at QPSC	Date Reviewed at Trust Board	Theme	Action to be taken following Board /QCPC review	Nominated Lead for Action	Target Date	Date action complete	Current Status	Comments / Status	Lessons learned/action taken
21 March 2013	St Helens Ward	lack of communication in relation to clinical care and treatment.			Clinical Care		Ward Matron	30 January 2014				
21 March 2013	Whippingham Ward	Very busy nursing staff			Workforce	Review current staffing levels	Deputy Director of Nursing	20 January 2014		**In progress**	Acuity dependancy study is due to be carried out week beginning 20/01/14	Ward experiencing high levels of activity due to additional 6 beds in operation. Increased levels of sickness; maternity leave and bereavements created staffing problems, the bank usage of RN's and HCA's was increased to aid the appropriate staffing numbers, however as this ward is for emergency admissions the predictability of the patient flow cannot be regulated.
21 March 2013	Colwell Ward	Very busy nursing staff			Workforce	Review current staffing levels	Deputy Director of Nursing	20 January 2014		**In progress**	Acuity dependancy study is due to be carried out week beginning 20/01/14	
21 March 2013	MAAU	Very busy nursing staff			Workforce	Review current staffing levels	Deputy Director of Nursing	20 January 2014		**In progress**	Acuity dependancy study is due to be carried out week beginning 20/01/15	
23 April 2013	Rehab	Lack of area for patients to take relatives who are visiting from mainland. Delays in call bells being answered, not enough nurses to do the work, always busy.			Nursing Care	Review current staffing levels Review areas to accommodate visiting relatives	Ward Matron			**Complete**		There are two day rooms on the Rehabilitation unit that can be utilized for meetings with patients and their relatives. We also have a multi disciplinary meeting room that can accommodate up to 10 people comfortably. Regarding staffing we now have increased the number of staff per bed using bank staff. This has helped with answering the bells and attending to patients needs in a timely manner.
23 April 2013	Outpatients	Cardiac Unit - fantastic. Delay in getting Dermatology appointment, lack of communication when Consultant left Trust. Felt that staff found patient a nusiance when trying to get appointment, and staff where fobbing them off. Car Parking causes stress for patients attending appointments especially if delayed.			Estates Appointments		Associate Director Facilities / General Manager - OPARU	30 January 2014				
22 May 2013	NICU	Excessive heat in ward, lack of air conditioning.			Estates		Associate Director Facilities	30 January 2014				
22 May 2013	Childrens Ward	No issues raised very positive feedback								**No action required**		
22 May 2013	CCU	Lack of clocks in ward areas. Lack of communication with relatives when patient transferred.			Clinical Care	Audit of clocks to be undertaken	Executive Director of Nursing and Workforce			**Complete**	Audit undertaken, and results have been shared with SEE Business Manager & Matron in Medicine. Clocks need to be replaced as and when needed with a more appopriate clock that meets patients needs.	Identified that wards need to have a clock that is suitable for all patients including those with Dementia, or visual impairment. Appropriate clock identified and wards advise on how to order these. To be discussed at MAGS group for decision re ward purchase and notification to areas to replace with similar as and when required

Date of Video	Area	Key Issue (s) raised	Date Reviewed at QPSC	Date Reviewed at Trust Board	Theme	Action to be taken following Board /QCPC review	Nominated Lead for Action	Target Date	Date action complete	Current Status	Comments / Status	Lessons learned/action taken
22 May 2013	Maternity	Car Parking costs, TV costs. Opening hours of restaurant for visitors.			Estates Hospital Services	Review opening hours of Catering Dept. Review car parking & TV charges	Hotel Services Manager & Head of Midwifery			**Complete**	**Update from Catering 15.1.14:** increased Hours have been assesed for commercial viability, currently insufficient footfall. Vending machines are available outside Maternity for snacks only at present. TV costs covered previously in Colwell Ward story.	In relation to Maternity Services - staff do liaise closely with Car parking to ensure that patients/relatives do not get tickets during womens labour, especially if it is longer than anticipated, and the car parking staff do support this . In relation to food for relatives, women are encouraged to bring food in which can be labelled and stored in the fridge, a microwave is available for patients use. In relation to partners/relatives food, whilst there is not the requirement to cater for them, staff do check that they have eaten, and if the patient/partner/relative request it are able to allow take away services to be delivered, as long as it does not compromise the other womens privacy and dignity.
06 June 2013	Emergency Department	Car Parking - worry of parking ticket running out if delayed in clinics or ED. Not able to estimate how long you will be in ED, causes stress to patients. Lack of pillows for patients			Hospital Services Nursing care		Matron - ED & Associate Director Facilities	30 January 2014		**In progress**	Update from ED 16.01.14 - more pillows have been ordered.	
06 June 2013	Osborne Ward	No issues raised very positive feedback								**No action required**		
17 July 2013	Chemotherapy	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.		31 July 2013	Estates	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.	Head of Midwifery	27 January 2014		**In Progress**	15.1.14 Update via Head of Midwifery. Unfortunately bid to Capital Plan 2013/14 was rejected. HoM has submitted an application to the DoH under the Privacy and Dignity Agenda for clinic refurbishment, which was submitted on 10.1.14 and is awaiting the outcome which should be available within 2 weeks.	Refurbishment of Maternity Clinics required.
17 July 2013	Chemotherapy	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.		31 July 2013	Workforce	Stop lone working of CNS posts.	Lead Cancer Nurse	30 January 2014		**In Progress**	15/01/14 - no change to cancer CNS structure at present. Business case for second urology nurse with AD. To also be discussed with commisioner	
17 July 2013	Chemotherapy	There is a problem with patients getting access to Blood Transfusions.		31 July 2013	Clinical Care	Ensure that access to Blood Transfusions is not postponed due to workload in Chemotherapy	Chemotherapy Sister/Assistant General Manager		17 September 2013	**Complete**	16.09.13 There have been no problems with providing transfusions and if capacity is a problem MAU support. This particular patient was given three weeks notice of the change in appointment on this occasion.	
17 July 2013	Colwell Ward/Whippir	Issues with ensuring consultants of patients with long term conditions are informed of acute admissions	24 July 2013	28 August 2013	Medical Care	Ensure that all consultants who want to be notified of their long term patients admission provide thir patiens with a aletter than can be shared at admission to ensure this happens.	Executive Medical Director	ASAP	17 October 2013	**Complete**	The Executive Medical Director has shared this experience and recommendation with the Consultants Committee.	

Date of Video	Area	Key Issue (s) raised	Date Reviewed at QPSC	Date Reviewed at Trust Board	Theme	Action to be taken following Board /QCPC review	Nominated Lead for Action	Target Date	Date action complete	Current Status	Comments / Status	Lessons learned/action taken
17 July 2013	Colwell Ward/ Whippingham Ward	Issues with ensuring consultants of patients with long term conditions are informed of acute admissions		28 August 2013	Medical Care	Review the process for consultant allocation following the on take admission for patients with a long term condition	Executive Medical Director	31 December 2014	18 November 2013	**Complete**	**Update 18.11.13** Process has been reviewed through Physicians committte patient swaps do occur on a case by case basis.	
17 July 2013	Colwell Ward/ Whippingham Ward	Issues with ensuring consultants of patients with long term conditions are informed of acute admissions		28 August 2013	Medical Care	Review medical notes to esnure that the notes are in chronological order	Assistant General Manager (OPARU)	31 March 2014		**In progress**	**Update 14.01.14** Issue discussed at Health Records Committee on 13.01.14 - as ISIS will enable full chronological viewing of notes, interim solutions suggested, however, this needs to be made in conjuntion with clinicians and Ward clerks/PAs as it is felt that ISIS could already provide this ability and therefore no further action required. FInal Decison tto be taken at next HRC meeting in March 2014 when are Consultants present.	
22 August 2013	Colwell Ward	High cost of using Hospedia		25 September 2013	Hospital Services	Contact patient to seek permission to take this up with company	Quality Manager	30 September 2013	01 October 2013	**Complete**	Contacted patient who is happy for us to raise this with company and agreement made to advise her of the outcome.	
22 August 2013	Colwell Ward	High cost of using Hospedia		25 September 2013	Hospital Services	Raise Issue of costs with company and feedback to patient	Director of Strategy/Head of Communications	31 October 2013	19 December 2013	**Complete**	**Update 19.12.13** Nationally Hospiedia are offering free or discounted telephone and TV for periods of time. This is being publicised by Hospedia's site representative and in e-bulletin and by the Hosptal Radio bedside visiting team. Head of Communications has written to patient to advise of the outcome.	
18 September 2013	Emergency Departme	Staff member relayed experience of care of relative by ED. Delay in ambulance response following GP arranged admission, led to family transporting patient in own car,and a delay in being seen in ED, family subsequently took patient home as he was unable to remain waiting in wheelchair.	18 September 2013		Clinical Care	Executive Director of Nursing and Workforce to meet with staff member together with staff from medicine to learn from this experience, and formulate an action plan.	Executive Director of Nursing and Workforce	31 December 2013		**In progress**		
16 October 2013	Alverstone Ward	Bedside Cabinets are an issue to open when patients are in bed. Vegetarian options as part of menu need to be reviewed.	23 October 2013		Clinical care Hospital Services	Hotel services manager to privde a summary report fo the recent board members visit to the canteen.	Hotel Services Manager	18 December 2013	18 December 2013	**Complete**	**18.12.13** Report provided to Quality and Clinical Performance Committee by Hotel Services Manager	Improvements have been made to menus and this continues to be reviewed. Board have sampled patients food.

Date of Video	Area	Key Issue (s) raised	Date Reviewed at QPSC	Date Reviewed at Trust Board	Theme	Action to be taken following Board /QCPC review	Nominated Lead for Action	Target Date	Date action complete	Current Status	Comments / Status	Lessons learned/action taken
13 November 2013	Mottistone Suite	Lack of privacy and lack of attendence of staff (not on Mottistone). Patient advised that a pre-booked appointment in Laidlaw could only be cancelled by patient; patient advised she walked on crutches to Laidlaw to cancel this herself, as no support from nursing or physio staff.	23 November 2013		Nursing Care	Patients concerns regarding cancelling appointment to be investigated and fed back to December 2013 Meeting.	Head of Clinical Services (Planned)	18 December 2013	11 January 2014	**complete**	SUE BRADSHAW AND CAROLINE MOUL TIME LINE UNDERTAKEN. 8/01/2013 Following review in Outpatients admitted to ward for surgery 09/01/2013 for exploration left quad tendon. Uneventful post operative period. Discharged from ward 12/01/2013 with follow up in Physiotherapy clinic for next week, Outpatient review with consultant arranged. On the 11 January 2013 there is documentation in the patients notes that the Lead Clinical Nurse Specialist in Rheumatology reviewed patient at 11:30 on Alverstone ward & reassured patient rheumatologically stable and arranged outpatient clinic appointment in 8 weeeks time and the Rheumatology clinic appointment for 15 January 2013 was cancelled on 11 January 2013.	Nil , patient was seen on ward by CNS and appointment in OPD cancelled accordingly.
13 November 2013	Endoscopy	No issues raised very positive feedback								**No action required**		
04 December 2013	Day Surgery Unit	No issues raised very positive feedback								**No action required**		
04 December 2013	Pre-assessment & Admissions Unit	Issues with clinical care and treatment. Delay in getting date for surgery. At time of filming, no date of operation known.	18 December 2013 - verbally by Quality Manager	08 January 2013	Clinical Care	Review of video and patients experience to be undertaken by Orthopaedic Team	Head of Clincal Services (Planned)		19 Januaury 2014	**Complete**	19.12.13 Information on story shared with HOCS (Planned) by Quality Manager following meeting. IT link not working until Januaury 2014. PAAU manager investigating. Patient not requiring further surgery. Bursisitis resolved with Antibiotics therefore upon attendance at PAAU in readiness for surgery patient informed that no further surgery would be required. Patient discharged.	Nil patients condition had changed when attending PAAU.
25 March 2013	Appley Ward	Formal Complaint (6666) Lack of initial medication, hydration & continued lack of nutrition. Alleged lack of basic care and poor communication with relatives	22 January 2014	29 January 2014	Clinical and Nursing Care	Review outstanding issues not answered in original complaint response	Quality Manager - Acute Directorate	31 March 2014				
26 March 2013	Appley Ward	Formal Complaint (6666) Lack of initial medication, hydration & continued lack of nutrition. Alleged lack of basic care and poor communication with relatives	22 January 2014	29 January 2014	Clinical Care	review the handover process between wards	Quality Manager - Acute Directorate	31 March 2014				
27 March 2013	Appley Ward	Formal Complaint (6666) Lack of initial medication, hydration & continued lack of nutrition. Alleged lack of basic care and poor communication with relatives	22 January 2014	29 January 2014	Communication	Clearer communication process between clinical staff and relatives	Quality Manager - Acute Directorate	31 March 2014				
28 March 2013	Appley Ward	Formal Complaint (6666) Lack of initial medication, hydration & continued lack of nutrition. Alleged lack of basic care and poor communication with relatives	22 January 2014	29 January 2014	Clinical Care	Investigate feasibility of using Axel-heal non-venous ulcer Treatment	Nutrition & Tissue Viability Nurse Specialist	31 March 2014				

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Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 29th January 2014

Title	Intensive Care Unit (ICU) and Coronary Care Unit (CCU) Business Case			
Sponsoring Executive Director	Alan Sheward – Executive Director of Nursing & Workforce			
Author(s)	Louise Webb (Matron / General Manager Critical Care Services), Shane Moody (Interim Associate Director – Acute Directorate),Russell Ball (Business Manager – Acute Directorate) and Mandy Blackler (Acting General Manager - Acute Directorate)			
Purpose	Approval of ICU and CCU Business Case			
Action required by the Board:	**Receive**		**Approve**	X

Previously considered by (state date):			
Trust Executive Committee	20/01/14	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee	22/01/14	Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			

Staff, stakeholder, patient and public engagement:

Full Stakeholder and communication plan contained within the full Business Case. Overall agreement gained to fit timescales required for capital programme – some further clarity to be finalized around medical cover and office accommodation, but will be within financial scope.

Executive Summary:

This business case sets out the reasons for changes to the existing template in CCU to incorporate ICU, explaining the rationale behind the proposed changes and is supported by full costings. It advocates converting the existing template that was formerly CCU into a critical care area for both intensive care and coronary care services. The scheme is presented to the Board as the investment required is in excess of £1m (threshold for Board approval).

For following sections – please indicate as appropriate:

Trust Goal *(see key)*			
Critical Success Factors *(see key)*	CSF's 1, 2, 3, 4, 7, 8, 9, 10		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	3.1, 3.11		
Assurance Level ***(shown on BAF)***	£ Red	**X** Amber	£ Green
Legal implications, regulatory and consultation requirements	All building regulations are routinely checked via Estates Department		

Date: 22/01/2014 **Completed by: Shane Moody**

Isle of Wight NHS
NHS Trust

Business Case

ACUTE CLINICAL DIRECTORATE

Intensive Care Unit merger with the Coronary Care Unit resulting in an improved footprint in the existing CCU footprint.

January 2014
V3 - Final Version

Contents

Section 1 Executive Summary

The Intensive Care Unit (ICU) is currently located on Level B St Mary's Hospital and is adjacent to theatres and the pathology labs. The current unit operates with 6 intensive care beds with the ability to expand to 8 beds. Currently within ICU there is insufficient space for storage of essential equipment and side room 7 has been identified as a ongoing risk in the annual ICU risk assessment process because the space is insufficient for caring for an ICU patient

The Coronary Care Unit (CCU) is currently located at the north end of the hospital. The unit consists of 6 acute coronary care beds (currently used to accommodate acute admissions including for example, Acute Myocardial Infarction MI (if not suitable for tertiary centre), Pacing, Transoesophageal Echo, Pericardiocentesis and cardioversion), a step down area that contains 4 acute stroke beds and 8 coronary care step down beds.

Please see appendix A for location map.

This business case is to request Trust Board support for the integration of the ICU and CCU in to the existing CCU footprint with extension.
The case complies with the TDA checklist which is available separately if required.

Benefits

- Integrated Nursing workforce with more resilience during times of surge on critical care services and times of sickness by both ICU and CCU nursing staff learning both sets of competencies to work in either area.
- Reduction in WTE required to staff a combined ICU/High Dependency Unit (HDU) and CCU saving £355,192 (£37,963 FY14 and £317,229 FY18). ICU has level 3 patients, HDU has level 2 patients. CCU acute beds are level 2 and CCU step down beds are level 1/0 patients. See Appendix B.
- Reduced use of estate footprint and reduction in associated costs or freeing up the space within the organisation that could potentially be used to relocate other clinical service e.g. Endoscopy
- Reduced reference costs through greater efficiency of amalgamated services.
- Additional £350K income generated from 2 HDU beds in ICU template though achievement of full level 0 and 1 HDU tariff (in addition to standard HRG) for patients receiving care in a dedicated HDU setting.
- Continuity of clinical care for patients in one template requiring level 3,2,1 and 0 care. Better concentration of critically ill patients into one area giving increased resilience and consistent higher standards of care.
- Appley Ward BIPAP (non invasive ventilation) would be relocated to this area improving the quality of care delivered to these patients.
- The availability of the ICU consultant across all areas in the combined unit

- The installation of a monitoring system that will be the same in ICU and CCU resulting in consistent practices in monitoring high care patients in both areas and remove future costs from the Rolling Replacement Programme (RRP)
- The installation of a clinical information system resulting in a paperless clinical environment. This will also remove costs from the future capital plan and the revenue costs associated with workforce can be picked up from the reconfiguration of the ICU and CCU workforce.

Risks

- Local pressure on capital funding
- Loss of 8 beds from the current CCU/stepdown (4 of which relocate to Stroke Unit and one extra to be housed within MAU refurbishment – net loss 3 beds)
- Potential loss of on-call rooms with current co-location to ICU.
- No dedicated office space for Critical Care Outreach Service (CCOS)
- Disruption to CCU service during build works
- Further away from theatre/recovery/Emergency Department and Wards with slope to negotiate
- Loss of CCU function when ICU is required to flex up
- Lack of staff engagement

Finance

The capital spend profile is:

§ FY 2013.14 - £182,000
§ FY 2014.15 - £2,253,904

Revenue savings

§ FY 2013.14 - £37,963
§ FY 2017.18 - £317,229

Timescale for implementation

Based on the assumption of Trust Board approval on 29/01/14:

P21 Stage 3 - (detailed design and Guaranteed Maximum Price –GMP)	30.1.14 to 4.4.14
P21+ Stage 4 Construction	14.4.14 to 19.12.14

Overview

The Intensive Care Unit (ICU) is currently located on Level B and adjacent to theatres and the pathology labs. The current unit operates with 6 intensive care beds with the ability to expand to 8 beds. Currently within ICU there is insufficient space for storage of essential equipment and side room 7 has been identified as a ongoing risk in the annual ICU risk assessment process because the space is insufficient for caring for an ICU patient.

The Coronary Care Unit (CCU) is currently located at the north end of the hospital. The unit consists of 6 acute coronary care beds, a step down area that contains 4 acute stroke beds and 8 coronary care step down beds

Through the stroke pathway review project 4 acute stroke beds will be relocated to the stroke rehabilitation ward in a phased programme. The first 2 acute strokes beds have been relocated on the 8th December 2013, along with a permanent transfer of 2 Registered Nurses from the CCU establishment. The remaining 2 beds will transfer in February 2014.

This project sets out to relocate ICU to the current extended footprint where CCU is located and combines the services in one area, The new proposed unit will operate as one critical care unit with ICU ,HDU, CCU and BIPAP patients specialties cared for within this unit. The Acute Directorate has highlighted this as a priority in September 2013 within its service redesign programme when it was identified that taking this forward would have a quality and financial benefit to patients and the organisation.

The relocation of ICU to the CCU template would change the bed model to the following:

- ICU 6 beds plus 2 HDU Beds (which can be used flexibly for level 2 or 3 patients. Within these 8 beds there is one negative pressure side room plus 2 other side rooms) (Covers all specialties)
- 4 CCU beds (1 of which is a side room)
- 6 CCU step down beds (All side rooms)

This would mean a reduction of 8 beds from the CCU step down side. The total bed allocation for patients across the organisation would however only see a net reduction of 3 inpatient beds. The loss of 3 beds will contribute to the delivery of the first stage of the IBP/LTFM plan of reducing beds by 9 in 2014-15 The ongoing demand and capacity would therefore only be influenced by the loss of these beds, which will be accommodated through the redesign of the Medical Assessment Unit (due for completion in November 2014), which includes an additional bed and a dedicated Ambulatory Care area of 6 trolleys, allowing around 30% of GP

emergency referrals to be seen on a same day basis. This work is being further augmented through the Acute GP trial which is helping to reduce demand across all specialities. The additional provision of 2 dedicated HDU beds would also help alleviate the pressure felt on the respiratory ward where currently Non Invasive Ventilation is undertaken.

The integration of ICU and CCU would result in a number of benefits and also has highlighted some risks that have been identified and mitigated (these are highlighted within the business case).

This project will mean we can redesign our critical care services so they are fit for purpose as well as sustainable from a quality, performance and financial point of view.

The Associate Director for this project is Shane Moody who can be contacted via his PA, Jo Ferguson, on 532403

This case for change is to request the costs to support the integration of the ICU and CCU into one area.

Section 2 General Description of the Scheme

As a sustainable and successful organisation, it is vital that we take every opportunity to review our services and resources in order to maximise benefits to patients whilst providing a cost-effective, efficient solution to the issues we are currently facing. It has already been identified in our Integrated Business Plan (IBP) that we need to be doing 'more for less' and as an integrated Trust we are well placed to make the changes needed to improve patient care and experience. In order to deliver against these challenges we need to develop and push forward service redesign such as ICU and CCU integration.

This case sets out the benefits of improving Critical Care Services (ICU and CCU) by integrating the two services within the same estate area. There will also be the added clinical benefit that caring for sicker patients in the most appropriate area such as ICU/CCU will better meet their needs. Income will be based on an accurate tariff according to the patients needs.

ICU is currently funded fully for 6 level 3 patients 365 days per year. As ICU is not 100% occupied every day of the year this will mean that income does not match expenditure and there will be a shortfall. This shortfall is met by funding from the "Island Premium".

During 2013-14 we continue to face further challenges in providing better services and living within our means from a fiscal perspective. This means we must drive out our efficiency savings to make our services cost effective while maintaining the quality of the services we provide.

The fiscal challenge faced by the Intensive Care Unit (ICU) and the Critical Care Outreach Service (CCOS) in 2013-14 is the gap in funding which is currently met by the 'island premium' funding. The removal of the island premium funding for ICU/CCS results in an estimated £1.6 million funding gap in 2013-14.

With these known fiscal challenges the clinical teams have been engaged with how we can reduce our costs and close our financial gap. This has resulted in a number of pieces of work such as; reviewing Service Line Reporting (SLR) costs, monthly team budget meetings (including consultants), challenging the impact of the wider system on service efficiency and productivity. Despite this work the financial gap remains. In view of this, further radical ideas were considered and in September 2013 the proposal of integrating ICU with CCU on the same estate template was put forward.

This has involved all key stake holders from the outset of this development which included the lead Consultants and Senior Nursing staff that currently deliver and lead these services. The current plans that we are proposing are from their direct input.

Desired outcomes

The proposal being put forward results in ICU being relocated within the current acute CCU template and the current acute CCU and CCU step-down relocated to the current CCU step-down area. This will result in 6 ICU beds, 2 (new) HDU/Level 2 beds, 4 acute / Level 2 CCU beds and 6 CCU step down beds (Level 0/1).

In the new CCU area all bed areas will be single side rooms and in the new ICU and HDU there will be one negative pressure side room in addition to 2 further side rooms (therefore total of 3 in ICU)

This development will result in a reduction in beds by 8 from CCU step down, but with other redesign of services across the Medical Assessment Unit and the movement of some Stroke services the net effect is the loss of 3 beds. The ongoing demand and capacity would therefore only be influenced by the loss of these beds, which will be accommodated through the completion of the Medical Assessment Unit upgrade (due for completion in November 2014), which includes an additional bed and a dedicated assessment area of 6 trolleys, allowing around 30% of GP emergency referrals to be seen on a same day basis. This work is being further augmented through the Acute GP trial which is helping to reduce demand across all specialities. The additional provision of 2 dedicated HDU beds would expand HDU capacity for the Trust and the integrated Unit would also have the non invasive ventilation beds relocated to this unit.(This has been discussed with the respiratory Consultant and Cardiology).

Demand and Capacity figures for ICU and CCU

The table below shows the demand and capacity figures for the ICU based on this years plan and the Forecast Outturn. With the inclusion of the predicted HDU work this improves the ICU productivity to between 85% to 90% occupancy.

ITU					
Number of beds	Capacity	Demand	FOT 13/14 (based on M7)	Demand V Capacity as % occupancy	Demand V capacity as % occupancy based on FOT
6	2,190	1,970	1,832	89.9%	83.6%
7	2,555	1,970	1,832	77.1%	71.1%
8 (inc. 2 HDU)	2,920	2,612 (1,970 + 642)	2,474 (1,832 + 642)	89.4%	84.7%
HDU = 2 beds at 88% as per previous costings					

The table below shows the demand and capacity figures for the CCU expressed in bed days. The reduction in beds from 18 to 10 is offset by service redesign within the organisation which gives a net effect of losing 3 acute beds. The variance in demand is around 577 bed days which is to be covered through the release of Appley Ward beds as 2 dedicated beds will be available for Non Invasive Ventilator

patients, plus the impact on demand reduction that the introduction of 6 Ambulatory Care trolley's in MAU will have on inpatient episodes. The current Ambulatory care system is avoiding around 230 patient admissions per annum, but this is being extended to include more conditions and further augmented through the Acute GP pilot, which although in its early days, is seeing around 30% of GP referrals being returned home on the same day.

CCU					
Number of beds	Capacity Bed days	Demand bed days 12/13	FOT 13/14 (based on M5)	Demand V Capacity as % occupancy	Demand V capacity as % occupancy based on FOT
Current - 18	6,570	5,669	6,052	86.2%	92.1%
Future State - 10	3,650		6,052		
		Variance	2,402		
Service redesign reprovison of 5 beds in the organisation	1,825				
New total	5,475	**Variance - 577**			

Within this development there will be also be a clinical information system that will result in a paperless system which is one of the acute directorate capital list items and also an updated monitoring system CCU which is currently identified on the rolling replacement programme for 2014. This will introduce efficiency and productivity benefits but also remove spend and costs in future years.

The immediate benefits of this proposal include:

- A more Integrated Nursing workforce with more resilience during times of surge on critical care services and times of sickness
- Reduction in WTE required to staff a combined ICU/HDU and CCU instead of 2 separate areas.
- Reduced use of estate and reduction in associated costs
- Reduced reference costs
- Additional income generated from 2 HDU beds – The Commissioners have worked with the provider to help secure appropriate payment for these dedicated HDU beds as previously this was lost income.
- Continuity of care for patients in one physical area requiring level 3, 2 and coronary care
- Maintained quality indicators
- The availability of the ICU consultant across all areas in the combined unit.
- The installation and implementation of a clinical information system within the ICU, resulting in a paperless clinical environment. This will also remove costs from the future capital plan and the revenue costs associated with workforce can be picked up from the reconfiguration of the ICU and CCU workforce. The initial system would be considered for ICU only, but further

review of appropriate use in CCU setting would be undertaken as part of implementation.

- The installation of a monitoring system that will be the same in ICU and CCU resulting in consistent practices in monitoring high care patients in the combined unit and remove future costs from the rolling replacement programme (RRP)

Process for enablement

The total cost for this proposal is £2,435,904 and includes the enablement costs to support this work happening.

To enable this work to take place the current CCU and CCU step-down would need to be relocated to Newchurch template.

The CCU clinical team propose to temporarily relocate to the old Newchurch ward area. This would enable 15 beds to be opened and in use during the times of the works, which although a loss of 3 beds, this loss is aligned the overall outcome for the case.

ICU will remain in their current location and will move once all work is completed.

Section 3 Strategic Case

It is important to understand how the relocation of ICU and CCU into one area on the estate fits in with the wider organisational strategies. Detailed below are each of the strategies that this business case aligns to.

Strategic Objectives

Our Strategic Objectives

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

We believe that the relocation of ICU with CCU plays a key role and aligns with all of the above, in particular improving the productivity and efficiency of the Trust. The national picture and trend is for growth of HDU provision and this scheme will ensure the hospital's ability to provide for more HDU beds in the future will be assured because the proximity of CCU beds to ICU will facilitate this. Moreover it will ultimately improve our patient's experience by providing a better environment that is fit for purpose because the current ICU is cramped and lack of adequate space is on the ICU departmental risk register.

Estate Strategy

It is widely acknowledged that the estate must be an enabler and support the implementation of the Trust's Clinical Strategy.

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

§ To maximise the use of the main site to reduce the overall cost of our estate.

§ To undertake works sufficient to ensure that the remaining estate is fit for purpose.

The overarching principles of the strategy have been borne in mind when working with the architectural team to ensure that the refurbishment embraces the concepts of:

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

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

- Reducing Healthcare Acquired Infections (HAI) by creating more single rooms in an high care area
- Reducing falls through design of floors, doorways, handrails and toilets

Clinical Strategy

The Clinical Strategy advocates that service redesign needs to be clinically led and driven and managerially supported. This proposal has been developed by the clinical teams in ICU and CCU to support delivery of high quality care for patients requiring critical care.

The key quality indicators that this development will continue to support are safety, effectiveness and patient experience.

This development will also support translating integration of care as discussed in the Clinical Strategy into practice in an acute specialist area like ICU and CCU. This will be of local interest to our general public, commissioning body but also other small district general hospitals of similar size or other islands that provide ICU and CCU services.

The Clinical Strategy also pushes services to build resilience around our services to ensure we can deliver services to the local population now and in the future. Combining ICU and CCU on one template will result in clustering critical care in one area dedicated to high levels of care on a template that can be remodelled in the future to meet any change in demands whether that is ICU, HDU or CCU

The efficiency that will be generated from combining ICU and CCU in one area will result in both services being clinically and financially viable for the future.

Information Technology

Within this business case we have included the introduction of a clinical information system to support the delivery of a paperless clinical environment. This will support a number of things within the critical care environment and include; reduction in time spent manual recoding observations, accurate recording of doses of drugs administered, real time data on patients, the ability to retrospectively review a patients notes at the touch of a button, the ability to complete all relevant documentation on-line and automatic audit of records kept on patients to pick up areas of concern. The system will also ensure accurate coding of critically ill patients and will ensure we attract the correct tariff for the activity undertaken.

The cost of the CIS stem had been included within this case and the proposal to support payment of this system is from reducing other costs within this case to support payment and also to submit a bid to the nursing technology fund.

Organisational Change Paper

This development will result in the need for less nursing staff WTEs overall to staff this new combined unit. To ensure the service is modelled to meet patient's needs, delivery of high quality care while being financially cost effective and sustainable workforce restructure will also occur as a parallel process.

An organisational change paper will be presented at the February 2014 Partnership Forum to open consultation on the following 1) reduction of WTEs of Registered and unregistered nursing staff and 2) a workforce restructure. This is being submitted as part of the safer nursing care tool change paper undertaken by Sarah Johnston (Deputy Director of Nursing) for the whole organisation. At this point in time no medical staff (or other APH staff) efficiencies have been realised.

Commissioning Intentions

The CCG has supported a detailed review of Intensive Care provision and costs in the last year, giving a clear message that they want to keep these services local to ensure patients are not transferred for non-clinical reasons, whilst helping to support the financial burden this creates. The proposed changes will be fully shared with the CCG to ensure they align with ongoing Commissioning intentions.

The Lead Commissioner for unscheduled care has been made aware of this Business Case and broadly supports the increase in HDU capacity and this fits with conversations already had previously between commissioners and providers.

Integrated Business Plan

Our vision and values discussed within the Integrated Business Plan (IBP) focus on our ability as an integrated organisation to deliver "*…seamless care where patients experience no organisational barriers to timely, high quality services".* High quality care underpins and drives our strategy, and the Relocation of ICU to CCU has been identified within the acute directorate CIP plan for 2013-14.

The IBP acknowledges the need to optimise inpatient care pathways and promote seamless care. Provision of a combined ICU/HDU and CCU will support the delivery of the Directorates core business objectives with regard to quality, performance and finance.

Workforce Strategy

The Workforce Strategy aims to "*…achieve a diverse and flexible workforce with the right skills in the right place at the right time".* This development will support a versatile nursing workforce that can work in ICU, HDU or CCU. This will build resilience to these specialist services during times of greater demand and will afford new professional development opportunities for staff in a cost neutral way. ICU has already developed Band 2 HCAs who perform tasks in ICU some of which are completed by Band 6/7 Technicians in other ICUs. In the future ICU will consider both Assistant Critical Care Practitioners and Advanced Critical Care Practitioners which will help in supporting greater resilience for the nursing and medical teams respectively.

SMART Objectives

Specific

Upon approval of this business case, we will commence the process to deliver a combined ICU, HDU and CCU Unit.

Measureable

We will be able to close the financial gap in these services and continue to achieve delivery against already established internal quality indicators and external quality indicators by national unit specific data sets (ICNARC for ICU and MINAP for CCU).

Achievable

Time frames have been agreed with all relevant stakeholders. Delivered on budget with core Project KPI's delivered.

Realistic

This proposal is embedded in what is right for patients and how we can achieve what is best for patients requiring critical care services. The proposal is realistic in terms of being clinically and finically the right thing to do.

Timely

Completion of the building works has been set as 19.01.14. This date will be achieved as long as all requirements are met throughout the estate plan.

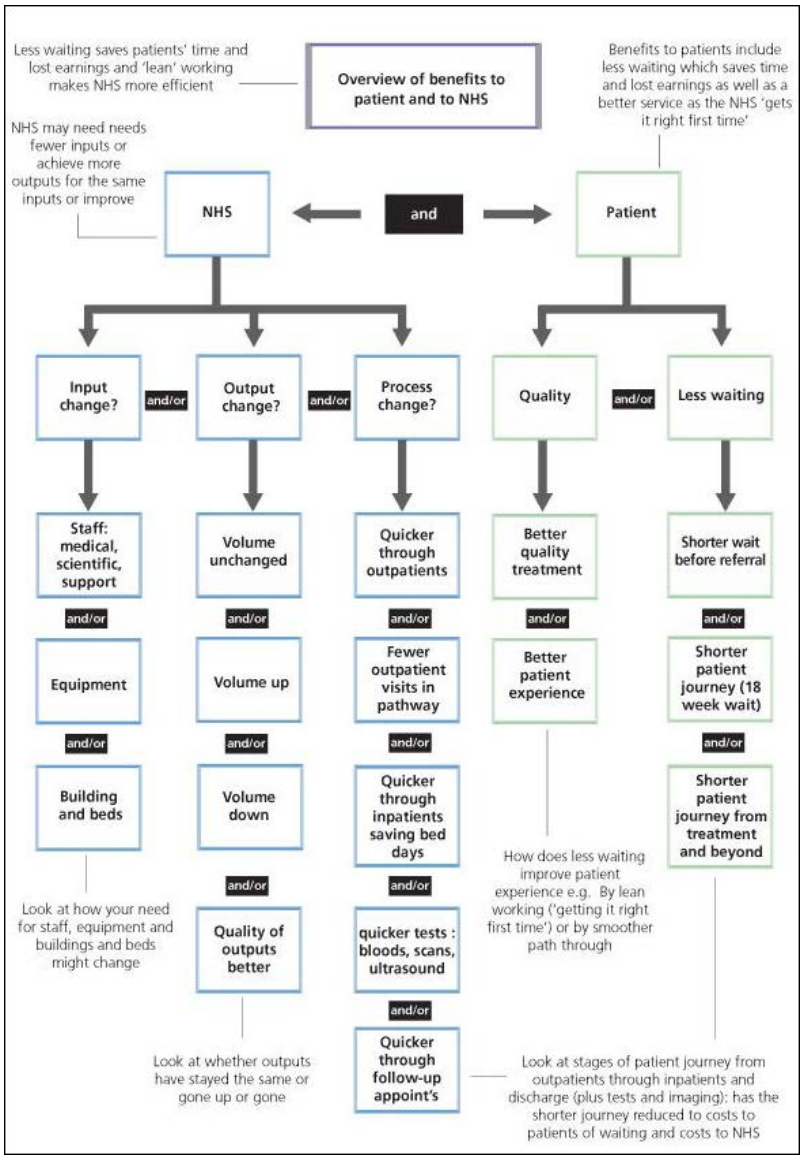
Section 4 Benefits Realisation

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

Benefits to the Organisation
§ Provision of a dedicated Unit that delivers acute high care with regard to ICU, HDU and CCU with the addition of 2 new High dependency beds See appendix B § Better co-ordination and communication leading to more efficient and better quality services § Reduction in overall costs required to run specialist services (estate and workforce) § Ensure that the standards and design of health buildings are appropriate energy efficiency. § Resilience in the nursing workforce from rotating Registered Nurses and unregistered staff between ICU, HDU and CCU which will ensure that Contingency plans for surge demand are more efficient eg during a flu pandemic situation or any other high ICU bed demand situation. This will increase our nursing staff numbers with level 2/3 critical care skills by 40% within the Trust over the next 2 years. § Additional income generated from 2 new HDU beds as ability to repatriate ICU and HDU patients from other ICUs can be facilitated and patients with unmet clinical need elsewhere in the hospital can be admitted to ICU/HDU. CCOS has identified one or two patients each day who would benefit form HDU care which would ensure 88% occupancy in ICU/HDU
Benefits to Patient and Carer Groups
§ The benefit for patients will be a dedicated area for critical care where patients can step up and down from high levels of care before they transition back to ward based care. § Dedicated overnight relatives room which can be used flexibly for discussions with clinical staff when privacy is needed § Dedicated relatives room (as above) § Continuity of care § Access to specialists (intensive consultants and cardiologists)
Benefits to Staff
§ Interdisciplinary working with closer relationships within the wider MDT § Appropriate environments to deliver high quality clinical care § Staff opportunity for education and development by rotating between ICU, HDU and CCU
Impact on Quality
§ Better co-ordination and communication leading to more efficient and better quality services § Continued Improvement in patient satisfaction § Consistent delivery of quality standards already established and measured § Standardised monitoring equipment within the unit § Movement of the patients cared for in Appley ward to a higher care facility § Patients who are identified on the CCOS data set as being cared for outside of ICU will be able to be cared for more appropriately in the HDU or the step down/high care area of CCU § Appley Ward BIPAP patients will be cared for in this new area rather than on a general ward
Impact on Productivity
§ More flexible workforce: Increased flexibility with increased work capacity § Patients who no longer need HDU care i.e. are level 1 or 0, currently wait for a ward bed in ICU/HDU beyond the 4 hour target. These patients could be moved to CCU step down/high care and thus free up ICU/HDU capacity § Deliver co-efficiencies through stock control synergies § Accessible fit for purpose storage

§	Buildings that meet the needs of clients/patients and services so that it provides better quality and productivity through LEAN working and design
§	Medical staff from both areas will be able to work across both areas
Links to Strategic Goals / Critical Success Factors	
§	Develop our estate and technology infrastructure to improve the quality and value of the services we provide to our patients
§	Redesign our workforce so we have people with the right skills and capabilities in the right places to deliver our Business Plan
§	Improve the experience and satisfaction of our patients, carers, partners and staff

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



Equality Considerations

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

Section 5 Affected Services

Site changes:

Current ICU accommodation (6 beds)	Proposed new ICU accommodation (6 ICU Beds and 2 HDU Beds)
3 x Beds	3 x ICU Beds
1 x negative pressure side room	2 x HDU Beds
2 x side rooms (not fit for purpose due to size)	1 x negative pressure side room (ICU or HDU)
2 x bed spaces that can be used in times of increased demand	2 x Side rooms (ICU or HDU)

Current CCU accommodation (6 Acute beds and 12 Step down Beds)	Proposed new CCU accommodation (4 Acute beds and 6 Step down Beds)
5 x Acute CCU Beds	4 x Acute CCU Beds (1 is a side room)
1 x Acute CCU side room	6 x CCU Step Down Side Rooms with en-suites
8 x CCU Step Down Beds	
4 x CCU Step Down Side Rooms	

Workforce Changes:

ICU and HDU Workforce - Current and Future

ICU								
Post/Band/Title	**Current Funded WTE**	**Current WTE In Post**	**Current Vacancy**	**New WTE**	**Increase(+) / decrease (-)**	**Budget per Current Funded**	**Budget per Business Case Funding**	**Increase(+) / decrease (-)**
Sister Band 7	3.86	3.86	0.00	1.00	-2.86	206,896	53,600	-153,296
Sister / Clinical Educator Band 7				1.00	1.00		53,600	53,600
SSN Band 6	11.44	12.02	-0.58	7.00	-4.44	614,214	375,830	-238,384
CIS Administrator Band 6	0.00	0.00	0.00	1.00	1.00	0	52,176	52,176
SN Band 5	23.76	21.05	2.71	37.00	13.24	841,587	1,310,552	468,965
HCA Band 3	1.00	0.93	0.07	0.93	-0.07	25,638	23,843	-1,795
HCA Band 2	3.53	3.33	0.20	3.42	-0.11	89,246	86,465	-2,781
House Keeper Band 2	0.00	0.00	0.00	1.00	1.00	0	20,123	20,123
Ward Clerk Band 2	1.00	1.00	0.00	1.00	0.00	20,899	20,899	0
Other Bank Budgets						9,368	9,368	0
Pay Savings Target						-40,785	-40,785	0
Sub Totals	**44.59**	**42.19**	**2.40**	**53.35**	**8.76**	**1,767,063**	**1,965,672**	**198,609**

ICU

Post/Band/Title	Current Funded WTE	Cost	Projected Future WTE	Cost
Sister Band 7	3.86	217,867.61	2.00	112,884.77
Deputy Sisters Band 6	11.44	538,821.93	7.00	329,698.73
CIS Administrator Band 6	0.00	0.00	1.00	47,099.82
SN Band 5	23.76	928,505.33	37.00	1,445,904.76
HCA Band 3	1.00	27,750.02	0.93	25,807.52
HCA Band 2	3.53	86,865.55	3.42	84,158.69
House Keeper Band 2	0.00	0.00	1.00	24,607.80
Ward Clerk Band 2	1.00	24,607.80	1.00	24,607.80
Other Bank Budgets				
Pay Savings Target				
	44.59	**1,824,418.24**	**53.35**	**2,094,769.90**

CCU Workforce – Current and Future

Post/Band/Title	Current Funded WTE	Current WTE in Post	Current Vacancy	Projected Future WTE	Increase(+) / decrease (-)	Budget per Current Funded	Budget required for Business Case	Increase(+) / decrease (-)
Sister Band 7	1	1	0.00	1	0.00	49,463	49,463	0
Band 6 - Senior Staff Nurse (Includes Rapid access and Cardica rehab nurse	13.24	12.22	1.02	4	-9.24	611,712	184,807	-426,905
Band 5 – Staff Nurse	20.61	17.7	2.91	19.4	-1.21	738,926	695,544	-43,382
Band 3 -HCA	1	0	1.00	0	-1.00	23,491	0	-23,491
Band 2 – HCA	7.2	6.66	0.54	5.52	-1.68	174,060	133,446	-40,614
Band 2 – House Keeper	0.8	0.8	0.00	0.8	0.00	18,149	18,149	0
Band 2 – Ward Clerk	1.93	0.93	1.00	1	-0.93	40,280	20,870	-19,410
					0.00			
Other Bank Budgets					0.00	16,411	16,411	0
Pay Savings Target						-36,237	-36,237	0
Sub Totals	**45.78**	**39.31**	**6.47**	**31.72**	**-14.06**	**1,636,255**	**1,082,454**	**-553,801**
Total ICU and CCU	**90.37**	**81.50**	**8.87**	**85.07**	**-5.30**	**3,403,318.00**	**3,048,125.54**	**-355,192.46**

CCU

Post/Band/Title	Current Funded WTE	Cost	Projected Future WTE	Cost
Sister Band 7	1.00	56,442.39	1.00	56,442.39
Band 6 - Senior Staff Nurse (will be Deputy Sisters)	13.24	623,601.60	4.00	90,609
Band 6 Cardiac Rehab Nurse	Included in the above		1.00	47,099.82
Band 6 Rapid Access Clinic Nurse	Included in the above		1.00	47,099.82
Band 5 – Staff Nurse	20.61	805,408.03	19.4	695,544
Band 3 -HCA	1.00	27,750.02	0.00	0.00
Band 2 – HCA	7.20	177,176.19	5.52	135,835.08
Band 2 – House Keeper	0.80	19,686.24	0.80	19,686.24
Band 2 – Ward Clerk	1.93	47,493.06	1.00	24,607.80
Other Bank Budgets				
Pay Savings Target				
	45.78	**1,757,557.53**	**31.72**	**1,082,454**

The above tables illustrate that if we were to implement the changes immediately and have the correct staff in post at the correct bands, we would make a saving of £355,192k. However, in real terms, savings will not be achieved until potentially FY16/17 due to pay protection. This would only be 9 months part year effect, and the full effect will be seen in 17/18.

2013-2014 – CIP (pay savings)

From the 2 establishments we can give up now 2.81 WTE (band 2/3) saving £37,963 as a CIP for 2013-14 = this comes from 1.0 WTE band 3 from CCU,1.0 WTE band 2 from CCU, 0.54 band 2 from CCU, 0.20 WTE band 2 from ICU and 0.07 WTE band 3 from ICU (FYE 14/15 = £61,709)

CCU – Band 6 staff – will be based on the requirements to meet the safer nursing tool that has been developed and embedded with the Trust BUT they need 2 additional band 6 roles to support cardiac rehab and rapid access.

Future development

The trend in in-patient coronary care does not lead to potential increase in the need for any future growth in CCU beds locally. Cardiac services have become more invasive and are provided in tertiary centres such as Portsmouth and Southampton.

The national trend for ICU and HDU leads us to believe we will see an increased need for HDU care rather than ICU care. This means the future development would be more HDU beds rather than more ICU beds. This coupled with the knowledge of CCU would lead us in the future to widen HDU on the new template and rather than designate beds ICU/CCU/HDU all beds in this dedicated critical care area will flex to meet the needs of patients in the bed rather than the patient needing to be in a different location. This can be achieved through this development in the future by developing a versatile nursing workforce that can care and manage for ICU, HDU and CCU patients regardless of the patient location in the new unit

Risks and Mitigation

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

Risks	Mitigation
Local pressure on capital funding	Local capital prioritisation currently being reviewed– By freeing up some of the current estate for other occupation this may help reduce the burden on Capital for next year
The loss of 8 CCU step down beds from the bed stock (this includes 4 beds which are ASU beds will be relocated to Stroke Unit 13-14)	The loss of 8 CCU step down beds would not affect CCU because the unit does not need that many cardiac beds. In the last year these have been occupied by medical outliers so it would impact on the availability of beds for acute medicine patients. In view of this these 8 beds will need to be designated as contingency beds for winter pressures to meet surges in activity and relocated to another ward area i.e. the winter ward
Relocating ICU will result in the loss of the ICU and 1st On call anaesthetist on call rooms. Currently both roles work 24 hour shifts (paid working hours) and	Within the project we will need to identify an area on site within the hospital for 2 on call rooms. A potential option is Newchurch

require a rest room with a bed	template
Relocating ICU will result in the loss of the office/team base for the critical care outreach service and also a consultants office (which is shared with another consultant)	Within the project we will need to identify an area near to ICU for appropriate accommodation. A potential is Newchurch template.
Lack of clinical engagement / relevant stakeholder engagement	All relevant stakeholders have been involved from the design phase in order to ensure engagement.
Building works could be delayed	Close liaison with Estates department to identify potential problems from an early stage. Project Manager has experience of working with Estates on previous builds
Unable to vacate CCU to undertake the build	Close liaison with Estates and other directorates to ensure the two projects interlink
Further away from Emergency Department and Wards with slope to negotiate	Purchase of bariatric bed pusher has been included in costings. Standard Operating Procedures (SOPs) will be developed for transfer of patients

Section 6 Options Appraisal (Economic Case)

Long list of options:

Option 1: Do nothing
Option 2: Relocate CCU into ICU with an extension
Option 3: Relocate ICU with CCU on North Hospital template
Option 4: Relocate CCU to ICU and move Endoscopy into current CCU template
Option 5: Both areas remain but staffing is moved from CCU to support opening HDU beds in ICU

Option 1	**Do Nothing**
Leave ICU within the current location on level B and leave CCU as a stand-alone unit in the north hospital	
Benefits	No cost implications
Risks	· Insufficient side rooms to adequately support infection control requirements. · Both services not financially viable as standalone units. · ICU currently do not have adequate storage · 2 of the ICU side rooms not fit for purpose

Option 2	**Relocate CCU with ICU on the level B template**
Relocate CCU with ICU on the current Level B location with an extension – this option is not viable because CCU, ICU and HDU would not fit on this template despite an extension. In view of this not being viable it has not been costed and will not progress to the shortlist of options	
Benefits	· Integrated ICU,CCU and HDU
Risks	· Loss of too many beds because the 2 units would not fit into this area · Cardiology would need to remain in situ

Option 3	Relocate ICU with CCU on the current north hospital template
This option would mean ICU would be relocated within an extended CCU template in the north hospital. This relocation would result in 6 ICU beds, 2 HDU beds, 4 CCU beds and 6 CCU step down beds	
Benefits	· Improved compliance with infection control requirements · Improved compliance with single sex accommodation requirements. (CCU to include better provison of siderooms). · Additional HDU/Level 2 beds for the acute hospital · Additional income from 2 HDU beds. · Integrated workforce offering greater flexibility with improved cover for patients from both Nursing and Medical Workforce. · Reduced reference costs for ICU and CCU · Reduce the estate required for ICU and CCU · Free up estate for other use · This option has been supported by clinicians
Risks	· Local pressure on capital funding · Disruption to services during transition phase of project · Impact on staff moral during organisational change
Spend profile	FY 13/14 - £182,000 (stage 3 and S4 enabling) FY 14/15 - £2,253,904 (stage 4) Total - £2,435,904

Option 4	Relocate CCU within ICU on the current ICU template and align with moving Endoscopy into current CCU template

This option would mean CCU would be relocated within an extended ICU template. This relocation would result in 6 ICU beds, 2 HDU beds, 4 CCU beds and 6 CCU step down beds, and vacate the current CCU for possible possession by Endoscopy

Benefits

- Additional HDU/Level 2 beds for the acute hospital
- Additional income from 2 HDU beds. Whilst patients (e.g. Non-Invasive Ventilation or NIV) are treated on medical wards e.g. Appley, we do not attract the additional income for looking after these patients as we only receive the ward-based tariff. By re-locating them to HDU this would not only improve the patient's experience but also attract the appropriate tariff for the organisation
- Integrated workforce offering greater flexibility with improved cover for patients from both Nursing and Medical Workforce.
- Reduced reference costs for ICU and CCU –
- Reduce the estate required for ICU and CCU
- Free up estate for other use i.e. Endoscopy

Risks

- To relocate CCU within ICU template would also require moving Cardiology out to enable Endoscopy to relocate to the current CCU template. There is no identifiable alternative location to re-house cardiology to enable this to happen. As identified in Option 2, there is also insufficient space even with an extension to bring CCU into ICU
- Local pressure on capital funding
- Not supported by clinicians

Spend profile

This has not been pursued as a viable option due to the inability to relocate Cardiology to enable this to happen. This option will therefore not progress to the short list of options.

Option 5	Both areas remain in situ and staff move from CCU to ICU to provide designated HDU beds within the current ICU template
Benefits	· This will ensure that we attract the HDU tariff for those patients that require level 2 care whilst maintaining adequate staffing to support this option
Risks	· No space vacated to accommodate Endoscopy · No reduction in estate costs

Short list of options

Having reviewed the long list of options, the following short list has been taken forward:

1. Option Three: Relocate ICU with CCU on North Hospital template
2. Option 5: Both areas remain but staffing is moved from CCU to support opening HDU beds in ICU

Section 7 Estates Requirements (Commercial Case)

Description

This proposal amalgamates ITU into CCU by reconfiguring and upgrading the current CCU accommodation. The proposal assumes that staff will use the central autovalet and changing room facilities and that the first floor 'en-suite relatives' bedroom' can be utilised as an 'on-call room'. There is a small area of inner courtyard extension that totals some 29sq.m; the extension provides displaced cardiology storage and staff training/rest room.

The proposal assumes that CCU decant to the current Discharge Lounge location (old Newchurch) during the works, and the costs associated with that are included within the estimated capital cost.

Procurement

This project will be led by Estates under the direct supervision of the Capital Planning and Development Manager. Any external Consultants have been appointed by Estates and managed appropriately.

The Trust Board has formally approved the use of the Department of Health's Procure 21+ (P21+) for this project and has appointed Kier as Principal Supply Chain Partner (PSCP). Following the Business Case approval the PSCP will be appointed to undertake P21+ Stage 3 - Detailed Design and submission of Guaranteed Maximum Price.

Programme

Based on full approval to proceed on the 29TH January 2014 by Trust Board, the following key milestones apply:

<u>On the assumption of Trust Board approval on 29.1.14</u>

P21+ Stage 3 (Detailed Design and GMP) - 30.1.14 to 4.4.14

P21+ Stage 4 (Construction) - 14.4.14 to 19.12.14

Capital Spend Profile – Option Three

Based on the key milestones above;

§ FY 13.14 - £182,000 Stage 3 and S4 enabling
§ FY 14.15 - £2,253,904 Stage 4

The current costs have exceeded expectations and an independent review of these is underway.

Revenue Consequence

The area of extension is 29sq.m (small courtyard to be developed as staff training and store room)

The Trust's average operational cost of occupancy is £320/sq.m p.a. and this includes cleaning, utilities, maintenance, postal services, portering, domestic/clinical waste, laundry/linen, catering, rates capital charges and depreciation.

Therefore 29sq.m x £320/sq.m = £9,280p.a

Depreciation -	£ 31k per annum when new build in use (14/15)
Capital Charges	£ 25k per annum
Total -	£56k
One-off impairment charge (15/16)	£1.7m

Management

This estate related project will be managed by a member of the Estate Management Capital Projects Team who will act as Project Manager in accordance with the NEC Contract and Procure 21+ framework. The Project Manager is responsible for the appointment and management of the client side team (Project Assistant, Project Co-ordinator, Contract Administrator, Cost Advisor, CDM Co-ordinator, Works Supervisor) and the P21+ PSCP. The Project Managers remit includes management of programme and capital budget.

The end user team have identified End User Lead/Liaison personnel with sufficient clinical expertise to support the development of detailed design.

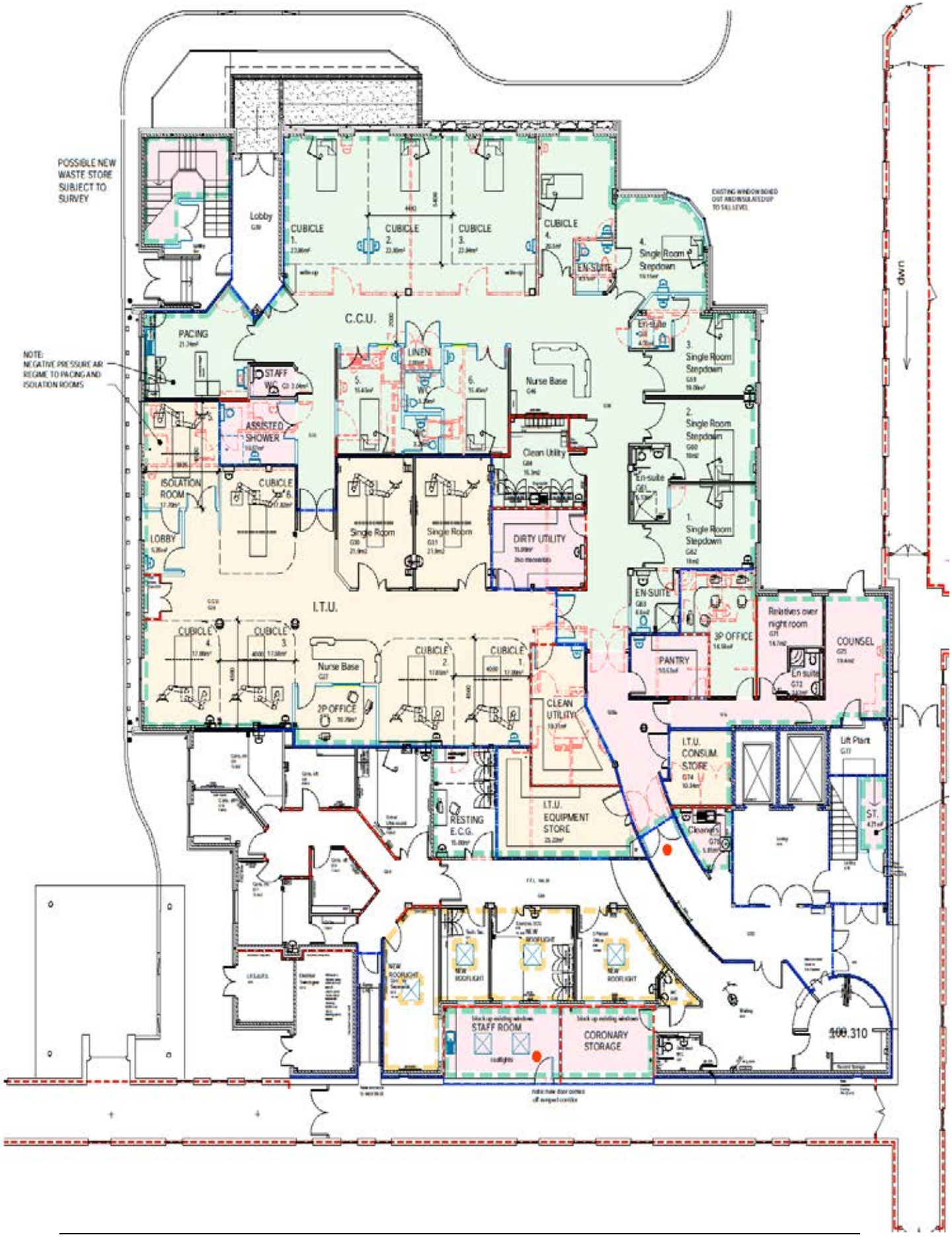
Stakeholder engagement – Estates

The Estate Management Capital Projects Team has engaged with the following key stakeholders:

Internal - IW NHS Trust:

- Estate Management Operational Maintenance Team
- ITU/CCU Team
- Pharmacy Lead
- Fire Safety Lead
- Health, Safety and Security Lead
- Infection Prevention and Control Lead
- Information Technology Lead
- Medical Devices/Electronics Lead

All comments and requirements have been taken into account.



Plan for ICU and CCU on existing CCU footprint

PROPOSED RECONFIGURATION OF CCU TO ENABLE THE AMALGAMATION OF ITU/CCU

ST MARY'S HOSPITAL, ISLE OF WIGHT

BUDGET ESTIMATE – NOVEMBER 2013 – Revision A

P21+ Project Cost (including Stage 2 'OBC' Stage 3 'detailed design and GMP' and Stage 4 'construction')	£	1,825,606
Design Contingency	£	0 inc
General Contingency – Trust Risks	£	95,000
Equipment - CCU Monitoring System	£	145,000
Bed Pusher	£	25,000
Bariatric Transfer Trolley	£	10,000
Additional 2 ICU beds	£	40,000
IT Infrastructure		£240,000 (Not included in Total *)
Sub Total	**£**	**2,140,606**
VAT @ 20% (Assume 40% VAT recovery)	£	256,873
Professional Fees (Client Side PM, QS and CDM-C)	£	38,425
Statutory Fees	£	0 inc
Total	**£**	**2,435,904**

Notes:

Cost current at 4Q 2013
Cost based on Studio Four DRG No. 33135/100/P2
Monitoring System is due for replacement in 14.15 but is not on the RRP

Spend Profile - £ 182,000 in 13.14
£2,253,904 in 14.15
Total - £2,435,904

* The cost of the CIS stem had been included within this case and the proposal to support payment of this system is from reducing other costs within this case to support payment and also to submit a bid to the nursing technology fund.

Movement of costs

To facilitate the movement of four stroke beds to the Stroke Unit, a total of two WTE will be moved to the Stroke Unit together with their subsequent funding. This will need to be approved by the Director of Nursing team meeting and meet the requirements of the Safestaffing Blueprint.

Reference Costs/Service Line Reporting (SLR)

Using the assumption that costs are to be split by beds on the new Ward. 8 for ICU and 10 for Coronary Care Ward (CCW) as per option 3 of the business case.

2012-13 Reference Cost Indicator (RCI) score for ICU was 120, up from 115 the prior year. 2012-13 expenditure was £4.35 million against a national average £3.61 million (national average multiplied by our activity level). Our spend would be expected at £4.35 million + £24k (£56k * 8/18) = £4.37 million. In crude terms, we could say against the £3.61 million (assuming no current change in activity) our RCI would increase from 120 to 121.

Please see below table showing the demand plan for Adult Critical Care for 2013/14

ITU			
XC02Z	Adult Critical Care - 5 Organs Supported	244	405,201
XC03Z	Adult Critical Care - 4 Organs Supported	567	870,847
XC04Z	Adult Critical Care - 3 Organs Supported	482	661,827
XC05Z	Adult Critical Care - 2 Organs Supported	292	333,100
XC06Z	Adult Critical Care - 1 Organs Supported	335	279,399
XC07Z	Adult Critical Care - 0 Organs Supported	27	6,785
$ICUACREV	11/12 Intensive Care Accrual Reversal	0	£0
$WIPACR	Intensive Care Accrual	0	£11,620
Summary: Adult Critical Care		**1,946**	**2,568,778**

Coronary Care costs are allocated to patients on CCU under the consultant specialty for the patient's episode. Therefore at month 6 2013-14, Coronary Care costs are allocated by length of stay to patients mainly under General Medicine (70% of patient stays), Cardiology (23%), and the remainder to Rehab, General Surgery, Urology etc (7%). For this reason any changes to CCU costs affect these specialities dependant on activity levels for both Reference Costs and SLR performance. The current bed day cost for a 24 hour Coronary Care stay is £437, as

an indicator, as with the ICU example above, assuming activity remains the same, the additional £32k (£56k-£24k) cost to the ward would increase the bed day rate on CCU to £450 per bed day.

These examples are indicators as to the additional cost only on our **current** activity. Different activity levels will affect the average costs and therefore the tariff income we would receive. Increasing activity would bring our RCI score down on average, and increase income. Combining the Units appears to have the effect of reducing pay costs but will not be realized until 2016-17.

Its difficult to say what the effect on the RCI score this will have, though because the HDU beds will attract the additional £350k income from tariff (not currently recorded as HDU activity – see table below), in future this activity will be measured against HDU national average thus our RCI will reduce accordingly. This is why SLR is a more accurate indicator, as we can see the potential additional income against the additional expense.

Potential HDU income	Tariff	No of bed days available	Expected occupancy at 88%	Funding expectation at 88% occupancy	Expected occupancy at 90%	Funding expectation at 90% occupancy	
0 organ supported	251	730	642.4	£161,242.40	657	£164,907.00	Minimum
1 organ supported	833	730	642.4	£535,119.20	657	£547,281.00	Maximum
Weighted average considering 1:1				£348,180.80		£356,094.00	Likely

As the business case states the benefits will be realised starting 2016/17 –

Additional expenses re business case (depreciation etc -Cost	£56,000
Additional staffing ICU HDU (cost)	£198,609
Additional income HDU (Income)	£348,180
Reduction in CCU staffing (saving)	£337,618
Annual net effect (reduction)	£431,189

The above shows a reduction in costs for CCU as it has gone from 18 to 10 beds. This is possible due to Medical outliers currently on CCU, who can be housed on medical wards.

Once the changes are implemented and we are recording the additional HDU income, and the CCU staffing has been reduced, this will reduce our reference costs for both services. The initial increase in expenditure to reconfigure ICU and

CCU will have a relatively small effect on our reference costs and Service Line Reporting position **before** the above efficiencies are realised. Longer term we will benefit from attracting the higher income tariffs for HDU patients as they are currently not being recorded as such, which will cover the additional staffing requirements on ICU, coupled with the lower CCU staffing level.

The second wave of Transformation will be picked up in the transformation programme for 2014-15. This will include a review of the medical workforce, redesigning the workforce model and consideration to the Advanced and Associate Practitioner roles in critical care.

Timeline

Below we have highlighted the timeline requirements for this development, which includes the consultation exercise.

Business Case Milestones	Delivery Date
Development of initial business Case	11/11/13
Completion of Business Case	18/11/13
Acute Clinical Directorate Board for approval	20/11/13
Estates Delivery Board for approval	03/12/13
Capital Investment Group Approval	10/01/14
Trust Executive Committee (TEC)	20/01/14
Finance Investment and Workforce Committee	22/01/14
Board Approval	29/01/14
Build Milestones	**Delivery Date**
P21+ stage 3 detailed design and GMP	30.1.14 to 4.4.14
P21+ Stage 4 Construction	14.4.14 to 19.12.14

Timeline for building works - plan 1									
	Dec '13	**Jan '14**	**Feb '14**	**Mar '14**	**Apr '14**	**May '14**	**Jun '14**	**Jul '14**	
Winter beds open									
Orthopaedic work starts									loss of 6 beds(placed on st helens
MAU external work begins									
Orthopaedic work ends									(Net loss of 3 beds from orth)
Discharge lounge moves to Level C when work completed									
Small works and deep clean of vacated Newchurch template									
Winter beds close 28th March									
Deep clean at weekend to enable MAU to move in									
MAU moves to 18 Whippingham beds on 31st March									Loss of 5 beds from MAU/ (Emerg surgery in st helens and Whip 17 beds)
Internal work starts on MAU patient area									
Appley relocates to Newchurch template for dementia work									Loss extra 13 beds (18 total)
Dementia work starts									
Appley returns , Colwell relocates to Newchurch									Remain 18 beds down
Colwell returns at end of month									Now 5 beds down
CCU moves into Newchurch									Loss of 3 beds (8 total)
	Aug '14	**Sep '14**	**Oct '14**	**Nov '14**	**Dec '14**	**Jan '15**	**Feb' 15**	**Mar '15**	
MAU internal work continues									Remain 8 beds down
MAU returns to refurbished space 1st Dec									Now 3 beds down
CCU remains on Newchurch									
CCU returns to refurbished space									
ICU relocates to CCU refurbished space									
Work on turning old ICU into Endoscopy can begin									

If we move staff when we have reduced beds we can move them to keep open the 4 contingency beds on Rehab with only a reduction of 14 beds for 9 months

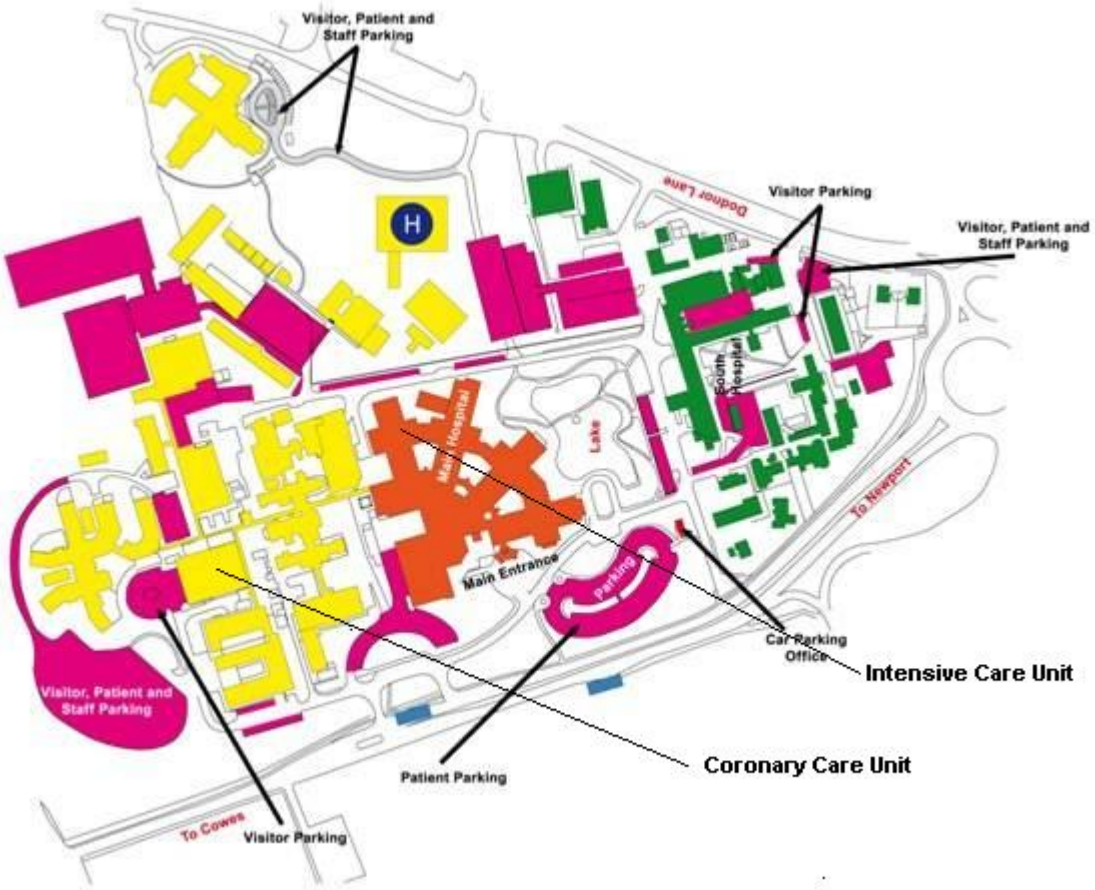
Section 9 Conclusion

Option 3 is the preferred option for the Acute Clinical Directorate as it provides us with accommodation that is fit for purpose and meets infection control and mixed sex requirements, whilst also providing an opportunity to ensure our ICU and CCU are both sustainable now and in future while also creating additional HDU beds and associated income.

This option is deliverable subject to January 2014 approval of the business case at Trust Board and will not impact on patient areas during the busy winter period. The programme for the build has been designed to dovetail with other building projects within the organisation to ensure that it minimises disruption at our busiest times.

Appendix A

Site map showing current unit locations – preferred option see both located in Coronary Care Unit template



Appendix B

Levels of care -definitions

The Intensive Care Society (ICS) definitions for classification of critical care patients according to clinical need as follows:

Level 0

Patients whose needs can be met through normal ward care in an acute hospital.

Level 1

- Patients recently discharged from higher levels of care
- Patients in need of additional monitoring/clinical interventions, clinical input or advice
- Patients requiring critical care outreach service support

Level 2

- Patients needing pre-operative optimisation
- Patients needing extended postoperative care
- Patients stepping down to Level 2 care from Level 3
- Patients receiving single organ support (basic respiratory, basic and advanced cardiovascular, renal, neurological, dermatological support)

(exceptions: Basic Respiratory and Basic Cardiovascular Support occurring simultaneously without any other organ support should be considered as Level 2 and Advanced Respiratory Support alone is Level 3)

Level 3

- Patients requiring advanced respiratory support alone or

- Patients receiving a minimum of 2 organs supported

Appendix C

Engagement Checklist

Stakeholder	Stake in project	Potential impact on project	What is expected of stakeholder	Perceived attitudes and/or risks	Stakeholder management strategy	Responsibility	Evidence of Approval
Estates	Process owner	High	Will undertake all building works	Fully engaged	Regular telephone updates and meetings with Project Manager	Project Manager	Emails contact/ have led meetings on this development
ICU and Cardiology Consultants	Process owner	High	Working knowledge of area. Will support delivery of key aspects of this project	Fully engaged	Involve from the outset	Project Manager	Attendance to planning meetings, emails and verbal 1:1 meetings with Lead for critical care services
ICU/CCU senior Nursing Team	Process owner	High	Working knowledge of area. Will support delivery of key aspects of this project	Fully engaged	Involve from the outset	Project Manager	Attendance to planning meetings and 1:1 meetings with Matron/Lead for CCS and discussed at ward meetings
Lead Respiratory Consultant	Process owner	High	Will support delivery of key aspects of this project	Fully engaged	Involve from the outset	Project Manager	X2 meetings with Lead for Critical Care

Stakeholder	Stake in project	Potential impact on project	What is expected of stakeholder	Perceived attitudes and/or risks	Stakeholder management strategy	Responsibility	Evidence of Approval
							services
Critical Care Delivery Group	Process owner	High	Internal group that will provide professional advice and support to the change process and monitor progress and impact	Fully engaged	Involve from the outset	Chair of the CCDG	Discussed and minuted at meeting
Associate Director	Project Lead	High	Break down barriers, commitment to drive through change	Fully engaged	Regular face to face updates and meetings with Project Manager	Project Manager	Given 1:1 updates on project progression
Communications Team	Responsible for trust-wide communications	High	Assist with dissemination of information and planning communications	Fully engaged	Seek advice when necessary and engage support in getting messages across. Keep public informed	Project Manager	Due to time limits on this case wider consultation not fully undertaken BUT discussed informally by the ICU/CCU senior team with others
Health & Safety	Statutory compliance with regulations	High	To ensure all aspects of health & safety are adhered to with the new developments	Fully engaged	Work with design team to ensure compliance. Involve at planning stage	Capital Planning and Development Manager	Engaged with details via estate team and email conversations
Fire Manager	Statutory compliance with regulations	High	To ensure all aspects of fire safety are adhered to with the new	Fully engaged	Work with design team to ensure compliance. Involve	Capital Planning and Development Manager	Engaged by the estates team

Stakeholder	Stake in project	Potential impact on project	What is expected of stakeholder	Perceived attitudes and/or risks	Stakeholder management strategy	Responsibility	Evidence of Approval
			developments		at planning stage		
Head of Information technology	Process owner and Line Manager to Switchboard	High	To ensure all IT / telephone equipment is compliant with existing software / systems, oversee installation of said systems	Fully engaged	Seek advice where necessary. Involve at planning stage	Capital Planning and Development Manager / Project Manager	Attended the first planning meeting and future engagement via the estates team
External Contractors	Process owner	High	To undertake building works as directed by the Estates team	Engaged	Full liaison with Capital Planning and Development Manager	Capital Planning and Development Manager	Involved and consulted by estates team
Medical Electronics	Process owner	High	To advise on all aspects of medical electronics within the new area	Fully engaged	Seek advice where necessary. Involve at planning stage	Capital Planning and Development Manager / Project Manager	Involved with all planning meetings and discussions
Infection Control Team	Statutory compliance with regulations	High	To advise on all aspects of infection control within the new area	Fully engaged	Seek advice where necessary. Involve at planning stage	Capital Planning and Development Manager / Project Manager	Attended the first planning meeting and future engagement via the estates team
Human Resource Team	Advise on HR related issues	High	To advise on potential / actual HR related issues	Fully Engaged	Part of the Over arching project Board	Project Manager	Made aware of the changes and supporting the development of the change papaer

Stakeholder	Stake in project	Potential impact on project	What is expected of stakeholder	Perceived attitudes and/or risks	Stakeholder management strategy	Responsibility	Evidence of Approval
Contracts	Advise on contract related issues	High	To advise on potential / actual contract related issues	Fully Engaged	Part of the Over arching project Board	Project Manager	Made aware of this project
Finance	Support in developing this case	High	To support accurate costings and financial benefits of this scheme	Fully Engaged	Part of the Over arching project Board	Project Manager	Involved from the outset of this project
Regional Critical Care Network	To ensure the IOW has a clinically safe ICU and CCOS provision	High	To undertake a peer review and use as a source or support and professional advise during this change process	Fully engaged	Seek advice where necessary. Involve at planning stage	Project Manger and L.Webb and S.Maternik	Made aware of this development at the network meeting by Matron

Stakeholder	Frequency of Communication	Means of Communication
Estates	Weekly	Telephone, email, face to face
ICU and CCU Consultants	Weekly	Telephone, email, face to face
ICU and CCU senior Nursing team	Weekly	Telephone, email, face to face
Associate Director	Weekly	Project Manager updates
Communications Team	At outset then as and when necessary	Email, local newspaper, e-bulletin etc
Health & Safety	At outset then as and when necessary	Telephone, email, face to face
Fire Manager	At outset then as and when necessary	Telephone, email, face to face
Head of Information technology	At outset then as and when necessary	Telephone, email, face to face
External Contractors	At outset then as and when necessary	Via Estates team
Medical Electronics	At outset then as and when necessary	Telephone, email, face to face
Infection Control Team	At outset then as and when necessary	Telephone, email, face to face
Human resources	Monthly	Project meetings and project update reports, telephone , email
Wider Clinical teams that are involved with the delivery of ICU and CCU service(AHPs/ Consultants etc)	At outset then as and when necessary	Project update reports
Contracts	At outset then as and when necessary	Project update reports

Quality Impact Assessment / Risk log Appendix D

Ref	Author	Date Identified	Date Last Updated	Description	Proximity	Likelihood	Severity / Consequence	Mitigating actions	Likelihood	Severity / Consequence	Owner	Current Status	Current Risk Score	Future Risk Score
1	MB	28.11.13	28.11.13	Care of patients during transition period due to decant to another ward	Apr-14	Certain	Moderate	Raise staff awareness, ensure all necessary equipment etc is available and appropriate signage is in place to redirect visitors	Rare	Minor	Project Manager		15	2
2	MB	28.11.13	28.11.13	Reliant on vacation of Newchurch Ward as other areas would be inappropriate to decant to	31/03/2014	Certain	Major	Close working with Estates to ensure that the projects dovetail	Rare	Minor	Project Manager		20	2
3	MB	28.11.13	28.11.13	Patients will be housed temporarily in an area that is not currently a designated high dependency area	31/03/2013	Certain	Moderate	Close working with Estatesand ward staff to ensure that risks are minimised or eradicated and every effort has been made to minimise impact on patients and keep the area safe. Re-designate the area in advance of building works	Rare	Minor	Project Manager		15	2

Quality Impact Assessment

Isle of Wight NHS Trust

QuinCE reference number	0	Maximum Risk Score	0
Title	Intensive care and conronary care unit intergration	CIP Lead	Shane Moody
Brief description of the proposal:	This scheme outlines the case for integrating ICU and CCU into one area within the current estate foot print. This wo		

Answer positive/negative (P/N) in each area. If N score the impact and likelihood using the drop downs.

Area of Quality	Impact question	P/N	Impact	Likelihood	Score
Duty of Quality	Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?	P			0
Patient Safety	Could the proposal impact positively or negatively on any of the following - safety, systems in place to safeguard patients to prevent harm, including infections?	P			0
Clinical Effectiveness	Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?	P			0
Patient Experience	Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care?	P			0
Prevention	Could the proposal impact positively or negatively on promotion of self-care and health inequality?	P			0
Productivity & Innovation	Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?	P			0

Positive impacts	Please describe your rationale for any positive impacts here: This development will result in all level 2 and 3 care to be co located in one area which will result in consistent standards of care and outcomes for these patients and a integrated nursing workforce increasing our resilience in times of surge on the demand for level 2/3 beds. This will also reduce the WTE costs needed to run the combined unit and also reduced aassociated overhead costs of running 2 separate services.
Negative impacts	Please describe your rationale for any negative impacts here: Distance from theatre and a physical slope in the corridor to and from the proposed integrated ICU/CCU
Mitigation	Please describe any Mitigation here: We have put in the cost of this business case a specialised bed pusher to mitigate the manual handling concerns. The distance between ICU and Theatre has only been identified as a concern for non heart beating donors and this risk has been mitigated by the clinical team with regard to how they can get the patient in theatre in 5 minutes (solution- withdraw treatment in theatre and/or plan withdrawal of treatment ensuring all elements are ready to mobilise i.e. porters, theatre team etc). The remaining patients that will go between theatre and ICU should be moved using national standards for transferring critically ill patients(this means the same level of care that is provided in ICU is maintained the same while moving the critically ill (i.e. between theatre and ICU).
Quality Indicator(s)	Please list your Quality Indicator(s) here: patient experince, complaints,compliments,pressure ulcers, ICNARC standards/audit for ICU, MINAP Adult for CCU,LOS,HCAIs
KPI Assurance - Sources & Reporting to Monitor Quality Indicator(s)	Please list your KPI Assurance here: These will be reported monitored at service level and reported as per directorate and organisational governance structures for monitoring/reporting quality

Signature - Clinician:		Date:	
Signature - Chief Nurse:		Date:	
Signature - Medical Director:		Date:	

Enc L

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD ON 29 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 January 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

Following correspondence from the Trust Development Authority (TDA) confirming changes to FT application arrangements, the FT application timeline has been revised and agreed with the TDA and is attached as Appendix 1. On our current trajectory Foundation Trust status is likely to be achieved in March 2015. This assumes that we will be included in the first wave of Chief Inspector of Hospitals assessments in quarter 1 2014/15.

On our current trajectory the final draft IBP is scheduled for submission to the TDA on the 31 March 2014 with the final submission currently scheduled for 20 June 2014. We have been advised that feedback on the initial draft Integrated Business Plan submitted to the TDA on 2 December 2013 will be provided before the end of January 2014. Whilst awaiting feedback from the TDA work continues to develop the IBP further.

4. Communications and Stakeholder Engagement

A firm focus remains on membership recruitment activity. As at 17 January 2014 the Trust has 3859 public members and is making good progress towards the next target of 4000 members by April 2014 agreed with the Trust Development Authority (TDA). The table below identifies the current membership breakdown by constituency:

Constituency	Membership	Required before election
North and East Wight	1087	500
South Wight	996	500
West and Central Wight	1392	500
Elsewhere ('Off Island')	384	250
Total	**3859**	**1750**

With almost 4000 members, there is a focus now on membership retention as we continue to grow the membership. The Membership Manager has consulted with the Foundation Trust Network (FTN) and is undertaking research across the sector to identify current best practice.

The first members' magazine, which includes local stories around Foundation Trust membership and health care services has been produced. This will be distributed to all public members at the end of January 2014. To minimise postage costs copies are being provided at A5 size to those members who have requested printed copies. Many

members have indicated their willingness to receive communications electronically and we are encouraging more members to use this method of communication.

Following the success of the 'Medicine for Members' event in November 2013, a repeat event has been booked for the 31 January 2014 to capture those who were not able to attend the first event.

A second Governor Development day has been scheduled for the 10 February 2014 following the successful event held in September 2013. There will be priority booking for those who were unable to attend on the 30 September 2013. Speakers from Portsmouth Hospitals Trust and Southampton University Hospital FT Councils of Governors have been invited. The emphasis for this event will be on the development of staff governors.

Work is also ongoing to ensure that our membership is demographically representative. A staff 'opt in' and engagement campaign is also planned to take place in early 2014.

With the departure of Margaret Eaglestone at the beginning of December the Trust has appointed Sarah Morrison to become the Trust's Membership Officer. Sarah started in the Trust's corporate Communications, Engagement and Membership Team on 13th January 2014.

5. Key Risks

Our current timeline is dependent upon the Trust receiving a visit from the Chief Inspector of Hospitals in quarter 1 2014/15 and the outcome of that inspection being a 'good' or 'outstanding' rating. There is a significant risk that the Trust will not receive a visit during this period given the extent of the CIH assessment programme and the lack of a developed methodology for the assessment of ambulance services. The TDA have recommended to the Care Quality Commission that we are included within the next wave of inspections. However, 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 and revisions to the application process have mitigated any potential delay.

The successful submission of the draft IBP and initial two year operating plans suggests that current business continuity arrangements around the Business Planning function are working effectively. However, as we approach year end there are significant risks relating to our capacity to ensure that robust plans are put in place in advance of 1 April 2014. Work is ongoing to identify pinch points to ensure that resource can be effectively aligned against product requirements.

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

6. Recommendation

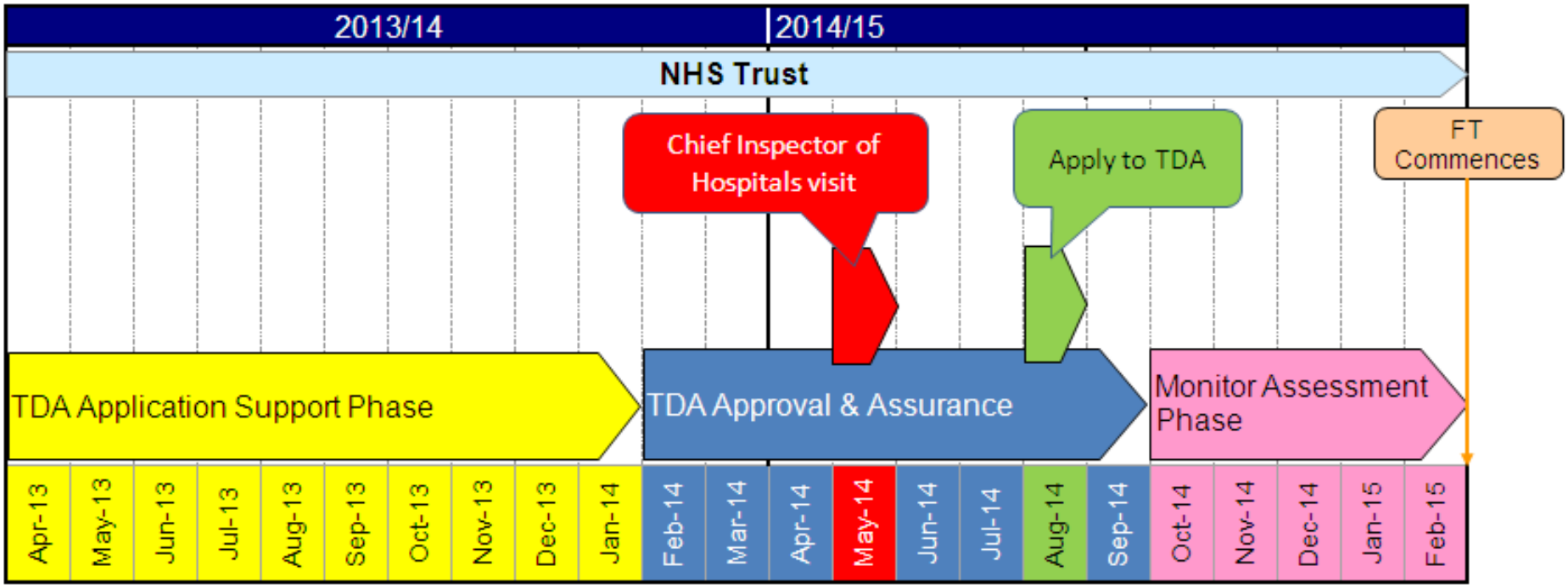
It is recommended that the Board:

(i) Note this update report

Mark Price
FT Programme Director/Company Secretary
20 January 2014

FT Application Timeline

APPENDIX 1



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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD 29 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	22 January 2014
Executive Board	
Foundation Trust Programme Board	
Mental Health Act Scrutiny Committee	
Nominations Committee (Shadow)	
Planned Directorate Board	
Quality & Clinical Performance Committee	22 January 2014
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 January 2014 Trust Development Authority (TDA) self-certification return covering December 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 January 2014

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 December 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. Advice is being sought from neighbouring Trusts with respect to their treatment/interpretation of Board Statement 5. This position is reflected within the draft sample return document (Appendix 1a) and the Board Statement Assurance Documents (Appendix 2).

Licence Conditions

2. Compliance is confirmed at present against 10 of the 12 Licence Conditions. Condition G8 remains confirmed as non-compliant with a target date to achieve compliance by 31 March 2014 and condition G4 remains on target for completion by 31 March 2014. This position is reflected within the draft sample return document (Appendix 1b) and the Licence Condition Assurance Documents (Appendix 3).

Foundation Trust Milestones

3. A revised timeline has been agreed with TDA following their guidance on the FT assessment process issued in December 2013. 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 January 2014

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-Mar-14	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-Mar-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 May 2014	On target	
5	Board to Board meeting with TDA	Late July 2014	On target	
6	Final IBP/LTFM Submission	20-Jun-14	On target	
7	TDA approval to proceed and application to Monitor	18-Sep-14	On target	

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 29 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 January 2014 recommended changes to Assurance RAG ratings.			
Action required by the Board:	**Receive**		**Approve**	X

Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)	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, with no new Risks introduced since the December 2013 report.

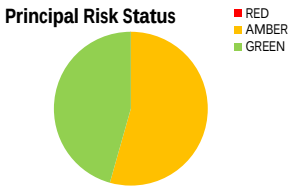
The exception report details the 6 recommended changes to the Board Assurance RAG ratings of Principal Risks: 2 changes from Amber to Green for 3.2 and 6.2; and 4 changes from Green to Amber for 5.7, 7.5, 7.26 and 9.15.

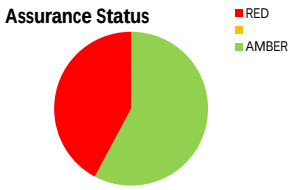
For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	All five goals		
Critical Success Factors *(see key)*	All Critical Success Factors		
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	All Principal Risks		
Assurance Level ***(shown on BAF)***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

Date: 17 January 2014 **Completed by: Brian Johnston**

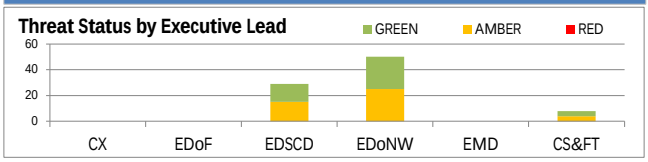
BAF Status Report

Isle of Wight NHS Trust

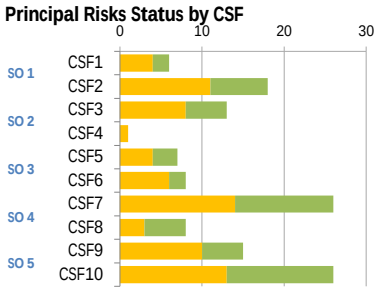


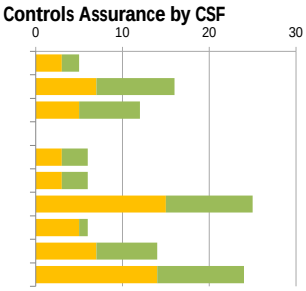


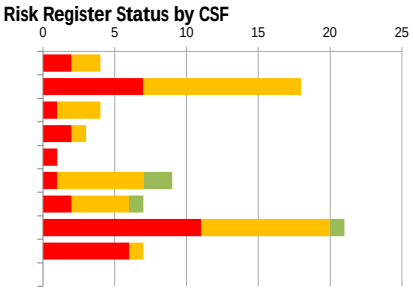
Principal Risks:	128	Aligned Risk Register Risks:	76



Strategic Objective & Critical Success Factor Status Overview







BAF
Increased Scores

4

Reduced Scores

2

Commentary

Principal Risks:
TWO Principal Risks are recommended for changes from Amber to Green
FOUR Principal Risks are recommended for changes from Green to Amber

No New Risks rated Red to date have been added to the Risk Register since the last report

No changes to previously notified Risk scores since the last report

Recommended changes to BAF assurance ratings, NEW BAF entries, Risk Scores and identification of NEW risks

Ref.	Exec Lead	Title/Description	Assurance Rating Current	Assurance Rating Change to
CSF3.2	EDSCD	3.2 (9.11) The vision has been developed solely within the Trust Board and by a small team before presentation for approval/ sign-off (O11) Chief Executive	Amber	Green
CSF6.2	CS&FT	6.2 (9.64) The Trust has poor local representation and a poor profile within its membership (O53) FT Programme Director	Amber	Green
CSF7.5	EDoF; EDoNW	7.5 (5.10) Activity is significantly in excess of plan during the first quarter of the current financial year (F14) Executive Director of Finance	Green	Amber
CSF5.7	EDSCD	5.7 (8.5) There is a history of insufficient planning, or plans causing performance exceptions. (Q37) Executive Medical Director/ Executive Director of Nursing and Workforce	Green	Amber
CSF7.26	EDoF; EDoNW	7.26 (5.47) Capacity requirements in supporting functions required to deliver CIPs are not understood and/or deliverable (F28) Executive Director of Finance	Green	Amber
CSF9.15	EDoNW; EMD	9.15 (5.39) No mention of the importance of financial awareness and staff individual/collective roles made at induction (F27) Executive Director of Finance	Green	Amber

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 CSF3 **Lead: Executive Director of Strategy & Commercial Development / Executive Medical Director / Executive Director of Nursing and Workforce** **Continuously develop and successfully implement our Business Plan** Links to CQC Regulations: 10, 22					MEASURES: **Integrated Trust Business plan** **Directorate business plans** **Directorates delivery of Value Improvement Programmes** **National key performance targets**				TARGETS: **Integrated Trust Business Plan approved by February 2014** **Clinical Directorate Business Plans agreed by April 2014/Corporate Enabler (IM&T/Estate/PIDS) Business Plans agreed by May 2013** **Meeting NHS outcomes framework plans by the year end**	
3.2 *(9.11)* The vision has been developed solely within the Trust Board and by a small team before presentation for approval/ sign-off (O11) Chief Executive	**5**	**5**		Big Discussion July - September 2012 FT Consultation plan completed Ten stakeholder letters of support received The vision has been tested and challenged within the Trust before formal sign off Update: January 2014 - Consultation complete in respect of Trust staff plus CCG and Local Authority - action complete and recommend change of assurance rating to green	FT Programme Board,	IBP approved by Board 30/1/13 Updated vision and values included in latest IBP submission	**Green**			Structured engagement plan to be taken forward with senior leaders in Trust, CCG and potential other stateholders. Karen Baker Change of assurance rating from Green to Amber approved June 2013 Update September 2013: Roadshows for engagement exercise underway Update November 2013: Clinical strategy workshops planned for 8th November and 'Beyond Boundaries' presentations being rolled out to other staff groups. Update January 2014: Consultation complete in respect of Trust staff plus CCG and Local Authority. Action complete Recommend change of assurance rating to Green
Principal Objective 3: RESILIENCE - To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector **Exec Sponsor: Chief Executive**										
Critical success factor CSF5 **Lead: Executive Director of Strategy & Commercial Development** **Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients** **Links to CQC Regulations:**						MEASURES: **Enhanced procurement service with Solent Supplies** **Volunteer working performance** **IWC working partnership performance** **EMH partnership performance** **CCG partnership performance** **Commercial Business team performance** **PHT / UHS partnership performance**			TARGETS: **Partnerships contributing £250K savings** **Further evidence of clinical influence on non-pay spend by March 14** **Pathology Consortia proceeding to plan** **All formal partnerships to have agreed terms of reference, joint objectives and shared risk registers** **All key partnerships meet their stated objectives and terms of reference**	
5.7 *(8.5)* There is a history of insufficient planning, or plans causing performance exceptions. (Q37) Executive Medical Director/ Executive Director of Nursing and Workforce	**4**	**4**		The Board is assured of the organisation's performance via the Performance Report and high-level RAG rating of performance. The organisation has demonstrated a consistently good level of performance in the past 12 months across most of its key indicators and targets. Demand Plans are set with commissioners and matched to capacity plans to identify potential areas to be addressed. There is a systematic system for undertaking Market Analysis Board ensures that key information is assimilated into key aspects of strategy	Performance Reviews, Board COO reports, Demand & Capacity Plan and SLA contract monitoring	Board Performance Report, Performance Dashboards, Monthly SLA reviews	Amber			Market analysis and competitor assessment required Update: An annual business planning cycle aligned to IBP to be developed - work in progress. Action complete Karen Baker/Andy Heyes Update December 2012: Proposed template to Exec. Directors in November 12 and to Directorates in December 12. Update January 2013: Business plan template for 13/14 issued. Business Plan meetings with CDs and ADs. Plans to Exec. Board and summary plan to Trust Board in March 2013 Update March 2013: Clinical directorate presenting their plans on 13th March and non-clinical directorates on 15th March. Action complete Change of assurance rating to Green approved March 2013 Update January 2014: (AS) Need to establish when directorates will present their business plans. Recommend change of assurance rating from Green to Amber
Critical success factor CSF6 **Lead: FT Programme Director** **Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA** **Links to CQC Regulations: 10, 15, 16**					MEASURES: **FT Milestones** **Asset transfers** **CIPs/savings plans** **LTFM**				TARGETS: **4000 members to be recruited by December 2013** **Integrated business plan refresh to be submitted by November 2013** **2013/14 Plan on a Page to be complete by August 2013** **Disinvestment Plan to be complete by October 2013**	
6.2 *(9.64)* The Trust has poor local representation and a poor profile within its membership (O53) FT Programme Director	**12**	**12**	**8**	Established part of FT programme plan The Trust has significant local representation and profile within its membership The Trust has strong local representation and a profile within its membership, which it continues to improve. The Trust has developed plans to grow and develop its Governor and Membership base and their capacity/capabilities. Membership recruitment to target	Shadow Nominations Committee FT Programme Board	Draft Membership strategy to be discussed by FT Programme Board in July	**Green**			Action plan in place as part of FT Programme Membership strategy to be produced by November 2012 Mark Price/Andy Hollebon Update January 2013: Membership strategy attached to version 3 of IBP and further version at end January 13 Update April 2013: We have 611 members as of April 2013 and specific targetting now in place and ongoing Update July 2013: 2200 members as at July 13 - good result so far. Still need to recruit more under 18s and work is continuing with recruitment campaign. Update October 2013: Now 3500 members. Some areas are unrepresentitive and plans are in place to address this ongoing issue. Update January 2014: Now have 3841 members and local representation (ie IW residents) makes up 90%+ of the membership. This is not expected to be an issue for us. 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 4: PRODUCTIVITY - To improve the productivity and efficiency of the Trust, building greater financial sustainability **Exec Sponsor: Executive Director of Finance**										
<u>Critical success factor CSF7</u> **Leads: Executive Director of Finance, Executive Director of Nursing and Workforce** **<u>Improve value for money and generate our planned surplus whilst maintaining or improving quality</u>** 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**		
7.5 *(5.10)* Activity is significantly in excess of plan during the first quarter of the current financial year (F14) Executive Director of Finance	**12**	**8**		A broad range of external stakeholders have been consulted in the development of the plan and there is alignment in the financial priorities, activity profiles and performance expectations with risks identified, quantified and reflected within the Financial Plan Appropriate systems are in place to monitor the activity levels against plan	Operating Plan process including SHA scrutiny and approval. Trust Board Papers and Sub Committee Papers. Trust's Financial plan (revenue and capital). Budget setting framework document.	Operating Plan process including SHA scrutiny and approval. Trust Board Papers and Sub Committee Papers. Trust's Financial plan (revenue and capital). Budget setting framework document.	**Amber**			**Mark Pugh/ADs/Iain Hendey** Update April 2013: (IH) Overall the 12/13 contract outturn value is close to plan, although there are some areas of overperformance. Overperformance has been taken into account as part of the demand setting process for 13/14 activity plans. Update June 2013: (IH) This risk relates to Q1 2013/14, appropriate systems are in place to monitor the activity levels against plan and the M1 position shows only a minor variance. **Change of assurance rating to Green approved July 2013** Update October 2013: (IH) Current contract position shows significant underperformance against plan. Systems are in place to continually monitor this postion and corrective action plans have been developed for specific areas of concern. **Update January 2014: (IH)** The Contract position remains below plan overall. Ongoing monitoring is established. **Recommend change of assurance rating from Green to Amber** **Review date: February 2014**
7.26 *(5.47)* Capacity requirements in supporting functions required to deliver CIPs are not understood and/or deliverable (F28) Executive Director of Finance	**6**	**9**		PMO is appropriately resourced with clear accountability through to delivery system. Clear roles and responsibilties available on the intranet	Transformation and Integration Team/Project structure	Finance review meeting notes; Individual Cases for Change and Assurance Process	**Amber**	Insufficient Project Managers to deliver Transformational Projects. Review required to ensure Transformation and Integration Team is appropriately resourced with clear accountability through to delivery system.		Ensure PMO is appropriately resourced **Chris Palmer/Donna Collins** **Update January 2014: (DC)** PDC funding is providing temporary project support to March 2014. Additional resources identified for Transformation Team in April 2014 from the proposed directorate merge. Advised that the deep dive to review this as part of the commercial restructure. **Recommend change of assurance rating from Green to Amber** **Review date: March 2014**
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**		
9.15 *(5.39)* No mention of the importance of financial awareness and staff individual/collective roles made at induction (F27) Executive Director of Finance	**8**	**12**		All staff members are introduced to financial awareness through the induction process and regularly informed of progress through cascade briefings	Induction programme coverage.	HR performance reports to Board	**Amber**	**All staff members are introduced to financial awareness through the induction process**	**Finance session removed from Corporate Induction**	Consideration of reinstatement of financial awareness within corporate induction **Alan Sheward/Jackie Skeel** **Review date: February 2014**

<u>Board Assurance Framework column headings:</u> Guidance for completion and ongoing review (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 OR Effective controls in place with positive assurance available to Board and action plans in place which the Executive Lead is confident will be delivered on time = GREEN (+ add review date); Effective controls mostly in place and some positive assurance available to the board . Action plans are in place to address any remaining controls/assurance gaps = AMBER; Effective controls may not be in place or may not be sufficient. Appropriate assurances are either not available to Board or the Exec Lead has ongoing concerns about the organisations ability to address the principal risks and/or achieve the objective = RED (NB - Board will need to periodically review the GREEN controls/assurances to check that these remain current/satisfactory)
<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)
Assurance Framework 2013/14 working document - August 2013. Guidance last updated December 2009.

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Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 – Public)

ON 29th January 2014

Title	Terms of Reference for Remuneration & Nominations Committee		
Sponsoring Executive Director	Company Secretary		
Author(s)	Company Secretary		
Purpose	To approve the Terms of Reference for the new Trust Board sub committee		
Action required by the Board:	£ Receive	R 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	08/01/14
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
None			
Executive Summary:			
As preparation for FT Status it is proposed to combine the Remuneration Committee and the Nominations Committee have been combined in line with Foundation Trust best practice. The new sub-committee will be called Remuneration & Nominations Committee and will commence from 1st February 2014. The Terms of Reference are presented for approval.			
For following sections – please indicate as appropriate:			
Trust Goal *(see key)*	Workforce		
Critical Success Factors *(see key)*	CSF10		
Principal Risks ***(please enter applicable BAF numbers – eg 1.1; 1.6)***	9.63		
Assurance Level ***(shown on BAF)***	£ Red	£ Amber	¢ Green
Legal implications, regulatory and consultation requirements	The structure and governance arrangements for our board sub-committees are maintained in accordance with our constitution and standing orders		
Date: **14th January 2014**	**Completed by: Mark Price**		

Isle of Wight NHS Trust

Remuneration & Nominations Committee

Terms of Reference

Document Type:	Committee Terms of Reference
Date document valid from:	8th January 2014
Document review due date:	8th January 2015

AUDIT TRAIL:

Dates reviewed:	23 December 2013 02 January 2014	**Version number:**	V3/2014
Dates agreed:		**Version number:**	2
Details of most recent review: (*Outline main changes made to document*)		Update format of document · Combine the existing Remuneration Committee & Nominations Committee (Shadow) into a combined committee in line with FT guidance.	
Signature of Chairman of Committee: **Print Name:** Danny Fisher **Post Held:** Chairman of Committee **Date: 8th January 2014**			

Trust Board Approval Authorised Signature	
Authorised by:	**Danny Fisher**
Signed: ***Date:***	
Job Title:	**Chairman of Trust**
Approved at:	**Trust Board**
Date Approved by Trust Board:	**29th January 2014**

REMUNERATION & NOMINATIONS COMMITTEE

TERMS OF REFERENCE

1. MAIN PURPOSE

1.1. The main purpose of the committee will be to decide on the appropriate remuneration, allowances and terms of and conditions of service for the Chief Executive and other Executive Directors including:

a) All aspects of salary (including performance related elements/bonuses)
b) Provisions for other benefits.
c) Arrangements for termination of employment and other contractual terms.

1.2. The principal role of a Nominations Committee for a Foundation Trust is the identification and nomination of both Executive Directors to the Board and Non- Executive Directors to the Council of Governors who are responsible for these appointments. In view of the difference in governance arrangements between NHS Trusts and Foundation Trusts this cannot be replicated during the period leading up to FT authorisation. However a shadow Nominations Committee will focus upon all aspects of the planning for the current NHS Trust Board and the future Foundation Trust Board of Directors.

2. MEMBERSHIP & QUORUM

2.1 Membership

2.1.1 The Committee will consist of 5 members

2.1.2 The following membership will be approved by the Board:

- Trust Chair (Chair of the Remuneration & Nominations Committee)
- Trust Vice Chair
- All Substantive other Non-Executive Directors

2.1.3 Committee attendees (subject to agenda) proposed as:
Regular Support from:

- Chief Executive Officer
- Executive Director of Finance
- Executive Director of Nursing and Workforce
- Foundation Trust Programme Director / Company Secretary

Additional Ad Hoc Support from:

- Other NHS staff as required for specific agenda items
- External staff as required for specific agenda items
- A nominated deputy may be sent where Executive Directors are unable to attend.

2.1.4 The Chief Executive and Executive Directors will not be present for discussions about their own remuneration and terms of service but may be invited to attend meetings to discuss other individuals' terms as appropriate.

2.1.5 The Chief Executive, Executive Director of Finance and Executive Director of Nursing & Workforce will be regular attendees of the Committee and the Committee will be advised by the Company Secretary and supported administratively by the Trust Board Administrator, who will act as Committee Secretary. When undertaking work for the Committee, the Company Secretary shall be solely responsible to the Chair of the Committee.

2.1.6 There may be items of business which the Chairman and Non-Executive Directors determine are inappropriate for executive attendance and will be reserved for members only

2.2 Quorum

2.2.1 A quorum will be 3 Non-Executive Directors (including the Chair or Vice Chair).

2.2.2 A Designate Non-Executive Director can also be included as part of the quorum, should they become a member.

2.2.3 The Chairman of the Board will be the appointed Chair of the Committee as agreed by the Board.

2.2.4 In the absence of the Board Chair, the Vice Chair will act as Chair.

2.2.5 In line with Standing Orders 4.12.5 Electronic Communication, the meeting minutes must state whenever a member/director was in attendance via electronic communication. In order for the meeting to be quorate the member/director must have been able to communicate interactively and simultaneously with all parties attending the meeting for the whole duration of the meeting, so that all members/directors were able to hear each other throughout the meeting.

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3. ATTENDANCE AT MEETINGS

3.1 It is agreed that all members should attend a minimum of 4 out of the 6 scheduled meetings per year.

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4. FREQUENCY OF MEETINGS

4.1 The Committee will meet bi monthly.

4.2 The Chair of the Committee may call for additional meetings should the need arise.

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5. DELEGATED AUTHORITY

5.1 The Remuneration & Nominations Committee is a formal sub-committee of, and directly accountable to, the Trust Board with delegated authority to decide the remuneration and terms of service of the Chief Executive and Executive Directors.

6. VOTING

6.1 The Remuneration & Nominations Committee will endeavour to make decisions by consensus. Where there is no consensus on a particular matter, that matter may be put to a vote of the members.

6.2 The Chief Executive and Executive Directors in attendance shall not vote.

6.3 In the event of a tied vote, the Chair of the Remuneration & Nominations committee shall have the casting vote.

7. ROLES AND RESPONSIBILITIES

7.1 Remuneration:

7.1.1 To decide and review the terms and conditions of office of the Trust's Executive Directors in accordance with all relevant Trust policies, including:

- Salary, including any performance-related pay or bonus
- Provisions for other benefits, or allowances
- Arrangements for termination of employment and other contractual terms

7.1.2 To monitor and evaluate the performance of individual directors, including the receipt of an annual report on the appraisal of Executive Directors including the Chief Executive.

7.1.3 To adhere to all relevant laws, regulations and policy in all respects, including (but not limited to) determining levels of remuneration that are sufficient to attract, retain and motivate executive directors whilst remaining cost effective. This includes 'Managing Public Money' (HM Treasury), other Treasury, Department of Health and Trust Development Authority guidance.

7.1.4 To advise upon and oversee contractual arrangements for Executive Directors, including but not limited to termination payments.

7.1.5 To consider and seek external approval as required for redundancy payments for all staff above the threshold that requires approval external to the Trust. e.g. from the Trust Development Authority.

7.1.6 To receive a regular report from the Chief Executive on all redundancy payments.

7.1.7 To consider and seek external approval as required for any extra-contractual redundancy severance payments.

7.1.8 To approve the annual Clinical Excellence Awards.

7.2 Nominations:

7.2.1 To regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Board and make recommendations to the Board with regard to any changes.

7.2.2 To give full consideration to and make plans for succession planning for the Chief Executive and other Executive Board Directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed, in particular on the Board in future.

7.2.3 To be responsible for identifying and nominating for appointment candidates to fill posts within its remit as and when they arise.

7.2.4 To consider any matter relating to the continuation in office of any Board Executive Director at any time including the suspension or termination of service of an individual as an employee of the Trust.

7.2.5 To approve and monitor the delivery of the Board Development Programme plan.

7.2.6 To oversee any Board governance assessment of the Trust as part of the Foundation Trust development process.

7.2.7 To consider the engagement or involvement of any suitably qualified third party or advisers to assist with any aspects of the committee's responsibilities for remuneration or nominations.

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8. REPORTING

8.1 The Remuneration & Nominations Committee will record its decisions in formal minutes, a summary of which will be received by the Trust Board. Minutes of the committee will be circulated to members and, if appropriate, to attendees.

8.2 The Committee will prepare an annual report of its activity for consideration by the Audit Committee.

8.3 It is the duty of the Board to uphold the Code of Conduct for NHS Managers, which includes the seven principles of public life (The Nolan Committee), namely: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

8.4 The Remuneration & Nominations Committee will provide a 6 monthly summary report to Trust Board

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9. DUTIES AND ADMINISTRATION

9.1 It is the duty of the Committee to uphold the Code of Conduct for NHS Managers, which includes the seven principles of public life (The Nolan Committee), namely, selflessness, integrity, objectivity, accountability, openness, honesty and leadership, and to maintain the Duty of Candour.

9.2 The Committee will endeavour to uphold the principles and values as set out in the NHS Constitution for England, March 2013.

9.3 The Committee shall be supported administratively by the Committee Administrator, whose duties in this respect will include:

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

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10. MONITORING COMPLIANCE WITH TERMS OF REFERENCE

10.1 These Terms of Reference will be reviewed annually to ensure that the committee is carrying out its functions effectively.

10.2 This annual review will include a self-assessment of performance against the specific duties as listed above, together with a review of attendance at Committee meetings.

10.3 Attendance and frequency of meetings will be monitored by the Committee Administrator and reported back to the Committee on a 6 monthly basis.

10.4 Work of other related committees will be reviewed via their minutes on a monthly basis. This will be monitored by the Committee Administrator and reported back to the Committee on an annual basis

10.5 Concerns highlighted when monitoring compliance with the above will be discussed at the Remuneration & Nominations Committee and referred to the Board immediately.

Isle of Wight NHS Trust

FOR PRESENTATION TO PUBLIC BOARD ON: 29TH JANUARY 2014

Summary of Remuneration Committee Minutes

Qtr 2 - 01/07/13 – 30/09/13 - During the 2nd quarter of the financial year, there was 1 meeting of the Remuneration Committee.

31st July 2013

a) **Employer Based Clinical Excellence Awards 2013:**
Awards details for 2013 were presented and approved by the Committee.

b) **Annual Performance Review of Chief Executive**
The report was approved by the committee.

c) **Appointment of Senior Independent Director:**
Following discussion and vote by members, it was agreed that Charles Rogers be appointed Senior Independent Director.

Qtr 3 - 01/10/13 – 31/12/13 - During the 3rd quarter of the financial year, there were 2 meetings of the Remuneration Committee.

30th October 2013

a) **Redundancy Approval**

Following due process, the Committee agreed and approved a redundancy severance payment with effect from 31st October 2013.

b) **Recruitment of Executive Director of Planning, ICT & Integration and Temporary Arrangements.**
Following the departure of the Executive Director of Strategy & Commercial Development it was agreed to recruit on a substantive basis to the vacant post with the amended title of Executive Director of Planning, ICT & Integration. In the interim period it was agreed to employee a locum interim support director to cover some of the duties of the vacant role.

27th November 2013

a) **Recruitment of Executive Director of Planning, ICT & Integration and Temporary Arrangements Update.**

The arrangements for interviews were confirmed for the new Executive Director role. The continuation of the interim support director was agreed for a further 4 week period.

Mark Price, Company Secretary
15 January 2014

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Isle of Wight NHS Trust

FOR PRESENTATION TO PUBLIC BOARD ON: 29 January 2014

Minutes of the Isle of Wight NHS Trust **Mental Health Act Scrutiny Committee** held on Wednesday 22nd January 2014 in the PMO Office, South Block

PRESENT:	John Matthews	Vice Chair, Non Executive Director (JM)
	Nina Moorman	Non Executive Director (NM)
	Stephen Ward	Mental Capacity Act & Mental Health Act Lead (MML)
	Tracey Hart	Approved Mental Health Professional (AMHP)
	Tim Higginbotham	Service User & Carer Link Co-ordinator (SUCLC)
	Mark Pugh	Executive Medical Director (EMD)
	Nadarasar Yoganathan	Consultant Psychiatrist (CP)
	Tony Gregson	Independent Mental Health Advocate (IMHA)
Apologies:	Peter Taylor	Chair, Non Executive Director
	Jessamy Baird	Designate Non Executive Director
	Jan Gavin	Independent Mental Health Advocate (IMHA)
	Julia Coles	Learning Disability Care Co-ordinator
	Christine Gardner	Service User
Minuted by:	Alison Hounslow	Administrator

Key points from Minutes to be reported to the Trust Board

14/005 **Section 12 Registered Doctors** - A small group of GPs has been recruited to undertake second medical recommendations as part of the Mental Health Act assessment process. The current arrangement is in operation until April. The GPs have agreed to undergo Section 12 training to enable registration. Currently, only one GP will be unable to undertake this training as a psychiatry module was not part of their GP training. The details of training courses in 2014 are now available.

14/006 **Care Quality Commission (CQC) Visit of 18th & 19th December 2013** - The Care Quality Commission (CQC) visited Sevenacres on 18th and 19th December 2013 to monitor assessment and application of detention and admission. The Provider Action Statement has to be returned to the CQC by 3rd March 2014.

14/008 **Operation Serenity** - Operation Serenity is now operating three nights a week and is available on standby during the rest of the week. The current arrangement is deemed to cover 50% of mental health incidents that occur. It is hoped to extend Operation Serenity to operate seven days a week with the priority time being 09.00 - 00.00. The Operation Serenity Lead has put forward a bid for funding from the Clinical Commissioning Group (CCG). Currently, there is no money available so other options will be explored with the Trust and Local Authority.

14/001	**Apologies for Absence, Declarations of Interest and Confirmation that Meeting is Quorate**

Apologies for absence were received from those listed as above.

A Declaration of Interest was received from John Matthews, Vice Chair, Non Executive Director that he is Assistant Coroner for the Isle of Wight.

The meeting was confirmed to be quorate.

14/002	**Minutes of the previous meeting - 23rd October 2013**

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

14/003	**Committee Membership**

This was the final attendance at this Committee for John Matthews. He commented that this Committee was well run, well motivated and acted with the best of intentions. On behalf of the Committee, SUCLC thanked John Matthews for his involvement and support on this Committee.

Dr Nina Moorman was introduced and welcomed to the Committee.

14/004	**Review Terms of Reference**

Due to the changes in Committee membership, the Terms of Reference were reviewed and changes approved. They will be sent to the Board.

14/005	**Matters Arising**

a) MH/006 - Community Treatment Order (CTO) audit:

A copy of the previous audit has been made available to CP and the standards of the audit will be reviewed. The local standards of the CTO policy are based on national standards.

Action Note: MML to meet with CP. Report to MHASC in July meeting.

Action by MML

b) MH/010 - Service User Involvement:

A service user has been identified who is willing to attend Committee meetings. Unfortunately, she is currently unwell and unable to attend today's meeting. The service user is also a wheelchair user and therefore the venue for this meeting would cause a problem. The possibility of moving the Committee meetings to Sevenacres or the Education Centre will be explored.

Action Note: MML to explore alternative venue options.

Action by MML

c) MH/005 - Section 12 Registered Doctors:

A small group of GPs has been recruited to undertake second medical recommendations as part of the Mental Health Act assessment process. The current arrangement is in operation until April. The GPs have agreed to undergo Section 12 training to enable registration. Currently, only one GP will be unable to undertake this training as a psychiatry module was not part of their GP training. The details of training courses in 2014 are now available.

Action Note: MML to review and report.

Action by MML

14/006 Care Quality Commission (CQC) Visit of 18th & 19th December 2013

The Care Quality Commission (CQC) visited Sevenacres on 18th and 19th December 2013 to monitor assessment and application of detention and admission. The feedback has now been received and distributed. It was felt by MML that the initial, verbal feedback was more positive than the written feedback.

The Provider Action Statement has to be returned to the CQC by 3rd March 2014. The areas of concern discussed were:

a) How we will develop alternatives to admission and ensure communications with AMHPs and others about the outcome of referrals for home treatment.
b) How we will monitor the use of section 136, method of conveyance, utilisation of 136 suite and outcome of restraint.
c) How we will recognise the role of carers and improve their Involvement.
d) How we will monitor the use of restraint and subsequent injuries and the use of medication for patients under section 136. How we will review the need for training on the MCA.

Action Note: Committee to be advised of Action Statement delivered to CQC.

Action by MML

14/007 Mental Health Act Administration

a) Workload during Mental Health Act Manager's absence

MML wished the Committee to know the staffing arrangements in the Mental Health Act Office now that the Mental Health Act Manager is on maternity leave.

- The Manager had been full time, staff band 6 with her assistant 0.5 week, staff band 4.
- Currently, the MHA Office Assistant has increased hours to 0.8 week, with additional part time help equivalent to 1 day/week and a Manager has been available on an ad hoc basis.

Concerns were expressed that deadlines could be missed during busy periods. The return date of the MHA Manager is still unknown.

The Committee requested to be kept updated.

Action Note: Staffing levels to be kept under review and Committee updated.

Action by MML

b) Scrutiny of Legal Documents

MML wished the Committee to be aware of issues surrounding the practice of scrutinising section papers. Once completed and sent to the MHA Office for processing, the medical recommendations are sent for medical scrutiny. Standards of scrutiny vary considerably; this can cause amendments and subsequent delays.

MML has sought advice from the Trust Solicitors who state that internal inconsistencies could possibly be challenged. Detailed reasons on medical recommendations cover all required criteria.

MML is to undertake further training with doctors regarding the completion of medical recommendations and the wording used to ensure that criteria are met.

Action Note: MML to undertake training with doctors.

Action by MML

14/008 Operation Serenity

Operation Serenity is now operating three nights a week and is available on standby during the rest of the week. The current arrangement is deemed to cover 50% of mental health incidents that occur. It is hoped to extend Operation Serenity to operate seven days a week with the priority time being 09.00 - 00.00. The Operation Serenity Lead has put forward a bid for funding from the Clinical Commissioning Group (CCG). Currently, there is no money available so other options will be explored with the Trust and Local Authority.

Action Note: MML to discuss with Head of MH, LD and Community Partnerships

Action by MML

Another aspect of Operation Serenity is the Integrated Recovery Plan (IRP). This is aimed at frequent service users and works at developing anticipatory care plans. The IRP is an intensive programme which involves a multi-disciplinary meeting (including Ambulance, A & E, Police and any other relevant agency) with the patient followed by monthly reviews. This has proven very effective. Currently, the number of patients on the IRP is very small, but the expectation is that this number will increase.

ANY OTHER BUSINESS

None

DATES OF NEXT MEETINGS

The Chair confirmed that the next meeting of the Mental Health Act Scrutiny Committee is to be held on Wednesday 16th April 2014 in the Large Meetings Room, South Block.

Meeting closed at 16.35.

Glossary :	MHA	Mental Health Act	IRP	Integrated Recovery Plan
	CCG	Clinical Commissioning Group	CTO	Community Treatment Order