



Trust Board Papers

Isle of Wight NHS Trust

Board Meeting in Public (Part 1)

to be held on

Wednesday 26th February 2014

at

09.30am - Conference Room—Level B

St. Mary's Hospital, Parkhurst Road,

NEWPORT, Isle of Wight, PO30 5TG

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



The next meeting in public of the Isle of Wight NHS Trust Board will be held on **Wednesday 26th February 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: Alan Sheward, Executive Director of Nursing & Workforce (Deputy Director of Nursing will deputise); Andy Heyes, Interim Director of Planning, ICT & Integration	Chair	Receive	Verbal
	1.2	Confirmation that meeting is Quorate <i>No business shall be transacted at a meeting of the Board of Directors unless one-third of the whole number is present including: The Chairman; one Executive Director; and two Non-Executive Directors.</i>	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 29th 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
10:05	5	Chief Executive's Update			
	5.1	The Chief Executive will make a statement on recent local, regional and national activity.	CEO	Receive	Enc C
	5.2	Employee Recognition of Achievement Awards	CEO	Receive	Pres
	5.3	Employee of the Month	CEO	Receive	Pres
10:30	6	Quality and Performance Management			
	6.1	Performance Report	EMD	Receive	Enc D
11:10	COMFORT BREAK				
11:20	6.2	Minutes of the Quality & Clinical Performance Committee held on 19th February 2014	QCPC Chair	Receive	Enc E
	6.3	Minutes of the Finance, Investment & Workforce Committee held on 19th February 2014	FIWC Chair	Receive	Enc F
	6.4	Board Walkabouts Action Tracker	DDN	Receive	Enc G
	6.5	Patient Story Action Tracker	DDN	Receive	Enc H
	6.6	Staff Story	DDN	Receive	Pres
11:30	7	Strategy and Business Planning			
	7.1	2012-13 - Reference Costs	EDF	Approve	Enc I
	7.2	Incident Response Plan (Emergency Preparedness, Reliance and Response Assurance Assessment)	DDN	Approve	Enc J

7.3	Business Planning Process	CEO	Approve	Enc K
7.4	FT Programme Update	FTPD	Receive	Enc L
7.5	FT Self Certification	FTPD	Approve	Enc M

12:10	8 Governance and Administration			
	8.1 Board Assurance Framework (BAF) Monthly update	Comp Sec	Approve	Enc N
	8.2 Minutes of the Audit & Corporate Risk Committee held on 4th February 2014	ACRC Chair	Receive	Enc O
	8.3 Recommendations from Audit & Corporate Risk Committee	ACRC Chair	Approve	Enc P
	8.4 Consolidation of Charitable Funds Accounts	EDF	Approve	Enc Q
	8.5 Vice Chairman of Charitable Funds Committee	CS	Approve	Enc R
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		
	<p>The meeting may need to move into private session to discuss issues which are considered to be 'commercial in confidence' or business relating to issues concerning individual people (staff or patients). On this occasion the Chairman will ask the Board to resolve:</p> <p><i>'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.</i></p> <p>The items which will be discussed and considered for approval in private due to their confidential nature are:</p> <ul style="list-style-type: none"> • Delegation of signatory authority to CEO with regard to Heads of Agreement & Contract for CCG • Delegation of signatory authority to CEO with regard to Contract for NHS England • Reports from Serious Incidents Requiring Investigation (SIRIs) • Safeguarding Update • Employee Relations Issues • 2013 Staff Survey Management Report <p>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.</p>			
	13 Date of Next Meeting:			
	<p>The next meeting of the Isle of Wight NHS Trust Board to be held in public is on Wednesday 26th March 2014 in the Conference Room at St. Mary's Hospital, Newport, Isle of Wight, PO30 5TG.</p>			

**Minutes of the meeting in Public of the Isle of Wight NHS Trust Board
held on Wednesday 29th January 2014
in the Conference Room, St Mary's Hospital, Newport, Isle of Wight**

PRESENT:	Danny Fisher Karen Baker Mark Pugh Chris Palmer Alan Sheward John Matthews Nina Moorman Charles Rogers Peter Taylor	Chairman Chief Executive (CEO) Executive Medical Director (EMD) Executive Director of Finance (EDF) Executive Director of Nursing & Workforce (EDNW) Non Executive Director Non Executive Director Non-Executive Director (Senior Independent Director) Non-Executive Director
In Attendance:	Jessamy Baird David King Jane Tabor Andy Hollebon Mark Price Andy Heyes Brian Johnston Steph Barnes Apollo Estante Laura Moody Catherine Budden Elizabeth Anderson Kay Marriott Aileen Macaulay Emma Eastwood Alison Price Gemma Peacey Chelsey Baker Hilary Salisbury Jackie Humphries Shane Moody Louise Webb Russell Ball Szymon Maternik	Designate Non-Executive Director Designate Non-Executive Director Designate Non-Executive Director Head of Communication FT Programme Director & Company Secretary Interim Director of Planning, ICT & Integration Head of Corporate Governance & Risk Management <i>(for item 14/049)</i> Senior Staff Nurse, Sexual Health <i>(for item 14/035)</i> Staff Nurse – ICU <i>(for item 14/035)</i> Sister - ICU <i>(for item 14/035)</i> Business Manager, Mottistone Suite <i>(for item 14/035)</i> Staff Nurse, Mottistone Suite <i>(for item 14/035)</i> Acting Head of Clinical Services, Community Directorate <i>(for item 14/035)</i> Clinical Lead, Community Rehabilitation <i>(for item 14/036)</i> Community Rehabilitation Administrator <i>(for item 14/036)</i> General Manager, Medical, Emergency & Diagnostic Services <i>(for item 14/035)</i> Resourcing Officer, HR <i>(for item 14/035)</i> Resourcing Officer, HR <i>(for item 14/035)</i> Senior HR Manager <i>(for item 14/035 & 14/045)</i> Resourcing Manager <i>(for item 14/045)</i> Associate Director, Acute Directorate <i>(for item 14/046)</i> Matron - Critical Care Services (ICU/CCU) <i>(for item 14/046)</i> Business Manager <i>(for item 14/046)</i> Consultant Anaesthetist <i>(for item 14/046)</i>
Observers:	Chris Orchin Tina Harris Emma Topping Sara Bryce	Health Watch Chief Executive Officer, Earl Mountbatten Hospice Communications & Engagement Manager IW County Press
Minuted by:	Lynn Cave	Trust Board Administrator

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

**Minute
No.**

14/029 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 Sue Wadsworth, Non-Executive Director.

Apologies were also received from Nancy Ellacott, Patient Council and Mike Carr, Patient Council.

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

The Chairman announced that the meeting was quorate.

14/030 PATIENT STORY

The Chief Executive introduced the patient story. She advised that there was no film this month; instead she would be covering a complaint which occurred last year concerning the death of a patient and the subsequent complaint made by the family.

The Chief Executive gave an overview of the case and explained the nature of the patient's illness and the relatives concerns. She reviewed the findings of the investigation, and the lessons learnt from this case.

The Chairman stated that it was good to show failures as well as good news items in this section to demonstrate how the Trust deals with problems, learns important lessons and how it applies them to working practices.

The Isle of Wight NHS Trust Board received the Patient Story

14/031 MINUTES OF PREVIOUS MEETING

Minutes of the meeting of the Isle of Wight NHS Trust Board held on 8TH January 2014 were approved.

Proposed by John Matthews and seconded by Peter Taylor

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

14/032 REVIEW OF SCHEDULE OF ACTIONS

There were no issues raised.

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

14/033 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 as this was John Matthews' last Board meeting. He hoped he would continue his association with the Trust. He expressed his best wishes for the future.
- b) **Tina Harris** – The Chairman thanked Tina Harris for all her work with the Trust and the Earl Mountbatten Hospice over the years and wished her well in her new role.
- c) **Margaret Pratt** – The Chairman wanted to express the Trusts condolences to Margaret Pratt on the tragic death of her husband whilst in the Caribbean. He reflected on her time with the organisation where she served as both Interim Director of Finance and Interim Chief Executive Officer and that she was a great friend of the Trust. The Chairman stated that everything the Trust could do for her at this sad time would be done.

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

14/034 CHIEF EXECUTIVE'S UPDATE

The Chief Executive presented her report. Areas covered were:

National

- The earlier, the better campaign
- Planning for the future
- New NHS England Chief Executive
- Mental Health Services priorities

Local

- Five Year Health and Social Care Vision
- Community Responder Scheme
- Hand Hygiene Awareness
- Christmas Gifts for Children
- Christmas and New Year Babies
- Christmas and New Year Pressures
- A&E department team building
- Dementia Awareness Day
- Incident Response Exercise at St. Mary's Hospital
- Improving Communication with Patients
- Endoscopy
- Blood Sciences Laboratory

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

14/035 EMPLOYEE RECOGNITION OF ACHIEVEMENT AWARDS

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

- a) **Quality Care & Innovation** – Steph Barnes
- b) **Employee Role Model:** Apollo Estante, Gemma Peacey & Chelsey Baker
- c) **Going the Extra Mile** – Emma Eastwood

The Chief Executive congratulated all recipients on their achievements.

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

14/036 EMPLOYEE OF THE MONTH

The Chief Executive presented the Employee of the Month award to Libby Anderson who is a Staff Nurse within the Mottistone Suite.

She confirmed that Libby had been nominated for her excellent work by patients who felt she should be recognised for her work. The Chief Executive congratulated her.

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

QUALITY AND PERFORMANCE MANAGEMENT

14/037 PERFORMANCE REPORT

The Executive Director of Finance presented the Performance report for December.

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

Key Points:

a) 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.

Venous Thrombo-Embolism (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.

Health Care Acquired Infection (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.

b) 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 in December 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).

c) 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.

d) 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 2013, 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 £1.846k into next financial year.

- i. **Pressure Ulcers:** Peter Taylor asked if it was know how many pressure ulcers originated in the community. The Executive Director of Nursing & Workforce advised that the hospital acquired data was not at present validated and work was being undertaken by the Tissue Viability team to establish the origin of all pressure

ulcers. He advised that all registered nurses were being assessed to ensure that they could correctly identify a pressure ulcer – he confirmed that they can be easily confused with ulcers caused by internal damage and also moisture lesions.

- ii. **Complaints** – Charles Rogers stated that it was a good plan for the complaints to be owned by the clinical directorates. The Executive Director of Finance confirmed that there was an increase in staff meeting with people who have concerns and this was improving communications and aiding the directorates to learn from feedback received from concerns and complaints.
- iii. **Claims** – The Executive Director of Finance confirmed that this was a new report within the Performance Report and was designed to give a high level overview of claims. John Matthews stated that it was important to note that not all requests from solicitors for medical records resulted in claims and that they were also used to assess any pre-existing medical conditions within insurance claims. The Company Secretary confirmed that the ratio of litigation requests converting to settled claims was around 1:4.

Charles Rogers asked if there was any trend information recorded for claims made against specific departments and if not could this be included.

Action Note: Company Secretary to discuss with Risk department about undertaking analysis.

Action by: CS

John Matthews asked if an analysis could also be done on claims which had been upheld.

Action Note: Company Secretary to discuss with Risk department about undertaking analysis.

Action by: CS

- iv. **NHS Numbers** – Jessamy Baird queried why this figure was not 100%. The Executive Director of Finance advised that the shortfall was partly caused by prisoners who are treated by the Trust but they do not have NHS numbers.
- v. **Discharge Summaries** – Jessamy Baird queried if the issue with the discharge summaries was due to any clinical problems. The Executive Director of Finance confirmed that all medical data was recorded and clinically coded and that there was no issue with the quality of care provided. The Executive Medical Director confirmed that all discharge summaries were completed but that at present it was not possible for 100% of patients to leave with their discharge summary. He confirmed that they all did leave with their General Practitioner having received their prescribing information.
- vi. **Mandatory Training** – Jessamy Baird asked why the targets were not being met for this area. The Executive Director of Finance advised that this area was reviewed in detail at the Finance, Investment & Workforce Committee and a review of how to present this data more clearly was being undertaken. She advised that there would be a dip in compliance over the months of February and March as this was when a significant number of staff completed their annual Information Governance training. The Company Secretary confirmed that an email had been sent to all staff who were due for renewal encouraging them to undertake the training.
- vii. **Agency Staff** – David King asked if any analysis was done to assess which areas were using agency staff. The Executive Director of Finance advised that this area of expenditure was reviewed weekly by cost centre. She confirmed that there were certain departments which experienced difficulty in recruiting medical staff. The Executive Medical Director expanded on which areas were affected but assured the

Board that the vacant posts were being actively recruited to and there was no detriment to any services by using locum medical professionals. The Executive Director of Nursing & Workforce also confirmed that all areas were being advised to recruit to their full establishment.

Peter Taylor asked if budget levels for the year 2014/15 needed to include provision for agency staff. The Executive Director of Finance advised that this would not be included as recruitment to the vacant posts was being included and it was important to incentivise substantive recruitment. The Chief Executive of the Earl Mountbatten Hospice was invited to give her experiences of recruitment and she confirmed that over the past 12 months the hospice had received excellent support from the Trust in recruiting to 2 hard to recruit posts. She stated that it was necessary to invest in the recruitment process at the beginning of the process.

- viii. **Sickness Absence** – Nina Moorman asked if the sickness absence figures were reviewed by staff group. The Executive Director of Nursing & Workforce confirmed that they were reviewed by Agenda 4 Change bandings and by professional discipline and that currently Occupational Health was reviewing all sickness absence to target specific problem areas and staff members.
- ix. **Long Term Financial Model (LTFM)** – Peter Taylor requested that the revised version of this document be presented to the Finance, Investment & Workforce Committee.

Action Note: The Executive Director of Finance confirmed that once the LTFM has been updated this would happen.

Action by: EDF

- x. **Capital Programme** – Jessamy Baird asked if it was realistic to spend the remaining money by year end. The Interim Director of Planning, ICT & Integration confirmed that a daily review was being undertaken to ensure that this would be achieved.

The Chairman reminded the Board that this report should be read in conjunction with the minutes of the Board Sub Committees as they were responsible for providing the in depth review of the performance criteria.

The Isle of Wight NHS Trust Board received the Performance Report

14/038 MINUTES OF THE QUALITY & CLINICAL PERFORMANCE COMMITTEE

John Matthews reported on the key points raised at the last meeting held on 22nd January 2014 in the absence of the Committee's Chair – Sue Wadsworth:

- a) **Min No.14/009 – Terms of Reference** - The Committee discussed its Structure and Terms of Reference and agreed the changes to the membership i.e. the addition of the two designate Non-Executive Directors and the Safety, Experience & Effectiveness Business Manager (SEEBM).
- b) **Min No. 14/012 – Quality Dashboard** - The Committee were advised of the progress towards implementation of the Quality Dashboard which will be implemented by the end of March 2014
- c) **Min No. 14/018 – Quality Champions** - 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.
- d) **Min No. 14/037 – Risk Register** - The Committee noted the Estate risk of Ophthalmology on the Risk Register

John Matthews highlighted the situation in the Ophthalmology department for particular note as this matter had been on the committee's agenda since April 2013 and the matter had still not been resolved. Sue Wadsworth visited the department recently to support a patient in a

private capacity and was concerned at what she saw. The dedication and professionalism of the staff was not in question but the committee felt that the relocation of the department into more suitable accommodation should be taken very seriously. He stated that this item would remain as a regular item on the agenda and the Committee would be pressing for action.

A discussion took place surrounding the history of the proposed move, the available options and the need to ensure that the correct and most appropriate solution be chosen. The Executive Medical Director stressed that clinical safety was not being compromised within the current location of the department but agreed that the problems created a poorer patient experience. It was noted that the relocation of the department was anticipated to absorb about 50% of the total annual capital fund for a year and therefore, it was crucial to ensure that the correct option was chosen. The Board welcomed the continued monitoring of the situation by the Quality & Clinical Performance Committee.

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

14/039 MINUTES OF THE FINANCE, INVESTMENT & WORKFORCE COMMITTEE

Charles Rogers reported on the key points raised at the last meeting held on 22nd January 2014

- a) **Min No 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.
- b) **Min No. 14/009 - Financial Performance** – the Committee received assurance that based on the Month 9 position the end of year surplus will be met.
- c) **Min No. 14/012 - Cases for Change** – The Committee agreed a recommendation to the Trust Board for each of the Capital Cases presented:
 - o Waste Contracts Ratification
 - o Carbon Energy Fund
 - o ITU/CCU Business Case
- d) **Min No. 14/013 - Mottistone** – The Committee were updated on the business strategy and were satisfied plans are in place to increase income potential for Mottistone.

Charles Rogers confirmed that the Interim Director of Planning, ICT & Integration was working with the Mottistone Suite to develop commercial opportunities and other income generation streams. The Mottistone suite was keen to gain Board support for these plans and confirmed that the Executive Director of Nursing & Workforce had arranged for this to be discussed at a Board Seminar.

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

14/040 QUALITY GOVERNANCE UPDATE

The Executive Director of Nursing & Workforce presented the update and advised that the organisation was required to undertake a self-assessment as part of the FT process. The Trust had self-assessed itself last February against Monitor's Quality Governance Framework and achieved a score of 3.5. During the subsequent period a number of external assessments had been carried out to provide assurance. As a result of these visits an action plan had been developed with a total of 99 actions. As at the end of December 39 actions had been completed and of the remaining 60 28 were rated as Green and 32 as Amber.

He advised that this self-assessment was repeated and presented to the Quality & Clinical Performance Committee for assurance on a 6 monthly basis and would be included within their report to the Board.

The Isle of Wight NHS Trust Board received the Quality Governance Update

14/041 SUMMARY HOSPITAL LEVEL MORTALITY INDICATOR (SHMI) UPDATE

The Executive Medical Director presented the update to the meeting and advised that the data presented was for the period July 2012 to June 2013. This was because this data is reported 6 months in arrears. Overall outcomes of the data are as follows:

- Mortality remains at the upper end of the normal range
- Relates to emergency admissions only, not planned work
- Raised emergency admission deaths is seen in both hospital death and out of hospital death
- No emergency diagnostic condition is outside the normal range
- Some of the effect is explained by a higher than national average number of patients admitted with a terminal condition
- Will review pulmonary heart disease category

Peter Taylor asked if it was possible to break down the mortality data by age and benchmark the Island's figures nationally. The Executive Medical Director agreed to look into this for his next quarterly report.

Action Note: Executive Medical Director to review age trends for next quarterly report.

Action by: EMD

John Matthews asked if it was possible to show which deaths were expected and which were not. Executive Medical Director advised that those patients on palliative care plans were shown. All unexpected deaths were investigated by the Critical Care Outreach Team but figures for the current period would not be available until later in the year. A discussion took place surrounding palliative care and it was suggested that the new Designate Non-Executive Directors visit the hospice and also the clinical coding department to better understand the process.

Action Note: The Company Secretary to arrange a visit for the new Designate Non-Executive Directors to be arranged to the Hospice and also Clinical Coding Department.

Action by: CS

The Isle of Wight NHS Trust Board received the Summary Hospital Level Mortality Indicator Update

14/042 PATIENT EXPERIENCE STRATEGY

The Executive Director of Nursing & Workforce presented the Patient Experience Strategy and advised that it had been updated as suggested at the last Board meeting. Amendments could be seen in red. He asked that this be approved

Proposed by John Matthews and seconded by Peter Taylor

The Isle of Wight NHS Trust Board approved the Patient Experience Strategy

14/043 BOARD WALKABOUT ACTION TRACKER

The Executive Director of Nursing & Workforce presented the report and advised that this programme of Board visits had now been in operation for a year. During that period there had been 160 visits (126 clinical areas and 34 non clinical areas). There had been 152 actions generated as a result. Most of the outstanding actions are related to the capital programme.

Jane Tabor asked if the outstanding actions had any significant clinical risk. The Executive Director of Nursing & Workforce advised that this would be taken to the Trust Executive Committee for a decision if they need to be added to the risk register.

Action Note: The Executive Director of Nursing & Workforce to present to the Trust Executive Committee all actions related to the capital programme for risk assessment.

Action by: EDNW

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

14/044 PATIENT STORY ACTION TRACKER

The Executive Director of Nursing & Workforce confirmed that the Patient Story programme had started in March 2013 and the action tracker presented today gives details of all cases included those not shown at Board. These were reviewed by the Quality & Clinical Performance Committee monthly and an end of year report would be made to the Board.

Action Note: The Executive Director of Nursing & Workforce to present the End of Year Patient Story report at the April Board meeting.

Action by: EDNW

Peter Taylor asked if any feedback was given to the patient after filming. The Executive Director of Nursing & Workforce confirmed that a letter signed by the Chief Executive was sent to every patient filmed and an invitation extended for them to attend the Board meeting.

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

14/045 STAFF STORY

The Senior HR Manager introduced this month's Staff Story and outlined the aims of the Winter Pressure Staffing programme which the Workforce team had been supporting over the last few months.

The Resourcing Manager outlined how the team had approached the recruitment process and gave details of their achievements. She also advised that with the new HR software it was now possible to SMS Text bank staff to check their availability which had proved to be a great help. The team would continue advertising on NHS Jobs, SMS text message all Bank workers and continue to liaise with agencies for AHP locums to assess staff availability at all times and to ensure that recruitment was achieved. The Schools of Nursing would also be approached to contact newly qualified nurses to assess their availability for fixed term contracts.

The team were keen to review what lessons had been learnt with regard to staffing for specific pressures and noted that the process needed to be started much earlier to ensure success for future years.

The Isle of Wight NHS Trust Board received the Staff Story

STRATEGY AND BUSINESS PLANNING

14/046 BUSINESS CASE – ICU & CCU

The Associate Director for the Acute Directorate presented the business case for the Intensive Care Unit (ICU) merger with the Coronary Care Unit (CCU) resulting in an improved service in the existing CCU footprint. He gave a detailed overview of the benefits and risks of the case. He stressed that having all the critical care patients within one area would greatly aid the provision of care.

Peter Taylor commented that the business case presented was not very clear in some areas although the walkround the two areas for Board members before the Board meeting this morning, and presentation, had clarified some of his queries. Charles Rogers confirmed that the business case had been through Finance, Investment & Workforce Committee and had been amended since the meeting on 22nd January. It was clear that this case was one which would develop and grow as it progressed and he stated that a strong project manager should be appointed to oversee the project. The Chief Executive confirmed that there were suitable staff within the organisation who would be able to fulfil this role.

Peter Taylor asked that the legacy awarded to the ICU was looked into to ensure that provision was made for the monies to be appropriately used.

Action Note: Executive Director of Finance to investigate the planned spend for the ICU legacy.

Action by: EDF

Proposed by Charles Rogers and seconded by John Matthews – there were no votes against.

The Isle of Wight NHS Trust Board approved the Business Case for ICU & CCU

14/047 FT PROGRAMME UPDATE

The FT Programme Director presented the monthly update:

- Revised timeline agreed with Trust Development Authority (TDA)
 - Assumption that Chief Inspector of Hospitals visit will take place in May 2014
 - FT status to be achieved by March 2015

He confirmed that the Timeline had been discussed at Board Seminar and was presented formerly in the Board paper.

- IBP/LTFM work ongoing to deliver final draft for the end of March 2014. He confirmed that the revised IBP/LTFM feedback had been received from the TDA yesterday.
- Membership Recruitment campaign – as at 17 January 2014 – 3859 public members and we are on track to reach target of 4000 by April 2014.
- “Medicine for Members” to be repeated 31 January 2014
- Governor development day 10 February 2014

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

14/048 FT SELF CERTIFICATION

The FT Programme Director presented the monthly update stating that there was no change from the last report. He confirmed that the FT milestones had been updated. The Self Certification had been reviewed and approved by the FIWC and QCPC.

Proposed by Charles Rogers and seconded by Nina Moorman

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

GOVERNANCE & ADMINISTRATION

14/049 BOARD ASSURANCE FRAMEWORK (BAF) DASHBOARD & SUMMARY REPORT

Head of Corporate Governance & Risk Management presented the report and advised that there are no Principal Risks now rated as Red, with no new Risks introduced since the December 2013 report.

There were currently 128 principal risks open and 76 which had been brought over from the corporate risk register.

The exception report detailed 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. He advised the reasons for the proposed changes.

Proposed by Peter Taylor and seconded by Charles Rogers

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

14/050 TERMS OF REFERENCE FOR REMUNERATION & NOMINATIONS COMMITTEE

The Company Secretary presented the terms of reference for the joint Remuneration & Nominations Committee for approval. He confirmed that they had been approved at the last Remuneration Committee meeting on 8th January 2014.

Proposed by Peter Taylor and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the Terms of Reference for Remuneration & Nominations Committee

14/051 QUARTERLY SUMMARY REPORT FOR REMUNERATION COMMITTEE

The Company Secretary presented the report advising the meeting that this was being presented in accordance with the terms of reference of the Remuneration Committee.

The Isle of Wight NHS Trust Board received the Quarterly Summary report for Remuneration Committee

14/052 MINUTES OF THE MENTAL HEALTH ACT SCRUTINY COMMITTEE

John Matthews reported on the key points raised at the last meeting held on 22nd January 2014.

- a) **Min No. 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.

John Matthews advised the Board that recent changes to legislation now allowed one of the previously excluded retired GP's to re-register.

- b) **Min No. 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.
- c) **Min No. 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 to the Clinical Commissioning Group (CCG). Currently, there is no money available so other options will be explored with the Trust and Local Authority.

Jessamy Baird asked if the subject of monitoring of sectioning within the Mental Health Act could be discussed further. The Company Secretary suggested that this be included within the Mental Health Directorate Presentation to Board on 26th March 2014.

Action Note: *Company Secretary to arrange for this area to be included.*

Action by: CS

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

14/053 MATTERS TO BE REPORTED TO THE BOARD

None

14/054 QUESTIONS FROM THE PUBLIC

There were no questions received from the public.

14/055 ANY OTHER BUSINESS

- a) **Annual General Meeting** – The Company Secretary advised the meeting that a provisional booking had been made at the Riverside Centre for Wednesday 30th July 2014 – 5pm to 7pm. This was to ensure that the meeting would be able to accommodate those members who would like to attend.

He requested that the Board reserve the date in their diaries.

14/056 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 26th February 2014** in the Conference Room, St Mary's Hospital, Newport, Isle of Wight.

The meeting closed at 12:35

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 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) Peter Taylor (PT) Charles Rogers (CR) Nina Moorman (NM)

Designate Non Executive Directors: David King (DK) Jane Tabor (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. 10/02/14 - Confirmed will be going to QCPC on 19th Feb.	30-Nov-13	26-Feb-14	Completed	19-Feb-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. 10/02/14 - Confirmed will be going to QCPC on 19th Feb.	08-Jan-14	26-Feb-14	Completed	19-Feb-14	Closed
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. 10/02/14 - Confirmed will be going to QCPC on 19th Feb.	29-Jan-14	26-Feb-14	Completed	19-Feb-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.	IDPII	Chief Executive to formally pursue the funding to allow the creation of the covered walk to the helipad. 13/02/14 - CEO advised that this has been passed to the Interim Director of Planning, ICT & Integration to progress	26-Feb-14	26-Mar-14	Progressing		Open

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Due Date	Forecast Date	Progress RAG	Date Closed	Status
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	01-Mar-14	Progressing		Open
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	30-Apr-14	Progressing		Open
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. 13/02/14 - CEO will arrange 1:1 with interested NEDs	26-Feb-14	26-Feb-14	Completed	13-Feb-14	Closed
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. 11/02/14 - This will be included for future members newsletters	26-Feb-14	26-Feb-14	Completed	11-Feb-14	Closed
29-Jan-14	14/037-iii	TB/067	Claims - Charles Rogers asked if there was any trend information recorded for claims made against specific departments and if not could this be included.	CS	Company Secretary to discuss with Risk department about undertaking analysis. 12/02/14 - Risk Department is undertaking as requested.			Completed	12-Feb-14	Closed
29-Jan-14	14/037-iii	TB/068	Claims: John Matthews asked if an analysis could also be done on claims which had been upheld.	CS	Company Secretary to discuss with Risk department about undertaking analysis. 12/02/14 - Risk Department advise that this analysis is unnecessary as the new claims section in the performance report is supposed to be a high level summary so wouldn't include that sort of analysis. The analysis of settled claims with recommendations from the NHSLA and any lessons learned etc is contained within the full claims report which goes to part 2 board.			Completed	12-Feb-14	Closed
29-Jan-14	14/037-ix	TB/069	Long Term Financial Model (LTFM) – Peter Taylor requested that the revised version of this document be presented to the Finance, Investment & Workforce Committee.	EDF	The Executive Director of Finance confirmed that once the LTFM has been updated this would happen. 19/02/14 - confirmed that this will return to FIWC once produced.	26-Mar-14	26-Mar-14	Progressing		Open
29-Jan-14	14/041	TB/070	Mortality Data - Peter Taylor asked if it was possible to break down the mortality data by age and benchmark the Island's figures nationally. The Executive Medical Director agreed to look into this for his next quarterly report.	EMD	Executive Medical Director to review age trends for next quarterly report.	30-Apr-14	30-Apr-14	Progressing		Open
29-Jan-14	14/041	TB/071	Palliative Care - it was suggested that the new Designate Non- Executive Directors visit the hospice and also the clinical coding department to better understand the process.	CS	The Company Secretary to arrange a visit for the new Designate Non- Executive Directors to be arranged to the Hospice and also Clinical Coding Department. 11/02/14 - Hospice visit to be arranged. Clinical Coding to be included on Board walkabout programme for March	26-Mar-14	26-Mar-14	Progressing		Open
29-Jan-14	14/043	TB/072	Board Walkabout Action Tracker - Jane Tabor asked if the outstanding actions had any significant clinical risk. The Executive Director of Nursing & Workforce advised that this would be taken to the Trust Executive Committee for a decision if they need to be added to the risk register.	EDNW	The Executive Director of Nursing & Workforce to present to the Trust Executive Committee (TEC) all actions related to the capital programme for risk assessment. 10/02/14 - Discussed at TEC and agreed that there were no outstanding actions which represented a clinical risk.	26-Feb-14	26-Feb-14	Completed	10-Feb-14	Closed
29-Jan-14	14/044	TB/073	Patient Story Action Tracker - These were reviewed by the Quality & Clinical Performance Committee monthly and an end of year report would be made to the Board.	EDNW	The Executive Director of Nursing & Workforce to present the End of Year Patient Story report at the April Board meeting.	30-Apr-14	30-Apr-14	Progressing		Open
29-Jan-14	14/046	TB/074	BUSINESS CASE - ICU/CCU - Peter Taylor asked that the legacy awarded to the ICU was looked into to ensure that provision was made for the monies to be appropriately used.	EDF	Executive Director of Finance to investigate the planned spend for the ICU legacy. 19/02/14 - We had a large legacy originally £240k. ICU have been chipping away at it and there's about £170k left. They originally came up with an idea of replacing the flooring but this would have been a major project and it wasn't progressed. We regularly receive small orders against it but there have been no major plans submitted. This will be followed up further with ICU and the AD.	26-Feb-14	26-Feb-14	Completed	19-Feb-14	Closed
29-Jan-14	14/052	TB/075	Mental Health Act - Jessamy Baird asked if the subject of monitoring of sectioning within the Mental Health Act could be discussed further. The Company Secretary suggested that this be included within the Mental Health Directorate Presentation to Board on 26 th March 2014.	CS	Company Secretary to arrange for this area to be included. 11/02/14 - Community Directorate have agreed to include	26-Mar-14	26-Mar-14	Completed	11-Feb-14	Closed

REPORT TO THE TRUST BOARD (Part 1 - Public)
 ON 26TH FEBRUARY 2014

Title	Chief Executive's Report					
Sponsoring Executive Director	Chief Executive Officer					
Author(s)	Communications and Engagement Manager					
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: 19 February 2014						
Completed by: Emma Topping						

NATIONAL

Mental Health Concordat

NHS England has been working hard to improve the area of mental health and has this month welcomed the mental health crisis care concordat. [The Concordat](#) describes how police, mental health services, social work service and ambulance professionals should work together to help people going through a mental health crisis. The Concordat aligns closely with NHS England's [Parity of Esteem agenda](#).

Locally, the Concordat builds on work already underway between the Isle of Wight NHS Trust and Hampshire Constabulary. Operation Serenity has been piloted to integrate mental health and policing expertise to ensure incidents involving mental health patients are appropriately managed.

Care.Data Rollout Delayed

After receiving feedback from patients, GPs and organisations such as Healthwatch, NHS England has confirmed that it will delay the roll out of its care.data programme until the autumn. The scheme will benefit patients by ensuring the highest standards of care and clinical safety are consistently met throughout the NHS, help understand what happens and meet the needs of those with long term conditions, and give vital information to help support research into new medicines and better treatment. Data will now be collected from GP surgeries in the autumn, instead of April, to allow more time to build an understanding of the benefits of using the information, what safeguards are in place and how people can opt out if they choose to. A public awareness campaign will be extended for an extra six months.

LOCAL

Care Quality Commission inspection

We have now received official confirmation of a forthcoming visit from the Care Quality Commission, which will visit the Isle of Wight NHS Trust between April and June 2014. Ours is one of 20 Trusts to receive a new-style inspection by the new Chief Inspector of Hospitals Professor Sir Mike Richards and his team. The inspection will involve significantly larger teams headed up by clinical and other experts including trained members of the public. The teams will spend at least two full days at the trust inspecting every site that delivers acute services, and eight core service areas: A&E; acute medical pathways including the frail elderly; surgery and theatres; critical care; maternity; paediatrics; end of life care and outpatients. The views of patients and the local community will also be gathered through a listening event ahead of the formal visit. A full report of the inspectors' findings will then be published later in the year.

The inspection is also an opportunity to demonstrate the Isle of Wight NHS Trust's readiness for Foundation Trust status. We very much welcome the announcement from the CQC and look forward to sharing with inspectors our vision of quality care for everyone, every time. The visit marks the next step on our important journey towards Foundation Trust status. When the inspection team comes, they will see an integrated Trust which aims to work together seamlessly and we hope this will provide them with an insight into our unique model of patient care here on the Isle of Wight.

A series of study days, with the first taking place on 27 February 2014, will help to ensure we support our staff to understand what will be required of them during the process. We would encourage all those involved to be as open and honest as possible about their care.

Our newly launched Quality Champions will play an important role throughout this process and the Executive Team look forward to meeting with them in March to further hear their feedback and ideas for improvements in patient care.

Healthwatch Inspections Published

Healthwatch Isle of Wight have published their reports following their 'Enter and View' visits to Colwell, St. Helens and the Medical Assessment Unit (MAU). Well done to everyone involved in those areas which are praised by Healthwatch for their standards of care and compassion.

Isle of Wight Children's Trust

Along with a number of Trust staff, I attended the Isle of Wight Children's Trust stakeholder event at the end of last month. We are signed up to the Trust's plan and that means that: ***we will promote the Children's Trust vision with children and families, agencies and partners, including schools and academies. We will ensure that those who work with children and young people reflect the United Nations Convention on the Rights of the Child (UNCRC) in all that we do, aiming to help children become responsible citizens, achieve their potential and increase understanding of their rights and also their responsibility to respect the rights of others.*** This was a great multi-agency event which we will continue to support.

Our Future Workforce Given Careers Advice

Students from six of the Island's secondary schools were recently given an insight into the range of NHS careers on offer during a two-day visit to St Mary's Hospital. The highly successful 'Career in Healthcare Induction Programme' (CHIPS) programme has been running for several years at the Isle of Wight NHS Trust and offers Year 10, Year 11 and Sixth Form students the opportunity to find out about careers first hand from staff working at the Trust. The most recent programme saw students visit areas including the Pharmacy, ambulance station and A&E department at St Mary's Hospital. Students were also able to ask questions and advice from a range of professionals including mental health workers, midwives and a junior doctor. We recognise that our future depends on attracting the brightest and best-suited students to the wide range of careers on offer, so it's a pleasure to be able to open up our doors to what we hope may become the Island's health workforce of the future. *Image shows Reuben Lovell, 15, of Sandown Bay Academy plays the role of the patient as Teresa Woolven, Advanced Nurse Practitioner, applied plaster casts during a visit to A&E*



Awards

The Trust has recently received a Silver Award for NHS Sport and Physical Activity. This is for meeting the NHS challenge to get more NHS staff active. These awards are given for Trusts demonstrating their energy and enthusiasm in meeting the challenge and getting their staff more active and creating a lasting legacy. Our entry for this award included the Outdoor Gym (see picture), the Cycle to Work scheme, staff Health and Wellbeing open days and successful outcomes from the weight management schemes. We plan to go for the gold once the Trim Trail is completed and the tennis court work is completed - set for multipurpose use – 5 a side football, basketball and tennis. Rob Allen, Physical Wellbeing Co-ordinator received the award from NHS Chief Executive, Sir David Nicholson. *Image shows Rob Allen (right) with Executive Medical Director Mark Pugh*



Congratulations also to Isle of Wight Sexual Health Service winners of the [National Cervical Screening Awards](#) run by [Jo's Cervical Cancer Trust](#). The clinic's health promotion initiative, led by a team of nurses, won the top accolade for successfully targeting hard to reach groups to increase screening uptake and general awareness about cervical cancer prevention.

Karen Baker

**Chief Executive Officer
19 February 2014**

Isle of Wight NHS Trust Board Performance Report 2013/14

January 14

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	<input checked="" type="checkbox"/> X	Approve
Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	19/02/2014
Finance, Investment & Workforce Committee	19/02/2014	Remuneration Committee	
Foundation Trust Programme Board			
<i>Please add any other committees below as needed</i>			
<i>Other (please state)</i>			
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.			
<i>For following sections – please indicate as appropriate:</i>			
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):	<input type="checkbox"/> Red	<input type="checkbox"/> Amber	<input type="checkbox"/> Green
Legal implications, regulatory and consultation requirements:	None		
Date: Thursday 20th February Completed by: Iain Hendey			

Isle of Wight NHS Trust Board Performance Report 2013/14

January 14

Executive Summary

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 across all grades of pressure ulcers, both in the hospital setting and the wider community. A range of actions continues to support hospital and community staff.

VTE Risk assessment: The recorded percentage of patients that have a VTE risk assessment increased slightly but remains below target for January (90.8%). The system upgrade to enforce compliance has now been completed and improved results are expected to be reflected in February.

HCAI: We are currently within both our nationally set threshold and our local stretched target for Healthcare Acquired Clostridium Difficile infection, remaining at 6 YTD, with no cases reported during January.

There was 1 case of Healthcare Acquired MRSA bacteraemia identified in January, 2 YTD. This is currently under investigation and work on the Infection Control agenda continues.

Operational Performance:

Performance against our key operational performance indicators is again mainly green for the month with only 2 amber indicators.

We achieved 93% again this month against our 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 year to date, although the provisional figures indicate 1 amber (Subsequent Drug Treatment within 31 days) for January. This breach was due to patient choice. Across all cancer measures, 18 of the 23 breaches this month were patient led. A range of actions continues to maintain the performance of these indicators.

Workforce:

The total pay bill for January (£9.86m) is above plan (£9.54m). The number of FTEs in post is also currently higher than plan (by 4). 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 increased slightly in January (3.86%) and remains above plan. Specific problem areas are identified and challenged at directorate performance review meetings.

Finance & Efficiency:




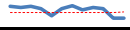
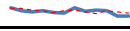












Overall we have slightly over-achieved our financial plans for January and based on the new measure, the Continuity of Service Rating, introduced by Monitor on 1st October, our overall rating is 4.


















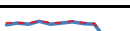
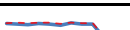


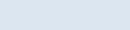
Despite recognising forward banked CIP schemes of £681k and Trustwide Transformation schemes of £1,479k, the YTD CIP target of £6,830k has not been achieved by £662k. In order to mitigate any carry forward of CIP into 14/15 recurrent savings of £1,776k still need to be identified.

Isle of Wight NHS Trust Board Performance Report 2013/14









January 14













Balanced scorecard

To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience								
	Patient Safety, Quality & Experience	Annual Target	Actual Performance	YTD	Performance Month Trend	Sparkline	Year end forecast	
	Quality Acct #1 Summary Hospital-level Mortality Indicator (SHMI)* Jul-12 - Jun-13	1.00	1.1160	Q3	N/A		1.105	
	Quality Acct #1Hospital Standardised Mortality Ratio (HSMR) Jul-12 - Jul-13	100	103.47	Q3	N/A		102.90	
	Quality Acct #2 Patients admitted that develop a grade 4 pressure ulcer	0	0	Jan-14	14		14	
	Quality Acct #2 Patients admitted that develop a grade 2 or 3 pressure ulcer	60	8	Jan-14	82		97	
	Quality Acct #3 Reduction in communication complaints/concerns	150	14	Jan-14	136		162	
	Quality Acct #4 Amber care bundle (now implemented - no audited results as yet)	-	-		-		-	
	Child & Adolescent Mental Health (CAMHS) seen within 18 weeks referral to treatment	100%	100%	Jan-14	98%		99%	
	VTE (Assessment for risk of)	>95%	91%	Jan-14	89%		89%	
4a	MRSA (confirmed MRSA bacteraemia)	0	1	Jan-14	2		3	
4b	C.Diff (confirmed Clostridium Difficile infection - stretched target)	8	0	Jan-14	6		6	
	Clinical Incidents (Major) resulting in harm (confirmed & potential, includes falls & PU G4)	48	0	Jan-14	49		53	
	Clinical Incidents (Catastrophic) resulting in harm (confirmed & potential)	8	1	Jan-14	7		8	
	Falls - resulting in significant injury	11	0	Jan-14	7		8	
	Delivering C-Section	<25%	18%	Jan-14	20%		20%	
	Normal Vaginal Deliveries	>70%	71%	Jan-14	67%		67%	
	Breast Feeding at Delivery	>85%	73%	Jan-14	75%		75%	
	Formal Complaints	<276	24	Jan-14	165		198	
	Patient Satisfaction (Friends & Family test - aggregated score)	Q3>Q1	70	Jan-14	67		67	

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	Performance Month Trend	Sparkline	Year end forecast	
3e	Emergency Care 4 hour Standards	95%	97%	Jan-14	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%	Jan-14	91%		92%	
	High risk TIA fully investigated & treated within 24 hours (National 60%)	95%	93%	Jan-14	83%		82%	
3d	Symptomatic Breast Referrals Seen <2 weeks*	93%	95%	Jan-14	94%		95%	
3a	Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	98%	Jan-14	99%		99%	
3a	Cancer Patients receiving subsequent surgery <31 days*	94%	95%	Jan-14	99%		99%	
3b	Cancer Patients treated after screening referral <62 days*	90%	100%	Jan-14	99%		99%	
	Cancer Patients treated after consultant upgrade <62 days*	85%	No Patients	Jan-14	100%		100%	
3c	Cancer diagnosis to treatment <31 days*	96%	98%	Jan-14	99%		99%	
3b	Cancer urgent referral to treatment <62 days*	85%	94%	Jan-14	94%		95%	
3d	Cancer patients seen <14 days after urgent GP referral*	93%	95%	Jan-14	96%		96%	
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	5	Jan-14	40		46	
	% Patients waiting > 6 weeks for diagnostics	1%	0.44%	Jan-14	0.45%		0.4%	
	Elective Activity (Spells) (M9 target - 650)	8,683	608	Dec-13	5,794		7,772	
	Non Elective Activity (Spells) (M9 target - 1,178)	13,199	1,138	Dec-13	10,163		13,607	
	Outpatient Activity (Attendances) (M9 target - 9,135)	136,390	9,079	Dec-13	87,567		116,845	
	Data Quality (see detail sheet for explanation of scoring)		2					

*Cancer figures are provisional for January

To develop our people, culture and workforce competencies to implement our vision and clinical strategy								
	Workforce	Month Target	Actual Performance	YTD	Performance Month Trend		YTD plan	
	Total workforce SIP (FTEs)	2,671.0	2,675.0	Jan-14	n/a			
	Total pay costs (inc flexible working) (£000)	£9,545	£9,863	Jan-14	£96,661			£94,502
	Variable Hours (FTE)	139	180.00	Jan-14	1,403.80			1402
	Variable Hours (£000)	£87	£710	Jan-14	£5,524			£616
	Staff sickness absences	3%	3.86%	Jan-14	3.68%			3%
	Staff Turnover	5%	0.36%	Jan-14	8.18%			
	Mandatory Training	80%	76%	Jan-14	76%			
	Appraisal Monitoring (cumulative)	100%	62.5%	Jan-14	62.5%			
	Employee Relations Cases	0	32	Jan-14	155 (live)			

To improve the productivity and efficiency of the trust, building greater financial sustainability								
	Finance & Efficiency	Annual Target	Actual Performance	YTD	Performance Month Trend			
	Achievement of financial plan	£1.6m	£2.53m	Jan-14	£2.53m			
	Underlying performance	£1.6m	(£1.4m)	Jan-14	(£1.4m)			
	Net return after financing	0.50%	5.10%	Jan-14	5.10%			
	I&E surplus margin net of dividend	=>1%	1.77%	Jan-14	1.77%			
	Liquidity ratio days	=>15	34	Jan-14	34			
	Continuity of Service Risk Rating	3	4	Jan-14	4			
	Capital Expenditure as a % of YTD plan	=>75%	25%	Jan-14	25%			
	Quarter end cash balance (days of operating expenses)	=>10	13	Jan-14	13			
	Debtors over 90 days as a % of total debtor balance	=<5%	20.9%	Jan-14	20.9%			
	Creditors over 90 days as a % of total creditor balance	=<5%	0.00%	Jan-14	0.00%			
	Recurring CIP savings achieved	100%	57.09%	Jan-14	57.09%			
	Total CIP savings achieved	100%	90.30%	Jan-14	90.30%			
	Contract Penalties	TBC						

Highlights

- **Operational performance is again very good with no Red rated categories**
- **All Cancer indicators maintaining year to date position**
- **Emergency Care 4 hour standard performance remains above target**
- **No grade 4 pressure ulcers reported in hospital during January**
- **No of C.Diff cases on track to achieve year end stretch target**

Lowlights

- 2nd Hospital acquired MRSA bacteraemia case identified YTD
- Staff absenteeism due to sickness remains above target.
- Formal complaints show rise in January
- VTE assessment recording below plan
- CIP targets remain challenging

Isle of Wight NHS Trust Board Performance Report 2013/14

January 14

Pressure Ulcers

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.

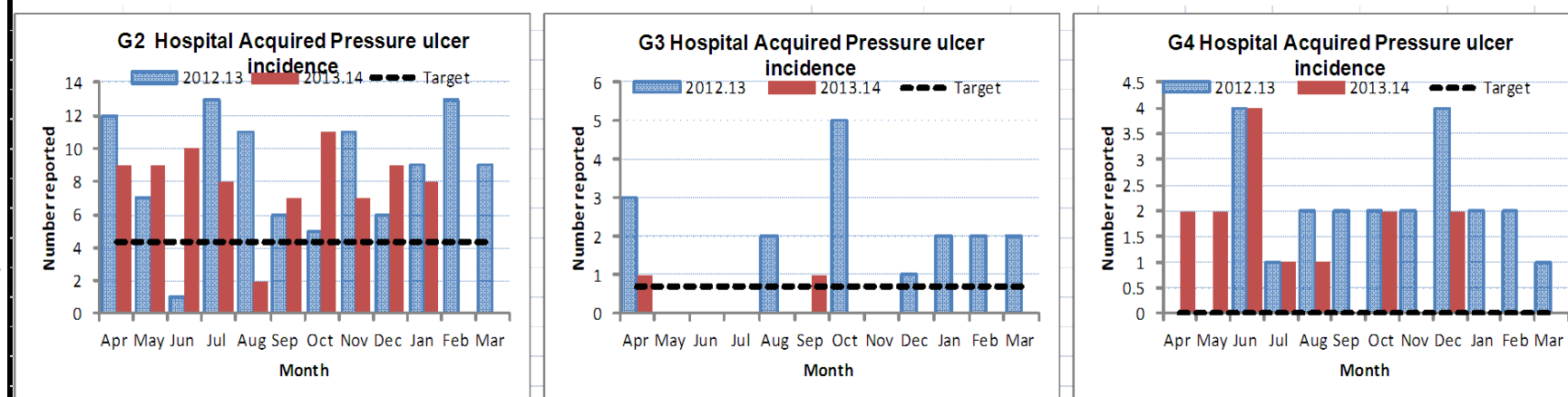
Hospital acquired: There were 0 grade 4 pressure ulcers reported in the hospital during January, showing a YTD position of 14 against 19 at the same point last year. Grade 2 numbers stand 80 against 81 for the same period with grade 3 numbers at 2 YTD against 13 in 2012/13.

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

Feb-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

Feb-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

Feb-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

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Patient Safety

Commentary:

Clostridium difficile

There were no Healthcare Acquired Clostridium Difficile (C Diff) cases in January (YTD = 6) and we remain within our planned control total for the national threshold of 12 for the year.

We are currently working towards a locally stretched target of 8. This threshold is weighted across the year to take account of the historically expected winter increase. We are now in this winter period and within the stretched trajectory.

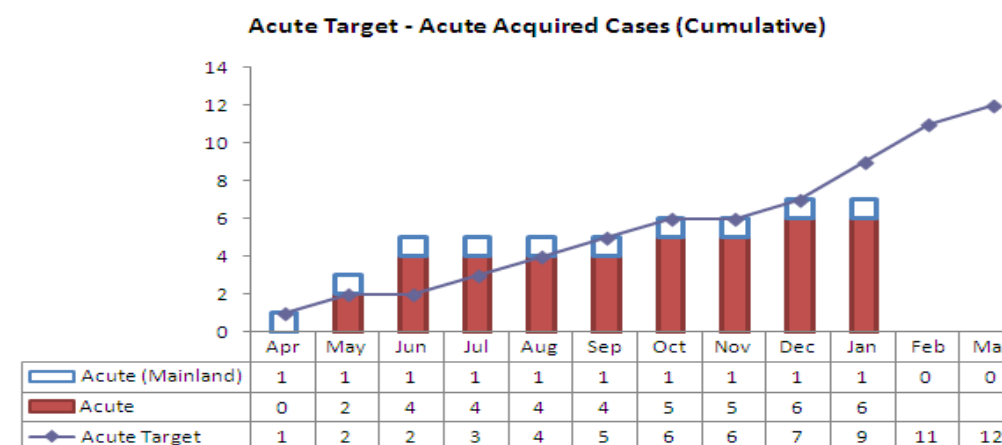
Methicillin-resistant Staphylococcus Aureus (MRSA)

There has been 1 case of Healthcare Acquired MRSA bacteraemia in the Acute hospital during January. Root Cause Analysis is underway and will be reported back to the Executive Director of Nursing & Workforce.

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

Analysis:

Clostridium Difficile infections against national target



Isle of Wight NHS Trust

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

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

Feb-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

Feb-14

Ongoing

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Formal Complaints

Commentary:

There were 24 formal Trust complaints received in January 2014 (10 previous month).

Across all complaints and concerns in January 2014:

Top areas complained about were:

- Ambulance (8)
- Medical services (6)/OPARU* (6)
- Beacon (5)/Pre-assessment Unit (5)

*Outpatient Appointments & Records Unit

Across all complaints and concerns in January 2014:

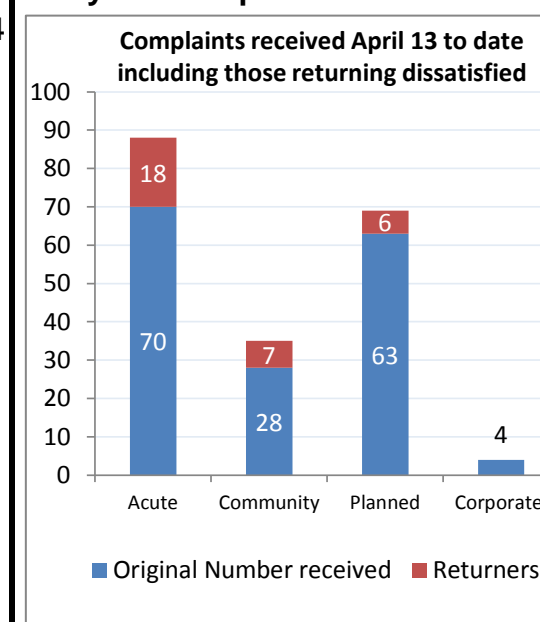
Top 4 subjects complained about were:

- clinical care (32)
- out-patient appointment delay/cancellation (14)
- communication (12)
- staff attitude (9)

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 continue to exceed the planned trajectory. This could be due to increased awareness and accessibility addressing concerns before reaching conversion to formal complaint level.

Analysis: Complaints



Primary Subject	November 2013	December 2013	January 14	CHANGE	RAG rating
Clinical Care	13	4	12	8	↑
Nursing Care	1	3	2	-1	↓
Staff Attitude	2	1	1	0	→
Communication	1	1	3	2	↑
Outpatient Appointment Delay/ Cancellation	0	0	2	2	↑
Inpatient Appointment Delay / Cancellation	0	0	0	0	✓
Admission / Discharge / Transfer Arrangements	2	0	0	0	✓
Aids and appliances, equipment and premises	0	0	1	1	↑
Transport	0	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	2	1	3	2	↑

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	5			31
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	9			105

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:

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.

Person Responsible:

Executive Director of Nursing & Workforce / Business Manager - Patient Safety; Experience & Clinical Effectiveness

Date:

Apr-14

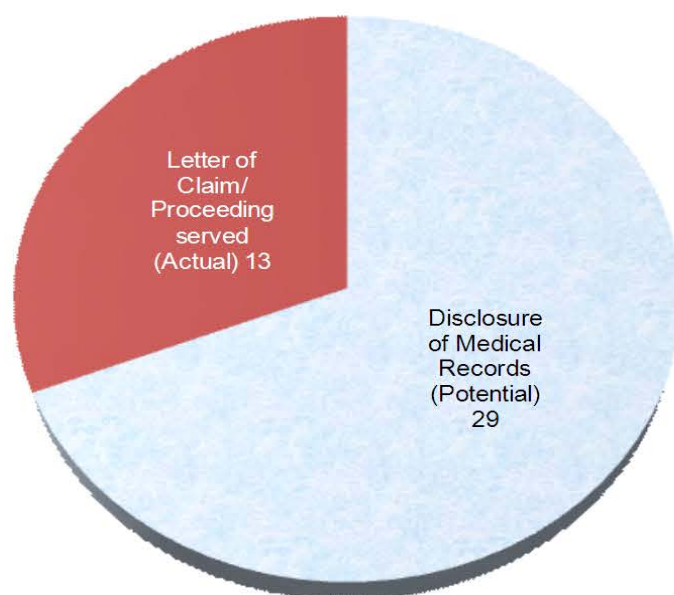
Status:

Planned

Q3 Isle of Wight NHS Trust Claims Dashboard

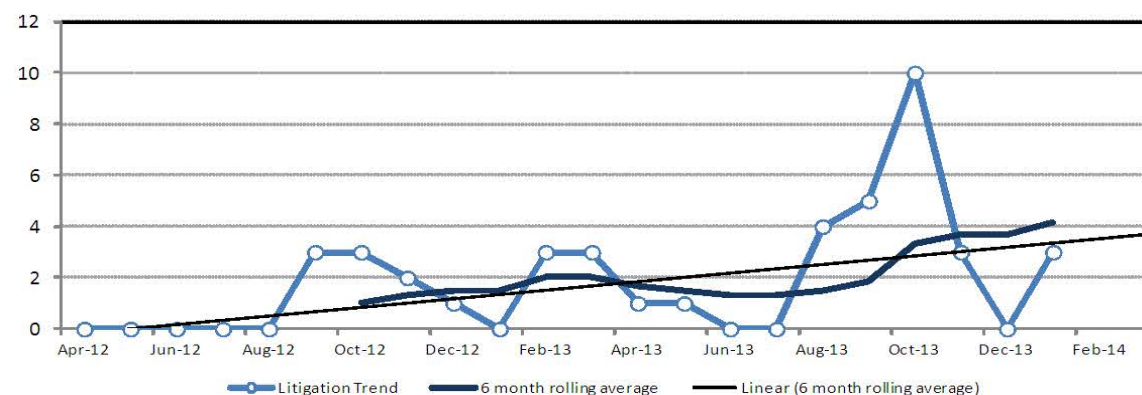
Current number of open claims 42

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	↑

Litigation



Isle of Wight NHS Trust Board Performance Report 2013/14

January 14

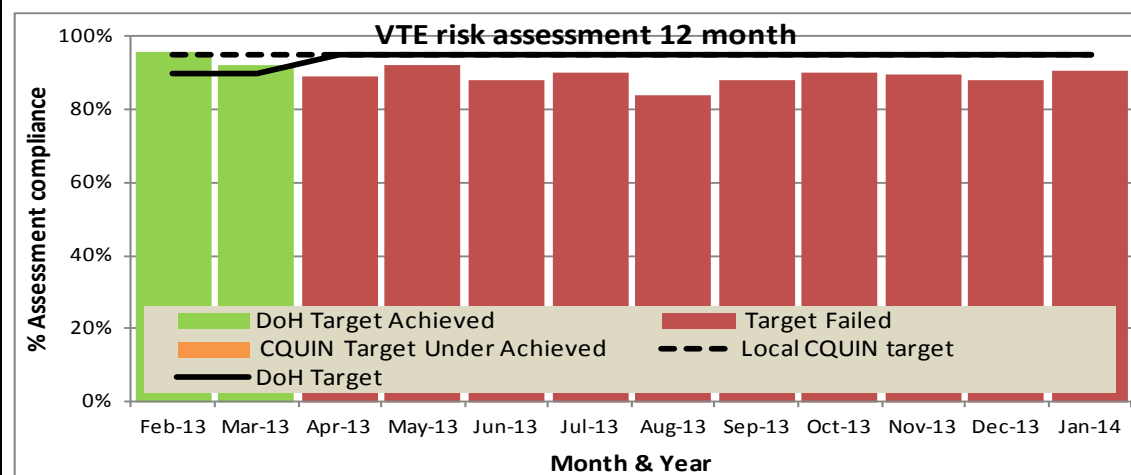
Venous ThromboEmbolism Assessment (VTE)

Commentary:

In January 2014 the Trust increased compliance, achieving just under 91% (90.08%) 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 badly affected by problems with data collection and the new upgrade to the computerised ward prescription system which is expected to eliminate this problem has now been completed. The upgrade went live on 2nd February. The system is working as intended and data will be available at the end of the month. Figures for February are expected to reflect the more accurate recording.

Analysis:



Action Plan:

Person Responsible:

Date:

Status:

The Executive Medical Director continues to review individual cases and monitor assessment compliance.

Executive Medical Director

Feb-13

Ongoing

The upgrade to the computerised ward prescription system has now been implemented. This enforces compliance by restricting access until the VTE assessment result has been entered and will reflect a more accurate picture of working practice in future months.

Executive Medical Director

Feb-13

Completed

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Stroke & Transient Ischemic Attack (TIA)

Commentary:

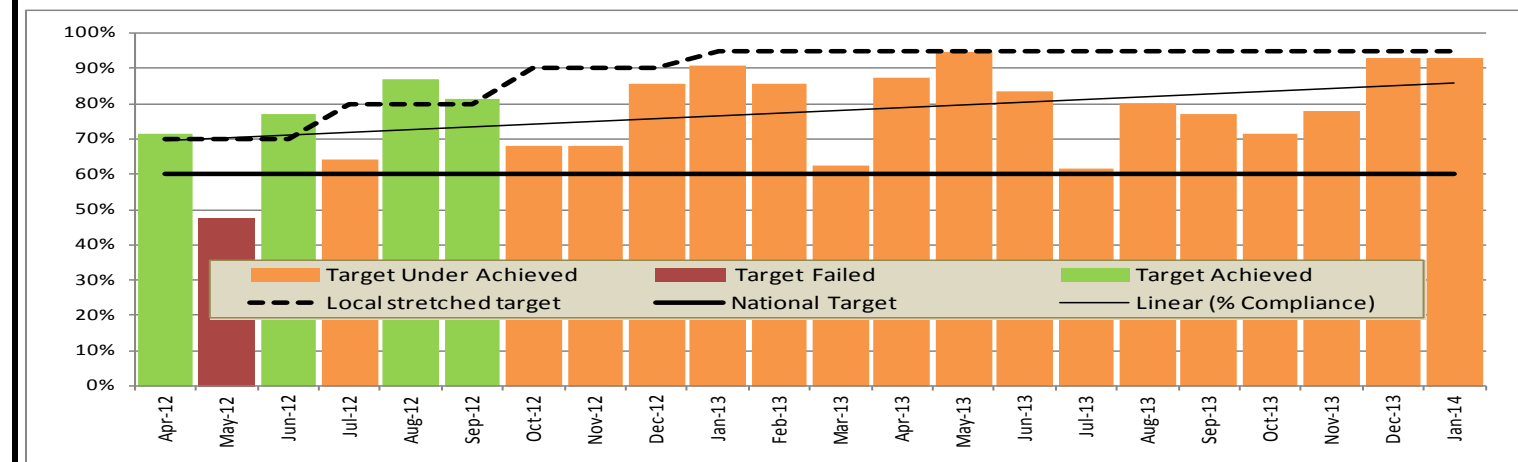
Proportion of people with high risk TIA fully investigated and treated within 24 hours:

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 again this month. One patient (1) had no transport available, causing the single breach.

The trend over the past 2 year shows increasing performance but the small numbers in this patient group have an exaggerated effect on the percentages.

Analysis: TIA December 2013



Action Plan:

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.

Person Responsible:

Clinical Lead for Stroke

Date:

Feb-13

Status:

Ongoing nationally

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Benchmarking Update - Trust Development Authority

In December 2013 the NHS Benchmarking Network published its findings from the second phase of a national Urgent Care benchmarking project. 116 providers of Urgent care services responded to the request for data. Using data for 2012/13 the aim of the project was to test the effectiveness of the overall health system in managing demand for urgent care, and providing safe, effective, and good value services. Details of the report can be found on the NHS Benchmarking Network website at www.nhsbenchmarking.nhs.uk



NHS Benchmarking Network

Areas of good practice within the Trust highlighted in the report were as follows:-

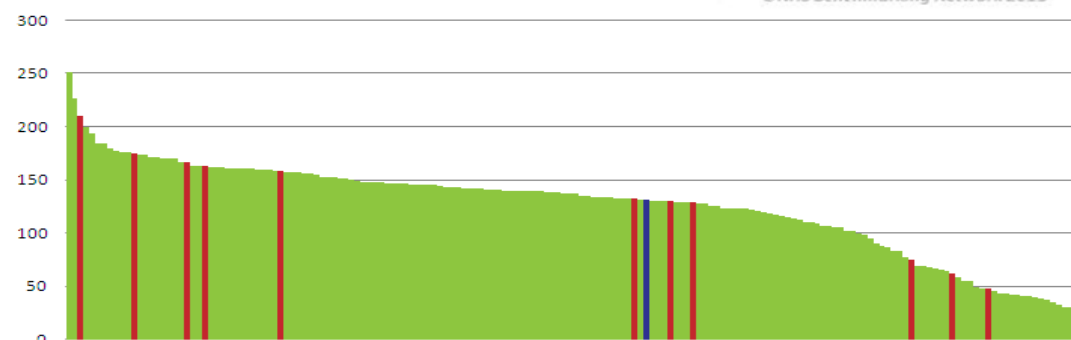
"Isle of Wight NHS Trust: Co located with the walk in centre improves patient outcomes and provides multi agency working for the patients benefit. Trauma Unit status with contribution to The Trauma Audit & Research Network (TARN) identifying improved patient survival and outcomes. Frequent service user meetings attended by all Emergency services discussed at National level as a Beacon of care. Senior nurses have completed The Advanced Trauma Nursing Course (ATNC) and all clinical staff have attended the Trauma Intermediate Life Support course. Medical and nursing support provided for the large Music festivals on the Island nominated for a local award. Recent refurbishment of the emergency Department has provided a unit fit for purpose. Recent opening of helipad to facilitate transfers to Trauma Centre. Advanced Nurse Practitioner roles in majors, minors and Ambulatory care with particular emphasis on Best practice tariffs"

A&E Operational

Overall mean length of stay in A&E

Overall mean length of stay (in minutes) in A&E when arriving at any time of day

©NHS Benchmarking Network 2013

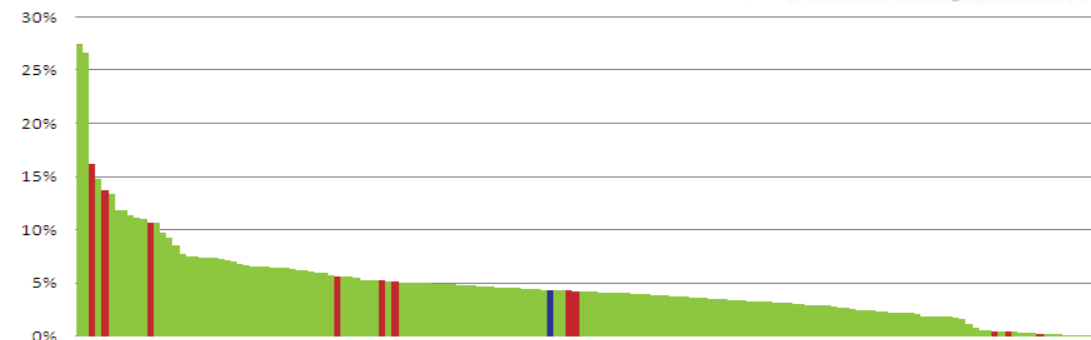


A&E Operational

Percentage of patients who waited more than 4 hours

Percentage of attendances who waited more than 4 hours to be seen

©NHS Benchmarking Network 2013

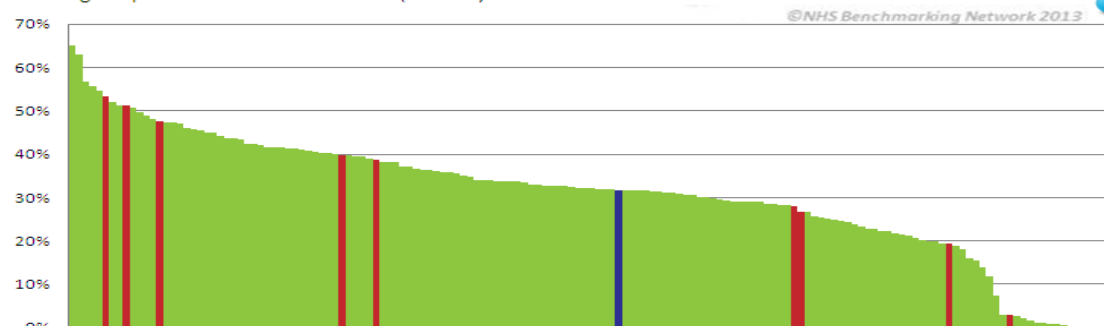


Provider Activity

Conversion rate

Percentage of patients admitted from A&E (2011-12)

©NHS Benchmarking Network 2013



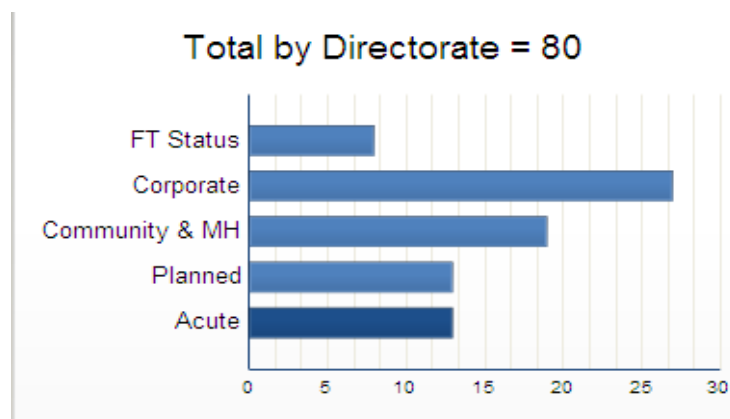
	Trust	National Avg
Overall length of stay in A&E (minutes)	131	156
Percentage of patients who waited more than 4 hours to be seen	4.4%	7.9%
Percentage of patients admitted from A&E	31.8%	26.0%

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Risk Register -Situation current as at 18/02/2014

Analysis:



Risk Title	Directorate	Type	Rating
MANDATORY TRAINING	CORPRI	GOVCOM	20
RISK DUE TO BED CAPACITY PROBLEMS (BAF 2.22 & 6.12)	ACUTE	PATSAF	20
RADIO OPAQUE LINE ON PENNINE NG TUBES	ACUTE	PATSAF	20
BLOOD SCIENCES OUT-OF-HOURS STAFFING (BAF 4.4)	ACUTE	QCE	20
VACANT CONSULTANT PHYSICIAN POSTS (BAF: 10.73)	ACUTE	QCE	20
SAFEGUARDING CHILDREN TRAINING: LEVEL 2	COMMH		20
ACQUISITION OF MECHANICAL DEVICE FOR CHEST COMPRESSIONS	ACUTE		20
VACANCIES IN ADULT SPEECH & LANGUAGE THERAPY TEAM	COMMH	PATSAF	20
Insufficient and inadequate Ophthalmology facilities to meet servi	PLANND	QCE	20
FIRE COMPARTMENTS - CAUSE AND EFFECT OF FIRE ALARM SYSTEM	CORPRI	GOVCOM	20
SEGREGATION, CONSIGNING AND COLLECTION OF CLINICAL WASTE	CORPRI	GOVCOM	20
PRESSURE ULCERS	CORPRI	PATEXP	20
Failing heating/cooling system impacting on service delivery (BAF : PLANND		PATSAF	20
Ophthalmic Casenotes - Poor Condition, Misfiling and Duplication I	PLANND	PATSAF	20
Insufficient and inadequate Endoscopy facilities to meet service re	PLANND	QCE	20
LOW STAFFING LEVELS WITHIN OCCUPATIONAL THERAPY ACUTE TEA	COMMH	PATSAF	20

Data as at 18/02/2014 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.

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Workforce - Key Performance Indicators

Measure	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	In Month Final RAG Rating	Trend from last month
Workforce FTE	Jan-14	2671	2675	4	!		↑
Workforce Variable FTE	Jan-14	139	180	41	×		↑
Workforce Total FTE	Jan-14	2810	2855	45	×	×	↑
Finance	Period	Month Target/Plan (£000's)	Month Actual (£000's)	In Month Variance (£000's)	RAG rating	Year-to Date Final RAG Rating	
Total In Month Staff In Post Paybill	Jan-14	£9,459	£9,153	£306	✓		↑
In Month Variable Hours	Jan-14	£87	£710	£623	×		↑
In Month Total Paybill	Jan-14	£9,545	£9,863	£317	×		↑
Year-to Date Paybill	Jan-14	£94,502	£96,661	£2,159	×	×	
Sickness Absence	Period	Month Target/Plan	Month Actual		RAG Rating		
In Month Absence Rate	Jan-14	3%	3.86%		×		

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

Data Source:

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

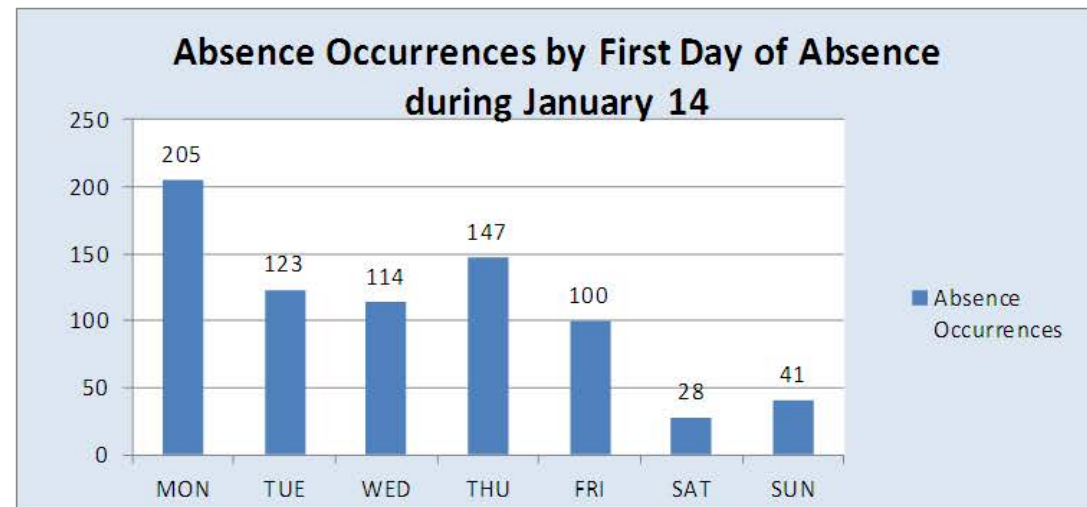
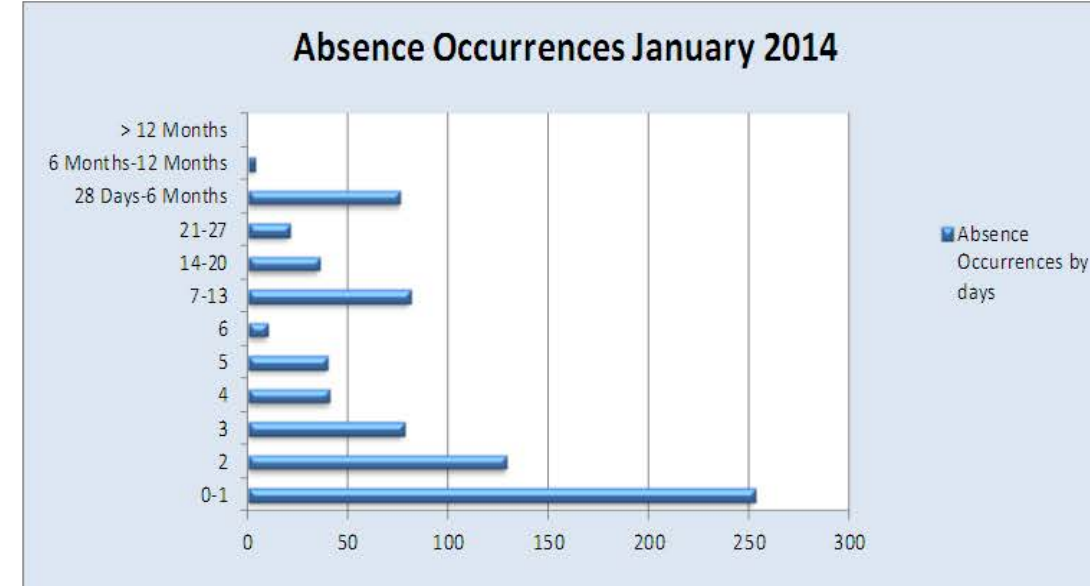
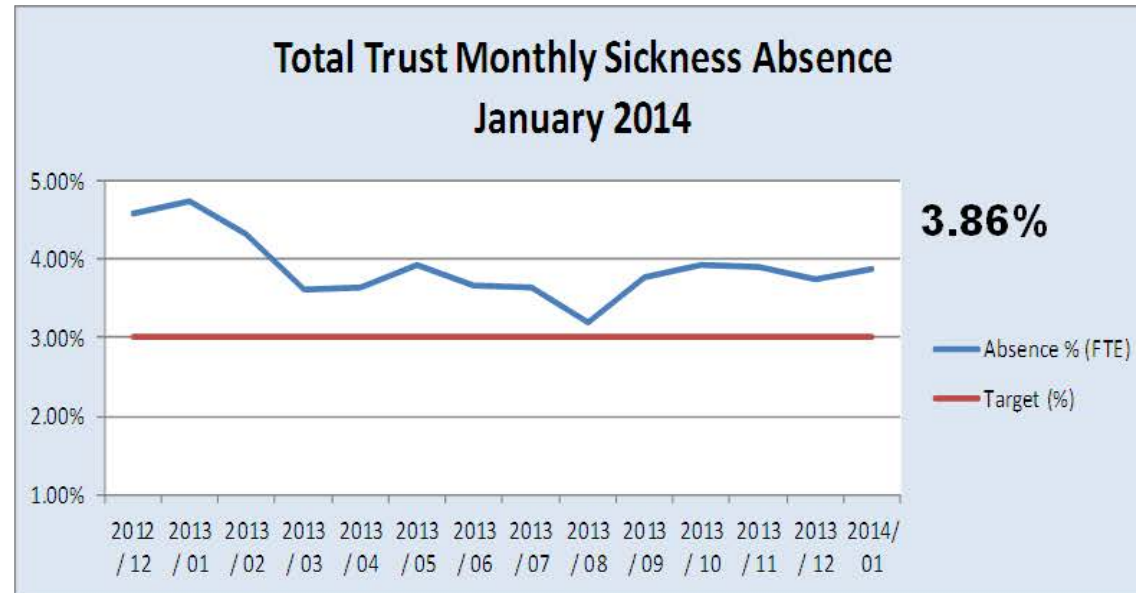
Action:

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

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Sickness Absence - Monthly Sickness Absence



Top 10 Absence reasons by FTE Year To Date
















Absence Reason
S10 Anxiety/stress/depression/other psychiatric illnesses
S13 Cold, Cough, Flu - Influenza
S12 Other musculoskeletal problems
S25 Gastrointestinal problems
S28 Injury, fracture
S11 Back Problems
S15 Chest & respiratory problems
S21 Ear, nose, throat (ENT)
S17 Benign and malignant tumours, cancers
S16 Headache / migraine

Data Source: ESR Business Intelligence

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Key Performance Indicators (Finance) - January

Performance Area	Commentary	RAG Rating In Month	RAG Rating YTD	Rating Full Year Forecast
Continuity of Service Risk Rating (CoSRR)	<ul style="list-style-type: none"> Overall Rating of 4 after normalisation adjustments. 	Green 	Green 	Green 
Summary	<ul style="list-style-type: none"> Month 10 Income & Expenditure position is over plan at a surplus of £2,529k. The forecast out-turn of £1,601k is on plan for the year. 	Green 	Green 	Green 
Cost Improvement Programme (CIP)	<ul style="list-style-type: none"> Month 10 - Year-to-date CIPs achieved £6,168k against a plan of £6,830k. The RAG rating remains Amber due to the level of non recurrent plans. 	Amber 	Amber 	Red 
Working Capital & Treasury	<ul style="list-style-type: none"> Cash 'in-hand' and 'at-bank' at Month 10 was £9,704k. 	Green 	Green 	Green 
Capital	<ul style="list-style-type: none"> Capital YTD spend £1,455k . Forecast £7,078k to year end totalling £8,533k. 	Green 	Green 	Green 

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Income & Expenditure - Key Highlights - Trust

(in £'000)	Month			YTD			Full Year		
I&E - TRUST	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Forecast	Forecast v Budget (+ over / - under)
I&E by subjective:									
Income									
Income - Patient Care Revenue	12,519	12,167	(352)	118,567	120,014	1,447	144,514	144,836	322
Acute	309	2,020	1,711	3,108	6,529	3,421	3,836	8,198	4,362
Community Health	301	369	68	2,996	3,972	976	3,573	5,119	1,546
Planned	176	374	198	2,360	3,010	649	2,757	4,192	1,434
Corporate	395	668	274	3,964	6,833	2,869	4,752	8,035	3,282
Risk Share Income	0	29	29	0	634	634	0	0	0
Total Income	13,699	15,627	1,928	130,996	140,992	9,996	159,432	170,380	10,947
Pay									
Acute	(2,933)	(3,005)	(72)	(28,603)	(28,975)	(372)	(34,425)	(34,714)	(289)
Community Health	(2,714)	(2,777)	(63)	(26,981)	(27,222)	(242)	(32,443)	(32,958)	(515)
Planned	(2,499)	(2,651)	(152)	(25,133)	(26,308)	(1,175)	(30,249)	(31,884)	(1,635)
Corporate	(1,399)	(1,429)	(31)	(13,786)	(14,155)	(370)	(16,659)	(17,079)	(420)
Reserves	0	0	0	0	0	0	(0)	0	0
Total Pay	(9,545)	(9,863)	(317)	(94,502)	(96,661)	(2,159)	(113,777)	(116,635)	(2,859)
Non-Pay									
Acute	(1,052)	(2,919)	(1,868)	(9,685)	(14,194)	(4,509)	(11,822)	(17,011)	(5,189)
Community Health	(235)	(428)	(193)	(2,059)	(3,926)	(1,867)	(2,634)	(4,982)	(2,348)
Planned	(539)	(416)	123	(5,972)	(7,348)	(1,376)	(7,091)	(9,035)	(1,944)
Corporate	(1,079)	(1,255)	(176)	(9,048)	(11,248)	(2,200)	(11,507)	(14,065)	(2,558)
Reserves	(259)	(123)	135	(1,185)	839	2,023	(3,584)	91	3,675
Total Non-Pay	(3,163)	(5,141)	(1,978)	(27,949)	(35,878)	(7,929)	(36,638)	(45,003)	(8,365)
EBITDA	991	623	(368)	8,545	8,453	(92)	9,017	8,741	(276)
Income Received									
Receipt of Charitable Donations for Asset Acquisition	0	45	45	0	347	347	0	350	350
Total Income Received	0	45	45	0	347	347	0	350	350
Capital Charges									
Depreciation & Amortisation	(615)	(598)	17	(6,213)	(6,301)	(88)	(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	38	38	0	38	38
Total Capital Charges	(615)	(597)	18	(6,213)	(6,264)	(51)	(7,400)	(7,480)	(80)
Other Finance Costs									
Interest Receivable	1	9	7	12	27	15	15	29	15
Interest Payable	(2)	(2)	0	(20)	(25)	(5)	(24)	(29)	(5)
Bank Charges	(1)	(5)	(4)	(8)	(10)	(2)	(10)	(12)	(2)
Foreign Currency Adjustments	(0)	1	1	(1)	1	1	(1)	0	1
Total Other Finance Costs	(2)	2	4	(16)	(8)	9	(20)	(11)	9
Net Surplus / (Loss)	374	74	(300)	2,316	2,529	213	1,598	1,601	3

Overall Position

Month 10 position shows a year to date surplus of **£2,529k**. This is **£213k** over plan due to the budget set-aside for the repayment of Public Dividend Capital (which is not now required). The forecast year end surplus is forecast just over plan at **£1,601k**.

Income - The YTD position is over plan by **£9,996k**. The variance of **£3,421k** in the Acute directorate is due largely to the prison extension contract in Apr-May, dermatology element within the Beacon contract, income transferred from CAT A for Healthcare @ Home services and drug cost recharges. Within the Planned directorate the variance of **£649k** is due to mainly R&D and Allergy funding being higher than plan. The Community Health directorate income variance of **£976k** 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 **£2,869k** mainly due to 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 **£97k** received from League of Friends is over plan.

Pay - The YTD position on pay budgets is over plan by **£2,159k**. This includes spend in the Acute directorate (variance **£372k**) 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; **£242k** over plan in Community which is due to HV Trainee costs funded by income and 1:1 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 **£1,175k** in the Planned directorate which is due to Locum Costs to cover vacancies and sickness and **£370k** in Corporate areas which is mainly due to costs relating to NHS Creative.

Non Pay - The non pay budgets are overspent by **£7,929k**. All clinical directorates and Corporate area overspends include 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 **£6,830k** was underachieved at month 10 by **£662k**. This includes the recognition of **£681k** of the full year savings of banked CIPs & **£1,479k** of reserve slippage.

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Cost Improvement Programme - CIP by Directorates

Directorates	Month			YTD				FULL YEAR						
	Plan	Actual	Variance	Plan	Actual - Recurrent	Actual - Non Recurrent	Variance	Plan Recurrent	Forecast Recurrent	Forecast Non Recurrent	Total Forecast	Variance Recurrent (CYE)	Total Variance	Full Year Effect
Acute	214	85	(128)	2,037	1,270	111	(657)	2,575	1,963	111	2,073	(612)	(502)	14
Community Health	199	102	(97)	1,866	592	178	(1,095)	2,340	803	203	1,006	(1,537)	(1,334)	114
Finance and Performance Mgt	16	15	(1)	129	153	51	76	167	213	51	264	46	97	0
Nursing and Workforce	45	92	46	426	215	90	(120)	534	286	96	382	(248)	(152)	37
Planned	223	184	(39)	2,091	829	304	(958)	2,622	1,356	373	1,729	(1,266)	(893)	235
Strategic & Commercial Directorate	20	16	(4)	281	157	55	(69)	406	289	55	344	(117)	(62)	0
Trustwide Transformation Schemes	0	0	0	0	0	1,479	1,479	0	0	2,779	2,779	0	2,779	1,558
Total	717	494	(223)	6,830	3,218	2,269	(1,344)	8,644	4,909	3,668	8,578	(3,734)	(66)	1,958
Banked CIPs	0	(148)	(148)		681		681							
Total	717	346	(371)	6,830	3,899	2,269	(662)	8,644	4,909	3,668	8,578	(3,734)	(66)	1,958

Commentary:

The CIP plan for M10 is **£717k**. The actual savings totalled **£494k** and with the unwinding of **£148k** of banked CIPs in month there is an in month underachievement of **£371k**. The year-to-date target of **£6,830k** is shown as as being partially delivered as **£5,486k** of planned schemes have been achieved to date. In addition, the full year effect of schemes banked amounting to **£681k** has been recognised resulting in a YTD variance of **(£662k)**. The forecast is showing achievement of **£8,578k** which is **£66k** underachievement against the annual plan with a **£1.771m** 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.

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Capital Programme - Capital Schemes

Source & Application of Capital Funding	Annual Plan / Budget £'000	YTD Spend £'000	F'cast to Year End £'000	Full Year £'000	Original Plan £'000
Source of Funds					
Initial CRL	7,560			7,560	7,560
Dementia Friendly	399			399	
Pharmacy Matched Funding - NHS Technology for Safer Wards (provisional)	224			224	
Property Sales					
Cash Surplus					
Anticipated Capital Resource Limit (CRL)	8,183	0	0	8,183	7,560
Other charitable donations	100			100	100
Charitable Funds - Dementia					
Donated Helipad Income	250			250	
VAT Recovery					
Total Anticipated Funds Available	8,533	0	0	8,533	7,660
Application of Funds					
12/13 Schemes Carried Forward					
2012 / 13 Backlog Maintenance	262	226	36	262	
Helipad works	42	42	0	42	
Replacement of two Main Hospital Passenger Lifts	296	32	264	296	300
Old HSDU Refurbishment (Phase 1)	145	145	0	145	
Shackleton to Newchurch Ward Move	67	64	3	67	
Improving Birthing Environment	57	57	0	57	
Personal Alarm System for Sevenacres	30	0	30	30	
Move Drop Safe to the Cashiers Office	6	6	0	6	
Modernisation of Pathology	50	49	1	50	
Emergency Dept Redevelopment	32	32	0	32	
Sub-total	986	653	333	986	300

Commentary

It is disappointing to note that expenditure on capital projects has not reached expected levels and to date only 17% of the total has been spent. However, assurances have been given by all project managers that schemes will be delivered before the end of March.

Source & Application of Capital Funding	Annual Plan / Budget £'000	YTD Spend £'000	F'cast to Year End £'000	Full Year £'000	Original Plan £'000
13/14 Schemes - Approved					
Pathology Refurbishment Phase 2	857	32	825	857	860
Medical Assessment Unit Fees	25	18	7	25	
Medical Assessment Unit Extension	347	1	346	347	1,100
Ophthalmology/Endoscopy	0	35	-35	0	
Ward Reconfiguration Level C	525	3	522	525	
Theatre Stock Inventory System	113	0	113	113	
Ryde Community Clinic Professional Fees	15	7	8	15	
Ryde Community Clinic	265	5	260	265	600
Backlog high/medium risk & fire safety 13.14	1,137	45	1,092	1,137	500
Other Backlog Schemes	270	7	263	270	
Infrastructure (e.g. underground services)	300	0	300	300	300
Staff Capitalisation	180	134	46	180	100
IM&T	428	155	273	428	500
PARIS - Staff Capitalisation	90	23	67	90	
ISIS Further Faster	642	35	607	642	
RRP - Equipment & Ambulances	289	149	140	289	500
Contingency :-					300
Purchase of letter folder stuffer	0	0	0	0	
Bed Store	39	0	39	39	
Turnkey for DR Rooms	150	0	150	150	
Other Bids	245	27	218	245	
Office Moves - Finance Relocation	53	0	53	53	
Other Adjustments	0	3	-3	0	
Dementia Friendly	201	26	175	201	
Upgrade of current ICE and LabComm servers	6	0	6	6	
Wireless Network and Infrastructure Upgrade	119	0	119	119	
Automation of medicines storage at Ward level	448	0	448	448	
Telephone Data Capture (Tiger Billing)	13	0	13	13	
P21+ Contractors Site Accommodation	100	0	100	100	
ICU/CCU	182	0	182	182	
Urodynamics Machine	21	0	21	21	
Orthopaedic Theatre Tool Set	61	0	61	61	
High Definition Camera System (Gynae & Urology)	71	0	71	71	
ENT Microscope	60	0	60	60	
Replacement Medical Grade Camera for the Ophthalmic Microscope	33	0	33	33	
Theatre Inventory Management System (Additional to Theatre Inventory System £144k)	38	0	38	38	
Relocate Cancer Pathways Team	19	0	19	19	
Label Printers	9		9	9	
Immunostaining Machine	19		19	19	
POD Lockers	25		25	25	
Sub-total	7,397	705	6,692	7,397	4,760
13/14 Schemes - Awaiting TEC Approval					
Endoscopy Relocation	0	0	0	0	
Office Moves	30		30	30	
Unallocated Funding	20	0	20	20	
Upgrade to Medical Gases System					
Ophthalmology					1,300
Dementia Wing					600
Maternity					600
Sub-total	49	0	49	49	2,500
Other charitable donations	100	97	3	100	100
Gross Outline Capital Plan	8,533	1,455	7,078	8,533	7,660

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Monthly statement of Financial Position - January 2014

	Jan -14	Dec -13	Month-on-month Movement
PPE	108,808	108,707	101
Accumulated Depreciation	19,982	19,498	484
Net PPE	88,826	89,209	(383)
Intangible Assets	7,140	7,051	89
Intangible Assets Depreciation	3,382	3,268	114
Net Intangible Assets	3,758	3,783	(25)
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	92,584	92,992	(408)
Cash	9,704	8,454	1,250
Accounts Receivable	12,377	12,401	(24)
Inventory	2,078	1,958	120
Investments	0	0	0
Other Current Assets	0	0	0
Current Assets	24,159	22,813	1,346
Total Assets	116,743	115,805	938
Accounts Payable	16,377	15,310	1,067
Accrued Liabilities	0	0	0
Short Term Borrowing	25	32	(7)
Current Liabilities	16,402	15,342	1,060
Non-Current Payables	0	0	0
Non-Current Borrowing	48	48	0
Other Liabilities	147	262	(115)
Long Term Liabilities	195	310	(115)
Total Net Assets/Liabilities	100,146	100,153	(7)
Taxpayers Equity:			
Revaluation Reserve	21,251	21,251	0
Other Reserves	75,856	75,937	(81)
Retained Earnings incl. In Year	3,039	2,965	74
Total Taxpayers Equity	100,146	100,153	(7)

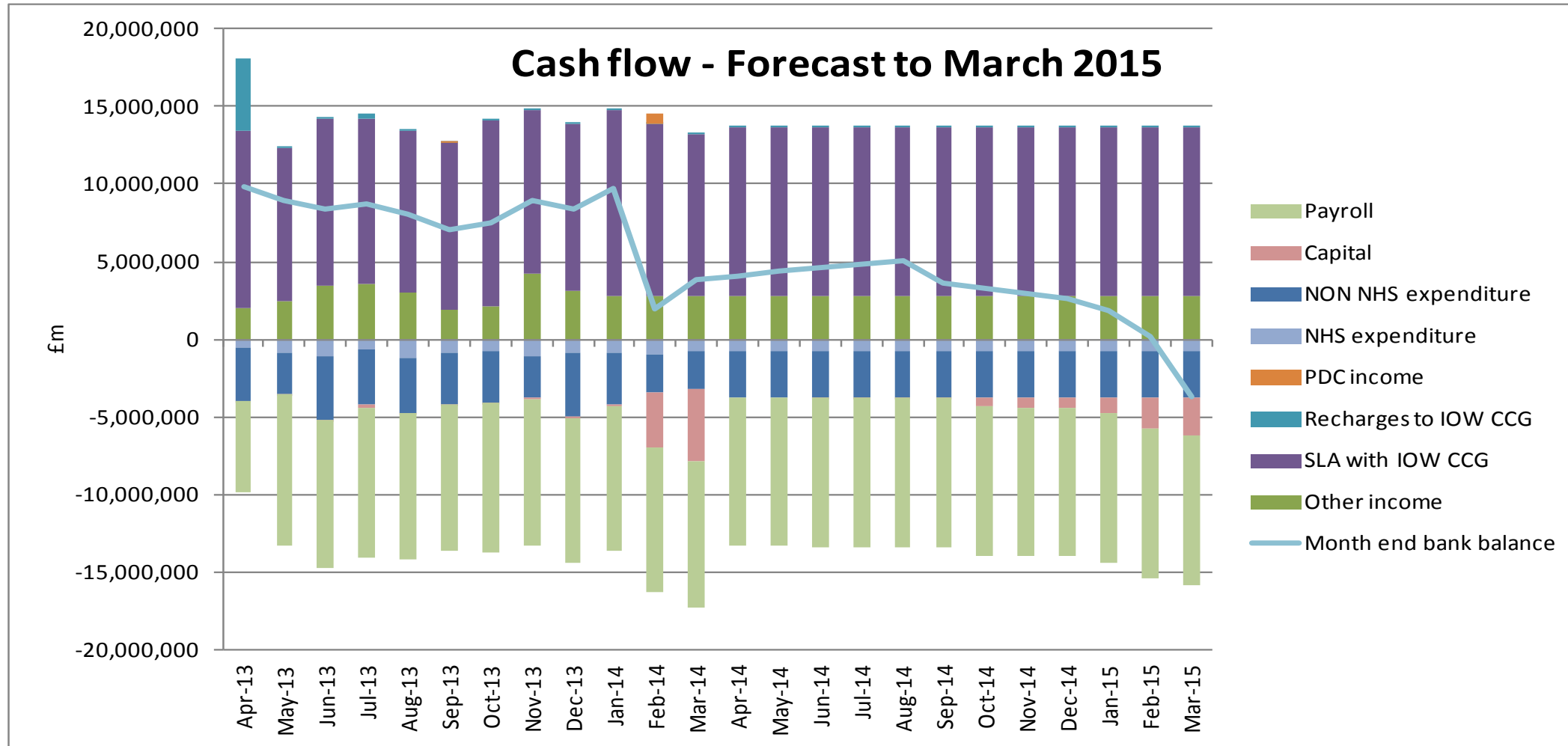
Commentary

There has been only slight movement in the overall balance sheet in month. The amount of cash has increased by **£1,250k** and in the main is offset by an increase in creditor levels. The other change is to Other Liabilities (Provisions) which have reduced by **£115k** as various payments, including **£75k** to the Dept. of Energy & Climate Change regarding CO2 emissions, have been paid in month.

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Cash Flow Forecast



Commentary:

The table above shows the actual cashflow to the end of January 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 January. 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.

The current forecast includes a best estimate of when capital spend will occur next year, based on historic trends. However, the projection will be updated to reflect a more accurate position when it is known.

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Continuity of Service Risk Rating

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

Risk Catagories for scoring			
1	2	3	4
<-14	-14.0	-7.0	0
<1.25	1.25	1.75	2.5

Liquidity ratio (days)

Capital servicing capacity (times)

Commentary:

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

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Governance Risk Rating



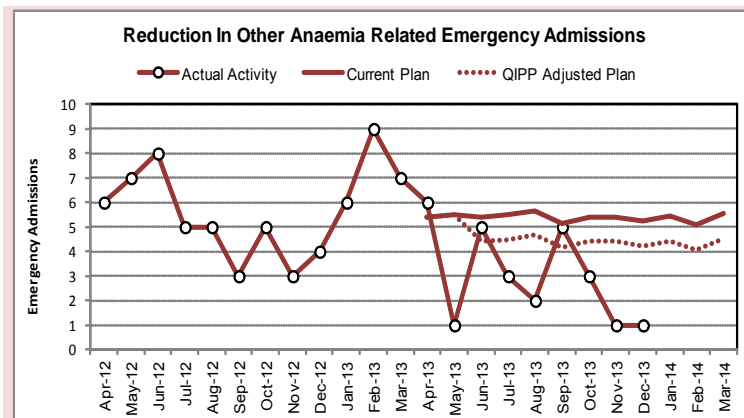
GOVERNANCE RISK RATINGS				Isle of Wight NHS Trust		Insert YES (target met in month), NO (not met in month) or N/A (as appropriate) See separate rule for A&E							With effect from the September report, the GRR has been realigned to match the Risk Assessment Framework as required by 'Monitor'.
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Board Actions
						Qtr to Jun-13	Qtr to Sep-13	Qtr to Dec-13	Jan-14	Feb-14	Mar-13	Qtr to Mar-13	
Access	1	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted		90%	1.0	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					
	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					
	4	A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge		95%	1.0	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	
			NHS Cancer Screening Service referral	90%									
	6	All cancers: 31-day wait for second or subsequent treatment, comprising:	surgery	94%	1.0	Yes	No	Yes	No			No	
			anti-cancer drug treatments	98%									
			radiotherapy	94%									
	7	All cancers: 31-day wait from diagnosis to first treatment		96%	1.0	Yes	Yes	Yes	Yes			Yes	
	8	Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	93%	1.0	No	No	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	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	No	Yes	Yes			Yes	
11	Meeting commitment to serve new psychosis cases by early intervention teams		95%	1.0	Yes	Yes	Yes	Yes			Yes		
12	Category A call – emergency response within 8 minutes, comprising:	Red 1 calls	75%	1.0	No	Yes	Yes	Yes			Yes		
		Red 2 calls	75%	1.0	Yes	Yes	Yes	Yes			Yes		
13	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	Yes	Yes	Yes			Yes		
Outcomes	14	Clostridium difficile – meeting the C. difficile objective	Is the Trust below the de minimus	12	1.0	Yes	Yes	Yes	Yes			Yes	
			Is the Trust below the YTD ceiling	13		No	No	Yes	Yes			Yes	
	16	Minimising mental health delayed transfers of care		≤7.5%	1.0	Yes	Yes	Yes	Yes			Yes	
	17	Mental health data completeness: identifiers		97%	1.0	Yes	Yes	Yes	N/A			N/A	
	18	Mental health data completeness: outcomes for patients on CPA		50%	1.0	Yes	Yes	Yes	Yes			Yes	
	19	Certification against compliance with requirements regarding access to health care for people with a learning disability		N/A	1.0	Yes	Yes	Yes	Yes			Yes	
	20	Data completeness: community services, comprising:	Referral to treatment information	50%	1.0	Yes	Yes	Yes	Yes			Yes	
Referral information			50%										
Treatment activity information			50%										
TOTAL						2.0	4.0	1.0	2.0	0.0	0.0	2.0	
						AR	R	AG	AR	G	G	AR	

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Quality Innovation Productivity & Prevention (QIPP) Programme Monitoring

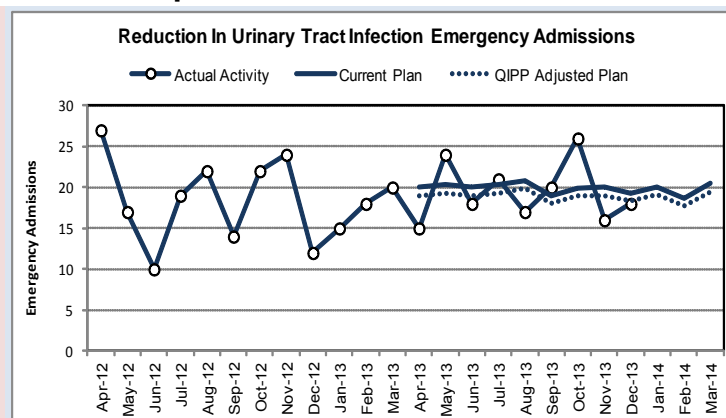
Planned care - Month 9 Update



Variance **Plan** **QIPP**
Activity 7 22
Saving 14,193 £43,957



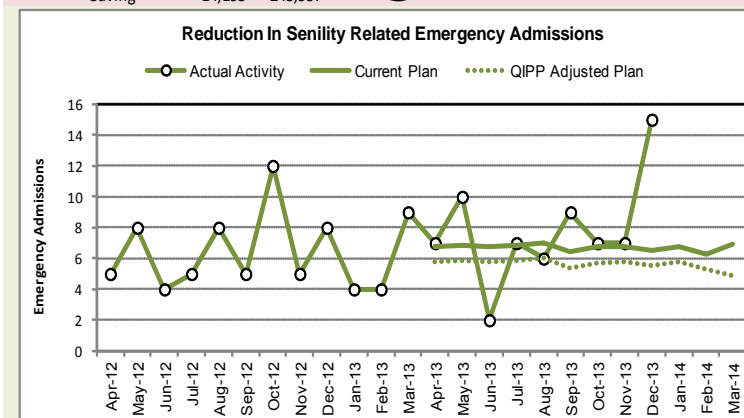
Total QIPP £19,600
QIPP Remaining 0



Variance **Plan** **QIPP**
Activity 9 5
Saving £23,022 £12,307



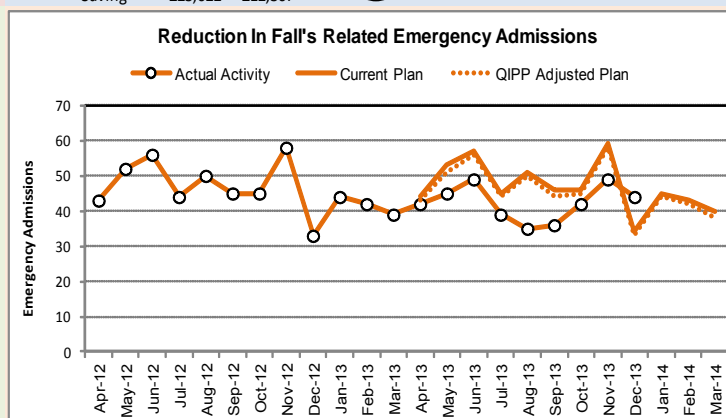
Total QIPP £24,720
QIPP Remaining £12,413



Variance **Plan** **QIPP**
Activity 9 -9
Saving £27,197 (£28,370)



Total QIPP £39,680
QIPP Remaining £68,050



Variance **Plan** **QIPP**
Activity 11 54
Saving £24,200 £118,800



Total QIPP £30,000
QIPP Remaining 0

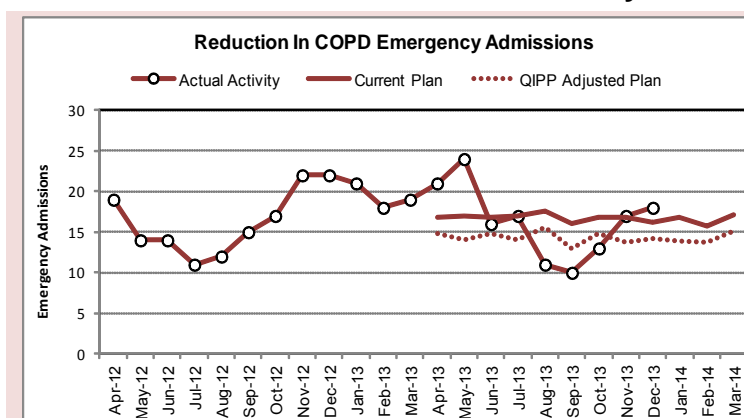
Planned Care QIPP Programmes						
Medical Management Of Carpal Tunnel Syndrome	56,388	35,243	12,678	-22,564	20,286	✗
Joint Injections In Primary Care	72,667	45,048	28,110	-16,938	45,344	✗
ENT Day Case Activity Moved To An Outpatient Procedure Setting	43,869	27,418	23,305	-4,113	37,288	✗
Direct Access Referral To Sleep Studies	23,793	8,677	140	-8,537	384	✗
Direct Access Referral To Microsuction	44,695			TBC		
Glaucoma Referrals To Opticians	84,000			TBC		
Primary Care LES To Achieve Schemes	-16,800					

Planned Care QIPP Total **308,611** **116,386** **64,233** **-52,152** **103,302** **✗**

Community Services QIPP Programmes						
Frail Older People						
Reduction In Other Anaemia Related Admissions	19,600	14,193	43,957	29,764	60,702	✓
Reduction In Emergency Urinary Tract Infection Admissions	24,720	23,022	12,307	-10,715	13,215	✗
Reduction In Senility Related Admissions	39,680	27,197	-28,370	-55,566	-41,391	✗
Reduction in admissions resulting from Falls	30,000	24,200	118,800	94,600	147,273	✓
Long Term Conditions						
Reduction in COPD Admissions	66,000	50,160	9,198	-40,962	12,103	✗
Reduction In Heart Failure Related Emergency Admissions	59,000	30,240	34,560	4,320	67,429	✓
Community Paediatric Service Development						
Reduction in Paediatric Admissions	17,000	13,338	-24,414	-37,752	-31,117	✗

Community Services QIPP Total **256,000** **182,350** **166,038** **-16,312** **228,213** **✗**

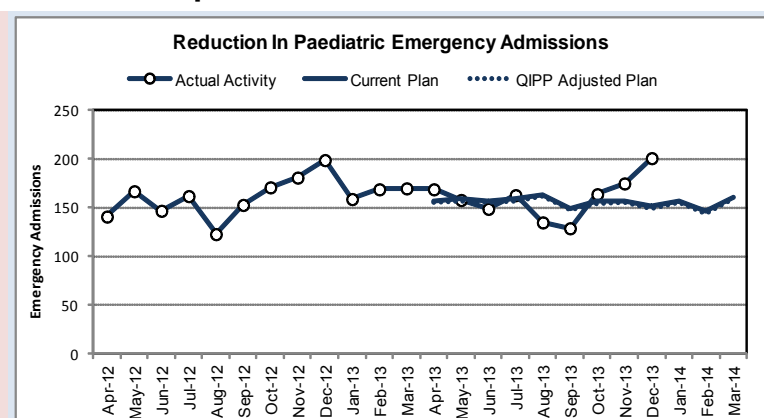
Community Services - Month 9 Update



Variance **Plan** **QIPP**
Activity 22 4
Saving 50,160 £9,198



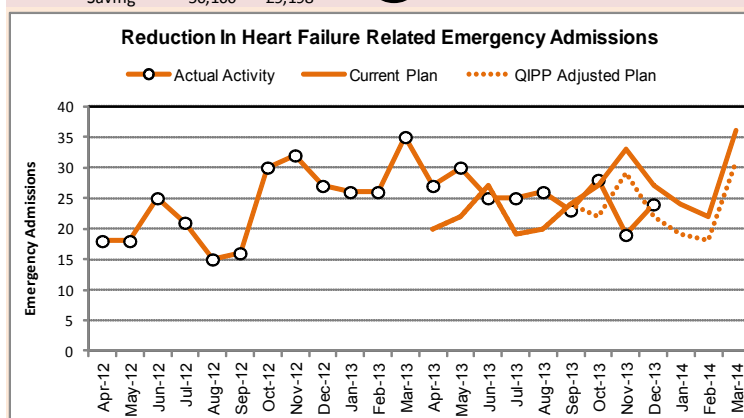
Total QIPP £66,000
QIPP Remaining 56,802



Variance **Plan** **QIPP**
Activity 18 -33
Saving £13,338 (£24,414)



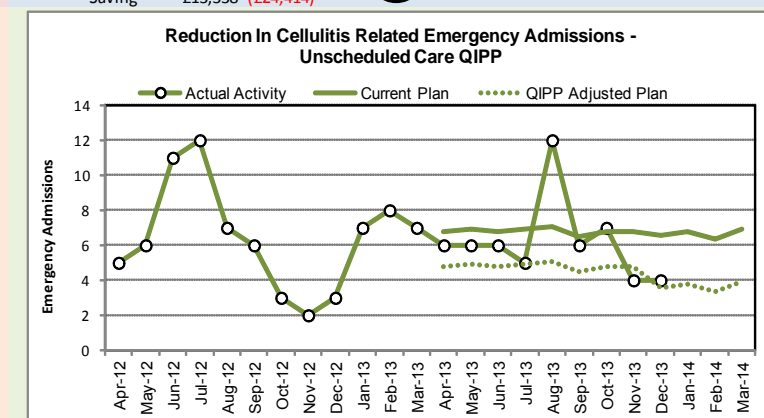
Total QIPP £17,000
QIPP Remaining £41,414



Variance **Plan** **QIPP**
Activity 14 16
Saving £30,240 £34,560



Total QIPP £59,000
QIPP Remaining £24,440



Variance **Plan** **QIPP**
Activity 19 5
Saving £22,705 £6,050



Total QIPP £34,000
QIPP Remaining £27,950

QIPP Schemes	2013/14 Saving			Year To Date Savings		Full Year Forecast	Current Achievement
	Planned	Achieved	Variance				
Total	698,611	347,071	261,953	-85,119	417,467		✗

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

Unscheduled Care QIPP Programmes							
Reduction In Cellulitis Related Emergency Admissions	34,000	22,705	6,050	-16,655	9,060		✗
Reduction in Avoidable GP Admissions*	100,000	25,631	25,631	0	76,893		✗
Unscheduled Care QIPP Total	134,000	48,336	31,681	-16,655	85,953		✗

Commentary:

Work is continuing to monitor achievement of local QIPP initiatives and this is reported back and discussed with commissioners on a monthly basis. The graphs have been taken from the developing mechanism and demonstrate Month 9 progress.

Isle of Wight NHS Trust Board Performance Report 2013/14

January 14

Performance Summary - Acute Directorate

Performance on a Page - Acute Directorate

Governance Risk Rating M09:

0 - G

Finance Headlines:

As at M10:

	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	213.1	1,465.1	2.9	1,117.7
CIP	-662.4	-753.0	-65.9	-503.3

Key Performance Indicators:

As at M10:

	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
Emergency Care 4 hour Standards	Jan-14	97.5%	97.5%	97.1%	97.1%
MRSA	Jan-14	1	0	2	1
CDIFF	Jan-14	0	0	6	2
RTT Admitted - % within 18 Weeks	Dec-13	91.1%			
RTT Non Admitted - % within 18 Weeks	Dec-13	95.4%	92.0%		
RTT Incomplete - % within 18 Weeks	Dec-13	94.8%	92.8%		
RTT delivery in all specialties	Dec-13	6	4		
Diagnostic Test Waiting Times	Dec-13	2	0	35	0
Cancer 2 wk GP referral to 1st OP	Jan-14	95.3%		95.7%	
Breast Symptoms 2 wk GP referral to 1st OP	Jan-14	95.1%		94.4%	
31 day second or subsequent (surgery)	Jan-14	95.0%		99.2%	
31 day second or subsequent (drug)	Jan-14	97.6%		99.4%	
31 day diagnosis to treatment for all cancers	Jan-14	98.1%		98.9%	
62 day referral to treatment from screening	Jan-14	100.0%		99.1%	
62 days urgent referral to treatment of all cancers	Jan-14	94.1%		93.8%	
Delayed Transfers of Care	Q2 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Jan-14	0	0	0	0
VTE Risk Assessment	Jan-14	90.8%		89.1%	
% 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 January are provisional

Workforce Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	3.86%	3.90%	3.68%	3.73%
FTE vs Budget			-45.0	-8.0
Appraisals			95.0%	96.2%

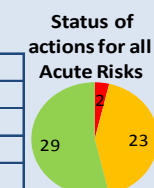
Quality Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRIs (Serious Incidents Requiring Investigation)	4	0	73	16
Incidents	455	108	4,172	1,368
Complaints	24	11	165	70
Compliments	379	96	3,846	1,088

Risk Register Summary: As at 17/02/2014

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



SLA Performance:

As at M09:

	Activity		Income - £000	
	Actual	Var to Plan	Actual	Var to Plan
Emergency Spells	4,324	-583	10,372	-283
Elective Spells	111	-6	189	0
Outpatients Attendances	20,649	1,128	3,014	48
Total			13,575	-234

Isle of Wight NHS Trust Board Performance Report 2013/14

January 14

Performance Summary - Planned Directorate

Performance on a Page - Planned Directorate

Governance Risk Rating M09:

0 - G

Finance Headlines:

As at M10:	£000			
	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	213.1	1,905.9	2.9	2,149.0
CIP	-662.4	957.5	-65.9	892.8

Key Performance Indicators:

As at M10:	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
Emergency Care 4 hour Standards	Jan-14	97.5%		97.1%	
MRSA	Jan-14	1	1	2	1
CDIFF	Jan-14	0	0	6	1
RTT Admitted - % within 18 Weeks	Dec-13	91.1%	91.1%		
RTT Non Admitted - % within 18 Weeks	Dec-13	95.4%	96.8%		
RTT Incomplete - % within 18 Weeks	Dec-13	94.8%	95.3%		
RTT delivery in all specialties	Dec-13	6	2		
Diagnostic Test Waiting Times	Dec-13	2	2	35	35
Cancer 2 wk GP referral to 1st OP	Jan-14	95.3%	95.3%	95.7%	95.7%
Breast Symptoms 2 wk GP referral to 1st OP	Jan-14	95.1%	95.1%	94.4%	94.4%
31 day second or subsequent (surgery)	Jan-14	95.0%	95.0%	99.2%	99.2%
31 day second or subsequent (drug)	Jan-14	97.6%	97.6%	99.4%	99.4%
31 day diagnosis to treatment for all cancers	Jan-14	98.1%	98.1%	98.9%	98.9%
62 day referral to treatment from screening	Jan-14	100.0%	100.0%	99.1%	99.1%
62 days urgent referral to treatment of all cancers	Jan-14	94.1%	94.1%	93.8%	93.8%
Delayed Transfers of Care	Q2 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Jan-14	0	0	0	0
VTE Risk Assessment	Jan-14	90.8%		89.1%	
% 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 January are provisional

Workforce Headlines:

As at M10:	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	3.86%	3.68%	3.68%	3.43%
FTE vs Budget			-45.0	-18.0
Appraisals			95.0%	91.1%

Quality Headlines:

As at M10:	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRs (Serious Incidents Requiring Investigation)	4	1	73	12
Incidents	455	111	4,172	916
Complaints	24	5	165	63
Compliments	379	107	3,846	1,458

Risk Register Summary: As at 17/02/2014

Risk Title	Risk Score	Type	Status of actions for all Planned...
Insufficient & inadequate Ophthalmology facilities to	20	QCE	
Insufficient & inadequate Endoscopy facilities to meet	20	QCE	
Ophthalmic Casenotes - Poor Condition, Misfiling and	20	PATSAF	
Failing heating/cooling system impacting on service	20	PATSAF	

SLA Performance:

As at M09:	Activity		Income - £000	
	Actual	Var to Plan	Actual	Var to Plan
Emergency Spells	5,839	-282	9,149	-567
Elective Spells	5,683	-404	9,717	-539
Outpatients Attendances	66,918	-799	8,767	-38
Total			27,633	-1,143

Isle of Wight NHS Trust Board Performance Report 2013/14

January 14

Performance Summary - Community Health Directorate

Performance on a Page - Community Directorate

Governance Risk Rating M09:

1 - AG

Finance Headlines:

As at M10:

	£000			
	YTD		Forecast Outturn	
	Org	Directorate	Org	Directorate
Actual vs Budget	213.1		2.9	
CIP	-662.4		-65.9	

Key Performance Indicators:

As at M10:

	Latest Data	In Month		YTD	
		Org	Directorate	Org	Directorate
Emergency Care 4 hour Standards	Jan-14	97.5%		97.1%	
MRSA	Jan-14	1	0	2	0
CDIFF	Jan-14	0	0	6	3
RTT Admitted - % within 18 Weeks	Dec-13	91.1%			
RTT Non Admitted - % within 18 Weeks	Dec-13	95.4%	98.2%		
RTT Incomplete - % within 18 Weeks	Dec-13	94.8%	96.4%		
RTT delivery in all specialties	Dec-13	6	0		
Diagnostic Test Waiting Times	Dec-13	2	0	35	0
Cancer 2 wk GP referral to 1st OP	Jan-14	95.3%		95.7%	
Breast Symptoms 2 wk GP referral to 1st OP	Jan-14	95.1%		94.4%	
31 day second or subsequent (surgery)	Jan-14	95.0%		99.2%	
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62 days urgent referral to treatment of all cancers	Jan-14	94.1%		93.8%	
Delayed Transfers of Care	Q2 13/14	0.1%		0.1%	
Mixed Sex Accommodation Breaches	Jan-14	0	0	0	0
VTE Risk Assessment	Jan-14	90.8%		89.1%	
% 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 January are provisional

Workforce Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
% Sickness Absenteeism	3.86%	4.03%	3.68%	4.08%
FTE vs Budget			-45.0	-2.0
Appraisals			95.0%	100.4%

Quality Headlines:

As at M10:

	In Month		YTD	
	Org	Directorate	Org	Directorate
SIRs (Serious Incidents Requiring Investigation)	4	3	73	45
Incidents	455	177	4,172	1,338
Complaints	24	7	165	28
Compliments	379	168	3,846	1,195

Risk Register Summary: As at 17/02/2014

Risk Title	Risk Score	Type	Status of actions for all Community...
Vacancies in adult speech & language therapy team	20	PATSAF	
Low Staffing Levels within Occ Therapists Acute Team	20	PATSAF	
Increased demand on Orthotics	20	GOVCOM	
Safeguarding Children Training: Level 2	20		

SLA Performance:

As at M08:

	Activity		Income - £000	
	Actual	Var to Plan	Actual	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-Embolicism
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
CYE	Current Year Effect
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

FOR PRESENTATION TO PUBLIC BOARD ON: 26 February 2014

QUALITY & CLINICAL PERFORMANCE COMMITTEE

Wednesday 19 February 2014

Present:	Sue Wadsworth	Non Executive Director and Chair (Chair)
	Nina Moorman	Non Executive Director and Deputy Chair (DC)
	David King	Designate Non Executive Director (DK)
	Jessamy Baird	Designate Non Executive Director (JB)
	Alan Sheward	Executive Director of Nursing and Workforce (EDNW)
	Miss Sabeena Allahdin	Clinical Director – Planned Clinical Directorate (CDP)
	Dr Ma'en Al-Mrayat	Interim Clinical Director – Acute Clinical Directorate (ICDA)
In Attendance:	Sarah Johnston	Deputy Director of Nursing (DDN)
	Brian Johnston	Head of Corporate Governance & Risk Management (HOCG)
	Gill Honeywell	Chief Pharmacist (CP)
	Vanessa Flower	Quality Manager (QM)
	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)
	Chris Orchin	Non-Executive Director (Governance and Compliance)
	Annie Hunter	Healthwatch IW (HIW)
	Tony Adams	Head of Midwifery (HOM)
	Rachel Weeks	Clinical Change Manager / Independent Prescriber (CCM), <i>for item 14/057</i>
	Jeannine Johnson	Assistant General Manager (AGM), <i>for item 14/061</i>
	Andy Shorkey	Stroke Nurse Specialist (SNS), <i>for item 14/063</i>
		Foundation Trust Programme Management Officer (FTPMO), <i>for items 14/038 and 14/039</i>
Minuted by:	Amanda Garner	Personal Assistant to EDNW (PA)

Key Points from Minutes to be reported to the Trust Board

- Item 14/052 - Special Measure Process Paper. The DDN explained how special measures would work in future and highlighted the issues and challenges identified by the risk review
- Item 14/057 – Audit Results of Non Medical Prescribing Assessment. The Committee received an update on the results and will receive this information annually.
- Item 14/061 - Outpatient Appointments and Records Unit – The Committee received an update on auto-discharge issues.
- Item 14/068 – Joint Safeguarding Steering Group Report. The Committee received an update on the current status for Adult and Children's safeguarding including an overview of open cases.
- Item 14/073 – Healthwatch Visits – Summary Report. The Committee received the summary report following the visits and noted there were recommendations.
- Item 14/075 – TDA Self Certification. The Committee challenged Board Statement 13 regarding the

management structure in place.

Minute No.

14/042 APOLOGIES FOR ABSENCE

The Chair welcomed DK and JB to the Committee and introductions were made.

Apologies were received from Sarah Gladdish, Clinical Director – Community Clinical Directorate (CDC), Mark Pugh, Executive Medical Director (EMD) and Theresa Gallard, Safety, Experience and Effectiveness Business Manager (SEEBM).

14/043 CONFIRMATION OF QUORACY

The Chair confirmed the meeting was quorate.

14/044 DECLARATIONS OF INTEREST

There were no declarations of Interest

14/045 MINUTES OF THE LAST MEETING – 22 JANUARY 2014

The minutes of the meeting of the Quality & Clinical Performance Committee held on 22 January 2014 were reviewed, agreed and signed by the Chair.

14/046 REVIEW OF ACTION TRACKER

The Committee reviewed the Action Tracker.

The Chair advised that she had received the Quality Report from the Planned Clinical Directorate and reminded the Acute and Community Clinical Directorates that this report is due shortly.

14/047 REVIEW OF ROLLING PROGRAMME

The Committee reviewed the Rolling Programme.

UPDATE OF LOCAL / NATIONAL ISSUES

14/048 INTEGRATED ACTION PLAN – MONTHLY UPDATE

The EDNW advised the Committee that an update would be provided each month. The EDNW added that there are now 148 recommendations within the action plan which was an increase of 25 due to the addition of recommendations from the Clwyd / Hart Review. The EDNW advised that progress is being made on these and added that the action plan will be taken to the Patients' Council each month for endorsement. JB added that service user engagement is required from mental health and community. The QM advised that the Trust is using the Friends and Family Test in the mental health and community setting.

14/049 UPDATE FROM NATIONAL QUALITY AGENDA

The EDNW advised that he had been requested to update the Committee on national work on the quality agenda and this information has been taken from the Health and Social Care Information Centre. The EDMW advised that there was no benchmarking data in this report and added that the Trust will set out internal and external benchmarking and asked that the information is put into a table for the next meeting for ease of reference. The Committee agreed that they needed to see this information monthly with DK adding that this would be reviewed.

Action: VF

QUALITY

14/050 QUALITY REPORT

The EDNW presented the Quality Report to the Committee and advised that at the end of Quarter 3 there had been 42 reds in the Summary with only 14 in Quarter 4 so far.

The EDNW highlighted the following:

- Hospital Standardised Mortality Ratio (HMSR) – this data needs updating
- Current Ward Summary Dashboard – explained the scoring and added that he was not sure that some of the indicators were correct
- Nursing Dashboard – continuing with this until Qlikview in place

The Chair highlighted an area regarding its performance and advised that she had visited this area recently. The HOCC advised that there were some anomalies in the data as she knew that the hand hygiene figure was at 100% not 14%. The EDNW asked for an update on this area as part of the Directorate update at the next meeting. HIW advised that HealthWatch had also identified this area as an area to watch. The Committee discussed the data sources for these reports.

Action: HOCC

- Safety Thermometer – The EDNW advised that there are four specific areas measured – pressure ulcers, falls, catheter associated infections and VTE and advised that nationally the Trust is doing very well.
- CQC Intelligent Monitoring Report – CQC now utilising this report and the Trust is in Band 4. The EDNW added that this information is being used by the CQC to guide their inspections. The EDNW added that there was the potential for the Trust to move to Band 5 due to some inaccurate data relating to ESR and staff registration
- Serious Incidents Requiring Investigation – overall good progress and now need to show how the Trust is evidencing learning and what systems have changed as a result
- Clinical Incidents – 7 catastrophic incidents however this may be incorrect as the data needed to be validated.
- Falls – improved with an understanding of where these are happening and action plans are in place.
- MRSA bacteraemia – 1 case in January with a range of actions including receiving a daily alert on decolonisation and working with junior doctors.
- MRSA Screening – slowly getting there and confident that this would improve.
- Venous Thromboembolism (VTE) Assessment – CP update the Committee and advised that this assessment was mandatory on admission and was looking good.
- Breastfeeding figures – The HOM advised that the Trust was in the top 10% however was seeking clarity on what our internal target should be. The HOM advised that she is working with public health on this and that there is a joint action plan in place. The HOM updated the Committee on the Baby Friendly Initiative (BFI) which includes training for GPs. The Chair asked that an update is provided next month as part of the Directorate report. JB queried the rate of infections. The HOM advised that there had been a review and there were no commonalities. The HOM added that theatre ventilation was being reviewed and the situation was being monitored. The CDP added that as there were small numbers involved that one case would have a big impact on the figures.
- NICU admissions – these remain low.
- Readmissions – rate continues to be low.
- Hospital Anti-microbial Prudent Prescribing Indicators – the CP advised that missed doses had decreased and added that the amber sections had been removed as they favoured either red or green. The CP also added that other Trusts had been contacted regarding benchmarking.
- Complaints – rise in the number of formal complaints with no particular themes.

- Concerns – high in January 2014
- Compliments – dip in the number during January 2014. The EDNW added that comments from the patient opinion website will be included on this going forward.
- Friends and Family Test – inpatient number was a great achievement however there had been a decrease in A&E.
- Single Sex Accommodation – no breaches.
- Hospital Cancellations – this does not include appointments cancelled by the patient or brought forward and will be split going forward to indicate this.
- Patient discharges between 10 pm and 9 am – a report had been submitted to HealthWatch regarding this.
- Chaplaincy – the department had given significant support.
- Pressure ulcers – no grade 4 pressure ulcers in January and this was an excellent achievement.
- Amber Care Bundle – an external review has been commissioned by the Clinical Commissioning Group and patient will be on one single pathway and this would be beneficial.

14/051 RISK SUMMIT – FINAL REPORT

The DDN presented the Special Measure Review to the Committee. The DDN explained the scope of the review which has been commissioned last year following discussion at this Committee and “soft” intelligence received regarding nursing care. The DDN advised that an initial meeting had taken place to review the area with another in key focus areas ie complaints and sickness and a review team had been set up. The DDN updated the Committee on progress, the meetings that had taken place and on the findings and recommendations relating to customer care, patient experience, patient safety, team working and leadership. The DDN gave a summary of the findings and outcomes which have been put into an action plan. The DDN explained that the process itself had had some issues. The DDN advised that the next steps were for the Committee to agree that action plan and agree to the process going forward adding that the Directorate will take forward the action plan. The Chair thanked everyone involved in this difficult but necessary process. DK asked what steps were being taken to improve leadership. The HOCA explained the changes in staff and staff that were supporting the team including a clinical lead and that a great deal of work had been done.

The Chair queried an item on the action plan regarding stethoscopes. The Committee discussed this and the ICDA agreed that cleaning was very important and suggested that the Trust needed to think about a dress code for doctors. The HOM advised that she had been asked by the EDNW to review the Dress Code Policy and that this had been a recommendation for doctors providing direct clinical care and the issue of stethoscopes can be included in the policy also. The Committee discussed this and suggested that the Trust starts with junior doctors but that it needs to be discussed with them. The EDNW advised that junior doctors were driving for a uniform.

The EDNW advised that all staff should expect increased scrutiny in the future and that practice will be challenged.

14/052 SPECIAL MEASURE PROCESS PAPER

The DDN explained to the Committee how special measures would work in future and highlighted the issues and challenges identified by the risk review. The DDN explained the Proposed Risk Summit Process including the triggers. JB asked if there was a process to identify an area of concern before it got to the point of having to organise a risk review. The DC added that this was new but that the Trust would be aiming to rate every area as the CQC would rate them and that services as well as ward areas needed to be involved. The EDNW advised that areas are already rated however this did not lead to concerns as the information was not sensitive or detailed enough and it was softer intelligence which led to the review however Qlikview will be more sensitive and will highlight any issues. The EDNW agreed that areas needed to be rated against the five areas identified by the CQC.

The DDN added that ideally the Trust would only use this process if everything else failed. The EDNW added that this would be part of the monthly performance review and the ward would be given the opportunity to improve before this process. The EDNW advised that the ward would be asked what was stopping them improving and it may be that it is something out of their control. The CDP said that it was good that there was now a structure in place. The EDNW added that historically there had been no consequences and this process given ward staff structure to be supported and then managed if necessary.

The Chair asked if the EDNW could provide a paper to the Committee in the context of other work being done for clarity including a hierarchy for the next meeting.

Action: EDNW

14/053 QUALITY GOVERNANCE FRAMEWORK ACTION PLAN UPDATE

The EDNW advised that this was an update on the actions for assurance with two actions for urgent review which will be updated for the next meeting.

Action: SEEBM

14/054 GOVERNANCE AND ASSURANCE – QUARTERLY SUMMARY REPORT

The HOCG advised that this was a quarterly report of incidents/complaints and claims issues. The HOCG highlighted falls, claims, patient property and reduction in complaints. The HOCG added that the Directorates were working on improving IG training compliance.

14/055 EXTERNAL AGENCIES UPDATE

The HOCG advised that this was a quarterly report giving the latest position on external visits which had been RAG rated with only one being red. The DC advised that this was a very interesting report.

14/056 CQC INTELLIGENT MONITORING ACTION PLAN

The HOCG advised that this report and action plan had only been published earlier in the week and advised that there were 90 applicable indicators with a maximum possible risk score of 180. The HOCG advised that the Trust currently had a score of 7 and classed as Band 4 out of 6 bands with Band 6 being the best. The HOCG advised that the Trust may challenge one of the scores relating to ESR items relating to staff registration. The HOCG advised that ownership had been assigned to the action plan and added that two actions from the previous report had been amended to green from amber. The CP added that all staff are registered however the percentage of 74% was the maximum the Trust could expect to achieve.

The EDNW advised that this demonstrated good governance. The HOCG added that these areas will be picked up by the CQC as part of their Key Lines of Enquiry (KLOEs) and sub-committees will be assigned certain areas to closely monitor. The HOCG also added that the Trust would be using the KLOEs when undertaking the mock visits.

14/057 AUDIT RESULTS OF NON MEDICAL PRESCRIBING ASSESSMENT

The CCM updated the Committee on the audit results of non medical prescribers undertaken during April 2013. The CCM advised that having non medical prescribers has had significant benefits to patients and a cost saving however evidence was required as to how well it was working. The CCM advised that Sandy Paice, Practice Development Co-ordinator is monitoring the action plan. The CCM advised that the audit will be carried out annually and a report provided to the Committee. The DDN advised that the Trust needs to ensure that if staff are undertaking the training that they are utilising their skills. The CCM advised that the process has now changed so if staff want the training they are interviewed to determine the relevance to them. The DC advised that it was disappointing to see how few non medical prescribers had taken place in the audit and presumed that there was a professional requirement to keep the training up to date. The CCM agreed and added that it was important that the Trust had this evidence but expected the results to have improved for the next audit.

REPORTS FROM DIRECTORATES

ACUTE CLINICAL DIRECTORATE

14/058 QUALITY, RISK AND PATIENT SAFETY COMMITTEE

The HOCA highlighted the following issues arising from the Quality, Risk and Patient Safety Meeting held on 16 January 2014:

- Chest compression equipment
- Diagnostic imaging
- Ambulance handover times and data recording

The HOCA advised that there were two catastrophic clinical incidents sitting with the Directorate. The HOCA advised that these had been investigated and updated the Committee on these.

The DC asked if the chest compression equipment was a mainstream device. The HOCA advised that it was now being recommended due to risks whilst resuscitation taking place on route back to the hospital.

The EDNW noted that this item was on the Risk Register with a score of 20 and asked that this be reviewed.

Action: HOCA

14/059 ACTIONS BEING TAKEN IN REVIEWING OR ACTION PLANNING AROUND CLINICAL AREAS OF CONCERN

The Chair advised that this area had been covered in the DDN's presentation earlier in the meeting.

PLANNED CLINICAL DIRECTORATE

14/060 QUALITY, RISK AND PATIENT SAFETY COMMITTEE

The HOCP highlighted the following issues arising from the Quality, Risk and Patient Safety Meeting held on 20 January 2014:

- IG training compliance
- C Section Infection
- Endoscopy

The HOCP advised that the Quality Report had been completed by the Directorate and that she would email a copy to the Committee.

Action: HOCP

14/061 ACTIONS BEING TAKEN IN REVIEWING OR ACTION PLANNING AROUND CLINICAL AREAS OF CONCERN

The AGM advised that as part of her role she is lead for Outpatient Appointments and Records Unit (OPARU) and there was a concern that there is inconsistency in the current arrangements regarding follow up appointments. The AGM advised that 65% of outpatient activity relates to follow up appointments and it is key that these patients are appointed in the time the clinician requests. The AGM advised that partial booking lists had also been reviewed and it was found that approximately 15 to 20% of patients are managed this way. The AGM advised that a secondary audit had been conducted of the auto discharge system and explained how this system worked. The AGM advised that the recommendation was that the auto discharge function be removed. The DDN advised that there were safeguarding issues relating to auto discharge in that patients needed more support ie to attend their appointments. The CDP advised that this had been a really good piece of work

and that continued audits were required until the Trust was happy with what was in place.

JB asked how patients are picked up when a consultant leaves. The CDP advised that the caseload would automatically move to the new consultant. JB asked if the patient is informed by letter. The CDP advised that this could be considered. JB suggested that there could be a down side to removing the auto discharge in that the system would not have an automatic data cleanse and as a result this may slow the system down and the Trust could end up with an IT risk. The AGM advised that IT were reluctant to turn the function off. The Committee discussed this and the Chair suggested that the Directorate needed to make a recommendation to the Committee regarding this. The EDNW agreed and suggested that this be presented to TEC to be endorsed with a brief update to the Committee for the next meeting as part of the Directorate Report.

Action: HOCP

COMMUNITY CLINICAL DIRECTORATE

14/062 QUALITY, RISK AND PATIENT SAFETY COMMITTEE

The HOCC provided a summary of the minutes of the Community & MHLD Clinical Quality, Risk and Patient Safety Committees held in January 2014. The HOCC highlighted the following issues:

Mental Health:

- Riverside lease – looking at alternative venues
- Safeguarding vulnerable adults – monitoring any specific issues
- CQC non mandatory training

Community

- Healthassure – 35 areas – 27 green and 8 yellow – huge amount of work taking place intention for all areas to be green by the end of the month
- Level 2 Safeguarding Children Training – further training dates have been issues. This training is provided by Local Safeguarding Children's Board.

The HOCC advised that there was one catastrophic clinical incident sitting with the Directorate. The HOCC advised that the results of a post mortem are awaited and a review is being undertaken.

The Chair asked that thanks were passed to Fiona Collyer for the amount of work that she has put into Healthassure.

Action: HOCC

14/063 PRESSURE ULCERS – COMMUNITY NURSE UPDATE

The SNS updated the Committee on the Pressure Ulcer Audit carried out in January 2014. The SNS advised that the 11 grade 4 pressures reported in 2013 were reviewed and the root causes identified. The SNS advised that an action plan will be produced which will include training for residential homes and that she will have an overview of this action plan. The EDNW expressed his concern regarding patients being non-compliant with instruction and also lack of pain control and added that these cannot be used as reasons not to care. The SNS added that a leaflet is being put together as is a standard operating procedure for inclusion in the Root Cause Analyses (RCAs). The DDN added that it was interesting to note that 64% of patients were living in residential homes when their pressure ulcer developed and that 45% of patients were not known to the Trust previously.

PATIENT SAFETY

14/064 SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRIs) – THOSE COMING ON LINE

The QM advised the Committee that there were 4 new SIRIs; 1 in the Planned Directorate and 3 in the Community Directorate. The QM advised that there are currently 20 SIRIs open. Of these 12 are overdue, 4 of which are with the Commissioners and 1 death in custody. The EDNW asked of the ones which are out of date with us which Directorates did these sit with. The QM advised that 3 were Community, 3 were Planned and 2 were Acute (including the death in custody). The HOCC advised that weekly meetings were now taking place to discuss SIRIs. The EDNW advised that this has to be seen as part of staff's day jobs and that the Trust will be judged on responsiveness. The Committee discussed this and agreed that SIRIs are important but that there are operational difficulties which slow down investigations. The HOCC advised that there has been a change to how investigating officers are allocated and added that there was an opportunity to utilise recently retired members of staff in this respect.

14/065 PRESSURE ULCER DEEP DIVE UPDATE

The DDN updated the Committee advising that the Senior Nursing Team had met to review key themes. The DDN added that the Senior Nursing Team recently undertook a "back to floor" day and the team focussed on this aspect.

14/066 SERIOUS INCIDENTS REQUIRING INVESTIGATION – FINAL SIGN OFF

The Committee discussed the SIRIs requiring final sign off. The CD highlighted SIRI 2013/31791 and the Committee discussed this. The EDNW added that the actions need to be tested ie audit of equipment.

JD highlighted SIRI 2012/17012. JD advised that the SIRI seemed to be focussed on what happened after the falls rather than why the patient fell 3 times in four weeks. The HOCA updated the Committee regarding this.

The CD confirmed that she was happy with the detail provided regarding SIRI 2012/21570.

The Committee approved the sign off of the SIRIs.

SUB COMMITTEE GROUPS

14/067 JOINT SAFEGUARDING STEERING GROUP MINUTES OF JANUARY AND FEBRUARY 2014 MEETINGS

The EDNW advised that the Joint Safeguarding Steering Group had met in January and February which included an update on the serious case reviews. The Chair noted the increased activity. The EDNW added that governance is in place and the action plans are being worked through.

14/068 JOINT SAFE GUARDING STEERING GROUP REPORT

The DDN updated the Committee on the current status for Adult and Children's safeguarding including an overview of open cases. The Non Executive Directors agreed that this report was very helpful.

14/069 DEVELOPMENT DAYS

The DDN advised the Committee that the Development Days had been running for a year concentrating on providing staff with a leadership day and action learning sets. The DDN advised that staff had described the days as "invaluable" and "inspiring" increasing their confidence. The DDN advised that for 2014 the team are planning to use the days to run peer reviews across the whole organisation. The EDNW advised that the focus this year will be on auditing and testing and updated the Committee on the Back to Floor day that had been held on 6 February 2014. The EDNW advised that the Senior Nursing Team had spent the day on the ward and had identified key themes which will form part of the key themes for audits by the Band 7's as part of their Development Days.

PATIENT EXPERIENCE

14/070 PATIENT EXPERIENCE REPORT – QUARTERLY UPDATE

The QM advised that this report covered all aspects of patient experience covering the period from 1 July 2013 to 30 September 2013. The QM advised that she required feedback from the HOCs to include in the report and added that she was also linking with HealthWatch on this. The QM advised the Committee that this report will be published on the Intranet and includes complaints data. The Committee discussed the use of electronic devices for collecting feedback from patients.

14/071 PATIENT STORY

The Committee listened to an audio recording of a patient however the quality of the recording was poor and could not be heard properly. The QM gave an overview of the concerns and added that the ward staff had spent a lot of time with the patient and relative to try to address the issues which had included visiting times. The HOC added that there had also been an expectation regarding the patient having a side room but that this had not been possible. The HOC added that the matron is meeting with the patient again at the end of March to discuss further.

14/072 PATIENT STORY ACTION TRACKER

The QM provided the Committee with an update on the Action Tracker

14/073 HEALTHWATCH VISITS –SUMMARY REPORT

The QM advised that this was a summary report which pulled together the key themes from the Enter and View visits undertaken by Healthwatch Isle of Wight in December 2013 and which included the key recommendations. The QM advised that there was only one specific recommendation with the other being trust wide. HIW said that this was a good summary and that the recommendations from the report would be acted upon.

CLINICAL AUDIT AND GOVERNANCE

14/074 TRUST RISK REGISTER – SUMMARY REPORT

The HOCG advised that there had been 4 new risks added to the register and gave a brief overview of these. The HOCG advised that the Directorate's top risks were listed at the bottom of the report and highlighted that some of these were not on the register which needed to be rectified as one of the key questions that the CQC will ask is do they align.

CLINICAL PERFORMANCE AND RISK

14/075 TDA SELF CERTIFICATION

The FTPMO advised that in recent feedback from the Trust Development Authority relating to the Integrated Business Plan it was noted that the Trust was not self-certifying against the Board Statements and Licence Conditions as presented in the current version of the *Accountability Framework*. The FTPMO advised that the Trust's submission had been in line with the statements and conditions as presented on the TDA's submission forms that were completed by the Trust on a monthly basis and that this matter was being taken up with the TDA. The papers provided identified where the changes that affected six Board Statements and one Licence Condition. Only one Board Statement (Statement 5) was materially affected and this now enabled the Trust to certify compliance against all Board Statements. There was a challenge to the rating and much discussion relating to Board Statement 13 as a consequence of senior management level changes within the organisation but it was agreed that the Trust remained compliant.

The FTPMO advised that the FT milestones reflected assumptions made around the Trust's FT trajectory pending confirmation of the timing of the Chief Inspector of Hospitals visit.

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

certification return.

14/076 ANY OTHER BUSINESS

- The HOCA enquired regarding observers to the meeting and the Committee agreed that this would be a good idea.
- JB highlighted that there were 361 pages of papers accompanying the agenda and that this in itself was a risk. The Chair advised that she would welcome any further feedback regarding the presentation of papers from the Committee. It has since been confirmed that a visit to Frimley Park Hospital's Quality Committee will be taking place on 20 March 2014 and feedback regarding their papers will follow after the visit.
- JB highlighted the SIRI involving the naso-gastric tube and added that although there is a lot of work being done around tissue viability there seems to be less emphasis on nutrition. The EDNW advised that he did have concerns regarding nutrition support and advised the Committee that he would update them regarding this at a future meeting.

Action: EDNW

14/077 TOP ISSUES

- Item 14/052 - Special Measure Process Paper. The DDN explained how special measures would work in future and highlighted the issues and challenges identified by the risk review
- Item 14/057 – Audit Results of Non Medical Prescribing Assessment. The Committee received an update on the results and will receive this information annually.
- Item 14/061 - Outpatient Appointments and Records Unit – The Committee received an update on auto-discharge issues.
- Item 14/068 – Joint Safeguarding Steering Group Report. The Committee received an update on the current status for Adult and Children's safeguarding including an overview of open cases.
- Item 14/073 – Healthwatch Visits – Summary Report. The Committee received the summary report following the visits and noted there were recommendations.
- Item 14/075 – TDA Self Certification. The Committee challenged Board Statement 13 regarding the management structure in place and agreed that it was compliant after much discussion.

14/078 DATE OF NEXT MEETING

Wednesday 19 March 2014
9 am to 12 Noon
Large Meetings Room

Apologies received from JB and DK

Signed: _____ Chair

Date: _____

For Presentation to Trust Board on 26th February 2014

FINANCE, INVESTMENT & WORKFORCE COMMITTEE MEETING

Minutes of the Isle of Wight NHS Trust Finance, Investment & Workforce Committee (FIWC) meeting held on Wednesday 19th February 2014 in the Large Meeting Room.

PRESENT:	Charles Rogers David King Jane Tabor	Non-Executive Director (Chair) (CR) Designate Non Executive Director (DK) Designate Non Executive Director (JT) <i>via teleconference</i>
	Chris Palmer Alan Sheward	Executive Director of Finance (EDOF) Executive Director of Nursing and Workforce (EDNW)
	Andrew Heyes	Interim Director of Planning, ICT & Integration (IDPII)
	Kevin Curnow	Deputy Director of Finance (DDOF)
In Attendance:	Lauren Jones Mark Elmore Abolfazl Abdi	Interim Assistant Director of Finance (IADF) Deputy Director of Workforce (DDW) Assistant Director of Contracting (ADC) (<i>Item 14/028</i>)
	Russell Ball Andrew Shorkey	Business Co-ordinator (BC) (<i>Item 14/029</i>) Foundation Trust Programme Management Officer (FT-PMO) (<i>Item 14/031</i>)
Minuted by:	Sarah Booker	PA to Executive Director of Finance (PA-EDOF)

To be Received at the Trust Board meeting on Wednesday 26th February 2014
Key Points from Minutes to be reported to the Trust Board

14/ 026	Workforce – The Committee received the draft Workforce Strategy.
14/026	Workforce – Overspend on pay through Bank staff, Locums and overtime.
14/027	Financial Performance – The Committee received assurance that based on the Month 10 position the end of year surplus will be met.
14/028	Contracts Update – The Committee received a detailed Contract Status report and timetable to provide assurance that the Contracts/Heads of Terms would be signed by 28 th February deadline.

14/020 APOLOGIES

Apologies for absence were received from Peter Taylor, Non-Executive Director (PT), Donna Collins, Head of Transformation and Quality Improvement (HTQI) and Karen Jones, Workforce Planning & Information Manager (WPIM).

14/021 CONFIRMATION OF QUORACY

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

14/022 DECLARATIONS OF INTEREST

There were no declarations.

14/023 APPROVAL OF MINUTES

The minutes of the meeting held on the 22nd January 2014 were agreed by the Committee.

14/024 SCHEDULE OF ACTIONS

The Committee received the schedule of actions taken from the previous meeting on 22nd January and noted the following:

13/203 Month 8 Financial Performance Report: Pay - There is a meeting this week to look at medical posts and there are weekly Workforce Information meetings now taking place. Item to remain on action list for monthly updates from EDNW.

14/008 LTFM Status Update - Updating & validation of the LTFM on going ready for submission at the end of March 2014. Update to be presented during the March meeting.

14/009 Financial Performance: Review of Non-Purchase Orders to ensure correct process - Update 19/02: Andy Jefford (Internal Audit) looking into days available to undertake a supplementary audit this year. DDOF to update the Committee at the next FIWC meeting.

14/010 Service Line Reporting - Update 19/02: The Assistant Director of Performance Information & Decision Support will attend the May FIWC meeting to present this. PA-EDoF to increase the duration of the May meeting to accommodate this presentation.

14/025 LONGER TERM STRATEGY AND PLANNING

LTFM Status Update:

The DDOF updated the Committee on the current Long Term Financial Model (LTFM) status.

The final draft IBP (Integrated Business Plan)/LTFM will be submitted at the end of March. The DDOF will attend the next Board Seminar meeting to present and update the members on the LTFM.

Action: PA-EDoF to ensure this item is included on the agenda for the March Board Seminar. PA-EDoF to inform Trust Board Administrator.

Month 10 Workforce Performance Report:

The DDW presented the Month 10 Report highlighting the following:

Workforce – Key Performance Indicators:

There has been a slight increase in the Workforce Full Time Equivalent (FTE) and a larger increase in the Workforce Variable FTE resulting in an increased Workforce Total FTE during January. The In Month Variable Hours and the In Month Total Pay Bill has increased along with the Year-to-Date paybill. The total in month staff in post pay bill position has however remained above target.

These figures include staff recruited to manage the 6 additional beds which have opened to relieve winter pressure.

CR requested the Committee has sight of how these full time equivalent variations relate to Workforce overspend.

Action: DDW to provide this detail at the next FIWC meeting.

CR queried what then happens after the end of March regarding the additional beds?

The EDNW confirmed the winter beds will close and the staff contracts will end.

DK requested clarification on the term 'head count'. The DDW explained that one head count is the equivalent of one person regardless of how many hours they are contracted to work.

The sickness absence is also above plan at 3.86%. From the beginning of this month all managers have had their team's data sent to them detailing absences for their teams. As a result of this there has been a significant increase in the number of managers requesting training for sickness absence management.

Key Performance Indicators Bank & Agency Spend:

The Workforce team are exploring reasons for all Bank requests and in which areas this occurs most frequently.

CR asked whether the longer term strategy is not to use Bank staff at all?

The DDW responded that the aim is to become less reliant on using Bank and agency staff. In the areas where a high number of Bank staff are frequently being used regular 'deep dive' meetings will be arranged to focus on the reasons behind the requests and to monitor the use.

The DDW explained some areas are currently contractually able to claim for overtime, for example Ambulance workers.

Key Performance Indicators Current Vacancies:

DK requested this Committee has sight of the total number of posts currently awaiting recruitment. DK stated there must be a cut off point for these vacancies and questioned what happens if these vacancies are not filled. The DDW explained that the Workforce team will go back to the directorates and determine whether these actual vacancies are still required or whether they can be filled in another way. The EDOF proposed the agency paybill is looked into against the vacancies.

JT challenged this could be a big problem for the Trust in terms of cost and quality of care. JT asked whether it would be appropriate for this Committee to have sight of the information that comes out of the discussed deep dive meetings.

The EDNW explained the deep dives look at each vacancy and determine how they can either be filled or brought to an end. JT suggested the Workforce team could look at the problematic areas over the next 6-9 months and forward plan how these posts can be filled.

The EDOF commented on the sickness absence in the main report and noted it is very helpful to see the absences figures set out in day-by-day charts as the trends can be very interesting.

JT questioned whether the Workforce planning is carried out using absolute numbers?

The DDW explained they are predominately in wards but they have headroom for sufficient staff flexibility as adequate cover is already planned into the figures.

DK was alarmed at the number of employee relation issues as the numbers seem very high. The DDW explained that every employee relations issue is reported within a broad spectrum and relates to all issues including attendance management, capability, conduct and grievances.

Workforce Strategy:

The DDW presented an overview on the strategy which is a two part document divided into section 1: Isle of Wight NHS Trust Workforce Strategy and section 2: A safe and affordable workforce delivery framework.

The strategy is underpinned by 12 areas including the LTFM, the NHS Constitution, NHS Financial Challenge and the IBP and these are the internal and external strategies and levers.

There are four objectives within the strategy which were discussed by the Committee:

Objective 1 - Increase levels of employee well-being and engagement

Objective 2 - Building a high performing culture

Objective 3 - Maximise cost savings and efficiencies

Objective 4 - Create an employer brand where we are recognised as a great place to work.

The Committee agreed some of the wording on the objectives needs to be amended.

Action: DDW to amend wording on the objectives as discussed.

The DDW continued to explain that to help the staff and managers understand the strategy it has been broken down into 8 areas. CR noted there are a number of specifics listed in the strategy which require staff and managers to adopt specific behaviours so how will they know what is expected of them? The EDNW pointed out there are elements which will be particularly challenging; the Quality Champions will meet with staff to funnel this in a positive way. The 8 areas need to be aligned to the Trust's organisational development goals. Each area will require a work plan and we will need to look into how this can be added to the appraisal process and can be reflected during patient safety walkaround visits where the Executive team can discuss them with staff directly.

The Quality Champions could find out from staff exactly how much they understand about this strategy and what further information or clarity they may need prior to the Workforce Information meetings.

The EDOF questioned whether the delivery groups adequately pick up right place, right time. The DDW said the business cases will be looked into and then the wider agendas will be built.

Action: The EDNW will pick this up after this meeting with the Head of Transformation and Quality Improvement (HTQI).

The EDOF noted the strategy does not include numbers and the head count reduction is not clear and requested all information to be aligned.

JT asked how the retention of critical staff could be increased. The DDW replied that staff could be used from other wards rather than using Bank staff and this would keep the vision of the right people, right vision and right place.

This strategy is to be approved before the IBP is submitted and the final strategy will be presented to this Committee next month for review.

Action: DDW to bring this strategy back to FIWC next month for review.

14/027 FINANCIAL PERFORMANCE

Month 10 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 10 Finance Report and highlighted the following:

Summary:

Month 10 Income & Expenditure (I&E) position is favourably over plan at a surplus of £2,529k. The forecast out-turn is £1,601k.

CR asked whether there is any likelihood of further income coming in at this stage.

The IADF replied there may be further income although this will be non-recurrent and a very small amount. A further amount went in today which has spend against it. The forecast is on plan.

The directorates have signed off their forecast positions as requested by the IADF.

Cost Improvement Programme (CIP):

Month 10 - Year-to-date CIPs achieved £6,168k against a plan of £6,830k. The RAG rating remains Amber due to the level of non recurrent plans. There are a large number of underperformances which are being highlighted in the weekly directorate deep dive meetings.

The EDOF requested a high level overview of schemes which are not delivering so they can be tracked throughout the year.

Action: DDOF to provide a high level overview paper of the schemes which are not delivering at the next FIWC meeting.

The main 8 schemes for next year are in place and the EDOF suggested they should be rag rated to indicate their delivery status.

Action: Transformation team to rag rate the main 8 schemes to indicate their delivery status.

Working Capital & Treasury:

Cash 'in-hand' and 'at-bank' at Month 10 was £9,704k.

Capital:

Capital Year-to-date spend £1,455k. Forecast £7,078k to year end totalling £8,533k. The IADF commented that it is disappointing to note that expenditure on capital projects has not reached expected levels and to date only 17% of the total has been spent. However, assurances have been given by all project managers that schemes will be delivered before the end of March.

Overall Position:

Month 10 position shows a year to date surplus of £2,529k. This is £213k over plan as the budget set-aside for the repayment of Public Dividend

Capital (which is not now required) will be spent by the year end. The forecast year end surplus is forecast just over plan at £1,601k.

Income:

The year-to-date position is favourably over plan by £9,996k. The variance of £3,421k in the Acute directorate is due largely to the prison extension contract in April-May, dermatology element within the Beacon contract, patient related income transferred from Category A for Healthcare @ Home services and drug cost recharges. Within the Planned area the variance of £649k is due to mainly Research & Development and Allergy funding being higher than plan. The Community Health income variance of £976k 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 £2,869k mainly due to the adjustment to the Earl Mountbatten Hospice 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 £97k received from League of Friends is over plan.

Pay:

The year-to-date position on pay budgets is over plan by £2,159k. This includes spend in the Acute directorate (variance £372k) 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; £242k over plan in Community which is due to Health Visitor Trainee costs funded by income and 1:1 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 £1,175k in the Planned directorate which is due to Locum Costs to cover vacancies and sickness and £370k in Corporate areas which is mainly due to costs relating to NHS Creative.

Non-Pay:

The non pay budgets are overspent by £7,929k. All clinical directorates and Corporate area overspends are predominantly due to non-achievement of CIPs as per plan; within the clinical directorates are overspends on non Payment by Results drugs offset by income and costs relating to the prison extension.

The IADF reported the aim is to get to activity based costings, however further data and training would be required to enable this.

The Committee requested further information regarding top level over plan, over spends which the IADF agreed to provide at the next FIWC meeting.

Action: IADF to provide a top level plan of over plan, over spends.

PDC Update:

The DDOF briefly updated the Committee on the PDC paper provided in the report which outlines the reserve position as it currently stands.

Better Payment Practice Code (BPPC):

The total number of invoices processed in the period is slightly under target at 94.6% and the value of invoices paid is also below target at 93.7%. The year-to-date position on both the number and value of invoices processed remains fairly constant with both just about on the 95% target. It is still projected to achieve the required 95% target by the year-end.

The IADF reported that there are a number of organisations which are not paying invoices over £5k so these invoices are being credited and reissued in separate invoices which total the amount due.

Balance Sheet Review:

There has been only slight movement in the overall balance sheet in month. The amount of cash has increased by £1,250k and in the main is offset by an increase in creditor levels. The other change is to Other Liabilities (Provisions) which have reduced by £115k as various payments, including £75k to the Department of Energy & Climate Change regarding CO2 emissions, have been paid in month.

90 Day Debtors List:

The DDOF presented the 90 day debtors list and highlighted the following:

- The total sales invoice debt to the end of January is £3,469k which is an increase of £163k from last month.
- Total aged debt over 90 days increased by £129k from £832k in December to £961k in January.
- Total debt over 30 days to the end of January is £1,658k which is an decrease of £408k from last month.

The DDOF assured the Committee the NHS outstanding debts are secure and there is deemed to be no risk attached to these. Progress in recouping these debts is being made and the Committee should see these outstanding debts reduced. The DDOF commented that the policy is not tight enough around private patients as they are currently not required to make any payments prior to their treatment. The IDPII will investigate this further.

Action: The IDPII will investigate the policy for payments made by private patients.

Cash Flow & Investments Update:

We continue to invest short term with the National Loans Fund (NLF) which is administered by the Treasury. As at the 4th February 2014 the total expected interest accrued so far is £4948.90. Further investments will be made at other times of the month depending on available cash surplus. The DDOF noted the Public Dividend Capital rate is reduced if we invest in this fund. It is not appropriate for the Trust to invest money in any other fund due to risk factors.

Capital Plan Update 2013/14 & 2014/15

The EDOF reported this paper gives an oversight of the plan over the next 5 years as it currently stands. Work for 2014 is already committed and underway. This plan also shows all of the other potential schemes which need to be completed but there is no funding available which we have not lost sight of.

The Committee agreed this plan shows great clarity and the EDOF will discuss this during a Part 2 Trust Board meeting or during a Board Seminar when required.

Action: PA-EDoF to request the Capital Plan Update 2013/14 & 2014/15 is added to an agenda for either the Part 2 Trust Board meeting or a Board Seminar when required. PA-EDoF to inform the Trust Board Administrator.

14/028 FINANCE FUNCTIONS

Contract Status Report:

The ADC briefed the Committee on the current status of contracts highlighting the following:

- All CQUIN schemes have been achieved with the exception of three.
- The Trust is aiming to sign a Heads of Agreement with the CCG by the end of February in line with the TDA guidelines.
- It is likely that the Trust will sign off the NHS England contract by the end of February.
- Mental Health Payments by Results (MH PbR) Rebasing – the Trust is working with the CCG and Capita to complete this exercise.
- Children Attention Deficit Hyperactivity Disorder (ADHD) Prescribing – this has been finalised and the Contract Variation (CV) has been completed.

2014/15 CCG/NHS England Contracts Financial Framework:

A full discussion took place regarding these frameworks and the Committee noted the information provided. A further discussion will take place during the next Trust Board meeting Part 2.

Contracting Timetable:

The ADC provided this timetable for the Committee's information. The EDOF requested the timetable is broken down further into a day-by-day timetable and is brought to these meetings each month to track progress.

Action: ADC to update the timetable to include a day-by-day timeframe and PA-EDoF to add to each month's agenda.

2012/13 Reference Costs Report:

The EDOF gave a brief overview on the report and explained the impact on the reference costs. This report will be updated and will be going to the Trust Board meeting and to the Clinical Commissioning Group (CCG) afterwards.

CR noted this is a helpful document but the Committee will not need to see it again as the updated report will be presented to the Trust Board.

Annual Accounts Timetable:

The DDOF presented the Year End 2013-14 timetable to the Committee which lists all actions required by Trust staff, SBS and Audit in order to achieve timely preparation, submission, audit and approval of Accounts and Annual Report.

The EDOF suggested this timetable is brought to this Committee each month.

Action: DDOF to bring update this annual accounts timetable and bring to the Committee each month.

SFI Review:

Following a review of the SFIs, some minor changes have been required due to changes in organisation names, committee names and job roles.

The Committee approved the amendments and recommended the paper to the Trust Executive Committee meeting.

Action: SFIs to be taken to Trust Executive Committee (TEC) meeting as part of corporate governance framework review.

External Audit Plan for 2013/14

The DDOF explained this report highlights any risks which were discussed during the last Audit Committee meeting. This report is for the Committee's information only.

2012/13 External Audit key areas to review

- **JAC full recognition between the JAC system & general ledger**

The DDOF confirmed the reconciliation had been performed at the end of January so this action is now complete.

- **Managers to sign off MAPS roster instead of HR**

The DDW confirmed this issue has been picked up and will be added to the corporate screensavers to inform manager that this is now the expectation. CR recommended the payroll action plan is brought to the next FIWC meeting to ensure all actions due for completion have been achieved.

Action: DDW to bring the payroll action plan to next month's FIWC meeting to ensure all actions have been carried out.

VAT Update:

The DDOF briefly explained the report which states how the HMRC recommends the Trust should reclaim tax. We are currently being advised by a VAT liaison officer and this information is being backed up by SBS.

Approved Costing Guidance:

The EDOF commented this guidance has recently been issued by the Treasury and has been cascaded to directorates and therefore shared with the relevant people. This document is for the Committee's information.

Finance Directorate Restructure:

The Finance and Contracts team have moved this week into one office in South Block and therefore they are all now working in one central place as a team. Performance, Information and Decision Support (PIDs) are in a separate office also located in South Block.

CR commended the team for their commitment and their continued efforts.

Action: DDOF to pass on the Committee's praise to the finance team.

14/029 INVESTMENT/ DISINVESTMENTS

Procurement Status Report:

This paper was provided by the EDOF for information to the committee as it details issues which are picked up during regular procurement meetings. Key members of the Procurement team attend the monthly Trust Capital Investment Group meetings. The EDOF also shares this report with all of the Trust Executives.

**Approval Limits for Business Cases:
Cases for Change:**

1. ITU/CCU Business Case

The Business Co-ordinator (BC) attended to present this paper to the Committee. A few amendments have been made to this business case since it was brought to last month's Committee meeting.

CR requested clarification on the bed matrix paper which is included. The BC explained the additional winter beds will close at the end of March and went on to explain the timescale and how each ward will be moved to accommodate the work as necessary.

CR questioned whether there will be a risk due to bed losses.

The EDNW assured the Committee that a lot of work has gone into the winter planning and although there will be a reduction in the number of beds which could provide a small increased pressure the quality of care will remain. More beds will be removed in the summer based on the evidence of numbers from previous SMOC/EDOC reports.

The EDOF noted this should link into the capacity, workforce and delivery plans and the finances are correlated for the budget, LTFM and IBP.

CR questioned whether the finances are on target for the year. The EDOF confirmed this project is manageable and members from the Estates team are confident this project is deliverable.

CR would like this business case to remain on the FIWC agenda each month for progress updates.

Action: PA-EDoF to ensure the ITU/CCU business case is included on the agenda each month for the Committee to receive a progress report.

JT queried whether the right equipment will be available for each bed during the moves.

The EDNW gave assurance that the equipment moves with the beds so the only issue would be around storage for this equipment.

CR thanked the BC on behalf of the Committee for attending the meeting.

14/030 TRADING ACCOUNTS

Mottistone Update:

The Month 10 Trading Account was received. The IADF will include a clear narrative with each of the trading accounts for the next FIWC meeting. JT requested the trading accounts also annotate the month-to-month changes.

Action: IADF to include concise narrative with each of the trading accounts for the next FIWC meeting.

Beacon Update:

The Month 10 Trading Account was received.

NHS Creative Performance and Budget Update:

The Month 10 Trading Account was received. DK noted that although this is making a small profit it should be making a greater margin. The IDPII will look into this more closely and in particular exactly where we want to go with this over the next 18 months. The IDPII can facilitate visits to the NHS Creative office in Ashurst should any Committee members require this.

Action: Committee members to contact the IDPII to request organising a visit to the Ashurst NHS Creative office if required.

14/031 SELF CERTIFICATION REVIEW

The FTPMO advised that in recent feedback from the Trust Development Authority relating to the Integrated Business Plan it was noted that the Trust was not self-certifying against the Board Statements and Licence Conditions as presented in the current version of the Accountability Framework. The FTPMO advised that the Trust's submission had been in line with the statements and conditions as presented on the TDA's submission forms that were completed by the Trust on a monthly basis and that this matter was being taken up with the TDA. The papers provided identified where the changes that affected six Board Statements and one Licence Condition. Only one Board Statement (Statement 5) was materially affected and this now enabled the Trust to certify compliance against all Board Statements. There was some discussion relating to Board Statement 13 as a consequence of senior management level changes within the organisation but it was agreed that the Trust remained compliant.

The FTPMO advised that the FT milestones reflected assumptions made around the Trust's FT trajectory pending confirmation of the timing of the Chief Inspector of Hospitals visit.

The Committee approved the self-certification return and agreed to recommend this to the Trust Board.

**14/032 COMMITTEES PROVIDING ASSURANCE
Minutes from the Capital Investment Group**

No minutes received to note. The Committee requested sight of these minutes each month and asked the PA-EDoF to ensure the paper is uploaded each month.

Action: PA-EDoF to request Capital Investment Group minutes each month for the Finance, Investment and Workforce Committee's information.

Quarterly Strategic Supplies Meeting Terms of Reference:

The DDOF presented the terms of reference to the Committee which were agreed and approved.

14/033 ANY OTHER BUSINESS

Monitoring of External Agencies

CR requested the PA-EDOF includes the next assessment which is due on the agenda each month.

Action: PA-EDoF to include the next assessment which is due from the monitoring form on the agenda each month.

14/034 KEY ISSUES FOR RAISING TO TRUST BOARD

Please refer to Key Points.

14/035 DATE OF NEXT MEETING

The Chairman confirmed that next meeting of the Finance, Investment & Workforce committee to be held is on Wednesday 19th March 2014 in the Large Meeting Room and will be Chaired by Peter Taylor as CR, JT and DK will be attending a national NED induction event on the mainland.

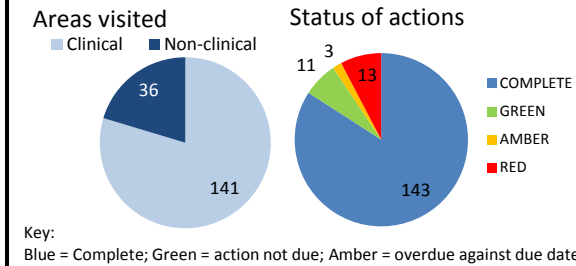
The meeting closed at 3.40pm.

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 26 FEBRUARY 2014

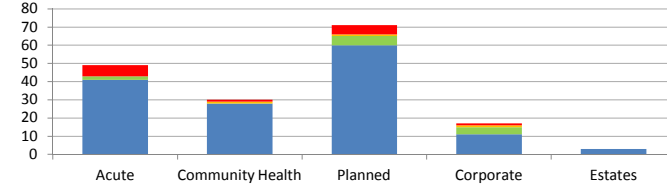
Title	Trust Board Walkabouts – Patient Safety Assurance Visits		
Sponsoring Executive Director	Alan Sheward – Executive Director of Nursing and Workforce		
Author(s)	Vanessa Flower, Quality Manager		
Purpose	To provide assurance of progress of actions identified as part of the Patient Safety Assurance 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		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
<i>Please add any other committees below as needed</i>			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Staff and patients where appropriate are engaged during the walkabout undertaken.			
Executive Summary:			
<p>The attached report shows the actions taken following the Board Assurance Walkround Visits that commenced in February 2013.</p> <p>At the time of reporting, 49 visits have taken place 141 Clinical, 36 non-clinical, from these 993 actions have been identified,</p> <p>143 are complete,</p> <p>11 are still within timescale,</p> <p>16 remain overdue against the original date for completion set, with 1 showing as overdue against both board and directorate revised timescale, this actions are progressing.</p> <p>The Directorates now have an opportunity to input a revised date, following review of progress against actions which is captured in the spreadsheet and summary report presented this month.</p> <p>All actions are monitored by the directorate and reported twice monthly and will be monitored until completion.</p> <p>At the time of writing there are still a small number of feedback sheets outstanding following a Board Walkabout Visit.</p>			
<i>For following sections – please indicate as appropriate:</i>			
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: 13 February 2014			
Completed by: Lisa House			

Board Walk Rounds Action Plan Status Report

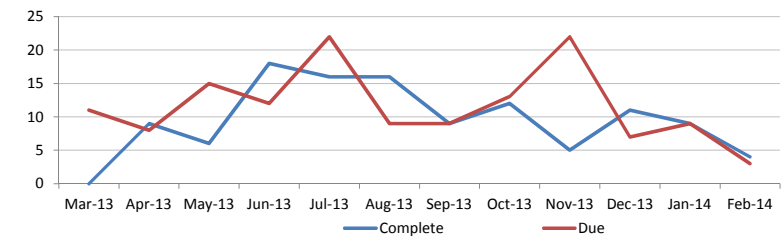
Trust Overview



Directorate Profiles



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



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	5 Feb: business case to be incorporated into Transformation Programme Hospital Redesign Workstream's Outpatient Efficiencies business case	Planned	Ophthalmology 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	5 Feb: estates contacted w/c 27th Jan to re-start capital process for required upgrades.	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	04.02.14 - Meeting scheduled with Estates for 07.02.14 to discuss dementia works and provision of additional oxygen supply. MB Update 7 Feb 2014. To facilitate the Dementia, ward reconfiguration building works, and the work to put the additional oxygen points into Appley Ward, the ward is closing during the first week in April . Completion status changed to Amber as definitive plans are now in place. (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 04.02.14 - The bath has now been removed and the room just awaits the final redecorating work from Estates. Dementia works due to commence April .MB	Acute	Head of Clinical Services
5	AT/013/2013/003	24-Apr-13	DSU	Privacy and dignity – patients not undressed	30-Jun-13	31-Jan-14	RED	AMBER	5 Feb: draft SOP in development	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	AMBER	5 Feb: draft SOP in development	Planned	Ward Sister

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
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	27.01.14 Update Received - Meeting took place to establish the current position. Outstanding works to be completed by Mansells/Navigate. We now have the quote and have signed off for that work to be done. Asking Solent Supplies to formalise discussions with Pinpoint and Ascom to integrate the two systems. Expecting to be within the capital allocation and therefore Business Case will not need to be completed. We are awaiting revised costs from Estates for stripping out the old system. SN. 03.02.14 Update Received - No further update at this stage. SN.	Community Health	Clinical Quality & Safety Lead for Acute & Inpatient MHS
8	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	01-May-14	RED	GREEN	Update 14.02.14 - There is no further update as Associate Director Facilities' resources are fully taken by the capital programme, the earliest we can look at this is after April.	Planned	Associate Director Facilities
9	AT/031/2013/001	18-Apr-13	MAAU	Review the information cascade for pressure sores	23-Oct-13	31-Jan-14	RED	AMBER	update 4.02.14 - discussed at Directorate Board and updates requested for all actions. Will update further as soon as further updates are available	Acute	MAAU Sister
10	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	AMBER	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 update 18.12.13 - Mark Pugh supports going paperless with Pathology results and will be raising it at HMSC as we need clinical support in taking it forward. Pathology are ready to help roll this out. Update 09.01.14 - Bronwen Vearncombe no longer responsible. Barbara Gove currently looking into it - update due by the end of the week	Acute	GMS IT Business Manager/IM&T Projects Manager/Deputy Director for IM&T
11	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 4.02.14 - discussed at Directorate Board and updates requested for all actions. Will update further as soon as further updates are available	Acute	Consultant Chemical Pathologist
12	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 4.02.14 - discussed at Directorate Board and updates requested for all actions. Will update further as soon as further updates are available	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
13	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 05.02.14 -A draft Outline case has been completed to look at options for the Trust to go 'paperless', which will pick up the issues of long term storage of paper records throughouth the Trust. The deadline for taking this forward to a Full Business Case is 31st March, after which the recommended project(s) will be implemented.	Corporate	Programme Director -

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 26 FEBRUARY 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		Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	19.02.14
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Staff and patients 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 status report of the actions behind schedule, following the viewing of patient experience videos.			
This remains work in progress as we ensure we implement a robust process for capturing lessons learnt and action taken in relation to patient feedback.			
To date 30 actions have been captured and of these 11 are behind timescales. Directorates are required to update these on a regular basis to ensure that we are reflecting true progress with the individual actions.			
For following sections – please indicate as appropriate:			
Trust Goal (see key)	Quality Goal		
Critical Success Factors (see key)	CSF1, CSF2 and CSF10		
Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)	10.75		
Assurance Level (shown on BAF)	£ Red	£ Amber	P Green
Legal implications, regulatory and consultation requirements			
Date 13 February 2014			
Completed by: Vanessa Flower			

Log No.	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
1	21-Mar-13	St Helens Ward	lack of communication in relation to clinical care and treatment.			Clinical Care		Ward Matron	30-Jan-14		Behind	
6	23-Apr-13	Outpatients	Cardiac Unit - fantastic. Delay in getting Dermatology appointment, lack of communication when Consultant left Trust. Felt that staff found patient a nuisance when trying to get appointment, and staff where fobbing them off. Car Parking causes stress for patients attending appointments especially if delayed.			Estates Appointment s		Associate Director Facilities / General Manager - OPARU	30-Jan-14		Behind	
7	22-May-13	NICU	Excessive heat in ward, lack of air conditioning.			Estates		Associate Director Facilities	30-Jan-14		Behind	
11	06-Jun-13	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-Jan-14		Behind	Update from ED 16.01.14 - more pillows have been ordered.
14	17-Jul-13	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-Jul-13	Workforce	Stop lone working of CNS posts.	Lead Cancer Nurse	30-Jan-14		Behind	15/01/14 - no change to cancer CNS structure at present. Business case for second urology nurse with AD. To also be discussed with commissioner
13	17-Jul-13	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-Jul-13	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-Jan-14		Behind	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.
2	21-Mar-13	Whippingham Ward	Very busy nursing staff			Workforce	Review current staffing levels	Deputy Director of Nursing	20-Jan-14		Behind	Acuity dependency study is due to be carried out week beginning 20/01/14

3	21-Mar-13	Colwell Ward	Very busy nursing staff			Workforce	Review current staffing levels	Deputy Director of Nursing	20-Jan-14		Behind	Acuity dependancy study is due to be carried out week beginning 20/01/14
4	21-Mar-13	MAAU	Very busy nursing staff			Workforce	Review current staffing levels	Deputy Director of Nursing	20-Jan-14		Behind	Acuity dependancy study is due to be carried out week beginning 20/01/15
21	18-Sep-13	Emergency Department	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-Sep-13		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-Dec-13		Behind	Meeting arranged for November 2013 but staff member did not attend. PEO has written to staff member asking for contact regarding rearranging meeting.

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 26 February 2014

Title	Reference Costs 2012-13					
Sponsoring Executive Director	Chris Palmer – Executive Director of Finance					
Author(s)	Kevin Curnow – Deputy Director of Finance					
Purpose	To provide an update to the board on the Trusts reference cost data relating to 2012-13.					
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			Remuneration & Nominations Committee			
Charitable Funds Committee			Quality & Clinical Performance Committee			
Finance, Investment & Workforce Committee	19 February 14		Foundation Trust Programme Board			
<i>Please add any other committees below as needed</i>						
Board Seminar						
Other (please state)						
Staff, stakeholder, patient and public engagement:						
Executive Summary:						
The attached report details the Trusts reference cost data recently published by the Department of Health relating to the year 2012-13.						
<i>For following sections – please indicate as appropriate:</i>						
Trust Goal (see key)	Resilience					
Critical Success Factors (see key)	CSF 7					
Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)						
Assurance Level (shown on BAF)	Red		Amber		Green	X
Legal implications, regulatory and consultation requirements						
Date: 20 February 14 Completed by: Kevin Curnow						

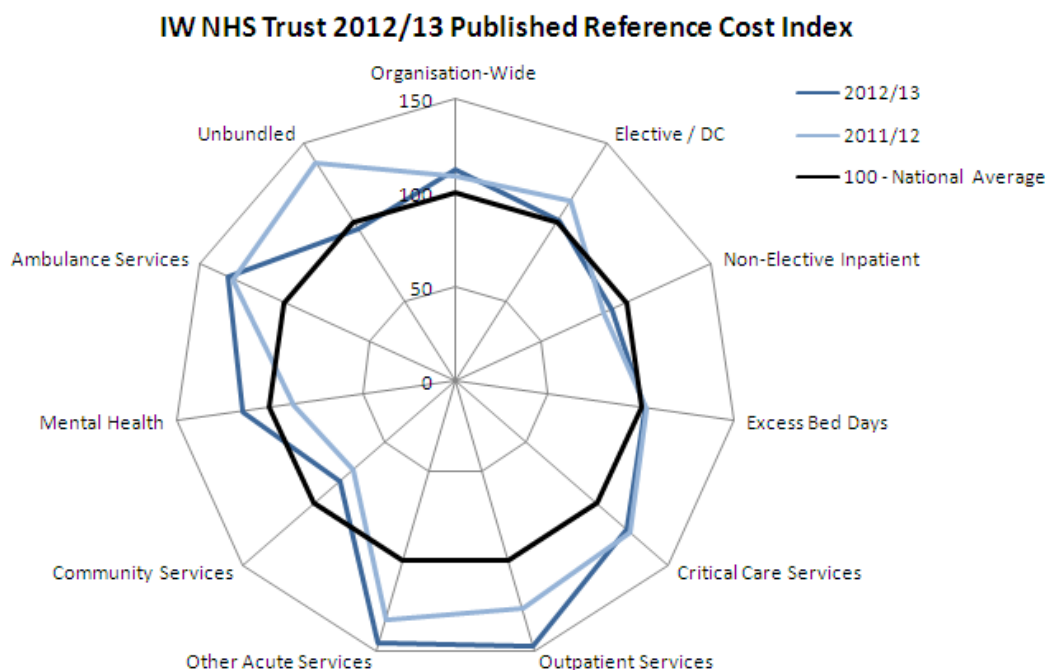
ISLE OF WIGHT NHS TRUST REFERENCE COSTS 2012-2013

Introduction:

The 2012-13 Reference Cost Index (RCI), released by the Department of Health reported that the Isle of Wight NHS Trust had an index score of 112.59 (Market Forces Factor (MFF) adjusted, including Excess Bed Days). The adjusted RCI for 2011-12 was 109.75, indicating a year on year increase of 2.84.

Following submission an inaccuracy was discovered within the A&E data handling - this is covered in more detail below.

The graph below shows the RCI for each of the services provided, with the overall index (excludes A&E).



As in previous years, changes in submission criteria have resulted in a number of movements between categories, details of these changes are covered in the explanations below. These changes mean that it is not safe to consider that any comparison is a direct like for like issue.

Issues and Areas of Note:-

Overall RCI movement

The total movement from the 2011-12 submission to the 2012-13 is 2.84 points. This indicates that as a Trust we continue the move away from the mean results across the country and are providing services at increasing costs

compared to this mean. This in itself does not mean we are getting more expensive overall, this change could be due to others reducing their costs at a faster rate.

Elective Inpatient & Day Case

	Activity			Actual Costs			Expected Costs			RCI			Actual PPU*		Expected PPU*	
	11/12	12/13	Change	11/12 £000s	12/13 £000s	Change £000s	11/12 £000s	12/13 £000s	Change £000s	11/12 RCI	12/13 RCI	Change	11/12	12/13	11/12	12/13
Daycase	6,944	6,998	54	£8,432	£7,042	-£1,390	£7,240	£6,294	-£946	116.5	111.9	-4.6	£1,214	£1,006	£1,043	£899
Elective Inpatient	2,313	2,153	-160	£8,313	£6,532	-£1,781	£7,422	£7,027	-£396	112.0	93.0	-19.0	£3,594	£3,034	£3,209	£3,264
Elective Inpatient / Daycase	9,257	9,151	-106	£16,746	£13,575	-£3,171	£14,662	£13,321	-£1,342	114.2	101.9	-12.3	£1,809	£1,483	£1,584	£1,456

* PPU - Price Per Unit of activity

The RCI for 2012/13 shows a significant reduction in comparison to 2011/12, 12.4 points. The overall RCI for Elective and Daycase services now stands at 101.9 marginally higher than 'the norm'. This change follows a significant reduction in overall costs of £3.2m against and expected reduction of £1.3m (MFF Adjusted).

Despite a small increase in activity the costs of Daycase services fell by £1.4m in 2012/13 leading to a 4.6 point reduction in the RCI from 116.5 to 111.9. However this still indicates that the costs for our Daycase services are 11.9% higher than average, a difference that equates to approximately £748k (the difference between our actual costs and expected costs in 2012/13).

Following a reduction of £1.8m in Elective inpatient costs there was a dramatic fall of 19 points in our RCI that now stands at 92.9.

Some of the cost reductions in these areas are due to the ongoing work within the costing team to refine the way costs are allocated to services, for example specialties that only use DSU were being allocated costs from the main 4 theatres this was rectified in 12/13 reducing the overall costs for daycase activity.

Outpatients

	Activity			Actual Costs			Expected Costs			RCI			Actual PPU*		Expected PPU*	
	11/12	12/13	Change	11/12 £000s	12/13 £000s	Change £000s	11/12 £000s	12/13 £000s	Change £000s	11/12 RCI	12/13 RCI	Change	11/12	12/13	11/12	12/13
Consultant Led Outpatients	121,808	123,818	2,010	£19,995	£21,032	£1,036	£13,574	£13,143	-£431	147.3	160.0	12.7	£164	£170	£111	£106
Non Consultant Led OP	79,278	42,087	-37,191	£6,241	£3,158	-£3,084	£6,926	£2,902	-£4,024	90.1	108.8	18.7	£79	£75	£87	£69
Outpatient Procedures	22,817	23,052	235	£4,300	£4,615	£315	£3,785	£3,458	-£327	113.6	133.4	19.8	£188	£200	£166	£150
Cancer Multi Disciplinary Teams	1,773	1,672	-101	£390	£91	-£299	£178	£156	-£22	218.9	58.4	-160.5	£220	£55	£101	£93
Total Outpatients	225,676	190,629	-35,047	£30,927	£28,895	-£2,031	£24,463	£19,660	-£4,803	126.4	147.0	20.6	£137	£152	£108	£103

An increase of 20.6 points has been recorded in the outpatients RCI compared to 2011/12 this increase moves our overall RCI for outpatients to 147.0. According to our reference cost submission the total costs of our outpatient services equates to £28.9m compared to an expected cost, based on national averages, of £19.7m a difference of £9.2m.

The majority of our total outpatient costs are included within Consultant Led Outpatients. In 2013/14 our costs for these services increased by £1.036m increasing our price per unit of activity by £6. This coupled with the fact that the national average price per unit for this activity has reduced by £5 has led to an increase in our RCI of 12.7 points to 160.0. As a consequence the results suggest that our total costs are £7.9m more than the national average costs for our activity or £64 per unit of activity.

There was a significant change in non consultant led activity and costs due to the methodology for recording this activity and therefore the two years are not comparable. In 12/13 our RCI is 108.8 with costs approximately £256k more expensive than national average costs.

During 2012/13 the overall activity for outpatient procedures was broadly in line with 2011/12 but our costs increased by £315k. This coupled with a reduction in national average costs has meant an increase in our RCI from 113.6 points to 133.4 points.

Other Acute Services

	Activity			Actual Costs			Expected Costs			RCI			Actual PPU*		Expected PPU*	
	11/12	12/13	Change	11/12 £000s	12/13 £000s	Change £000s	11/12 £000s	12/13 £000s	Change £000s	11/12 RCI	12/13 RCI	Change	11/12	12/13	11/12	12/13
Other Acute Services	526,700	649,178	122,478	£2,268	£2,551	£284	£1,711	£1,759	£49	132.6	145.0	12.5	£4.3	£3.9	£3.2	£2.7

* PPU - Price Per Unit of activity

Other acute services mostly relates to Direct Access pathology. As with Outpatient services an increase in the RCI has also been reported in this area and the RCI is now 145. During 2012/13 there was a significant improvement in data capture particularly in biochemistry hence the increase in activity. Overall our costs in this area grew by £284k and although costs also grew nationally it was not at the same rate hence the increase to our RCI.

Mental Health

	Activity			Actual Costs			Expected Costs			RCI			Actual PPU*		Expected PPU*	
	11/12	12/13	Change	11/12 £000s	12/13 £000s	Change £000s	11/12 £000s	12/13 £000s	Change £000s	11/12 RCI	12/13 RCI	Change	11/12	12/13	11/12	12/13
Mental Health	40,973	681,563	640,590	£4,661	£18,306	£13,645	£5,320	£16,012	£10,692	87.6	114.3	26.7	£113.8	£26.9	£129.9	£23.5

* PPU - Price Per Unit of activity

Last year the RCI recorded for Mental Health was 87.62 in 12/13 there has been a significant increase to 114.32. However, it should be noted that 2012/13 was the first year of reference costs that reflected a complete change of activity currency making comparisons with previous years meaningless. Overall our costs in 12/13 were £18.3m approximately £2.3m higher than the national average costs for that activity.

Unbundled Services

	Activity			Actual Costs			Expected Costs			RCI			Actual PPU*		Expected PPU*	
	11/12	12/13	Change	11/12 £000s	12/13 £000s	Change £000s	11/12 £000s	12/13 £000s	Change £000s	11/12 RCI	12/13 RCI	Change	11/12	12/13	11/12	12/13
Diagnostic Imaging: Outpatient	10,412	6,116	-4,296	£2,159	£606	-£1,553	£1,184	£574	-£610	182.3	105.5	-76.8	£207	£99	£114	£94
Diagnostic Imaging: Direct Access	5,751	6,032	281	£628	£522	-£105	£395	£354	-£42	158.7	147.6	-11.0	£109	£87	£69	£59
Chemotherapy	4,216	8,170	3,954	£2,735	£3,202	£467	£2,108	£3,302	£1,194	129.7	97.0	-32.8	£649	£392	£500	£404
High Cost Drugs	759	2,800	2,041	£1,543	£1,272	-£271	£597	£1,935	£1,338	258.5	65.8	-192.7	£2,033	£454	£787	£691
Rehabilitation Services - Level 2	15,069	13,400	-1,669	£4,749	£3,915	-£834	£4,250	£3,746	-£504	111.7	104.5	-7.2	£315	£292	£282	£280
Total Unbundled Services	36,207	36,518	311	£11,814	£9,517	-£2,297	£8,535	£9,910	£1,376	138.4	96.0	-42.4	£326	£261	£236	£271

* PPU - Price Per Unit of activity

In 2012/13 the overall RCI for unbundled services has reduced by 42.4 points from 2011/12 and is now below average at 96.0. This is due to a variety of changes both in the way activity has to be recorded and the way in which costs are applied so overall comparisons with 11/12 are not particularly meaningful.

Accident & Emergency

	Activity			Actual Costs			Expected Costs			RCI			Actual PPU*		Expected PPU*	
	11/12	12/13	Change	11/12 £000s	12/13 £000s	Change £000s	11/12 £000s	12/13 £000s	Change £000s	11/12 RCI	12/13 RCI	Change	11/12	12/13	11/12	12/13
A&E	46,620	42,490	-4,130	£7,029	£8,131	£1,102	£3,444	£3,215	-£229	204	253	48.78	£151	£191	£74	£76
A&E (Re-Worked)	46,620	42,490	-4,130	£7,029	£8,131	£1,102	£3,444	£4,953	£1,509	204	164	-39.93	£151	£191	£74	£117

The Trust's published RCI for A&E was 253 points significantly higher than average. However as stated above an error was identified post submission of the 2012/13 reference costs. This error was caused by an SQL sequence in the costing system not working as expected. As a result the A&E activity was incorrectly distributed across HRGs, with a significantly higher proportion being assigned to a lower cost HRG. This reduced the expected cost of our activity by £1.7m thus significantly increasing our RCI. We have re-calculated what our RCI should have been based on the correct distribution of activity and our RCI would reduce to 164.

Changes to the national submission

The approach to costing in the NHS has and continues to change in order to allow a much greater understanding and level of detail. In the past costing was done using a 'top down' approach. This approach started with the total costs apportioned between services, and then again within the service to point of delivery, ultimately grouping costs to HRGs.

Nationally and locally we are moving towards a new costing model that attempts to assign costs to individual patients. Ultimately this should lead to greater accuracy in costing but it is complex and requires a far greater level of detail in the source data in order to allocate cost fairly for example actual nurse costs by time spent on wards, theatre costs by time spent in operating room, consultant ward rounds to patients on wards.

As well as this general change to approach there were a number of very specific changes in 2012/13 as follows:

- In addition to the FCE level submission a Spell based submission was also mandatory in 12/13 where FCE costs exist.
- Trusts were informed to exclude costs rather than net off income (and bad debts) from private patients and other categories of non-NHS patients.
- No longer required to report the total number of unique service users under Mental Health Care Clusters but added a requirement to report the average length of completed cluster review periods.
- To raise the profile of costing, there is now an additional sign off process in place in addition to Finance Director. Executive Boards are now also required to approve the costing process supporting the reference costs submission.

Annual update to mandatory and non-mandatory validations required, including mandatory minimum unit costs for some services

New non-mandatory validations include

- (a) checking required where different HRGs are costed at same price
- (b) cost relativities that are inconsistent with HRG design – for example HRG with Complications and Co-morbidities calculated cheaper than equivalent HRG without Complications and Co-morbidities

Future planned improvements

It is anticipated that the quality of our reference cost submission will benefit greatly from the re-launch of the Service Line Reporting project. Part of this project will be to systematically review the costs of all services to improve the accuracy of costing. As part of this exercise the costing system is continually under review with regular improvements made.

We will continue to incorporate new data sources to allocate costs more accurately to patients for example utilizing data from ISIS or the proposed new inventory management system in theatres which will allocate consumables to the patient receiving them eliminating the need to average these costs across all patients.

We will be moving from costing patient length of stay to 'by the hour' instead of 'by the day' to give a fairer representation of costs particularly with short stay patients.

Work will continue with Radiology and Pathology services to increase scans and test matching to patients in order to decrease the number of 'unmatched'

data.

These are an example of the changes that we will be making over the next 12-18 months all of which will lead to a stepped improvement to the accuracy of costing of services.

Kevin Curnow
Deputy Director of Finance
14th February 2014

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 29th February 2014

Title	Major Incident Plan Updates		
Sponsoring Executive Director	Executive Director of Nursing & Workforce		
Author(s)	Keith Morey, Civil Contingencies Manager		
Purpose	To gain board approval of updated Trust Incident Response Plan		
Action required by the Board:	Receive		Approve X
Previously considered by (state date):			
Trust Executive Committee	13 Jan 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		Remuneration Committee	
Foundation Trust Programme Board			
<i>Please add any other committees below as needed</i>			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Executive Summary:			
<p>As a result of the new guidance and reporting structures within the planning and response phase the incident response plan (formerly the major incident plan) has now been updated as detailed below;</p> <ul style="list-style-type: none"> Major Incident Plan has been renamed "Incident Response Plan" Reporting structures now include new landscape; Clinical Commissioning Group (CCG) and Local Area Team (LAT) references. Updated to reflect requirements of the EPRR Core Standards (detailed within appendix A) 			
<i>For following sections – please indicate as appropriate:</i>			
Trust Goal (see key)	Quality		
Critical Success Factors (see key)	CSF 2		
Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)			
Assurance Level (shown on BAF)	£ Red	£ Amber	£ Green
Legal implications, regulatory and consultation requirements			
Date: 11 February 2014		Completed by: Keith Morey	

Emergency Preparedness Report

Incident Response Plan update

SITUATION

The new NHS landscape introduced in April 2013 has led to revised emergency preparedness guidance “NHS Commissioning Board Emergency Preparedness, Resilience and Response (EPRR) Core Standards” being published. The EPRR core standards have now superseded the 2005 Emergency Planning Guidance.

As a result of the new guidance and reporting structures within the planning and response phase the incident response plan (formerly the major incident plan) has now been updated as detailed below;

- Major Incident Plan has been renamed “Incident Response Plan”
- Reporting structures now include new landscape; Clinical Commissioning Group (CCG) and Local Area Team (LAT) references.
- Updated to reflect requirements of the EPRR Core Standards (detailed within appendix A)

BACKGROUND

As part of the organisations duties as defined within the Civil Contingencies Act, the organisations has a duty to “put in place emergency plans”. As a result, the emergency preparedness team have developed a suite of plans to support the discharge of this duty. The incident response plan is the overarching plan of which each of the following incident specific plans sits within;

- Major Incident Plan
- Chemical, Biological, Radiological, Nuclear, Explosive (CBRNe)
- Adverse Weather

ASSESSMENT

The organisations is required to have a current Board approved incident response plan, the CCG will be reviewing the EPRR Core Standards and obtaining an assurance from these of which the incident response plan is a core element. The existing major incident plan requires updating to meet new guidance and structures. This review is underway.

RECOMMENDATION

1. The recommendation of the Emergency Preparedness Team is for the Trust Board to approve and ratify the amendments to the plan.

Alan Sheward

Executive Director of Nursing & Workforce

11th February 2014

Overall themes and additions to the incident Response Plan

Update	Justification
Renaming of the Major Incident Plan to Incident Response Plan	Major Incident and Incident specific plans sit within the overarching plan incident response plan. By using this title it should ensure that there is a consistency in response to incidents.
Adding Clinical Commissioning Group (CCG), Local Area Team (LAT) and Local Health Resilience Partnerships (LHRP) and NHS Commissioning Board	This terms now reflect the new NHS structures
Detail of how to obtain legal advice can be obtained in relation to the Civil Contingencies Act	Requirement of the NHS EPRR Core Standards
Detail process to ensure predicted and unpredicted spending will be covered	Requirement of the NHS EPRR Core Standards
Explain process for completing and submitted NHS England threat specific situation reports	Requirement of the NHS EPRR Core Standards
Referenced National Command & Control Guidance	New guidance released
Referenced Hazardous Area Response Team in plan	Previously only in action cards
Firearms incident response added to plan	Previously only in action cards
Referenced National Ambulance Co-ordination Centre	New guidance released

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 26 FEBRUARY 2014

Title	Business Planning Process				
Sponsoring Executive Director	Interim Director for IT and Integration				
Author(s)	FT Programme Management Officer				
Purpose	To Approve				
Action required by the Board:	Receive		Approve	✓	
Previously considered by (state date):					
Trust Executive Committee		Mental Health Act Scrutiny Committee			
Audit and Corporate Risk Committee		Nominations Committee (Shadow)			
Charitable Funds Committee		Quality & Clinical Performance Committee			
Finance, Investment & Workforce Committee		Remuneration Committee			
Foundation Trust Programme Board					
Please add any other committees below as needed					
Board Seminar					
Other (please state)	IBP Steering Group				
Staff, stakeholder, patient and public engagement:					
The planning process document is in itself a communications and engagement plan that articulates what stakeholders will be engaged, how they will be engaged and when they will be engaged during the annual business planning cycle.					
Executive Summary:					
A Board approved business planning process document is required as part of the Trust Development Authority's strategic and operating planning process launched on 23 December 2013. This document aims to identify key stakeholders and their engagement during the planning cycle to ensure that effective, timely engagement is undertaken to develop robust, sustainable business plans.					
<i>For following sections – please indicate as appropriate:</i>					
Trust Goal (see key)	All				
Critical Success Factors (see key)	All				
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	The Trust Development Authority require Trusts to have robust business plans				
Date: 17 February 2014 Completed by: Andrew Shorkey					

ISLE OF WIGHT NHS TRUST
NHS TRUST BOARD MEETING WEDNESDAY 26 FEBRUARY 2014
BUSINESS PLANNING PROCESS

1. Purpose

To seek Trust Board approval of the Business Planning Process document (attached as Appendix 1) required as part of the Trust Development Authority's (TDA) strategic and operating planning regime.

2. Background

On 23 December 2013 the TDA published its strategic and operating planning guidance: *Securing Sustainability Planning guidance for NHS Trust Boards 2014/15 to 2018/19*. With respect to the requirement for the submission of two year operating plans, the guidance identifies six components:

- summary of two year plan;
- activity plan and *Clostridium difficile* plan;
- financial plan;
- workforce plan;
- planning checklist;
- planning process.

Guidance for the preparation of a *planning process* document was provided at a very high level as follows:

‘Given the complexities facing NHS Trusts, it is vital that NHS Trusts put in place a systematic planning process and in particular ensure sufficient engagement with the local health economy over the nine month period January to September 2014.

The TDA is asking each NHS Trust to prepare its own description of the strategic planning process that the Trust is following to ensure the Board is engaged, there is sufficient resource and support and that necessary planning actions are being undertaken at the right time.

The description of the strategic planning process is to be prepared at the outset of the planning period and submitted with the first plan submission on 13 January 2014. The TDA will review the planning process and follow up any issues or risks through the regular Integrated Delivery Meetings with Trusts.’¹

In accordance with this requirement a draft planning process document was prepared, using the communications and engagement plan developed to support delivery of the Integrated Business Plan as a basis, and submitted to the TDA on 13 January 2014 as part of the Trust's initial operating plan submission. The Trust received detailed feedback on this initial submission on 3 February 2014. The TDA observed that the Trust's planning process document was in draft form and requested confirmation that ‘that this will be signed off by the Trust Board prior to 5.3.14’ when the full two year operating plan is required for its initial submission.

3. Recommendation

It is recommended that the Board:

- (i) Approve the Business Planning Process document.

Andrew Shorkey
FT Programme Management Officer
17 February 2014

¹ *Securing Sustainability Planning guidance for NHS Trust Boards 2014/15 to 2018/19, (2013), p.6*

Business Planning Process

To support the delivery of strategic and operational plans

(Version 0.2)



Version Control

Title	Isle of Wight NHS Trust Planning Process
File Name	Isle of Wight NHS Trust Business Planning Process v0.2
Synopsis	How the Isle of Wight NHS Trust communicates and engages with stakeholders to deliver robust strategic and operational plans.

Status	Draft
Version Number	0.2
Issue Date	
Location	K:\Mark Price\Transition\PMO\Programme_Management\Workshop\Business Planning\Planning Process\Isle of Wight NHS Trust Business Planning Process v0.2.docx
Authors	FT Programme Management Officer; Head of Communications and Engagement
Sponsor	Interim Director for Planning, IT and Integration
Authorisation	Trust Board

Document History

Version	Date	Author / Updater	Principal Changes / Notes	Location
0.1	10-Jan-14	Shorkey Andrew	Initial draft for submission to TDA	N/A
0.2	17-Feb-14	Shorkey Andrew	Refreshed document for Trust Board approval	N/A

Distribution

Version	Date	Name / Group	Purpose
0.1	23-Jan-14	IBP Steering Group	To review
0.2	19-Feb-14	Trust Board	To approve

Andrew Shorkey

Foundation Trust Programme Management Officer
Isle of Wight NHS Trust

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Purpose

1. This document sets out how the Isle of Wight NHS Trust communicates and engages with stakeholders to deliver robust strategic and operational plans to support delivery of effective healthcare to the Isle of Wight's residents and visitors and in support of the wider NHS.

Background

2. All NHS organisations are required to demonstrate that they have robust plans in place. NHS Foundation Trusts are required to submit their plans to Monitor the national regulator of NHS Foundation Trusts. NHS Trusts are required to submit their plans to the NHS Trust Development Authority (NHS TDA). The Isle of Wight NHS Trust aspires to become a Foundation Trust.
3. The Isle of Wight NHS Trust has an Integrated Business Plan (IBP) that plots and articulates the organisation's strategic direction of travel. The IBP is a 600 page document and was developed initially from April 2012 as part of the Trust's Foundation Trust application. The IBP is a required part of the Foundation Trust application process. All business planning flows into the IBP and what we strive to achieve each year and over the medium term (5 years) is measurable against it.
4. The latest planning guidance from the NHS TDA, *Securing Sustainability – Planning Guidance for NHS Trust Boards 2014/15 to 2018/19*, requires NHS Trusts to submit two year operating plans in April 2014 and 5 year strategic plans (the first two years of which are encompassed in the two year operating plans) in June 2014 and in subsequent years thereafter. This guidance sets out, for the first time, a framework to enable NHS Trusts to look in more depth at how they plan to continue to deliver high quality services in a sustainable way, not just over the coming year but over the next five years. To date the Trust has produced annual business plans that reflect the first year of the IBP and will as a consequence of the guidance extend these to two year business plans.

Developing the business plan

5. Our IBP has been developed against a strategic vision and has been through a number of iterations. It will form the basis of the strategic plan required by the NHS TDA. The IBP has a prescribed structure set down by Monitor, the sector regulator for NHS Foundation Trust health services in England. The main parts of the Trust's business plan are:
 - Executive Summary
 - Profile of Isle of Wight NHS Trust and healthcare on the Island
 - Strategic Overview
 - Market Assessment (e.g. SWOT, PEST, etc)
 - Service Development Plans (the key elements of the Trusts transformation plans)
 - The Integrated Care Hub
 - Patient Pathway Redesign
 - Integrated Locality Teams
 - New and innovative business ideas
 - Clinical Strategy
 - Membership Strategy
 - Information Management & Technology Strategy

- Workforce Strategy
 - Estates Strategy
 - Long Term Financial Model (LTFM)
 - Risk Assessment, Control and Mitigation
 - Governance – how is the organisation managed
6. The Trust has a defined business planning process to ensure that the IBP is effectively refreshed on an annual basis and that operating plans are developed to provide the granular detail to ensure delivery of the Trust's objectives. Annex 1 provides an overview of the process and key milestones.
 7. Business planning activity is co-ordinated by the Trust's business planning function within the Planning, IT and Integration Directorate. A cross-organisation steering group attended by executive directors and chaired by the Chief Executive is in place to manage delivery of the business plan and ensure effective lines of communication are maintained with internal and external stakeholders, ensuring that the Board is engaged, there is sufficient resource and support and that necessary planning actions are being undertaken at the right time.
 8. A vital component of the planning process is the undertaking of meaningful engagement with stakeholders to ensure that robust intelligence is gathered in order to deliver a sustainable, deliverable plan.

Key stakeholders

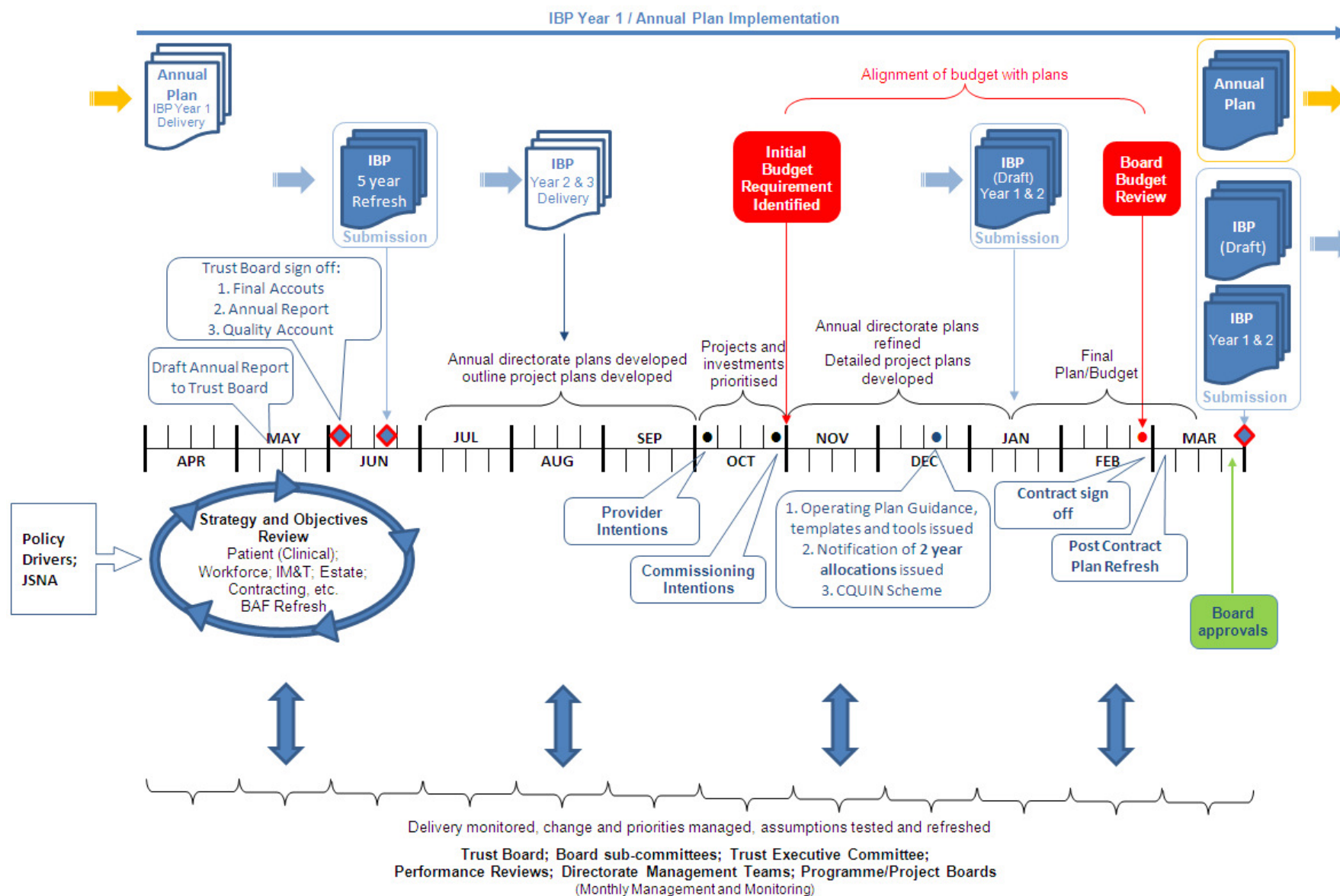
9. A stakeholder analysis is used to identify key stakeholders and the level of engagement required based on their influence over the Trust and its business plan(s).
10. Key stakeholders in the planning process include, but are not limited to:
 - Academic Health Sciences Network (AHSN)
 - Isle of Wight Clinical Commissioning Group (CCG) and local GPs
 - Isle of Wight Council particularly in relation to social care and children's service
 - Patients Council
 - Voluntary Sector Forum (Local Partnership Forum – committee of the Health and Wellbeing Board)
 - Health and Community Wellbeing Scrutiny Committee
 - Health and Wellbeing Board
 - Quality Surveillance Groups
 - NHS England particularly the Wessex Local Area Team and specialist commissioning teams
 - Wessex Local Education and Training Board (LETB)
 - Deaneries
 - HeathWatch IoW
 - Public Health England
 - NHS Litigation Authority (NHS LA)
 - Local Midwifery Council
 - Monitor

- Care Quality Commission (CQC)
- Local politicians including MEP, MP, County, Town and Parish Councillors
- Patient representative groups including Equals and LGB&T network groups

Communications and engagement activity

11. Stakeholders are engaged through a number of appropriate channels, formally and informally, at different points during the Trust's annual planning cycle. For some stakeholders this will be via established regular meetings, such as our contract meetings with the Isle of Wight Clinical Commissioning Group and for others this may involve targeted events such as, information sessions for elected members of the Isle of Wight Council. Engagement is focused around the particular interests of stakeholders in our business planning process and the support and enablement that is required by the Trust to ensure that sustainable business plans are delivered. A rolling communications action plan identifying engagement opportunities and roles and responsibilities is enclosed at Annex 2.

Annual Business Planning Timeline: 2014 / 2015



Business Planning Timeline for IBP refresh and operating plans

BUSINESS PLANNING: COMMUNICATIONS ACTION PLAN**Stage 1: January 2014 – Mar 2014**

No	Action	Who	By when	RAG / Notes
1.	Initiate refresh of vision and strategic objectives: Trust Executive Committee	Director of Planning, IT and Integration	20 Jan 14	Complete
2.	Engage with Patients Council on refresh of vision and strategic objectives	Head of Communications	27 Jan 14	Complete
3.	Engage with Staff Partnership Forum on refresh of vision and strategic objectives	Head of Communications / Director of Planning, IT and Integration	28 Jan 14	Complete
4.	Engage with Membership on refresh of vision and strategic objectives	Company Secretary / Foundation Trust Programme Director	31 Jan 14	Vision, Mission and Objectives communicated via CX introduction
5.	Update Trust Board on refresh of vision and strategic objectives	Director of Planning, IT and Integration	11 Feb 14	Complete
6.	FT/CQC workshop: engage on refresh of vision and strategic objectives	Executive Medical Director	27 Feb 14	
7.	Engage with HMSC on refresh of vision and strategic objectives	Executive Medical Director	3 Mar 14	
8.	Executive briefing on refresh of vision and strategic objectives	Chief Executive	4 Mar 14	
9.	Engage with Local Health Watch on refresh of vision and strategic objectives	Company Secretary / FT Programme Director	TBC	
10.	Engage with Health and Wellbeing Board on refresh of vision and strategic objectives	Executive Director of Nursing and Workforce	TBC	
11.	Engage with Health and Community Wellbeing Scrutiny Cttee on refresh of vision and strategic objectives	Chief Executive	TBC	<i>Meeting between Executive Team members and HOSC Chairman w/c 27-Jan-14</i>
12.	Interviews of senior management posted online (intranet and possibly You Tube) <ul style="list-style-type: none"> CX - new year message from Chief Executive EMD - talking about Clinical Strategy 	Head of Communications with Hospital Radio and Comms Team	January to March 2014 - Two per month to maintain and raise interest in plans	

No	Action	Who	By when	RAG / Notes
	<ul style="list-style-type: none"> EDoNW – talking about workforce Head of Transformation and Quality Improvement – talking about transformation GP – talking about ‘My Life A Full Life’ EDoF – talking about finance Others 			
13.	Revise and republish: <ul style="list-style-type: none"> 5 year summary booklet – advance by one year to cover 2014 – 2019 1 year Z card – to cover 2014/15 	Business Planning / Head of Communications with Comms	Develop Feb 2014 Publish end March with Payslips	
14.	Directorate road shows to explain plans for 2014/15 and beyond: <ul style="list-style-type: none"> Acute Community Corporate Planned 	Associate Directors and Project Managers	Last two weeks of March 2014	
15.	Revise business planning area of website	Business Planning with Comms	31/3/14	
16.	Trust Board meeting – press release approval of business plans for 2014/15 / 2015/16	Head of Communications	31/3/14	

Stage 2: April 2014 – June 2014

No	Action	Who	By when	RAG / Notes
17.	Directorate discussions with stakeholders	Directorate and service leads	30/06/14	

Stage 3: July 2014 – September 2014

No	Action	Who	By when	RAG / Notes
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No	Action	Who	By when	RAG / Notes
18.	Directorate discussions with stakeholders	Directorate and service leads	30/09/14	

Stage 4: October 2014 – December 2014

No	Action	Who	By when	RAG / Notes
19.				

KEY CONTACTS AND CHANNELS FOR ENGAGING WITH KEY STAKEHOLDER GROUPS

This is a live and dynamic listing which we will refine and to which we will add to over time. This is not a comprehensive list. We welcome the input of our stakeholders throughout our engagement in helping us add to this and complete elements of relevance to them or their organisation or group and to ensure that the information we hold is current.

We recognise that individual stakeholders may fall within different broad stakeholder groups depending upon the area, service or project concerned, or into more than one group. Here we have grouped a range of stakeholders for illustrative purposes into the broad groups. No specific order of importance is implied in the positions within this list.

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
CUSTOMER PROXIES			
Foundation Trust Members and Member Involvement Forum	Company Secretary	<ul style="list-style-type: none"> Head of Communications & Engagement Membership and Engagement Officer 	<ul style="list-style-type: none"> annual meeting forum meetings / seminars attend Trust meetings / project group / special interest groups review of Annual Report / Quality Account general communication / website
Isle of Wight Healthwatch	Executive Director of Nursing and Workforce	<ul style="list-style-type: none"> Head of Communications & Engagement Communications and Engagement 	<ul style="list-style-type: none"> attendance Healthwatch meetings briefings / presentations Members forum / seminars

		<ul style="list-style-type: none"> Officer Quality Manager 	<ul style="list-style-type: none"> Partners Group Review of Annual Report / Quality Account project groups / Trust meetings open days general communication / website
Community Action IoW (formerly Isle of Wight Rural Community Council)	Interim Director of Planning, ICT and Integration	<ul style="list-style-type: none"> Head of Communications & Engagement Communications and Engagement Officer 	<ul style="list-style-type: none"> attendance at meetings briefings / presentations project groups / Trust meetings open days general communication / website
Health and Community Wellbeing Scrutiny Panel	Chief Executive	<ul style="list-style-type: none"> Executive Directors as appropriate Head of Communications & Engagement Communications and Engagement Officer 	<ul style="list-style-type: none"> attendance at H&CWSP meetings briefings / presentations meetings visits to IoW NHST general communication / website
Patient Council (will be replaced by Trust Governors)	Executive Director of Nursing and Workforce (will be taken on by Company Secretary when Council of Governors elected)	<ul style="list-style-type: none"> Matrons Chief Executive and Executive Directors as appropriate Head of Communications & Engagement Communications and Engagement Officer 	<ul style="list-style-type: none"> Council meetings Briefings / presentations / open days general communication / website
Voluntary Organisations	Chief Executive	<ul style="list-style-type: none"> Head of Communications & Engagement Communications and Engagement Officer 	<ul style="list-style-type: none"> Voluntary Sector Forum Community Action IoW Meetings / presentations general communication / website
COMMISSIONERS			
Isle of Wight Clinical Commissioning Group	Chief Executive	<ul style="list-style-type: none"> Executive Directors as appropriate Head of Communications & Engagement 	<ul style="list-style-type: none"> Strategic Forum meetings Clinical Priorities Forum meetings other meeting / groups general communication / website
GP Locality Groups x 3	Executive Medical Director	<ul style="list-style-type: none"> Directorate Senior Management Teams (CDs, HOCs, ADs) 	<ul style="list-style-type: none"> Locality Executive Board meetings other meetings targeted communications general communications / website
NHS England and	Interim Director of	<ul style="list-style-type: none"> Contracts Team 	<ul style="list-style-type: none"> Ad hoc meetings

Wessex LAT	Planning, ICT and Integration	<ul style="list-style-type: none"> Head of Communications and Engagement 	
LOCAL SERVICE PROVIDERS AND PARTNERS			
<ul style="list-style-type: none"> Portsmouth Hospitals NHST University Hospitals Southampton NHSFT 	Interim Director of Planning, ICT and Integration	<ul style="list-style-type: none"> Contracts Team Head of Communications and Engagement 	<ul style="list-style-type: none"> meetings general communication / website Strategic Forum meetings Clinical Priorities Forum meetings
Independent sector providers	Interim Director of Planning, ICT and Integration	<ul style="list-style-type: none"> Contracts Team Head of Communications and Engagement 	<ul style="list-style-type: none"> Meetings general communication / website
GPs	Executive Medical Director	<ul style="list-style-type: none"> Directorate Senior Management Teams (CDs, HOCs, ADs) Head of Communications and Engagement 	<ul style="list-style-type: none"> attendance at MSC / LNC meetings targeted communications general communications / website
FUTURE OF ISLE OF WIGHT/LOCAL QUALITY OF LIFE PERSPECTIVE			
Media	Interim Director of Planning, ICT and Integration	<ul style="list-style-type: none"> Head of Communications and Engagement Communications Manager Communications and Engagement Officers 	<ul style="list-style-type: none"> briefings/press releases one-to-one contact open days/photo-opportunities general communication / website
Member of Parliament	Chairman	<ul style="list-style-type: none"> Chief Executive Company Secretary 	<ul style="list-style-type: none"> regular meetings briefings visits to IoW NHST / open days general communication / website
Local Authority, Town and Parish Councils	Chief Executive	<ul style="list-style-type: none"> Executive Directors as appropriate Directorate Senior Management Teams (CDs, HOCs, ADs) Head of Communications & Engagement 	<ul style="list-style-type: none"> briefings attend meetings (specific issue) Association of Local Councils open days general communication / website
REGULATORS			
Monitor	Company Secretary	<ul style="list-style-type: none"> Chief Executive and other Executive 	<ul style="list-style-type: none"> Annual reports

		Directors as appropriate	<ul style="list-style-type: none"> Quality Accounts Meetings
NHS England	Chief Executive	<ul style="list-style-type: none"> Executive Directors as appropriate 	<ul style="list-style-type: none"> regional meetings other meetings reports/briefings
NHS Trust Development Authority	Chief Executive	<ul style="list-style-type: none"> Executive Directors as appropriate 	<ul style="list-style-type: none"> regional meetings other meetings reports/briefings
Care Quality Commission	Executive Director of Nursing and Workforce	<ul style="list-style-type: none"> Chief Executive and other Executive Directors as appropriate 	reports/clarifications/registration - meetings - visits/inspections
Health and Safety Executive	Executive Director of Nursing and Workforce	<ul style="list-style-type: none"> Chief Executive and other Executive Directors as appropriate 	Reports / correspondence / clarification - meetings - visits/inspections
INTERNAL STAKEHOLDERS			
Our staff and their representatives	Executive Director of Nursing and Workforce	<ul style="list-style-type: none"> Chief Executive and other Executive Directors as appropriate Head of Communications & Engagement 	Joint Staff Consultative Committee - Local Negotiating Committee - Staff side/LNC - staff briefings - team briefing - team meetings - global e mails - Outline - general communication/website

REPORT TO THE TRUST BOARD ON 26 FEBRUARY 2014

Title	FOUNDATION TRUST PROGRAMME UPDATE	
Sponsoring Director	FT Programme Director / Company Secretary	
Author(s)	Foundation Trust Programme Management Officer	
Purpose	To Receive	
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	
	Planned Directorate Board	
	Finance, Investment and Workforce Committee	
	Quality & Clinical Governance Committee	
	Remuneration & Nominations 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:		
<ul style="list-style-type: none">Progress updateCommunications and stakeholder engagement activityKey risks		
Related Trust objectives		Sub-objectives
Reform		9 - Develop our FT application in line with the timetable agreed with DH & SHA
Risk and Assurance		CSF9, CSF10
Related Assurance Framework entries		Board Governance Assurance Framework within BAF
Legal implications, regulatory and consultation requirements		A 12 week public consultation is required and concluded on 11 January 2013.
Action required by the Board:		
(i) Note this progress update report		
Date	18 February 2013	

ISLE OF WIGHT NHS TRUST
NHS TRUST BOARD MEETING WEDNESDAY 26 FEBRUARY 2014
FOUNDATION TRUST PROGRAMME UPDATE

1. **Purpose**

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

2. **Background**

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

3. **Programme Plan**

The Care Quality Commission (CQC) have announced that the Isle of Wight NHS Trust will be amongst the 20 trusts selected to be included the next wave (April 2014 to June 2014) of Chief Inspector of Hospitals assessments. There is a high likelihood that the inspection will be undertaken in the latter part of the quarter 1 and given the impact of this milestone on the overall FT application timeline it is unlikely that Trust Development Authority (TDA) referral to Monitor will be achieved before November 2014. On this trajectory the Trust could achieve Foundation Trust status in May 2015.

The Chief Inspector of Hospitals has advised that inspection teams will be large (over 20 people) and will be headed by a senior NHS clinician or executive, working alongside senior CQC inspectors. The teams include professional and clinical staff and other experts, including trained members of the public ('experts by experience'). Many of these are volunteers who came forward when the approach was launched in July 2013. The teams will spend at least two full days at the trust inspecting every site that delivers acute services, and eight core service areas: A&E; acute medical pathways including the frail elderly; surgery and theatres; critical care; maternity; paediatrics; end of life care and outpatients. These services have been chosen as part of the process on the basis of both volume and risk. The inspections are a mixture of announced and unannounced and may include inspections in the evenings and weekends. Further details will be provided to the Trust within the next two weeks.

On 28 January we received detailed written feedback from the TDA on the 2 December 2013 draft Integrated Business Plan (IBP) submission. This feedback accorded with our understanding of the areas of the IBP that required strengthening and an action plan has been put in place to ensure that all recommendations are implemented in accordance with our current delivery timetable. We remain on track to submit our final draft IBP to the TDA on 4 April 2014.

4. **Communications and Stakeholder Engagement**

A firm focus remains on membership recruitment activity. As at 17 February 2014 the Trust has 3782 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	1068	500
South Wight	978	500
West and Central Wight	1372	500
Elsewhere ('Off Island')	364	250
Total	3782	1750

Since the last report, when membership was reported as 3,859, a 'data cleanse' exercise has been conducted. This has removed individuals who have died, moved from the Island or for other reasons left Membership. The result is the loss of around 100 members increasing our distance from target to c250. Our contract with database provider Capita provides for the data cleanse exercise to be undertaken four times per year which is good practice. Whilst this process has slightly reduced the number of members it does mean that money which would have been spent on communications with those members is not wasted. We continue to receive circa 10 membership applications per week in the post.

The first members' magazine, which includes local stories around Foundation Trust membership and health care services has been produced and is being distributed.

Following the success of the 'Medicine for Members' event in November 2013, a repeat event was held on 31 January 2014 to capture those who were not able to attend the initial event. This second event was well attended. Nine events are now being booked in for 2014/15 – three during the course of the year in each of the Island constituencies. These events and communication with members should help to retain the interest of our Membership.

A second Governor Development day was held on 10 February 2014 following the successful event held in September 2013. The event was focussed on Trust Staff with both staff and public Governor involvement from University Hospitals Southampton and Solent NHS Foundation Trusts. More work is being undertaken to define the role and arrangements for staff governors.

Letters have been sent to staff notifying them that they have been opted into one of five staff constituencies with the request that they notify the Membership Office if they think they are in the wrong constituencies. These letters were accompanied by a Membership form requesting that they encourage a family member or friend to sign up.

5. **Key Risks**

Our current timeline is dependent upon the Trust receiving a visit from the Chief Inspector of Hospitals in the early part (April / May) of quarter 1 2014/15 and the outcome of that inspection being a 'good' or 'outstanding' rating. There is a degree of 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. We have received confirmation from 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 the extent of any resulting delay to date.

As we approach year end significant risk remains 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.

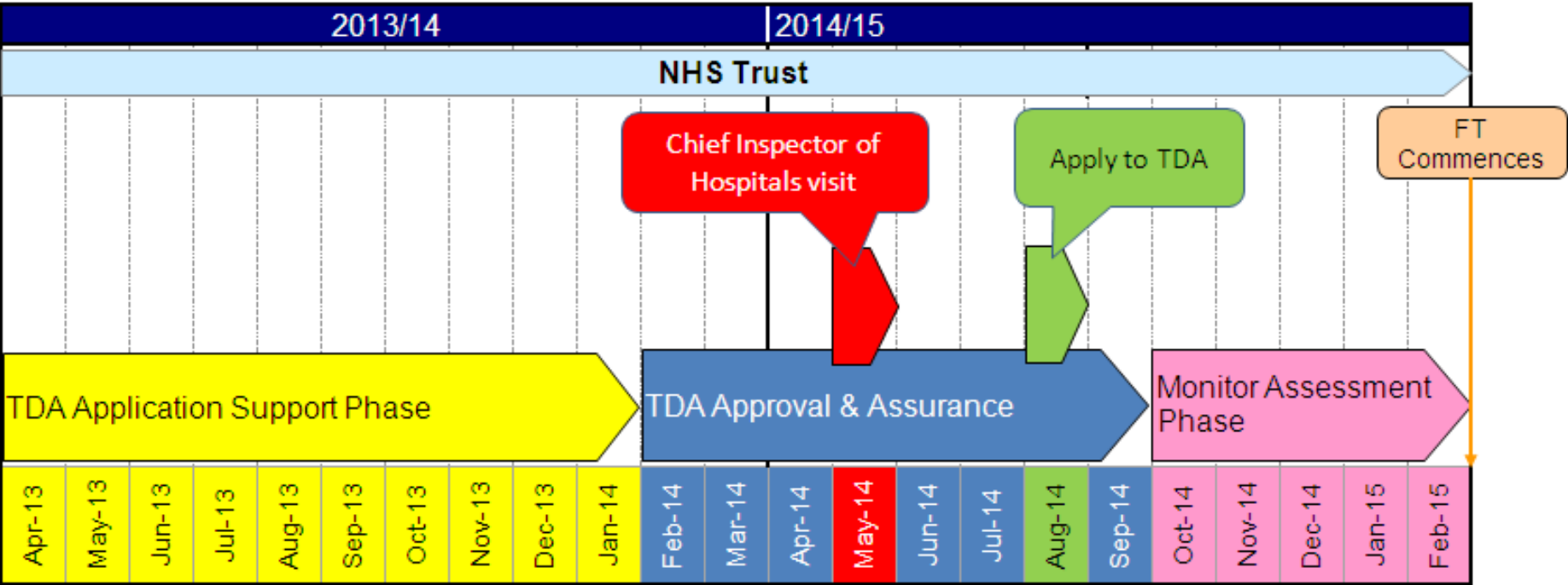
6. **Recommendation**

It is recommended that the Board:

- (i) Note this update report

Mark Price
FT Programme Director/Company Secretary
18 February 2014

FT Application Timeline (subject to confirmation of timing of Chief Inspector of Hospitals visit) APPENDIX 1



REPORT TO THE TRUST BOARD 26 FEBRUARY 2014

Title	Self-certification
Sponsoring Director	FT Programme Director and Company Secretary
Author(s)	Foundation Trust Programme Management Officer
Purpose	To Approve
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	19 February 2014
Executive Board	
Foundation Trust Programme Board	
Mental Health Act Scrutiny Committee	
Planned Directorate Board	
Quality & Clinical Performance Committee	19 February 2014
Remuneration & Nominations 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:	
<p>This paper presents the February 2014 Trust Development Authority (TDA) self-certification return covering January 2014 performance period for approval by Trust Board.</p> <p>The key points covered include:</p> <ul style="list-style-type: none"> • 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 <i>Risk Assessment Framework</i> is necessary for FT Authorisation.
Action required by the Board:	
<ul style="list-style-type: none"> (i) Approve the submission of the TDA self-certification return (ii) Identify if any Board action is required 	
Date	18 February 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 January 2014 reporting period, prior to submission to the Trust Development Authority (TDA) in February 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 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.

Within the feedback received recently on the Trust's draft Integrated Business Plan submission we were advised that the Board Statements and Licence Conditions required updating against a revised version of the *Accountability Framework* published on 12 April 2013. These amendments have now been made and are identified within appendices 1a and 1b. The amendments relate to 6 Board Statements and 1 Licence condition and only impact on our current status assessment against Board

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

Statement 5. These amendments are not reflected in the template forms that we are required to update and submit on a monthly basis as part of oversight arrangements. This matter is being addressed with the TDA.

4. Performance Summary and Key Issues

Board Statements

1. As no further detailed guidance with respect to the interpretation of the *Accountability Framework* is required and mechanisms are in place to demonstrate compliance with the NHS Constitution, Board Statement 5 can now be marked as compliant. All other Board Statements are marked as compliant. This position is reflected within the draft sample return document (Appendix 1a) and the Board Statement Assurance Documents (Appendix 2).

Licence Conditions

2. Licence Condition G5 relating to compliance with Monitor guidance has now been removed. Compliance is confirmed at present against 9 of the 11 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. We are currently working to an assumption that the Trust will receive a Chief Inspector of Hospitals inspection in mid May 2014. Milestones have been discussed and agreed with the TDA to reflect this position and form the basis of our current plan. The Trust continues to meet agreed milestones. The draft return document is attached as Appendix 1c.

5. Recommendations

It is recommended that the Trust Board:

- (i) Approve the submission of the TDA self-certification return, acknowledging current gaps in assurance relating to our ability to certify against elements of the revised requirements at this stage;
- (ii) Identify if any Board action is required

Andrew Shorkey

Foundation Trust Programme Management Officer

18 February 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, 12 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 has regard to the NHS Constitution at all times.	Yes			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 operating 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 relevant GRR 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
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

TDA Accountability Framework - Board Statements

Appendix - 1(a)

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

13	The board is satisfied 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	<i>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 undertaken to achieve compliance by 31 Jan 2014. Revised code of governance expected to be published by Monitor in early 2014.</i>	31-Jan-14	Mark Price
2	Condition G5 – Have regard to Monitor guidance	Yes	The Trust has regard to Monitor guidance insofar as it is relates to the Trust in its current organisational form and the delivery of the FT Programme.		Mark Price
3	Condition G7 – Registration with the Care Quality Commission	Yes			Mark Price
4	Condition G8 – Patient eligibility and selection criteria	No	<p><i>PROGRESSING TOWARDS COMPLIANCE</i></p> <p><i>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 .</i></p> <p><i>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.</i></p>	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	<p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p>		Alan Sheward
11	Condition C2 – Competition oversight	Yes	<p><i>Head of Commercial Development has provided positive assurance of compliance.</i></p>		Karen Baker
12	Condition IC1 – Provision of integrated care	Yes	<p>This provision relates to the Trust not doing anything that reasonably would be regarded as detrimental to the provision of integrated care.</p> <p>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.</p> <p>The Trust has also implemented a quality impact assessment process that would flag any activity detrimental to the provision of integrated care.</p>		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	04-Apr-14	On target	
4	Chief Inspector of Hospitals visit	Mid May 2014	On target	
5	Final IBP/LTFM Submission	20-Jun-14	On target	
6	Board to Board meeting with TDA	Mid July 2014	On target	
7	TDA approval to proceed and application to Monitor	18-Sep-14	On target	

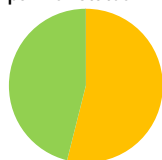
REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 26 FEBRUARY 2014

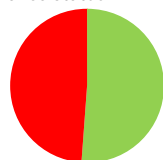
Title	Board Assurance Framework		
Sponsoring Executive Director	Company Secretary		
Author	Head of Corporate Governance and Risk Management		
Purpose	To note the Summary Report, the risks and assurances rated as Red, and approve the February 2014 recommended changes to Assurance RAG ratings.		
Action 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			
<i>Please add any other committees below as needed</i>			
Other (please state)	None		
Staff, stakeholder, patient and public engagement:			
None			
Executive Summary:			
<p>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.</p> <p>It was agreed that the Board would receive dashboard summaries and exception reports only for the remainder of the year.</p> <p>The dashboard summary includes summary details of the key changes in ratings. There are no Principal Risks now rated as Red, with 6 new Risks introduced since the January 2014 report.</p> <p>The exception report details 10 recommended changes to the Board Assurance RAG ratings of Principal Risks: 9 changes from Amber to Green for 1.6, 2.1, 3.4, 3.6, 5.6, 7.1, 7.8, 8.2 and 10.1; and one change from Green to Amber for 9.16.</p>			
<i>For following sections – please indicate as appropriate:</i>			
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: 14 February 2014			
Completed by: Brian Johnston			

BAF Status Report

Principal Risk Status



Assurance Status



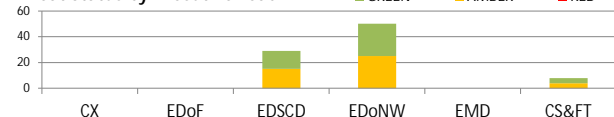
Principal Risks:

129

Aligned Risk Register
Risks:

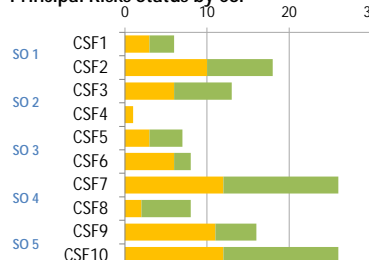
80

Threat Status by Executive Lead

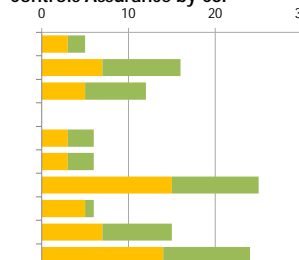


Strategic Objective & Critical Success Factor Status Overview

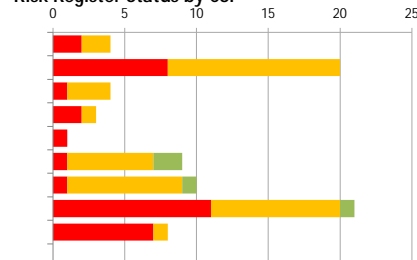
Principal Risks Status by CSF



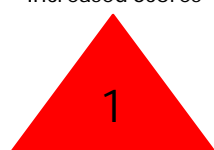
Controls Assurance by CSF



Risk Register Status by CSF



BAF Increased Scores



Reduced Scores



Commentary

Principal Risks:

9 Principal Risks are recommended for changes from Amber to Green
1 Principal Risk is recommended for change from Green to Amber

6 New Risks, two of which are rated Red:

Ref. Directorate Title

592 Corporate Internal Audit on Estates

593 Corporate Internal Audit on Disaster Recovery

594 Acute Acquisition of mechanical device for chest compressions

595 Corporate Purchase of additional bed sensors

596 Community Safeguarding Children Training

597 Corporate Internal Audit on Payroll & Workforce transactions

Changes to previously notified Risk scores since the last report:

557 Change from Red to Amber

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

Ref.	Exec Lead	Title/Description	Assurance Rating	
			Current	Change to
CSF1.6	EDoNW	1.6 (1.12) The CQC have expressed concerns as the result of unannounced visits (Q61) Executive Director of Nursing and Workforce/ Company Secretary	Amber	Green
CSF2.1	EDoNW	2.1 (2.3) The Trust has no clearly articulated values, vision and goals (Q18) Chief Executive	Amber	Green
CSF3.4	EDSCD	3.4 (9.18) There are no strategic ambitions stated and/or they do not demonstrate how the Trust is building upon its core strengths/ track record (O14) Director of Strategy and Commercial Development	Amber	Green
CSF3.6	EDSCD	3.6 (9.26) The vision has been generated solely internally within the organisation (O18) Chief Executive	Amber	Green
CSF5.6	EDSCD	5.6 (9.4) Lack of a clear stakeholder engagement plan to inform the IBP and financial planning within the LTFM (F14) Director of Strategy and Commercial Development/ Company Secretary	Amber	Green

CSF7.1	EDoF; EDoNW	7.1 (5.4) The Board do not challenge what the impact of the CIPs are (Q53) Executive Medical Director/Executive Director of Nursing and Workforce	Amber	Green
CSF7.8	EDoF; EDoNW	7.8 (5.13) Finance reports do not separately identify performance against the CIPs, including major schemes (F18) Executive Director of Finance	Amber	Green
CSF8.2	EDSCD	8.2 (6.3) Capital spend during the last financial year was > 20% variance from the initial plan (F16) Executive Director of Finance / Executive Director of Strategy and Commercial Development	Amber	Green
CSF10.1	EDoNW	10.1 (3.1) There is no evidence on how staff have helped to shape services (Q45) Executive Director of Nursing and Workforce/Executive Medical Director	Amber	Green
CSF9.16	EDoNW; EMD	9.16 (4.6/9.53) Key gaps at Board level positions identified (Q43) Chief Executive	GREEN	Amber
CSF7 557 - 1	EDSCD	Excessive NHS use of private patient ward impacting upon business profitability (BAF 2.26)	16	12
CSF2 594 - 1	EDSCD	ACQUISITION OF MECHANICAL DEVICE FOR CHEST COMPRESSIONS	NEW	20
CSF9 596 - 1	EMD	SAFEGUARDING CHILDREN TRAINING: LEVEL 2	NEW	20
CSF7 592 - 1	EDSCD	INTERNAL AUDIT REPORT ESTATES 2013/14 - LIMITED ASSURANCE	NEW	12
CSF7 593 - 1	EDSCD	INTERNAL AUDIT REPORT DISASTER RECOVERY AND OUT OF HOURS SUPPORT 2013/14 - LIMITED ASSURANCE	NEW	12
CSF7 597 - 1	EDONW	INTERNAL AUDIT REPORT - PAYROLL AND WORKFORCE TRANSACTIONS 2013/14 - LIMITED ASSURANCE	NEW	12
CSF2 595 - 1	EDONW	PURCHASE OF ADDITIONAL BED SENSORS	NEW	12

Principal Risks (What could prevent this objective being achieved?)	Initial RS	Mid year RS	End of Year RS	Controls in Place (What controls/systems do we have in place to assist in securing delivery of the objective?)	Assurances on Controls (Where can the board gain evidence that our controls/ systems on which we are placing reliance, are effective)	Positive Assurance to Board (Actual evidence that our controls/systems are effective and the objective is being achieved)	Assurance Level	Gaps in Control (Where we are failing to put controls/ systems in place)	Gaps in Assurance (Where we are failing to provide evidence that our controls/ systems are effective)	Action Plan to Address Gaps in Controls/Assurances Performance management and monitoring committee: Trust Executive Committee
Strategic Objective 1: QUALITY - To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience Exec Sponsor: Executive Director of Nursing and Workforce										
<u>Critical Success Factor CSF1</u> Lead: Executive Director of Nursing and Workforce <u>Improve the experience and satisfaction of our patients, their carers, our partners and staff</u> Links to CQC Regulations: 9, 12, 17, 19, 21, 22, 23				MEASURES: Improved patient and staff survey results Improved access for patients Complaints/concerns from patients/carers Compliments from patients/carers CQC inspection outcomes Mixed sex accommodation breaches Health and Wellbeing strategy objectives achieved No service disruption occurs if Major incident or Business Continuity Plans are invoked				TARGETS: Patient and staff survey results for 13/14 show better outcomes than results for 12/13 Patient care Complaints reduced by 20% All CQC Essential standards met Less than 5 mixed sex breaches in 13/14 All services provided 365 days per year Increased patient involvement evidenced		
1.6 (1.12) The CQC have expressed concerns as the result of unannounced visits (Q61) Executive Director of Nursing and Workforce/ Company Secretary	5	12		The CQC have confidence in this organisation: 1. The Board have ensured that all mandated CQC measures have been met and exceeded over time 2. The CQC have had no concerns about registration 3. The Trust undertakes its own mock inspections which are fed into the Board 4. The Board monitors CQC compliance	CQC inspection reports are reported to Quality and Clinical Performance Committee	QCPC minutes	Green			Mark Pugh/Alan Sheward Update October 2013: CQC inspection to Sevenacres in September 13 raised 3 concerns but nothing major. Action plan under development Change of assurance rating from Green to Amber approved October 2013 Update January 2014: Action plans from MH visits not fully completed as yet. Plans in place for all completed CQC visit action plans to come to QCPC in future for assurance . Update February 2014: CQC re-visit w/c 10th Feb and confirmed all 3 issues satisfactorily resolved. CQC will be confirming this in writing. Feedback from the CQC was excellent. Action complete Recommend change of assurance rating to Green
<u>Critical Success Factor CSF2</u> Lead: Executive Director of Nursing and Workforce <u>Improve clinical effectiveness, safety and outcomes for our patients</u> Links to CQC Regulations: 9, 10, 12, 13, 14, 17, 18, 20, 21, 22, 23				MEASURES: VTE compliance HAPPI audit results HMSR stats. Pressure Ulcer indicators CQUIN outcomes MRSA and Cdiff stats. Discharges after 10pm Approved departmental clinical governance plans - National performance targets - Participation in screening programmes - Participation in Health improvement programmes for children and young people				TARGETS: Board approved quality account within DH deadline 80% compliance against all HAPPI indicators Zero MRSA cases in 13/14 Achieve rebased HMSR of <105 by end March 2014 Grade 3/4 pressure ulcers reduced by 50% by end March 2014 100% achievement of CQUINS Emergency readmissions reduced to 4% in 13/14 Less than 4% of patients waiting more than 17 weeks by 31/3/14 Average LOS reduced by 7% Theatre Efficiency increased by 8% Achieve 100% of agreed Ward use of Amber Care bundle 20% Reduction in complaints relating to communication		
2.1 (2.3) The Trust has no clearly articulated values, vision and goals (Q18) Chief Executive	5	5		Vision and values for quality in place Quality account circulated and available to staff Plan on a page Clearly articulated strategy for quality. Staff can articulate the vision and values. More consultation and discussion on Trust strategy has been completed	Quality Account Sub Committees TEC	Quality Account agreed at Board	Green			Mark Pugh: 'Good plan - needs push off' Complete Quality Strategy for Board approval and arrange awareness campaign for staff. Sarah Johnston Update February 2013: Quality Improvement Framework being developed into LT QP due 03/13. Update April 2013: Survey monkey to identify goals; to be completed by June 2013. Update July 2013: Survey monkey complete, 4 goals in Quality Account for ongoing monitoring. Update September 2013: 'Beyond Boundaries' to be communicated. 100 quality champions to ensure vision is made aware to Trust staff Update November 2013: Wider engagement on Beyond Boundaries planned for the new year. Presentations for senior staff held this month. Now recruiting our 100 quality champions. Update February 2014: 1st Quality Champions induction held. Values disseminated to whole organisation. Recommend change of assurance rating to Green

PROPOSED CHANGES TO ASSURANCE RATINGS

Principal Risks (What could prevent this objective being achieved?)	Initial RS	Mid year RS	End of Year RS	Controls in Place (What controls/systems do we have in place to assist in securing delivery of the objective?)	Assurances on Controls (Where can the board gain evidence that our controls/ systems on which we are placing reliance, are effective)	Positive Assurance to Board (Actual evidence that our controls/systems are effective and the objective is being achieved)	Assurance Level	Gaps in Control (Where we are failing to put controls/ systems in place)	Gaps in Assurance (Where we are failing to provide evidence that our controls/ systems are effective)	Action Plan to Address Gaps in Controls/Assurances Performance management and monitoring committee: Trust Executive Committee
Principal Objective 2: CLINICAL STRATEGY - To deliver the Trusts clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective Exec Sponsor: Executive Medical Director										
Critical success factor CSF3 Lead: Executive Director of Strategy & Commercial Development / Executive Medical Director / Executive Director of Nursing and Workforce <u>Continuously develop and successfully implement our Business Plan</u> 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		
3.4 (9.18) There are no strategic ambitions stated and/or they do not demonstrate how the Trust is building upon its core strengths/ track record (O14) Director of Strategy and Commercial Development	5	5		Consultation planned with organisation (target - 2000 staff members). Consilium commissioned to provide strategic expertise in converting consultation outcomes into strategy chapter. Draft IBP issued to TDA December 2013 detailing strategic ambitions. Detailed comms plan / process developed as part of strategic operational planning and Board to sign off on 26th February 2014.	FT Programme Board and IBP chapters 3,4 & 5 'Our Plans for the Future ' publication.	Draft IBP contains chapters 3 (strategy) and 4 (market assessment) Detailed comms plan / process developed as part of strategic operational planning and Board to sign off on 26th February 2014.	Green			Series of FT days planned through 2012/13 to engage with wider internal audience. FT stakeholder engagement plan to identify level of engagement with external stakeholders Andy Heyes/Mark Price Update March 2013: Comms brochure completed and coming out soon Update May 2013: 'Our Plans for the Future' circulated and further review for TDA submission end August 2013 Update August 2013: IBP engagement plan under development Update October 2013: Clinical strategy out for engagement. Strategy engagement day booked for 9th November 13 and engagement plan in place. Update December 2013: Engagement plan approved at IBP Steering Group and presented at recent Trust Board seminar Update February 2014: Draft IBP issued to TDA December 2013 detailing strategic ambitions. Detailed comms plan / process developed as part of strategic operational planning and Board to sign off on 26th February 2014. Action complete Recommend change of assurance rating to Green
3.6 (9.26) The vision has been generated solely internally within the organisation (O18) Chief Executive	5	5		Public and stakeholder consultation completed Numerous stakeholder meetings held Consultation just ended included vision and values as well as Trust future plans Joint 5 year vision and strategic objectives developed and published with Local Authority and IWCCG.	FT Programme Board	Trust Board presentation 30th January 2013	Green			Arrange launch event for Trust vision as part of the stakeholder engagement plan Mark Price/Andy Heyes Update February 2013: IBP launch. Slide set produced and supported by Board. Update April 2013: 'Our plans for the future' brochure issued Update July 2013: Plan on a page for 2013/14 now being finalised Update August 2013: IBP engagement plan under development as well as new strategy timetable Update November 2013: Full engagement with external stakeholders planned for the new year Update February 2014: Joint 5 year vision and strategic objectives developed and published with Local Authority and IWCCG. 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 <u>Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients</u> 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		
5.6 (9.4) Lack of a clear stakeholder engagement plan to inform the IBP and financial planning within the LTFM (F14) Director of Strategy and Commercial Development/ Company Secretary	9	9		FT Stakeholder & Engagement Plan incorporates IBP engagement process. Engagement is already taking place through the IBP process with internal and external stakeholders Evidence of a Stakeholder Engagement Plan specifically for the Financial LTFM planning process - Board to sign off stakeholder engagement plan on 26th February 2014.	FT Programme Board, IBP chapter 4 and market assessment analysis.	FT Stakeholder Engagement Plan IBP update to Board Seminar in November 13 Board to sign off stakeholder engagement plan on 26th February 2014.	Green			FT Actions: Stakeholder & Engagement plan developed and approved. IBP process to be explicitly outlined. Finance team to develop LTFM process for engagement. Andy Heyes/Mark Price Update April 2013: Our plan for the Future brochure completed and issued. Action complete. Change of assurance rating to Green approved April 2013 Update October 2013: November 8th meeting to re-assess the stakeholder engagement strategy. Change of assurance rating from Green to Amber approved October 2013 Update November 2013: IBP steering group approved engagement plan. Beyond Boundaries presentations underway across the Trust. Update January 2014: Developed further Jan 14 for presentation to TDA Update February 2014: Board to sign off stakeholder engagement plan on 26th February 2014. Action complete Recommend change of assurance rating to Green

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Principal Objective 4: PRODUCTIVITY - To improve the productivity and efficiency of the Trust, building greater financial sustainability Exec Sponsor: Executive Director of Finance										
Critical success factor CSF7 Leads: Executive Director of Finance, Executive Director of Nursing and Workforce <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			
7.1 (5.4) The Board do not challenge what the impact of the CIPs are (Q53) Executive Medical Director/Executive Director of Nursing and Workforce	10	10		Quality impact of CIPs the responsibility of Executive Director of Nursing and Workforce and Executive Medical Director QIA processes fully established and working.	Monthly Performance Review, Trust Executive Committee, Trust Board	Monthly TEC	Green			Executive Director of Nursing leading on the development of formal policy Alan Sheward/Mark Pugh/Donna Collins Update December 2012: Need 3 months to embed the processes put in place Update April 2013: process ongoing over last quarter; needs to be evaluated and final process and policy signed off. Update May 2013: System in place. EDNW/EMD working with PMO to evaluate risk and provide assurance Update August 2013: Review of first round completed and monitored via QCPC Update October 2013: Now entering Q2 review process - led by DC Update December 2013: All current CIPs projects quality impact assessments are being uploaded onto QUICE database as a milestone tracker, to be made available for Performance Reviews. Update February 2014: QIA processes fully established and working. Recommend change of assurance rating to Green
7.8 (5.13) Finance reports do not separately identify performance against the CIPs, including major schemes (F18) Executive Director of Finance	12	8		There are clear plans in place to support the implementation of significant CIP schemes. The CIP is risk assessed and this is kept under ongoing review. Board reports show overall financial performance against CIP by Directorate QUINCE database Robust Project Management programme	Trust Board Papers and Sub-Committee Papers		Green			There is a system for reporting of financial performance embedded in the current Board report, FIWC report and Performance Review Meeting reports, as well as TDA reporting. The gap in control is around reporting of milestones in respect of implementation plans and it is suggested that a Package of reporting is agreed with the PMO office as lead. This can then be incorporated in the current suite of Board reports. Dave Arnold/Donna Collins Update August 2013: (DA) A combined PMO/Finance spreadsheet has been introduced to show financial performance against CIPs. Update September 2013: (DA) Donna Collins has new Service Transformation Team in place. Further updates to come from DC Update October 2013: (DC) Programme Management Plan for Transformation & QIP approved October 2013, highlighting roles and responsibilities. 8 key transformational programmes and identified clinical leads. New database system being implemented that will ensure quality impact assessments are robustly developed and signed off by EMD & EDNW. Update December 2013: (DC) QUINCE database now operating. Quality impact assessments to be updated. Update February 2014: (DC) Robust Project Management programme in place. Action complete. Recommend change of assurance rating to Green
Critical success factor CSF8 Lead: Executive Director of Strategy & Commercial Development <u>Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide</u> Links to CQC Regulations: 9, 11, 17, 21, 23, 24					MEASURES: Delivery of IM&T Strategy (first year) Delivery of Estates Strategy (first year) Delivery of Backlog Maintenance Plan			TARGETS: Capital estate building business cases approved by October 2013 IT business cases approved by October 2013 Capital programme 80% complete by December 2013		
8.2 (6.3) Capital spend during the last financial year was > 20% variance from the initial plan (F16) Executive Director of Finance / Executive Director of Strategy and Commercial Development	6	6		There is a clearly articulated process for approving the capital plan Capital plan to meet CRL limited for 2013-14 REID guidance considered	Trust Board Papers and Sub Committee Papers. Trust's Financial plan (revenue and capital). Capital schemes / plan risk assessment. Trust Business Plan	Achievement of CRL Risk Evaluation for Investment Decisions (REID) guidance applied	Green			Confirm that the REID guidance has been included within the Trust Capital process and documentation by August 2012 Kevin Curnow Update March 2013: Major changes to the governance framework and risk ratings need to be considered during early 13/14 to assess their significance on capital investment programmes Update April 2013: (CW) Capital approval process to be updated for Trust status; agenda item for May CIG. Update October 2013: (KC) Capital plan is monitored monthly through CIG & FIWC. Year end financial position will be met. Update December 2013: (KC) Same as previous update, capital plan expected to meet CRL. Update February 2014: (KC) Capital plan to meet CRL limited for 2013-14. Recommend change of assurance rating to Green

PROPOSED CHANGES TO ASSURANCE RATINGS

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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		
9.16 (4.6/9.53) Key gaps at Board level positions identified (O43) Chief Executive	5			Interim arrangements in place for development of IBP Board Leadership and development programme in place Trust has secured KPMG to deliver Board leadership and Development Plan	Recruitment Programme for Chief Executive and Director of Strategy agreed with Remcomm and Board	Remcomm minutes and Board Performance Report	Amber	Exec Director and 'Finance' NED vacancies	Vacancies at Board level	Director of Strategy Consultation underway, followed by recruitment Karen Baker/Mark Price Update August 2012: new Director of Strategic Planning and Commercial Development appointed - to commence November 12. Action complete Change of assurance rating to Green approved September 2012 Update February 2014: NED with finance experience left July 2013. DoSP&CD left in October 2013. Interim Exec Andy Heyes appointed December 2013. Interviews for Exec Director of Transformation and Integration sheduled this month. Recommend change of assurance rating from Green to Amber Review date: March 2014
<u>Critical success factor CSF10</u> Lead: Executive Director of Nursing and Workforce <u>Develop our organisational culture, processes and capabilities to be a thriving FT</u> Links to CQC Regulations: 9, 10 , 17					MEASURES: Monitor ratings for governance, including quality and finance Board Development Service Line Management implementation Stakeholder engagement Developing the Healthcare Workforce Planning initiative Organisational Thermometer Staff survey results Staff raising concerns				TARGETS: Achieve top Monitor ratings for governance by March 2014 BAF and Corporate Risk Register fully merged by August 2013 Standardisation project (for Board and Sub Committees) complete by September 2013 Recruitment strategy and plan complete by October 2013 Foresight action plan fully completed by November 2013	
10.1 (3.1) There is no evidence on how staff have helped to shape services (Q45) Executive Director of Nursing and Workforce/Executive Medical Director	6	6		There is clear evidence of staff engagement in clinical re-design programmes and strong emphasis on involving staff across the organisation on design of services. PWC owned by Groups. Directorates now drive change through clearer de? and widened programmes (MPu)	Clinical Summits, Action Labs and Open Day drop in sessions. Development of Directorate Business Plans, Partnership Forum, HMSC Board review	Provider Options Appraisal, Business Cases Trust Executive Committee Minutes	Green			The Big Discussion exercise roll-out over 6 weeks from 30th July 2012 Alan Sheward/Mark Elmore Update March 2013: Need to establish strategy for staff engagement before closing this item Update June 2013: Staff culture and behaviours project underway led by Jackie Skeel. Trust 'thermometer' launching July 2013 Update August 2013: Culture Club developed action plan, 4 'hot topics', branding and Organisational Temperature Questionnaire. Development days planned for 28/9 and 30/10 Update November 2013: staff engagement continues - 100 quality champions being 'recruited' Update February 2014: Induction session held for new Quality Champions - all underway now. Action complete Recommend change of assurance rating to Green
Board Assurance Framework column headings: Guidance for completion and ongoing review (N.B. Refer to DoH publication 'Building an Assurance Framework' for further details) Principal Risks: All risks which have the potential to threaten the achievement of the organisations principal objectives. Boards need to manage these principal risks rather than reacting to the consequences of risk exposure. RISK LEVEL= S (Severity where 1 = insignificant; 2 = minor; 3=moderate; 4=major; 5=catastrophic) X L (Likelihood where 1=rare; =unlikely; 3=possible; 4=likely; 5=certain)= RS(Risk Score). Code score: 1-9 GREEN; 10-15 AMBER; 16+ RED Controls in Place: To include all controls/systems in place to assist in the management of the principal risks and to secure the delivery of the objectives. Assurances on Controls: Details of where the Board can find evidence that our controls/systems on which we are placing reliance, are effective. Assurances can be derived from independent sources/review e.g. CQC, NHSLA, internal and external audit; or non-independent sources e.g. clinical audit, internal management reports, performance reports, self assessment reports etc. NB 1: All assurances to the board must be annotated to show whether they are POSITIVE (where the assurance evidences that we are reasonably managing our principal risks and the objectives are being delivered) or NEGATIVE (where the assurance suggests there are gaps in our controls and/or our assurances about our ability to achieve our principal objectives) NB 2: Care should be taken about references to committee minutes as sources of assurance available to the board. In most cases it is the reports provided to those committees that should be cited as sources of assurance, together with the dates the reports were produced/ reviewed, rather than the minutes of the committee itself. Assurance Level RAG ratings: Effective controls in place and Board satisfied that appropriate positive assurances are available OR Effective controls in place with positive assurance available to Board and action plans in place which the Executive Lead is confident will be delivered on time = GREEN (+ add review date) Effective controls mostly in place and some positive assurance available to the board . Action plans are in place to address any remaining controls/assurance gaps = AMBER Effective controls may not be in place or may not be sufficient. Appropriate assurances are either not available to Board or the Exec Lead has ongoing concerns about the organisations ability to address the principal risks and/or achieve the objective = RED (NB - Board will need to periodically review the GREEN controls/assurances to check that these remain current/satisfactory) Gaps in Control: details of where we are failing to put controls/systems in place to manage the principal risks or where one or more of the key controls is proving to be ineffective. Gaps in Assurance: details of where there is a lack of board assurance, either positive or negative, about the effectiveness of one or more of the controls in place. This may be as a result of lack of relevant reviews, concerns about the scope or depth of any reviews that have taken place or lack of appropriate information available to the board. Action Plans: To include details of all plans in place, or being put in place, to manage/control the principal risks and/or to provide suitable assurances to the board. NB: All action plans to include review dates (to enable ongoing monitoring by the board or designated sub-committee) and expected completion dates (to ensure controls/assurances will be put in place and made available in a timely manner) Assurance Framework 2013/14 working document - August 2013. Guidance last updated December 2009.										

ID	Source	DIR	Risk Subtype	Opened	Anticipated Target/ Completion date	Title	Resp	Description	Rating (initial)	Rating (current)	RAG	Status of Controls in Place	Adequacy of controls	Action summary	Description (Action Plan)	Exec Director
592		CORPRI	GOVCOM	28/11/13	30/04/14	INTERNAL AUDIT REPORT ESTATES 2013/14 - LIMITED ASSURANCE	FG	* Limited Assurance - see audit report for full details * The Eclipse System not updated in a timely manner with statutory and pre-planned maintenance. * Repair jobs to be carried out within designated timeframes. * Not all Business cases fully completed.	12	12	MOD	Action plan is in place with all responsibilities and timescales included. The plan will be monitored by finance and updates provided to the Audit and Corporate Risk Committee.	A	28.11.13 Approved at RMC 20.11.13. MONITORED BY AUDIT & RISK COMMITTEE	See Internal Audit Report - October 13	EDSCD
593		CORPRI	GOVCOM	28/11/13	30/04/14	INTERNAL AUDIT REPORT DISASTER RECOVERY AND OUT OF HOURS SUPPORT 2013/14 - LIMITED ASSURANCE	FG	* Limited assurance - see audit report for full details * 12 recommendations made.	12	12	MOD	Action plan is in place with all responsibilities and timescales included. The plan will be monitored by finance and updates provided to the Audit and Corporate Risk Committee.	A	28.11.13 Approved at RMC on 20.11.13. MONITORED BY AUDIT & RISK COMMITTEE	See Internal Audit Report - October 13	EDSCD
594	IR	ACUTE		21/01/14	31/03/14	ACQUISITION OF MECHANICAL DEVICE FOR CHEST COMPRESSIONS	CS	* The Service currently has no mechanical device to carry out chest compressions on patients in cardiac arrest * One paramedic redeployed following injury carrying out compressions in moving ambulance * National Ambulance Service Medical Directors issued instructions for four trained personnel to be sent to manage pre-hospital cardiac arrests but accept this would not be required if mechanical device available on vehicle	20	20	HIGH	* None. Two vehicles are sent when available, but all compressions are carried out by staff / bystanders, with effectiveness affected during any patient movement and by tiredness	I	21.01.14 Approved at RMC on 15.01.14. Keith Morey to confirm cost per unit.	Review to establish if this can be Capitalised. Gap Analysis to review evidence and establish if mechanical device beneficial to IoW.	EDONW
595	RA	CORPRI		21/01/14	31/03/14	PURCHASE OF ADDITIONAL BED SENSORS	SJO	* 60 additional bed sensors are required to increase the current stock of 47 to 107. * Increased numbers of patients admitted who are at risk of falls, namely those with dementia. * No funding available to purchase these sensors.	12	12	MOD	* Falls assessment. * Falls care plan/ bundle * E learning * Staff attendance at monthly In patient falls group * Medical equipment library manages loans of sensors to ward, plus they maintain and repair damaged systems. Wards damaging systems will be cross charged for replacement parts. * High/low beds * Supervision policy	A	21.01.14 Approved by RMC on 15.01.14.	Source other method of funding to purchase sensors eg PDC (Public Dividend Capital). To apply for funding from League of Friends annual fund. Charitable Funds Bid submitted.	EDONW

ID	Source	DIR	Risk Subtype	Opened	Anticipated Target/ Completion date	Title	Resp	Description	Rating (initial)	Rating (current)	RAG	Status of Controls in Place	Adequacy of controls	Action summary	Description (Action Plan)	Exec Director
596	RA	COMMH		21/01/14	31/07/14	SAFEGUARDING CHILDREN TRAINING: LEVEL 2	NT	* Level 2 safeguarding children training currently 46% so below 100% compliance required for 2014/15 as per new Appraisal Policy <input type="checkbox"/> * There are 1484 staff who need to complete Level 2 in total and only 677 who have - therefore we have 807 staff non-compliant. Of these 807 staff - 44 need to complete it once (as a one off) , 763 need to complete it 3 yearly .122 will expire in 2014/15 <input type="checkbox"/> * No additional capacity within the small operational safeguarding children team to deliver amount of face to face training required to reach full compliance <input type="checkbox"/> * Impact of coordinating safeguarding children training for the whole organisation is impacting on day to day role of the safeguarding children admin team <input type="checkbox"/>	20	20	HIGH	* Training monitored by Training Manager Pro 4 on line and compliance reports submitted monthly to the Joint Safeguarding Steering Group <input type="checkbox"/> * Monthly compliance reports circulated to Modern Matrons <input type="checkbox"/> * Request made by Executive Lead for Safeguarding for compliance to be broken down by areas to allow for a targeted approach of improvement <input type="checkbox"/> All of the above identify level of need but do not increase training capacity <input type="checkbox"/> * Some Level 2 Training Sessions in place (Sessions X 2 Feb 14) with plan to maximise capacity to 80 for one session <input type="checkbox"/>	I	21.01.14 Approved at RMC on 15.01.14.	Explore training opportunities that can be shared via Local Safeguarding Children's Board (LSCB). Explore possibility of purchasing additional trainers to deliver face to face sessions. Seek to increase e-learning opportunities across Level 2 using national programmes. Meeting to be held with Training & Development / Designated & Named Nurse for Safeguarding to explore all options to increase training sessions.	EMD
597		CORPRI	GOVCOM	28/01/14	01/04/14	INTERNAL AUDIT REPORT - PAYROLL AND WORKFORCE TRANSACTIONS 2013/14 - LIMITED ASSURANCE	ASW	* Limited Assurance - see Audit Report for full details. <input type="checkbox"/> * 6 recommendations were made <input type="checkbox"/>	12	12	MOD	* Action Plan in place.	A	MONITORED BY AUDIT & RISK COMMITTEE	See Internal Audit Report - January 14	EDONW
Key for Assurance Level for Risk Register Entries: GREEN - A adequate controls; AMBER - I inadequate controls; RED - U uncontrolled risks																

ID	Source	DIR	Risk Subtype	Opened	Anticipated Target/ Completion date	Title	Resp	Description	Rating (initial)	Rating (current)	RAG	Status of Controls in Place	Adequacy of controls	Action summary	Description (Action Plan)	Exec Director
557	INTAUD	PLANND	PATEXP	22/01/13	30/04/14	Excessive NHS use of private patient ward impacting upon business profitability (BAF 2.26)	MR	* Risk of reduced income and damage to long term business though excessive use of Mottistone beds by the NHS.	16	12	MOD	* Highlighting risk in bed decisions to senior management. □ * Planning with Bed Management private admissions. □ * Trust wide work to reduce bed LOS (and thus freeing up beds).	I	Sept 13 - work progressing on revised bed arrangements to reduce acute pressure, including level C alterations. Case for change re building works being considered by CIG & TEC Sep/Oct. 28 Jan 14 update: On reviewing this the current grade of Likely can be moved to Possible based on recent evidence of bed usage. This score is now Amber.	Look to agree ringfencing protocol. Trust LOS project. Write to Trust operational decision makers re highlighting risk. Level C reconfiguration.	EDONW
Key for Assurance Level for Risk Register Entries: GREEN - A adequate controls; AMBER - I inadequate controls; RED - U uncontrolled risks																

FOR PRESENTATION TO TRUST BOARD ON 26 FEBRUARY 2014

AUDIT AND CORPORATE RISK COMMITTEE

Minutes of the meeting of the Audit and Corporate Risk Committee held on the 4th February 2014 at 12.30 p.m. in the Large Meetings Room, St. Mary's Hospital, Newport.

PRESENT: Peter Taylor, Chairman
Charles Rogers
Sue Wadsworth

In Attendance: Jane Tabor, Designate Non Executive Director
Chris Palmer, Executive Director of Finance
Kevin Suter, External Audit Manager
Andy Jefford, Chief Internal Auditor
Barry Eadle, Local Counter Fraud Specialist
Kevin Curnow, Deputy Director of Finance
Brian Johnston, Head of Corporate Governance & Risk
Andy Hollebon, Head of Communications (Item 14/007)
Andrew Shorkey, FT Programme Management Officer (Item 14/013)
Mark Elmore, Deputy Director of Workforce (Item 14/017)
Hilary Salisbury, Senior HR Manager (Item 14/017)

Minuted by: Linda Mowle, Corporate Governance Officer

Min. No.	Recommendations to Trust Board
14/017	Internal Audit Report – Payroll Workforce Transactions – Limited Assurance: As a result of the continuing concern over procedures within the HR Department, the Committee recommend that a Risk Summit is undertaken on the HR Department.
14/021	Consolidation of Charitable Fund Accounts: The Committee recommended not to consolidate Charitable Fund Accounts in the 2013/14 Trust Accounts for presentation to the Trust Board for approval.
14/023	Board Assurance Framework (BAF): The Committee recognised that significant improvement had been achieved during the year and recommended that the in-year targets within the BAF be used as the framework for the content of the Trust's Annual Report.

Min. No.	Top Key Issues/Risks
14/007	Annual Report & Quality Account Timetable 2013/14: The editor when appointed should drive the co-ordination of the Report with the respective committees to ensure that production of the Report is aligned with Annual Accounts and that a substantial draft Annual Report be available for the Board Seminar on the 13 th May 2014. A timetable slip would be unacceptable this year.
14/008	Budget Setting Framework 2014/15: The purpose of the Budget Setting Framework is to ensure a sound and consistent approach to

	budget setting and that realistic and deliverable budgets are set and delivered against.
14/010	Statement on Going Concern 2013/14: Assurance could be provided to the Trust Board and External Audit that the Going Concern concept had been reviewed and agreed that it was appropriate for the Accounts to be prepared on that basis.
14/016	Internal Audit Service: Assurance could be provided to the Trust Board on the continuity of the internal audit service following the sale of Deloitte & Touche Public Sector Internal Audit Limited to Mazars Limited.

Min. No.	Items Referred to Finance, Investment & Workforce Committee
14/005	Legal Service Agreement: The Committee considered that the lengthy delay for the review of the Legal Services was unsatisfactory and that other options should now be investigated and put forward for consideration, which could also include a further extension to Bevan Brittan. The options to include a value for money assessment. Head of Governance to prepare an options paper, in conjunction with the Deputy Director of Finance and Procurement for consideration by TEC and the FIWC in March 2014.
14/017	Internal Audit Report – Payroll Workforce Transactions – Limited Assurance: The FIWC to follow through the recommendations contained within the report and the Manager Check List updated.

14/001 APOLOGIES for absence were received from Nina Moorman, Mark Price and Paul King.

14/002 QUORACY: The Chairman confirmed that the meeting was quorate.

14/003 MEMBERSHIP: The Chairman, on behalf of the Committee, welcomed Jane Tabor to her first meeting of the Committee, who will be in attendance at meetings in her role of Designate Non Executive Director.

The Committee noted the resignation of John Matthews, Non Executive Director, with effect from the 31st January 2014 thereby creating a vacancy on the Committee. The Chairman, on behalf of the Committee, expressed their gratitude and appreciation for the work and commitment John had provided to the Committee.

14/003 DECLARATIONS OF INTEREST: There were no declarations. The Register of Interest files were available for scrutiny.

14/004 MINUTES: The minutes of the meeting held on the 20th November 2013 were agreed and signed by the Chairman as a true record.

14/005 MATTERS ARISING FROM PREVIOUS MINUTERS: The Committee received and noted the following schedules:

a) Schedule of Actions Arising:

- (i) **A&CRC009 Legal Service Agreement:** Head of Governance advised that the NHS Alliance Framework is to go live in June 2014, this being the third time it has been delayed. Although other Frameworks have been looked at, it

had been agreed to extend Bevan Brittan's contract to the 31st May 2014 in order to have continuous advice on the journey to Foundation Trust status.

The Committee considered that the lengthy delay for the review of the Legal Services was unsatisfactory and that other options should now be investigated and put forward for consideration, which could also include a further extension to Bevan Brittan. The options to include a value for money assessment. The Head of Governance to prepare an options paper, in conjunction with the Deputy Director of Finance and Procurement, for consideration by the Trust Executive Committee (TEC) and the Finance, Investment & Workforce Committee in March 2014. **Action: HOG/DDOF**

(ii) Internal Audit Private Patients & Overseas Visitors Report – Limited Assurance:

A&CRC/021 Overseas Visitors: Policy in place and the Overseas Manager liaises with managers and clinicians as appropriate.

A&CRC/0222 Private Patients: IA Recommendation – The Trust should develop a Private Patient Policy which should be appropriately ratified: Strategy being prepared and Private Patient Policy, once completed, will be presented to the Policy Management Group for approval. Head of Governance to ensure the draft Private Patient Policy is an agenda item for the Policy Management Group. **Action: HOG**

(iii) A&CRC/023 IA Disaster Recovery & OOH Support – Limited Assurance:

Noted that the ICT & Integration Committee will monitor progress on implementation of the recommendations once the committee has been set up. *(Post meeting note: a set up meeting is to be held on the 19th March 2014 and once terms of reference have been prepared these will be presented to Trust Board for approval and then adoption by the committee at its first meeting.)*

b) Schedule of Recommendations to Trust Board:

A&CRC/R005 Legal Service Agreement: See (a) A&CRC/009 above.

c) Items Referred to Trust Executive Committee (TEC):

(i) A&CRC/T002 Internal Audit – Staff & Patient Safety – Limited Assurance: aNoted that no bank staff will be used unless they have completed all their mandatory training.

(ii) Items Arising from TEC Minutes: The Executive Director of Finance updated the Committee on the following to provide assurance on items arising from the Committee's terms of reference and objectives:

- **Review of Performance against local BAF CSF Targets for 2013/14:** TEC requested that for the future the CSFs should be aligned with the assumptions in the IBP and that CSF10 be updated with the latest Monitor GRR rating. BAF in-year performance has also been discussed at the Board Seminar on the 14th January 2014.
- **Risk Register** reviewed noted that the 2 limited assurance IA reports have been added and that the 3 risks with increased scores be reviewed with a whole directorate response to TEC
- **Information Governance and Risk Policy:** Draft Policy approved which strengthens the Trust's approach to Information Governance management across the Trust, providing support and assurance to the SIRO

- **CQC Registration Log:** TEC will review the long quarterly.
- **CQC Key Lines of Enquiry Schedule:** introduction of 5 key domains and related KLOEs for 2014 which replace the 26 Essential Standards. Leads at Director/Manager level have been apportioned and document circulated for comment/agreement of ownership. This document to be aligned with the Board Walk Rounds and to be used across the organisation. A workshop is to be set up with executive directors and the Triumvirate Teams to consider in more detail. CQC study day on 27th February 2014 covering the 5 domains of safe, effective, caring, responsive and well-led.

14/006 ANNUAL ACCOUNTS TIMETABLE 2013/14: The Deputy Director of Finance presented the detailed timetable listing all actions required by Trust staff, Shared Business Services (SBS) and Audit in order to achieve timely preparation, submission, audit and approval of the Accounts and Annual Report. It was noted that the timetable was on track with no issues.

14/007 ANNUAL REPORT AND QUALITY ACCOUNT TIMETABLE 2013/14: The Committee received the report outlining the process and timescale for the assimilation of content, approvals, signoff and publication presented by the Head of Communications and Engagement.

The Head of Communications and Engagement to send all dates, once confirmed, to the External Audit Manager. **Action: HC&E**

The Committee was advised that the timetable was slightly behind schedule due to the appointment of the editor which is due to take place the week commencing 10th February 2014. Templates are due to be sent out during the week, with completed templates to be returned by the end of February.

The Committee considered that the focus of the Annual Report should be the Board Assurance Framework (BAF) detailing the in-year achievements of the organisation against the Critical Success Factors (CSFs), as well as linking into the Integrated Business Plan (IBP). The Report should also be forward thinking. The Executive Director of Finance to take forward the content of the Executive Briefing with TEC.

Action: EDOF

The Committee was of the opinion that the editor should drive the co-ordination of the Report with the respective committees to ensure that production of the Report is aligned with Annual Accounts and that a substantial draft Annual Report be available for the Board Seminar on the 13th May 2014. A timetable slip would be unacceptable this year.

Action: HC&E

14/008 BUDGET SETTING FRAMEWORK 2014/15: The Budget Setting Framework, timetable and budget template were introduced by the Deputy Director of Finance. The Committee noted that the purpose of the Budget Setting Framework is to ensure a sound and consistent approach to budget setting and that realistic and deliverable budgets are set and delivered against.

Action: DDOF

14/009 ACCOUNTING POLICIES: The Committee noted that the 2013/14 Annual Report and Accounts will follow International Financial Reporting Standards (IFRS) as modified by the HM Treasury for the public sector. Changes to policies and notes, including any specific accounting judgments, will be fully detailed in a report prior to completion of the Annual Report and Accounts.

Action: DDOF

14/010 STATEMENT ON GOING CONCERN 2013/14: The review of Statement on the Trust as a Going Concern prepared by John Cooper, Assistant Director of Finance, and Katie Parrott, Senior Financial Accountant, was received. It was noted that the year-end accounts are prepared on the basis of the Going Concern concept that the organisation will continue for the foreseeable future and for a minimum of 12 months after the statement of financial position is signed.

The Committee agreed that it was good practice to prepare a Going Concern statement, aligned to the Long Term Financial Model (LTFM).

The Committee considered that assurance could be provided to the Trust Board and External Audit that the Going Concern concept had been reviewed and agreed that it was appropriate for the Accounts to be prepared on that basis.

14/011 ANNUAL GOVERNANCE STATEMENT 2013/14: The Head of Governance advised the Committee in that guidance from the Department of Health was imminent. The Committee requested that work be taken forward on this year's draft Statement using last year's submission as a basis. **Action: HOG**

14/012 COUNTER FRAUD: The Local Counter Fraud Specialist (LCFS), Barry Eadle, introduced the comprehensive and self-explanatory progress report, highlighting the following:

- Summary of Fraud Awareness tasks
- Update on new and closed investigations
- Counter Fraud & Corruption Policy – agreed at Trust Executive Committee on the 27th January 2014 and on the intranet
- Proposed Work Plan for 2014/15
- 2 Recommendations closed

14/013 FOUNDATION TRUST PROGRAMME UPDATE: Andrew Shorkey, the FT Programme Management Officer, introduced the self-explanatory progress report detailing:

- Progress update
- Communications and stakeholder engagement activity
- Key risks

The Committee agreed that assurance could be provided to the Trust Board that a robust process is in place, covering:

- Monthly FT Programme Board meetings with a high level programme plan
- Self certificates confirmation by QCPC and FIWC
- Weekly meetings to drive delivery of the IBP and LTFM

The Committee noted that a revised timeline has been agreed with the Trust Development Authority (TDA) to achieve FT status by March 2015.

14/014 PROGRESS ON AUDIT AND FRAUD RECOMMENDATIONS: The updated schedule of outstanding recommendations was received. The DDOF provided an overview of the number of audit and fraud recommendations currently active. Although there had been a slight reduction in the number since the last meeting of the Committee, it was disappointing that recommendations were not being closed quicker.

The Committee reiterated their request that, in conjunction with Internal Audit, a review of the outstanding recommendations is undertaken in order that all

recommendations with completion dates of the end of 2013 to be completed by the 31st March 2014 or agreed to be closed down. TEC to review the revised recommendations schedule before presentation to the Audit & Corporate Risk Committee for agreement.

Action: EDOF/DDOF/IA

14/015 EXTERNAL AUDIT – AUDIT PLAN 2013/14: The External Audit Manager, Kevin Suter, introduced the Audit Plan for 2013/14 which summarises External Audit's assessment of the key risks which drive the development of an effective audit and outlines the audit strategy in response to those risk. The Committee noted that the audit will cover:

- Asset Transfer
- Changes to NHS Manual for Accounts – Consolidating Charitable Funds
- Risk of misstatement due to fraud and error
- Financial resilience – achievement of CIPs and Long Term Financial Model

In addition, the audit will review the following key areas raised within the 2012/13 Audit Results Report:

- JAC full reconciliation between the JAC system and the general ledger
- Managers to sign off MAPS roster instead of HR

In implementing this strategy, the External Auditors will place reliance on the work of internal audit whilst complying with the requirements of auditing standards. In addition, materiality levels will be included in the final report

Estates Strategic Business Partner: The External Audit Manager brought to the attention of the Committee the possible conflict of interest regarding a potential bidder seeking advice from EY on the OJEU (Official Journal of the European Union) for the Estates Strategic Business Partner. Kevin Suter confirmed that if EY is appointed by the bidder, this would be in a purely advisory capacity, that this would be at arm's length from the audit team who would have no involvement, and that they are assured there is no independence conflict. However, Audit Commission standing guidance requires this is brought to the Committee's attention.

The Committee asked that the Executive Director of Finance be kept updated in order that the Committee can be re-assured.

Action: EDOF/EA

14/016 INTERNAL AUDIT SERVICE: The Committee noted the completion of the sale of Deloitte & Touche Public Sector Internal Audit Limited to Mazars Limited on the 31st January 2014. The Company is no longer a member of the Deloitte Group but is now a wholly owned subsidiary of Mazars LLP.

Andy Jefford confirmed that in the interim he will be the Engagement Director for the Trust due to Rhys Manning remaining with Deloitte & Touche. However, there will be no other changes to the Trust's core team and key contacts.

The Committee considered that assurance could be provided to the Trust Board on the continuity of the internal audit service.

14/017 INTERNAL AUDIT PROGRESS REPORT: Andy Jefford, Engagement Director, introduced the progress report as at 24th January 2014, and presented the following reports:

- Financial Reporting and Budgetary Control – Substantial Assurance
- Debtors – Substantial Assurance

- Creditors – Full Assurance: The Committee noted that this was the first report to receive Full Assurance and extended their congratulations to the Financial Accounting Team on this achievement.
- Financial Ledger – Substantial Assurance
- Treasury Management – Substantial Assurance
- Asset Management – Substantial Assurance
- Payroll Workforce Transactions – Limited Assurance: The Deputy Director of Workforce and the Senior HR Manager attended to update the Committee on the background to the current processes and procedures for workforce transactions reviewed within the audit.

The Committee noted that the audit was designed to ensure that management has implemented adequate and effective controls for workforce transactions within the HR Department. The Committee, although acknowledging that processes and procedures change, expressed their concern at the lack of compliance in the completion of the required documentation, particularly given the small sample undertaken. The Committee confirmed that It is the Trust's responsibility to ensure that all contractual obligations and legislation are fulfilled and therefore the recommendations made are valid.

The Committee was of the opinion that a more robust process was required which evidenced the control checks with an overall co-ordinator to ensure completion. The Deputy Director of Workforce agreed that the Manager Check List needed to be updated to take account of the contractual obligations and legislation.

Action: DDOW

The Committee agreed that Internal Audit undertake a sample check of HR files in late March 2014 and that the Finance, Investment and Workforce Committee will follow through the report.

Action: IA/DOF

As a result of the continuing concern over procedures within the HR Department, the Committee recommended that a Risk Summit is undertaken on the HR Department.

Action: EDN&W

14/018 DECISIONS TO SUSPEND STANDING ORDERS: None to date.

14/019 WAIVERS TO SFIs: The Committee agreed Waivers Nos. 19 to 31 dating from 21/11/13 to 14/01/14. The background file with supporting documentation to the waivers was available for scrutiny.

14/020 FINANCE, INVESTMENT & WORKFORCE COMMITTEE (FIWC) – MINUTES: The Chairman of the FIWC, Charles Rogers, provided assurance to the Committee on the following items:

- **Committee Membership:** 2 new Designate NEDs have been appointed to the Committee thereby strengthening NED membership to 4 and the terms of reference changed accordingly
- **Year End:** Looking at the financial detail to provide assurance that the end of year surplus will be met. Month 9 figures show that this will be the case.
- **CIP Targets:** Currently a high level of non-recurring savings with the risk that if these are not met at year end then £1.8m of non-recurring schemes will drop into next year. However work is underway to try and convert these into recurring savings.

- **Capital:** Reviewed Capital proposals in order to set parameters. Monitoring of schemes on a regular basis once implemented to ensure value for money.
- **LTFM:** IBP is to be re-submitted at the end of March 2014, which will include a refresh of the LTFM.
- **Workforce:** A significant piece of work is being undertaken on staffing levels to provide clear benchmarks for staff and competencies required at ward level. In addition, work is being undertaken to identify workforce efficiencies which can be turned into projects to ensure controls on workforce numbers and make recurring savings.

14/021 CONSOLIDATION OF CHARITABLE FUND ACCOUNTS: The Deputy Director of Finance informed the Committee that consolidation of charitable funds is required for the first time in the 2013/14 Accounts. The change follows the adoption of International Financial Reporting Standards and the end of the Treasury dispensation for the NHS to opt out of applying IAS (International Accounting Standard) 27.

In relation to materiality, which is assessed annually, given the history of the CFC's balances and based on the Trust's annual income, this does not result in a material figure. However, it was acknowledged that should larger legacies be received in future years, the position would be discussed with External Audit to agree if consolidation is required at that point.

The Committee agreed the recommendation not to consolidate Charitable Fund Accounts in the 2013/14 Trust Accounts for presentation to the Trust Board for approval.
Action: EDOF/DDOF

14/022 CHARITABLE FUNDS COMMITTEE (CFC) – MINUTES: The minutes of the meeting held on the 10th December 2013 were received. The Executive Director of Finance advised that the CFC Report and Accounts for 2012/13 were approved and signed by the Trust Board on the 8th January 2014 and submitted to the Charity Commission.

14/023 BOARD ASSURANCE FRAMEWORK (BAF): The Head of Governance presented the annual report on the BAF which outlines and provides assurance on the processes applied within the Trust, together with the BAF risks with increased assurance levels and the BAF Targets status summary. The Committee noted that the BAF in its current format will be maintained for 2014/15 as the journey to Foundation Trust is continued.

The BAF will be revised and updated for 2014/15 should the Trust Board agree a new or revised set of Corporate Objectives for next year.

The Executive Director of Finance informed the Committee that as the BAF is aligned with the IBP, achievement is demonstrated not only against the BAF but also against achievement of the IBP.

The Committee recognised that significant improvement had been achieved during the year and recommended that the in-year targets within the BAF be used as the framework for the content of the Trust's Annual Report.

14/024 QUALITY AND CLINICAL PERFORMANCE COMMITTEE – MINUTES: The minutes of the QCPC held on the 18th December 2013 were received. Sue Wadsworth, QCPC Chair, highlighted the following items to provide assurance on the Audit and Corporate Risk Committee's terms of reference and objectives:

- **Committee Membership:** 2 new Designate NEDs have been appointed to the Committee thereby strengthening NED membership to 4 and the terms of reference changed accordingly. Attendance by clinicians has been addressed with 100% attendance
- **Quality Governance Framework:** based on guidance from Monitor, a year end report will be presented to Trust Board
- **Intelligent Monitoring Action Plan:** CQC areas to assess quality to be undertaken
- **Long Term Quality Plan:** focused on achieving the Quality Goals
- **Patient Experience Strategy:** this sits outside the LTQP and contains 9 objectives negotiated with patient groups
- **Risk Register:** requested that the report includes the date when the risk was added to the Register and the process regarding review of action plans.

Sue Wadsworth advised that in order to strengthen the role of the QCPC, a review of the terms of reference and structure of the Committee is being undertaken to ensure more effective business reporting to the Committee is provided. A link with Frimley Park Hospital, which is a high achieving FT, has been arranged to see what lessons can be learnt.

14/024 KEY ISSUES FOR REPORTING/REFERRAL TO TRUST BOARD, QCPC AND FIWC: Please refer to Key Issues.

14/025 DATES OF 2014 MEETINGS: To be held in the Large Meetings Room at 12.00 – 2.30 p.m.

11 March (9.45 – 10.15 a.m. Annual Review Meeting)
 21 May
 05 June (11.30 – 1.30 p.m. Accounts Sign Off)
 20 August
 19 November

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 26th FEBRUARY 2014

Title	Recommendations from the Audit & Corporate Risk Committee to Trust Board				
Sponsoring Executive Director	Executive Director of Finance				
Author(s)	Peter Taylor, Chair of Audit & Corporate Risk Committee				
Purpose	To make recommendations to the Trust Board on matters required by the Audit & Corporate Risk Committee				
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	04/02/14		Remuneration & Nominations Committee		
Charitable Funds Committee			Quality & Clinical Performance Committee		
Finance, Investment & Workforce Committee			Foundation Trust Programme Board		
<i>Please add any other committees below as needed</i>					
Board Seminar					
Staff, stakeholder, patient and public engagement:					
Executive Summary:					
The Recommendations from the Audit & Corporate Risk Committee held on 4 th February 2014 are:					
Min No 14/017: Internal Audit Report – Payroll Workforce Transactions – Limited Assurance: As a result of the continuing concern over procedures within the HR Department, the Committee recommend that a Risk Summit is undertaken on the HR Department.					
Min No. 14/021: Consolidation of Charitable Fund Accounts: The Committee recommended not to consolidate Charitable Fund Accounts in the 2013/14 Trust Accounts for presentation to the Trust Board for approval					
Min No. 14/023: Board Assurance Framework (BAF): The Committee recognised that significant improvement had been achieved during the year and recommended that the in-year targets within the BAF be used as the framework for the content of the Trust's Annual Report					
<i>For following sections – please indicate as appropriate:</i>					
Trust Goal (see key)	ALL				
Critical Success Factors (see key)					
Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)					
Assurance Level (shown on BAF)	Red		Amber		Green
Legal implications, regulatory and consultation requirements					
Date: 11 February 2014					
Completed by: Linda Mowle					

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 26th FEBRUARY 2014

Title	Consolidation of Charitable Fund Accounts		
Sponsoring Executive Director	Chris Palmer, Executive Director of Finance		
Author(s)	Katie Parrott, Senior Financial Accountant		
Purpose	To approve Audit & Corporate Risk Committee recommendation NOT to consolidate Charitable Fund accounts in 2013-14		
Action required by the Board:	Receive		Approve P
Previously considered by (state date):			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee	4 February 2014	Nominations Committee (Shadow)	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Remuneration Committee	
Foundation Trust Programme Board			
Please add any other committees below as needed			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Executive Summary:			
<p>This paper demonstrates, based on materiality, the recommendation that 2013/14 Charitable Fund Accounts are NOT consolidated within 2013/14 IOW NHS Trust Annual Accounts.</p> <p>Consolidation of charitable funds is required for the first time in the 2013/14 accounts. The change follows the adoption of international financial reporting standards and the end of the Treasury dispensation for the NHS to opt out of applying IAS (international accounting standard) 27.</p> <p>Financial accounts are required to disclose material items, the definition of which is:-</p> <p><i>"Information is material if its omission or misstatement could influence the economic decision of users taken on the basis of the financial statements. Materiality depends on the size of the item or error judged in the particular circumstances of its omission or misstatement. Thus, materiality provides a threshold or cut-off point rather than being a primary qualitative characteristic which information must have if it is to be useful."</i></p> <p>Materiality is assessed annually and will vary depending on the NHS organisation's accounts as well as the NHS Charity's accounts, it will encompass both qualitative and quantitative aspects. This will often be a percentage (1 or 2%) of income, expenditure, assets or liabilities.</p> <p>IAS 1, Presentation of Financial Statements, says that specific disclosure requirements set out in individual standards or interpretations need not be satisfied if the information is not material. In addition accounting policies set out in IFRS need not be developed or applied if the impact of applying</p>			

them would be immaterial, and is reiterated in the NHS Manual for Accounts 2013-14. As a result charitable funds are not required to be consolidated if the impact on the accounts would not be material.

Materiality will need to be considered on an ongoing basis, for example recognising that a successful campaign or legacy could change the financial position of the charity significantly from one year to the next.

At 31 March 2013 IOW NHS Trust Charitable Funds had income of £316k, expenditure of £297k with a closing balance of £722k, Based on 1% of the Trust's annual income of c £160m this does not result in a material figure. Although legacies are received on a reasonably regular basis, the maximum received to date is in the region of £200-300k which would still not affect materiality. Should much larger legacies be received in future years, the resulting position would be discussed with External Audit to agree if consolidation is required at that point.

This information was presented to the Audit & Corporate Risk Committee on 4 February 2014 where it was recommended for approval that the Charitable Fund Accounts in 2013/14 are not consolidated within the 2013/14 IOW NHS Trust Annual Accounts.

Action Required:

The Board are asked to approve the Audit & Corporate Risk Committee's recommendation that the Charitable Fund Accounts in 2013/14 are not consolidated within the 2013/14 IOW NHS Trust Annual Accounts.

For following sections – please indicate as appropriate:

Trust Goal <i>(see key)</i>	Productivity					
Critical Success Factors <i>(see key)</i>	CSF7					
Principal Risks <i>(please enter applicable BAF references – eg 1.1; 1.6)</i>	N/A					
Assurance Level <i>(shown on BAF)</i>	Red	N/A	Amber	N/A	Green	N/A
Legal implications, regulatory and consultation requirements	To be in accordance with Charity Commission regulations					

Date: 13/12/14

Completed by: Katie Parrott

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 26th FEBRUARY 2014

Title	Appointment of Vice Chair of Charitable Funds Committee					
Sponsoring Executive Director	Company Secretary					
Author(s)	Mark Price, Company Secretary					
Purpose	To appointment Vice Chair of Charitable Funds Committee					
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						
Board Seminar						
Other (please state)						
Staff, stakeholder, patient and public engagement:						
Executive Summary:						
Following the departure of John Matthews as a Non-Executive Director of the Trust, a vacancy has arisen for the position of Vice Chair of the Charitable Funds Committee. This post is held by a Non-Executive Director and it is proposed that Sue Wadsworth be nominated to this position. Board approval is requested.						
For following sections – please indicate as appropriate:						
Trust Goal (see key)	Resilience					
Critical Success Factors (see key)	CSF6					
Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)						
Assurance Level (shown on BAF)	Red		Amber		Green	
Legal implications, regulatory and consultation requirements						
Date: 11 February 2014			Completed by: Mark Price			