Trust Board Papers

Isle of Wight NHS Trust

Board Meeting in Public (Part 1)

to be held on

Wednesday 28th May 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.

Key Trust Strategic Objectives & Critical Success Factors 2014/15

Strategic Objectives	Critical Success Factors	
1. QUALITY - To achieve the highest possible quality standards for our patients in terms of outcomes, safety and positive experience of care	**CSF 1** - Improve the experience and satisfaction of our patients, their carers, our partners and staff	**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients
2. CLINICAL STRATEGY - To deliver the Trust's clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective	**CSF3** - Continuously develop and successfully implement our Integrated Business Plan	**CSF4** - Develop our relationships with key stakeholders to continually build on our integration across health and between health, social care and the voluntary/third sector, collectively delivering a sustainable local system
3. RESILIENCE - Build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private and voluntary/third sectors	**CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients	**CSF6** - Develop our quality governance and financial management systems and processes to deliver performance that exceeds the standards set down for Foundation Trusts
4. PRODUCTIVITY - To improve the productivity and efficiency of the Trust, building greater financial sustainability within the local health and social care economy	**CSF7** - Improve value for money and generate our planned surplus whilst maintaining or improving quality	**CSF8** - Develop our support infrastructure to improve the quality and value of the services we provide
5. WORKFORCE - To develop our people, culture and workforce competencies to implement our vision and clinical strategy, engendering a sense of pride amongst staff in the work they do and services provided and positioning the Trust as an employer of choice	**CSF9** - Redesign our workforce so people of the right attitude, skills and capabilities are in the right places at the right time to deliver high quality patient care	**CSF10** - Develop our organisational culture, processes and capabilities to be an outstanding organisation and employer of choice

Isle of Wight NHS Trust

The next meeting in public of the Isle of Wight NHS Trust Board will be held on **Wednesday 28th May 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:		Chair	Receive	Verbal
	1.2	Confirmation that meeting is Quorate ***No business shall be transacted at a meeting of the Board of Directors unless one-third of the whole number is present including:*** *The Chairman; one Executive Director; and two Non-Executive Directors.*		Chair	Receive	Verbal
	1.3	Declarations of Interest		Chair	Receive	Verbal
	2	**Patients & Staff**				
	2.1	Presentation of this month's Patient Story	Quality & Performance Management	CEO	Receive	Pres
	2.2	Employee Recognition of Achievement Awards	Culture & Workforce	CEO	Receive	Pres
	2.3	Employee of the Month	Culture & Workforce	CEO	Receive	Pres
	2.4	Winners of the poster presentation from the Nurses and Allied Health professional day	Culture & Workforce	CEO	Receive	Pres
10:10	**3**	**Minutes of Previous Meetings**				
	3.1	To approve the minutes from the meeting of the Isle of Wight NHS Trust Board held on 30th April 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
	4	**Chairman's Update**				
	4.1	The Chairman will make a statement about recent activity		Chair	Receive	Verbal
	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
10:30	**6**	**Items for the Board**				
	6.1	Performance Report	Quality & Performance Management	EMD	Receive	Enc D
	6.2	Minutes of the Quality & Clinical Performance Committee held on 21st May 2014	Quality & Performance Management	QCPC Chair	Receive	Enc E
	6.3	Minutes of the Finance, Investment & Workforce Committee held on 21st May 2014	Quality & Performance Management	FIWC Chair	Receive	Enc F
	6.4	Minutes of the Audit & Corporate Risk Committee held on 21st May 2014	Governance & Administration	ACRC Chair	Receive	Enc G
	6.5	Recommendations of the Audit & Corporate Risk Committee	Governance & Administration		Approve	Enc H
	6.6	Quarterly Board Walkabouts Action Tracker	Quality & Performance Management	EDNW	Receive	Enc I

	6.7	Notes of the FT Programme Board held on 22nd April 2014	Strategy & Business Planning	CEO	Receive	Enc J
	6.8	FT Programme Update	Strategy & Business Planning	FTPD	Receive	Enc K
	6.9	FT Self Certification	Strategy & Business Planning	FTPD	Approve	Enc L
	6.10	Board Assurance Framework (BAF) Monthly update	Governance & Administration	Comp Sec	Approve	Enc M
11:25	**7**	**Matters to be reported to the Board**		Chair		
	8	**Any Other Business**		Chair		
	9	**Questions from the Public**		Chair		

To be notified in advance

10 Issues to be covered in private.

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

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

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

- Tenders - Update
- Strategic Estates Partner - Update
- Safer Staffing Levels Update
- Reports from Serious Incidents Requiring Investigation (SIRIs)
- Safeguarding Update
- Employee Relations Issues
- Annual Report 2013/14 inc Quality Account Update
- Board Self-Assessment Report 2013/14

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.

11:30 13 Date of Next Meeting:

The next meeting of the Isle of Wight NHS Trust Board to be held in public is on Wednesday 2nd July 2014 in the Conference Room at St. Mary's Hospital, Newport, Isle of Wight, PO30 5TG.

Enc A

Isle of Wight NHS Trust

Minutes of the meeting in Public of the Isle of Wight NHS Trust Board held on Wednesday 30th April 2014
Conference Room, St Mary's Hospital, Newport, Isle of Wight

PRESENT:	Danny Fisher	Chairman
	Karen Baker	Chief Executive (CEO)
	Chris Palmer	Executive Director of Finance (EDF)
	Alan Sheward	Executive Director of Nursing & Workforce (EDNW)
	Nina Moorman	Non Executive Director
	Charles Rogers	Non-Executive Director (Senior Independent Director)
	Peter Taylor	Non-Executive Director
	Sue Wadsworth	Non-Executive Director
In Attendance:	Jessamy Baird	Designate Non-Executive Director
	Jane Tabor	Designate Non-Executive Director
	Dr Sandya Theminimulle	Consultant Microbiologist (deputising for Executive Medical Director)
	Mark Price	FT Programme Director & Company Secretary
	Andy Heyes	Interim Director of Planning, ICT & Integration
	Andy Hollebon	Head of Communications
For Item 14/113	Jane Ball	Patient
	Andy Martindale	Paramedic
	Dr John Pike	FY2 Doctor
	Graham Thompson	Paramedic
	Joanne Ballington	Acute Oncology Clinical Nurse Specialist
For item 14/119	Tina Dight	Health Care Assistant
	Leisa Gardiner	PAAU/OPD Manager
	Adam Holleyman	Health Care Assistant, Seagrove Ward
	Andrew Tate	Charge Nurse, Seagrove Ward
For item 14/118	Kevin Bolan	Associate Director – Estates
	Charles Joly	Environmental, Waste and Sustainability Manager
	Tom Milne	Capital Projects Assistant
	Robert Graham	Capital Planning & Development Manager - Estates
	Nigel Eason	Maintenance Technician - Estates
	Brian Meszynski	Waste & Recycling Assistant - Estates
	Jan Warwick	Senior Dental Nurse Specialist
	Debbie Thomson,	Dental Nurse Specialist
	Debbie Brooks	Dental Nurse Specialist
	Karen Newton,	Senior Dental Nurse Specialist
	Kathryn Taylor	Assistant General Manager Planned Directorate/Sister Head & Neck
For item 14/129	Theresa Gallard	Business & Projects Manager
	Cath Love	Quality Manager
	Simone Brett	Patient Experience Officer
For item 14/135, 136 &137	Fiona Brothers	Risk & Litigation Officer
Observers:	Mike Carr	Patient Council
	Nancy Ellacott	Patient Council
	Cllr Lora Peacey Wilcox	Isle of Wight Council
Minuted by:	Lynn Cave	Trust Board Administrator
Members of the Public in attendance:	There were four members of the public present	

Minute No.	
14/112	**APOLOGIES FOR ABSENCE, DECLARATIONS OF INTEREST AND CONFIRMATION THAT THE MEETING IS QUORATE**

The Chairman welcomed everyone to the meeting. He especially welcomed Mike Carr, Patient Council observer, who was returning after illness. He also welcomed Dr Sandya Theminimulle who was deputising for the Executive Medical Director.

Apologies for absence were received from Mark Pugh – Executive Medical Director and David King – Designate Non-Executive Director.

Apologies were also received from Cllr Richard Priest, Chris Orchin – Health Watch and Jo Blackburn – Interim CEO of Earl Mountbatten Hospice.

There were no declarations of interest.

The Chairman announced that the meeting was quorate.

14/113 PATIENT STORY

The Chief Executive advised the meeting this this was a special Patient Story concerning the first patient to receive the new Pre-Pip Sepsis Treatment and advised that the patient had kindly agreed to attend. She welcomed Mrs Ball to the meeting. Also attending were Dr John Pike, who developed the programme and Andy Martindale who was the paramedic who had administered the antibiotic injection which had resulted in Mrs Ball avoiding sepsis during the period before being admitted to the hospital. She confirmed that Mrs Ball had been the first patient to receive this treatment under the new programme - there had been 40 patients receiving treatment within the first 6 months.

The meeting was shown the BBC South film which had been broadcast regionally. This was followed by Mrs Ball giving her first-hand account of how this procedure had benefited her condition. She told the meeting that as a result of her condition it was vital that in the event she had a fever that she received immediate treatment as she could be dead within 48hrs without it.

The Chief Executive thanked Mrs Ball for coming to pass on her experiences and said how much the Board appreciated having the opportunity to hear in person how this service had benefited her treatment. She also stressed the importance of having services which integrated with one another on the Island to ensure that all patients have similar positive experiences of their care.

Peter Taylor stated that at Board the focus tended to be on those patients who unfortunately died and not on the number of lives saved. He felt that this was a positive aspect of our work which needed to be highlighted.

The Isle of Wight NHS Trust Board received the Patient Story

14/114 MINUTES OF PREVIOUS MEETING

Minutes of the meeting of the Isle of Wight NHS Trust Board held on 26TH March 2014 were approved.

Proposed by Sue Wadsworth and seconded by Peter Taylor

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

14/115 REVIEW OF SCHEDULE OF ACTIONS

The following updates to the schedule of actions were noted:

a) **TB/088 - Recognition to Cleanliness Team:** The Chief Executive reported that the Cleanliness Team had asked if they could have a buffet lunch as recognition for their achievements. She advised that this was going to be arranged for them. This action is now closed.

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

14/116 CHAIRMAN'S UPDATE

The Chairman reported on the following items:

a) Year End: The Chairman congratulated the Finance team on their efforts on achieving the year-end financial targets and also to the sub committees for all their contribution to the year-end processes. This would enable the Annual Accounts to be prepared in good time.

b) TDA Conference: The Chairman and the Chief Executive attended a recent Trust Development Authority's Conference at which the Secretary of State for Health spoke. There were 3 key points which came out of this speech:

i. Transformation – doing things different at local levels
ii. Major revolution for out of hospital care which would involve some transformation at GP and local primary care levels.
iii. Innovation & Technology – this was felt to be the biggest challenge and it was aimed at making information available across the health care services.

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

14/117 CHIEF EXECUTIVE'S UPDATE

The Chief Executive presented her report. Areas covered were:

National

- Risk rating from CQC lowered for Isle of Wight NHS Trust
- Rising demand for unscheduled care
- New NHS England Chief Executive in post

Local

- Sport Relief
- Surprise Surprise TV coverage
- Midwives retire after 200 years of NHS working
- Membership Recruitment
- Norovirus Outbreak
- System Pressures
- Celebratory cakes recognise exceptional Ambulance Service performance
- First anniversary celebrations for NHS Nightingales
- CQC Inspection
- Major Building Works
- Trauma Audit and Research Network (TARN) report
- Pre-Pip Sepsis Project
- Friends and Family Test for Staff
- Leon Hamman

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

14/118 EMPLOYEE RECOGNITION OF ACHIEVEMENT AWARDS

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

Category 2 – Employee Role Model:

- Charles Joly, Environmental, Sustainability and Waste Manager – Estates
- Brian Meszynski, Waste & Recycling Assistant - Estates

Category 3 – Going the Extra Mile:

Maxillofacial Team:

- Jan Warwick, Senior Dental Nurse Specialist
- Debbie Thomson, Dental Nurse Specialist
- Debbie Brooks, Dental Nurse Specialist
- Karen Newton, Senior Dental Nurse Specialist

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Capital Projects Team:

- Robert Graham, Capital Planning & Development Manager - Estates
- Tom Milne, Capital Projects Assistant - Estates
- Nigel Eason, Maintenance Technician - Estates

The Chief Executive congratulated all recipients on their achievements.

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

14/119 EMPLOYEE OF THE MONTH

The Chief Executive presented two awards this month:

- **March 2014** - Adam Holleyman, Mental Health Support Worker – Sevenacres - Community Health Directorate

- **April 2014** - Tina Dight , Health Care Assistant – Outpatients - Planned Directorate

She confirmed that they had been nominated for their excellent work by patients who felt they should be recognised for their work. The Chief Executive congratulated them both.

QUALITY AND PERFORMANCE MANAGEMENT

14/120 PERFORMANCE REPORT

The Executive Director of Finance presented the Performance report for March 2014.

Highlights

- All Cancer indicators achieving month and year end targets
- Emergency Care 4 hour standard performance remains above target
- Number of C.Diff cases within year end stretched target
- Reduction in formal complaints during March, full year target reduction achieved
- VTE risk assessment recording now showing 100%

Lowlights

- Staff absenteeism due to sickness remains above target
- Pay costs/variable hours above target
- CIP targets - 47% delivered non-recurrently
- 1 C Diff case identified during March

a) Patient Safety, Quality & Experience:

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 are in place to support improvements in this area.

Venous Thrombo Embolism (VTE): Risk assessment recording. The new upgrade to the pharmacy system during February has eliminated previous data collection problems and we are now achieving 100%, exceeding the target of 95%.

Health Care Acquired Infections (HCAI): We are currently within both our nationally set threshold and local stretched target for Healthcare Acquired Clostridium Difficile infection, at 7 YTD, with 1 case reported during March. There were no cases of Healthcare Acquired MRSA bacteraemia identified in March, performance remaining above our target of zero tolerance at 2 cases.

Mental Health: There was a single breach in Child & Adolescent Mental Health 18 week referral to treatment target (95%), but the extremely low numbers have an exaggerated impact on percentages

b) Operational Performance:

Performance against our key operational performance indicators is primarily green for the month and fully green for the year.
All cancer targets are again green for the month and show that we have met all the targets for the financial year. Provisional figures indicate that 67% of all breaches against these measures during March were patient led, with 24% being as a result of capacity issues.

From April 2014 this Performance report will be revised to include a wider range of measures and reporting structure for all services which will give a more balanced reflection on our performance as the only fully integrated Trust in the country.

c) Workforce:

The total pay bill for March (£9.16m) is above plan (£9.08m). The number of FTEs in post is also currently higher than plan (9). 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 decreased slightly in March (3.91%) but remains above plan at 3.78% YTD. Specific problem areas are being identified for local investigation and are challenged at directorate performance review meetings.

d) Finance & Efficiency:

At the end of the financial year, the draft (unaudited) position shows a slight overachievement of plan by £15k i.e. an actual retained surplus of £1,837k, offset by £224k to take account of donated assets, to show an adjusted retained surplus of £1,613k. The Continuity of Service Rating continued through to the year-end as a 4.

The final CIP finished at £8,733k, an overachievement in total of £89k against the target of £8,644k. However, of this, only £4,595k was achieved recurrently so that recurrent savings of £3,036k still need to be brought forward to 2014/15

The following areas were raised in discussion:

i. **Complaints & Concerns:** Charles Rogers asked for an update on the current progress. The Executive Director of Nursing & Workforce advised that this would be covered in depth in the Staff Story later in the meeting. Jessamy Baird asked if there was any delays in sending out letters as there were still open actions from January showing. The Chief Executive advised that complaints can need to be reviewed by a range of services and she does review them regularly. She confirmed that all complaints are acknowledged immediately by phone or letter and they are kept informed throughout the process

ii. **Referral to Treatment Times (RTT):** Charles Rogers asked if anything can be done to address the services commissioned by NHS England. The Executive Director of Finance advised that the contracts were being checked to ensure that they are appropriate by the Contracts team.

iii. **Benchmarking of Key National Performance Indicators:** Peter Taylor queried what benefit was anticipated from this benchmarking due to the unique nature of the Island. The Executive Director of Finance advised that it was beneficial to review against national benchmarking as well as looking at local areas. Peter Taylor asked if it was known if any Trusts had achieved 100% on any of the indicators. It was confirmed that this information was not yet available. The Chief Executive stated that there was a mix of Trusts shown in the data and that they needed to be kept in context. Jane Tabor asked what our strategic aim was regarding this data. The Chairman stated that the aim should be top position across all areas. Nina Moorman stated that the Clinical Commissioning Groups form clusters in which comparability is possible. The Executive Director of Finance agreed that it would be good to compare with similar areas although we are the only integrated Trust.

Action Note: The Executive Director of Finance to develop possible cluster

benchmarking for the Trust in conjunction with PIDS.

Action by: EDF

iv. **Workforce Winter Planning:** Jessamy Baird asked if winter planning had been incorporated into the budget for the coming year. The Executive Director of Finance confirmed that provision had been made within the budgets but it was not possible to accurately predict service requirements. The Executive Director of Nursing & Workforce advised that there was flexibility within the workforce and that contingencies had been factored into this coming years plans.

Peter Taylor expressed concerned that if we were overspent in March would the contingency funding be sufficient to cover any usage. The Chief Executive advised that the managers had all signed their budgets for the coming year and there was no anticipation of any overspend. The Executive Director of Finance advised that the finance team had weekly meetings with the budget holders and it was important to get staff to plan ahead on how they spend their budgets.

Jessamy Baird asked what effect the Safer Staffing levels would have. The Executive Director of Nursing & Workforce advised that this should reduce the reliance on temporary staff as any provisions would be factored into the levels. The Executive Director of Finance confirmed that the Finance, Investment & Workforce Committee (FIWC) would be monitoring the levels of spending. The Chairman stated that there had been too much reliance on CIP's to produce the necessary savings and it was time to get realistic with headcounts and that tough decisions needed to be made to ensure that managers adhered to budgets. Peter Taylor stated his concern that the CIPs for the coming year would be unattainable. The Chief Executive responded that before Peter Taylor retires from the Trust in June there would be a clear plan to show that these would be attainable.

v. **Sickness Absence:** Sue Wadsworth asked what was being done to address the Monday peak in the data. The Executive Director of Nursing & Workforce advised that HR were collating all staff who have sickness patterns and managers are being encouraged to discuss these with staff and to use the toolkit provided to promote healthy working in staff. The Company Secretary stated that these figures should be put into perspective and benchmarked against other Trusts and other employment sectors.

Jessamy Baird asked it the data was available to show areas which had improved or remained a problem. She also stated that Ambulance, Mental Health and Community should be shown separately. Charles Rogers confirmed that the FIWC had asked for this detail and agreed that benchmarking would be useful. The Chairman stated that this should aid with reducing CIPs.

vi. **Cost Improvement Programme (CIPs):** The Chairman asked if the CIPs for the coming year had been sent to the TDA. The Executive Director of Finance advised that this had occurred and further detail was required by 20 June 2014.

vii. **Cash Surplus:** The Chairman asked what was done with any cash surplus. The Executive Director of Finance advised that any surplus was invested in the National Loan Fund which attracted 0.4% interest. She confirmed that this was a safe option although the return was not that high.

viii. **Governance Risk Ratings:** The Executive Director of Finance stated that there was a slight error in the report and the columns shown as March 13 should read March 14. Jane Tabor expressed concern that Ref 9 was showing as red. The Executive Director of Finance explained that this was due to one element of the indicator (12 months review). Jessamy Baird expressed concern that the lack of specific Mental Health data within the matrix would adversely affect the figures and she hoped that the revised Performance Report will address this. The Executive Director of Finance advised that Ref 10 data had also been reviewed and it is possible this will be changed to green.

The Isle of Wight NHS Trust Board received the Performance Report

14/121 MINUTES OF THE QUALITY & CLINICAL PERFORMANCE COMMITTEE

Sue Wadsworth reported on the key points raised at the last meeting held on 16th April 2014.

a) **Min No 14/125 – Sepsis:**. The Committee viewed a BBC South film interview regarding sepsis and also had an update from the team on the good progress being made, following an audit report in 2012.
b) **Min No. 14/129 – Annual Report:** The Committee reviewed the draft Annual Report and agreed to feedback comments to the QM by Friday 25 April 2104.
c) **Min No. 14/152 - Clinical Audit Report:** The Committee reviewed the draft Clinical Audit Report.
d) **Min No. 14/155 - Quality Goals**: The EDNW asked that these be highlighted to Board following approval at the Committee meeting on 18 March 2014 (Quality Goals appended to the minutes).

Nina Moorman commented that the clinical audit report had left much to be desired and the committee were unhappy as it did not give them the assurance needed. She advised that the committee had asked for a revised report to be presented at the next committee meeting. Peter Taylor confirmed that there had been a Limited Assurance rating from the internal audit. Nina Moorman agreed that this would be included within the review and that clinical audit needed to include Mental Health. Jessamy Baird confirmed that this had been highlighted at the Mental Health Act Scrutiny Committee also.

Nina Moorman advised that the TARN[1] report had not come to Quality & Clinical Performance Committee. The Chief Executive advised that the Executive Medical Director had confirmed that there was an action plan in place for the report.

The Executive Director of Nursing & Workforce confirmed that Dr Sandya Theminimulle had been confirmed in post as the Associate Medical Director for the Patient Safety; Experience & Clinical Effectiveness Triumvirate (SEE).

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

14/122 QUALITY GOALS 2014/15

The Quality Goals 2014/15 had been approved at the Quality & Clinical Performance Committee on 16th April and were presented for Board approval.

Proposed by Peter Taylor and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the Quality Goals 2014/15

14/123 MINUTES OF THE FINANCE, INVESTMENT & WORKFORCE COMMITTEE

Peter Taylor reported on the key points raised at the last meeting held on 16th April 2014.

a) **Min No. 14/058 - Workforce Strategy:** The Committee approved the Strategy subject to minor amendments advised by the Committee.

b) **Min No. 14/058 - Safer Staffing Update:** The Committee agreed to give their approval and assurance to the Trust Board on the Safer Staffing paper.

c) **Min No. 14/059 - Financial Performance**: The draft final year end position for the Trust is a surplus of £1,613k. This is in excess of the original plan £1,598k. Total Capital spend for the year was £8,626k compared to a Capital Resource Limit of £8,630k.

Charles Rogers stated that the committee had already started monitoring the CIPs and would continue to do this on a monthly basis. Sue Wadsworth confirmed that the Quality & Clinical Performance Committee would also be reviewing them on a regular basis.

[1] Trauma Audit & Research Network

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

14/124 QUARTERLY MORTALITY UPDATE

Dr Sandya Theminimulle presented the Quarterly Mortality update on behalf of the Executive Medical Director.

- SHMI has reduced to 1.10. We should be looking at aiming for 1.05.
- Trust Quarterly Mortality Review Group has been set up.
- New Mortality and Morbidity Policy being moved through ratification process
- New Rapid Review Template developed to allow exploration of any alerts and the onward processing of the information

Nina Moorman asked if the Mortality & Morbidity reviews could go to QCPC. Dr Sandya stated that this would be encouraged and suggested that it be added to the June QCPC agenda. The Executive Director of Nursing & Workforce suggested that due to the volume of items which go to QCPC it would be more appropriate for this to be discussed at a separate forum with Dr Sandya and the summary report which results from this to be presented to QCPC. This was agreed.

Action Note: Executive Director of Nursing & Workforce to identify a separate forum to discuss the Mortality & Morbidity report and to arrange for summary report to go to QCPC.

Action by: EDNW

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

14/125 BOARD WALKABOUT ACTION TRACKER

The Executive Director of Nursing & Workforce presented the report and advised that at the time of reporting, there were slight amendments to the figures shown in the report.

Of the 183 visits have taken place 50 (not 49) were Clinical, 12 non-clinical, from these 179 actions have been identified, with 167 (not 166) being complete, 6 are still within timescale. The 7 remain overdue against the original date for completion set, with 4 showing as overdue against both board and directorate revised timescale.

Peter Taylor asked if the revised dates were accurate. The Executive Director of Nursing & Workforce confirmed that he was confident that the actions would be completed.

The Company Secretary asked on behalf of David King if the mortuary could be included within the areas covered. It was confirmed that this area would be visited in the afternoon session after the meeting closed.

The Chairman stated that he had undertaken walkabouts on Sundays and he encouraged members to vary the times they make their visits to include out of hours times including weekends and late evenings to get a wider picture of how the organisation functions during these times.

There was a discussion surrounding the timings of the Board day walkabouts and it was requested that these be reviewed.

Action Note: Company Secretary to review timings and adjust Board day programme accordingly.

Action by: CS

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

14/126 ANNUAL REPORT – BOARD WALKABOUT ACTION TRACKER

The Executive Director of Nursing & Workforce presented the annual report and highlighted the recommendations detailed within the report:

- Feedback reports following visits to be completed and returned promptly

- Realign the assessments in line with CQC KLOE[2] criteria.
- Visits to be extended to include weekend and out of hours visits (between 5pm and 8am).

The Company Secretary welcomed that the report demonstrates what difference these visits make and that the Board should take assurance from it.

The Executive Director of Finance felt that it was a good report but suggested greater emphasis on what is good as well as what is not.

The Executive Director of Nursing & Workforce suggested that the Board could spend some time at Board Seminar discussing the walkabouts and how this can challenge the Board.

Action Note: Company Secretary to arrange for a Board Seminar session to discuss the walkabouts.

Action by: CS

Proposed by Sue Wadsworth and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the Annual Report – Board Walkabout Action Tracker

14/127 QUARTERLY PATIENT STORY ACTION TRACKER

The Executive Director of Nursing & Workforce presented the report and advised that 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 32 actions have been captured and of these 4 are behind timescales

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

14/128 ANNUAL REPORT – PATIENT STORY ACTION TRACKER

The Executive Director of Nursing & Workforce presented the annual report and highlighted the recommendations detailed within the report:

- Patient Story programme to continue and to encourage patients to personally attend Board.
- Develop feedback mechanisms to monitor and follow up issues raised on film.
- Develop training of volunteers including Health Watch, to undertake interviews
- Develop how staff stories can be used when dealing with a patient incident

An overview of areas covered to date was shown and it was noted that there were discussions in place on developing this to include the Ambulance team.

Nina Moorman stressed how important it was that staff are shown these films as it is a powerful demonstration of how our services are viewed. The Executive Director of Nursing & Workforce confirmed that staff in relevant areas were viewing the films and this had promoted discussion within the teams.

Proposed by Peter Taylor and seconded by Sue Wadsworth

The Isle of Wight NHS Trust Board approved the Annual Report – Patient Story Action Tracker

14/129 STAFF STORY

This month's Staff Story was presented by Cath Love, Quality Manager for Acute Directorate and Simone Brett, Patient Experience Officer, and showed how the Quality Team and Trust Directorates were working together to improve the management of patient

[2] Care Quality Commission – Key Lines of Enquiry

concerns and complaints. The presentation covered how the process was operating in the 2012/13 period and showed how developments over the past year had changed the systems in place and reduced the number of complaints to show a decrease of just over 11% of concerns and a decrease of over 40% of complaints. These reductions were the result of a change of process to give the directorates 'ownership' of the complaints / concerns and working together to reach the right resolution for the complaint. The current process was presented to the Board with examples of how lessons were being actively learnt from the outcomes.

The Chief Executive stated that a fantastic amount of work had been going on behind the scenes and showed how the frontline staff were now seeking answers to problems before they became concerns.

Nina Moorman felt that this sounded like good progress and would like reassurance that people who get initial phone calls following a concern being raised, will still be able to log a formal complaint should they so wish. The Patient Experience Officer explained that the initial call was to assess how the patient/family member would like their case dealt with so that everyone is clear on what action would be taken. The Quality Manager stressed that the process was very clear on how actions should be dealt with and proceeded with. It was confirmed that a process of negotiating with the patient/family member on how the case would be managed was important whether it be by phone call or letter and this initial contact was there to outline the options and agree a timeline for the case.

Charles Rogers thanked the team for their presentation and stated at he felt strongly that complaints play an important part of learning and aiding the organisation to develop in the right direction.

The Isle of Wight NHS Trust Board received the Staff Story

STRATEGY AND BUSINESS PLANNING

14/130 WESSEX ACADEMIC HEALTH SCIENCE NETWORK (AHSN) MEMBERSHIP

The Chief Executive presented the case for membership and confirmed that this had been discussed at length at Board Seminar. She confirmed that the Board was being asked to approve the following recommendations:

(i) Approve the Trust becoming a Voting Member.

(ii) Approve payment of Year 1 membership free of £10,000. Subsequent years level of membership fees are to be set by the Wessex AHSN Board and approved by Voting Members on a 2/3 majority basis.

(iii) Approve the appointment of Karen Baker, Chief Executive, as the Trust's Authorised Representative to act on its behalf as a Voting Member. Please note, if the Authorised Representative is unable to attend a Voting Members' meeting, the Trust may provide for a deputy to attend instead of the Authorised Representative.

(iv) No limitations on the delegation of powers are proposed provided that the Authorised Representative should act in accordance with the Trust's Corporate Governance Framework and refer any concerns to the Board for guidance.

(v) Approve the receipt of regular updates from its Authorised Representative on the activities of Wessex AHSN.

Proposed by Peter Taylor and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the Trust becoming a voting member of the Wessex Academic Health Science Network (AHSN) on the basis of (i) – (v) above

14/131 ANNUAL CAPITAL PROGRAMME 2014/15

The Executive Director of Finance presented the updated Capital Programme for 2014-15. She advised that it showed the proposed capital spend of the Trust for the financial year 2014-15 is £8.357m.

Within the proposed spend, £7.655m has been classed as 'committed'. This is either because schemes are 'rolling over' from a previous financial year or business cases have been approved at board.

The Chief Executive advised that the Interim Director of Planning, ICT & Integration was working with the IT department to further develop the ISIS system and would be reporting back via the proposed ICT & Integration Committee.

Charles Rogers asked how certain were the estimated figures shown under Property Sales. The Executive Director of Finance advised that the income involved was not planned for and would not be spent until it was in our accounts.

Proposed by Charles Rogers and seconded by Peter Taylor

The Isle of Wight NHS Trust Board approved the Annual Capital Programme 2014/15

14/132 ANNUAL REPORT – EMERGENCY PREPAREDNESS, RESILIENCE & REPONSE

The Executive Director of Nursing & Workforce advised that this report was being presented as a result of the request made by the Board. He gave an overview of the report and invited any questions.

Jane Tabor asked what the major risks were for the Trust. The Executive Director of Nursing & Workforce advised that the following were of note:

- Internal capacity to provide emergency capacity was significant.
- Fire Service Industrial Action
- Inability to draft in emergency response units from elsewhere at short notice.

Jane Tabor also asked in the event of a major incident was he confident that the organisation would have the necessary staff cover. The Executive Director of Nursing & Workforce advised that contracts of employment do have a clause included to cover these incidents although experience has shown how loyal staff are and they always very willing to go the extra mile in these events without this clause being cited.

Charles Rogers commented that he felt this was a very good paper. He also queried if the organisation was aiming for ISO accreditation status. This was confirmed.

The Isle of Wight NHS Trust Board received the Annual report for Emergency Preparedness, Resilience and Response.

14/133 FT PROGRAMME UPDATE

The FT Programme Director presented the monthly update:

- Clear Programme Milestones – CQC had undertaken a pre-assessment visit.
- Quality Summit within the next 12 weeks – likely to be around 6th August.
- Board 2 Board date was still under negotiation
- Public membership had exceeded the 4,000 barrier and total membership was now 7900 including staff members.

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

14/134 FT SELF CERTIFICATION

The FT Programme Director presented the monthly update stating that the current status was green across all categories.

Sue Wadsworth mentioned that the outstanding vacant Board positions (Statement 13)

had been discussed at the last QCPC meeting and asked for an update. The Chief Executive confirmed that interviews for the vacant Executive Director post were arranged and discussions were in process with the TDA for the vacant NED posts.

Jessamy Baird asked if an update on the restructuring of roles at senior level could be provided. The Company Secretary advised that this was discussed at the Remuneration & Nominations Committee which all NEDs attended.

Proposed by Sue Wadsworth and seconded by Charles Rogers

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

GOVERNANCE & ADMINISTRATION

14/135 BOARD ASSURANCE FRAMEWORK (BAF) DASHBOARD & SUMMARY REPORT

The Company Secretary presented the summary BAF status report. The dashboard summary includes summary details of the key changes in ratings: there are no Principal Risks now rated as Red; 6 new Risks have been added since the March 2014 report; 4 Risks with reduced scores, one of which has since been removed from the Register; and 1 Risk with an increased score.

The exception report details three recommended changes to the Board Assurance RAG ratings of Principal Risks: changes from Amber to Green for 3.3, 5.7 and 9.12.

Jessamy Baird stated that it was good to see positive movement in the report, and that it was good to understand how the informatics systems fit into the Clinical Strategy and is the Capital Plan funding sufficient to cover this. The Executive Director of Finance advised that this had been taken into consideration.

Jane Tabor queried BAF item 9.12 – she was concerned that this was showing as Green. The Executive Director of Finance advised that the BAF was being refreshed due to year end and this should be reviewed as a result

Action Note: *Executive Director of Nursing & Workforce to review BAF item 9.12*
Action by: EDNW

Proposed by Peter Taylor and seconded by Sue Wadsworth

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

14/136 INTERESTS, GIFTS, HOSPITALITY, SPONSORSHIP & BRIBERY ACT POLICY

The Company Secretary presented the policy for approval.

A discussion took place and the Board approved the policy with the following amendments:

a) The Company Secretary highlighted Appendix 7 which is new to ensure compliance with Standing Orders. The Company Secretary asked all Chairs of Board Sub-Committees to note this and ensure compliance. He also highlighted that Appendix 3 is part of the appraisal policy.

b) Two amendments were agreed to Section 3.4:
   - Charles Rogers felt that the first sentence seem light and should be strengthened such that such offers will be and not should be declined, and would be reported to the line manager.
   - Jane Tabor stated that the second sentence was not clear – it was agreed to add the words 'if appropriate'.

c) It was also agreed in Appendix 2 that 'other gifts' should not specify specific stores but just be described as 'store vouchers'.

Jessamy Baird stated that in her experience some commercial companies are not allowed not to pay for services and to get around this they pay to Charitable Funds.

Proposed by Sue Wadsworth and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the Interests, Gifts, Hospitality, Sponsorship & Bribery Act Policy subject to the amends to Section 3.4 and Appendix 2.

14/137 STATUTORY & FORMAL ROLES 2014-15

The Company Secretary presented the revised Statutory & Formal Roles 2014/15 for approval.

Jessamy Baird queried if changes were made during the year would the document be updated. This was confirmed by the Company Secretary.

Proposed by Charles Rogers and seconded by Peter Taylor

The Isle of Wight NHS Trust Board approved the Statutory & Formal Roles 2014-15

14/138 QUALITY & CLINICAL PERFORMANCE COMMITTEE TERMS OF REFERENCE

Sue Wadsworth confirmed that the Terms of Reference had been discussed at QCPC and were being presented for approval.

Proposed by Peter Taylor and seconded by Charles Rogers

The Isle of Wight NHS Trust Board approved the Quality & Clinical Performance Committee Terms of Reference

14/139 NOTES OF THE FT PROGRAMME BOARD

The Chief Executive reported on the meeting held on 25th March 2014.

a) **Note No. 022/14 -Chief Inspector of Hospitals Visit (CQC Inspection**): The CQC were planning for a combined inspection but uncertainty remained around an assessment of the Ambulance Service.

b) Note No. 018/14 - Quality Governance Framework self-assessment scoring: The timing of a Quality Governance Framework external review would be determined following the outcome of the CQC inspection to avoid incurring unnecessary expense.

c) Note No. 022/14 - Membership Update: 43 new public members were required to meet our target of 4000 in April 2014.

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

14/140 MINUTES OF THE MENTAL HEALTH ACT SCRUTINY COMMITTEE

Peter Taylor reported on the key points raised at the last meeting held on 16th April 2014.

a) **Min No. 14/011 - Service User Involvement Policy:** There is a draft Service User Involvement Policy. There is a proposed visit to Hertfordshire NHS Trust by senior managers which will include consideration of their policy towards Service User Involvement. A decision about the local policy is on hold until after that visit.

b) **Min No. 14/012 - Care Quality Commission (CQC) Action Statement:** The action statement arising from the visit feedback report (visit of 18th/19th December 2013) has been completed and returned to the Care Quality Commission (CQC).

c) **Min No. 14/013 - Mental Health Act Data for 2013/14:** The key points to note are that the use of the Mental Health Act has decreased from 414 assessments in 2012/13 to 370 for the year 2013/14. The number of Section 136 detentions has decreased from 190 to 130.

A discussion took place surrounding Non-Executive Directors involvement with the mental health hearings and Charles Rogers queried whether the substantive NEDs should be more involved. The Company Secretary agreed to seek advice on the legal position from the Mental Health Act/Mental Capacity Act Lead..

Action Note: *The Company Secretary to seek advice on the legal position from the Mental Health Act/Mental Capacity Act Lead.*

Action by: CS

The Chairman and Chief Executive thanked Peter Taylor for all his hard work in highlighting Mental Health issues within the Trust during his time as Chair of the Mental Health Act Scrutiny Committee.

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

14/141 MATTERS TO BE REPORTED TO THE BOARD

None

14/142 QUESTIONS FROM THE PUBLIC

There were no questions received from the public.

14/143 ANY OTHER BUSINESS

a) **Directorate Merger:** Jane Tabor commented on the directorate merger consultation. She had attended a session for affected staff which she stated was very well run by Deborah Matthews.

b) **Board Meeting Feedback:** Jane Tabor advised that she had recently sat in on another Trust's Board meeting. She said that there were elements which were different from our meeting and that it was a positive learning experience. She stated that she would be discussing these areas with the Company Secretary.

Action Note*: Jane Tabor to discuss findings of Board visit with Company Secretary.*

Action by: CS

14/144 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 28th May 2014** in the Conference Room, St Mary's Hospital, Newport, Isle of Wight.

The meeting closed at 1pm

Signed…… Chair Date:……

Enc B

ISLE OF WIGHT TRUST BOARD Pt 1 (Public) - April 14 - March 15

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) Head of Governance & Assurance (HOG)

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
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. **26/02/14** - The Executive Director of Nursing & Workforce confirmed that the HR team were working on the scheme at present. **26/03/14** - The Executive Director of Nursing & Workforce to provide revised forecast date for incentives. He also confirmed that during this seasons Flu campaign a total of 1328 staff had received the vaccine. **23/04/14 Update** - we have reviewed data for 2013 and have found 51 staff who have had the flu vaccine, 0% sickness and 100% mandatory training. This data, we feel, should be validated by line managers ahead of any incentive award. Also, risk that many more staff will become compliant in 2014 if incentive scheme is announced.	26-Feb-14	28-May-14	Progressing		Open
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. **26/02/14** - The Executive Director of Finance confirmed that the final document would be taken to the next Finance, Investment & Workforce Committee in March. **26/03/14** - New forecast date of 20th June 2014. **22/04/14** - On Agenda for Board Seminar on 10th June 2014.	26-Mar-14	20-Jun-14	Progressing		Open
26-Mar-14	14/091 i)	TB/085	**Pressure Ulcers:** Charles Rogers commented how helpful it was to show the rolling averages and how the revised charts demonstrated areas of resistance. He asked what was being done to rectify these. The Executive Director of Nursing & Workforce advised that the education campaign to show patients in the community what to look for and how to prevent pressure ulcers was going well. Public Health were involved to promote preventative measures. The initial training had reached 50% of registered nurses, and when complete would be rolled out to cover Health Care Workers and other community staff. Charles Rogers asked if feedback from Public Health could be provided on their programme.	EDNW	The Executive Director of Nursing & Workforce to request update from Public Health on their pressure ulcer prevention initiative. **23/04/14** - The Tissue Viability Specialist Nurse is in discussions with Public Health.	28-May-14	28-May-14	Progressing		Open
26-Mar-14	14/094	TB/087	**QUINCE:** Peter Taylor stated that it would be helpful if the QUINCE programme could be demonstrated so that its potential could be fully understood.	IDPII	The Interim Director of Planning, ICT & Integration to arrange for Board members to receive a demonstration of the QUINCE system. **23/04/14** - More work being undertaken on QUINCE. Demonstrations to be scheduled in one month.	31-May-14	31-May-14	Progressing		Open
26-Mar-14	14/096	TB/088	**Cleanliness Team:** The Executive Director of Nursing & Workforce stated how pleased he was that cleanliness team were working so well with the clinical team to produce such excellent results. He asked that a big thank you go to all members of the team for all their hard work which has gone over and above during the recent outbreak. The Chief Executive echoed this thanks and asked for suggests on how this remarkable achievement could be recognised.	CEO	The Chief Executive to liaise with the Hotel Services Manager to agree on how this recognition could best be achieved. **28/04/14** - The Chief Executive reported that the Cleanliness Team had asked if they could have a buffet lunch as recognition for their achievements. She advised that this was going to be arranged for them. This action is now closed.	30-Apr-14	30-Apr-14	Completed	28-Apr-14	Closed
26-Mar-14	14/097	TB/089	**Endoscopy Small Works Items:** Charles Rogers asked that in the interim period before the new accommodation was available there were some items which he felt should be actioned by Estates for the benefit of the staff and patients in the existing location. Jane Tabor supported this. The Executive Director of Nursing & Workforce agreed that an action plan for the short term period could now be developed.	EDNW	The Executive Director of Nursing & Workforce to arrange for an action plan to cover the areas which require immediate work within the existing Endoscopy accommodation to be produced by the Estates Department for immediate action. **23/04/14** - Estates to undertake a PEAT style visit with Quality Manager to ensure all remedial actions have been taken.	28-May-14	28-May-14	Progressing		Open

Enc B

Date of Meeting	Minute No.	Action No.	Action	Lead	Update	Due Date	Forecast Date	Progress RAG	Date Closed	Status
30-Apr-14	14/120iii	TB/091	**Benchmarking of Key National Performance Indicators:** Nina Moorman stated that the Clinical Commissioning Groups form clusters in which comparability is possible. The Executive Director of Finance agreed that it would be good to compare with similar areas although we are the only integrated Trust.	EDF	The Executive Director of Finance to develop possible cluster benchmarking for the Trust in conjunction with PIDS.	28-May-14	28-May-14	Progressing		Open
30-Apr-14	14/124	TB/092	**Mortality & Morbidity Reviews:** Nina Moorman asked if the Mortality & Morbidity reviews could go to QCPC. Dr Sandya stated that this would be encouraged and suggested that it be added to the June QCPC agenda. The Executive Director of Nursing & Workforce suggested that due to the volume of items which go to QCPC it would be more appropriate for this to be discussed at a separate forum with Dr Sandya and the summary report which results from this to be presented to QCPC. This was agreed.	EDNW	Executive Director of Nursing & Workforce to identify a separate forum to discuss the Mortality & Morbidity report and to arrange for summary report to go to QCPC.	28-May-14	28-May-14	Progressing		Open
30-Apr-14	14/125	TB/093	**Board Walkabout Timings:** The Chairman stated that he had undertaken walkabouts on Sundays and he encouraged members to vary the times they make their visits to include out of hours times including weekends and late evenings to get a wider picture of how the organisation functions during these times. There was a discussion surrounding the timings of the Board day walkabouts and it was requested that these be reviewed.	CS	Company Secretary to review timings and adjust Board day programme accordingly. **16/05/14** - Scheduled at lunchtime for May Board meeting. Timings to be adjusted following feedback.	28-May-14	28-May-14	Progressing		Open
30-Apr-14	14/126	TB/094	**Board Walkabout Development:** The Executive Director of Nursing & Workforce suggested that the Board could spend some time at Board Seminar discussing the walkabouts and how this can challenge the Board.	CS	Company Secretary to arrange for a Board Seminar session to discuss the walkabouts. **20/05/14** - Added to forward plan.	28-May-14	28-May-14	Progressing		Open
30-Apr-14	14/135	TB/095	**BAF Item 9.12:** Jane Tabor queried BAF item 9.12 – she was concerned that this was showing as Green. The Executive Director of Finance advised that the BAF was being refreshed due to year end and this should be reviewed as a result	EDNW	Executive Director of Nursing & Workforce to review BAF item 9.12	28-May-14	28-May-14	Progressing		Open
30-Apr-14	14/140	TB/096	**NED Involvment in Mental Health Hearings:** Charles Rogers queried whether the substantive NEDs should be more involved. The Company Secretary agreed to seek advice on the legal position from the Mental Health Act/Mental Capacity Act Lead.	CS	The Company Secretary to seek advice on the legal position from the Mental Health Act/Mental Capacity Act Lead. **20/05/14** - Company Secretary to arrange a meeting with the MHS/MCA Lead and new Chair of the Mental Health Act Scrutiny Committee,	28-May-14	28-May-14	Progressing		Open
30-Apr-14	14/143b	TB097	**Board Meeting Feedback:** Jane Tabor advised that she had recently sat in on another Trust's Board meeting. She said that there were elements which were different from our meeting and that it was a positive learning experience. She stated that she would be discussing these areas with the Company Secretary.	JT	Jane Tabor to discuss findings of Board visit with Company Secretary.	28-May-14	28-May-14	Progressing		Open

Enc C

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 28th MAY 2014

Title	Chief Executive's Report					
Sponsoring Executive Director	Chief Executive Officer					
Author(s)	Head of Communications and Engagement					
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			Remuneration & Nominations Committee			
Charitable Funds Committee			Quality & Clinical Performance Committee			
Finance, Investment & Workforce 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. The Trust Board are invited to endorse the Executive Medical Director's lead role in care of the dying. Trust Board are also invited to endorse the initiative to develop a strategic partnership for mental health services.						
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: 21st May 2014	**Completed by: Andy Hollebon & Sarah Morrison,**					

NATIONAL

National Care of the Dying Audit

The National Care of the Dying Audit for Hospitals, England, led by the Royal College of Physicians (RCP) in collaboration with the Marie Curie Palliative Care Institute Liverpool (MCPCIL), and funded by Marie Curie Cancer Care and Public Health England, has found significant variations in care across hospitals in England. The audit shows that major improvements need to be made to ensure better care for dying people, and better support for their families, carers, friends and those important to them.

The audit assessed:

- The quality of care received directly by 6580 people who died in 149 hospitals in England between 1 May and 31 May 2013. This was done by reviewing the case notes of a sample of patients and is not the total number of people who died in hospital during this time. The audit only covered expected deaths
- Results from questionnaires completed by 858 bereaved relatives or friends, asking about the treatment of their relative, their involvement in decision making, and the support available to them. The questionnaire was distributed by some hospitals involved in the audit, and the results were aggregated nationally
- The organisation of care including availability of palliative care services, numbers of staff, training, and responsibilities for care.

The results provide data for hospitals to identify good and poor practice, and enable them to make changes that will enhance learning and improve care for dying patients. We will be reviewing the results of the audit and putting in place an improvement plan for the Trust. This will be led by Executive Medical Director Dr Mark Pugh, who I am designating as the Board's lead on care of the dying. The Trust Board is asked to endorse Dr Pugh as the lead for this area.

Regional

Strategic Partnership for mental health services

Recently Dr Pugh and I went with a team of senior leaders from our Mental Health services to visit Hertfordshire Partnership NHS Foundation Trust to see whether they would be a good fit in terms of becoming our strategic partner. We discussed many aspects of both of our services and saw some excellent innovation. They were keen to partner with us as they recognised that some of our services are outstanding. I recommend to the Board that we progress this partnership for the mutual benefit of our service users and would be grateful if the Board could approve this Statement of Intent.

LOCAL

CQC Inspection

As I write this we are just 14 days away from the CQC Inspection and our Board meeting is just 6 days before the inspection. We now know that the inspection will run across four (4) days - Tuesday 3rd to Friday 6th June. We believe that the CQC have taken into account that they will be inspecting the hospital, community and mental health services and due to the integrated nature of the organisation inevitably dipping into the ambulance service. We're like no other organisation that they have inspected before!

Preparatory work has continued apace and I really want staff to speak up about the services we provide – both the excellent and good bits and where we can improve services whilst being clear with them about the challenges we face as an Island health service, and the opportunities this creates for us. This is an important benchmark which we will be able to use to continue our improvement programme.

Celebration Day for Nurses and Allied Health Professionals

On 12th May we celebrated the birth of Florence Nightingale. International Nurses and Allied Health Professionals Day was a time to celebrate the dedication and hard work of our nurses and AHPs and raise awareness of their work. Nurses and AHPs, past and present, were invited to 'come dine with us for breakfast, lunch or afternoon tea, or to book onto motivational discussion sessions or indulge in a relaxing massage. In particular well done to the Poster winners who were 1st place for Twitter - Staff Nurse Rebecca Hepworth from Children's Ward, 2nd place for Cocks and Robbers - Consultant Nurse Felicity Young from the Sexual Health Service and joint 3rd for Community Rehab - Claire Brennon, Occupational Therapist and for 'Health Trainers', Ian Malcolm, Health Trainer Admin at Cowes Health Centre.

Spring Clean Week

Spring Clean Week took place during week commencing 12th May. All staff were strongly encouraged to set time aside to clear records and identify redundant equipment. We now have a number of workplaces which are tidier and better places to work. We will be repeating this initiative.

Friends and Family Test for Staff

Over 1,000 staff have responded to the Friends and Family Test for staff. Staff were invited by e-mail to let the Trust know via an online survey whether they were very likely, likely, unlikely or very unlikely to recommend the Trust as a place to be treated. The survey is being conducted on a quarterly basis covering April to June; July to September; October to December; and January to February. The results are reported to NHS England who will publish the results.

Staff Communication

The first edition of our new Staff News has been published. It's bright, it's colourful and it's intended to reach everyone that does not have regular access to e-mail or online communications which is a surprising number of our staff. The Communications team are collecting feedback and welcome suggestions about content.

NHS Equality, Diversity and Human Rights Week 2014

As the largest employer on the Island, the NHS has a responsibility to remain at the forefront of the inclusion and fairness agenda – for patients and staff. Staff who follow the Trust's Vision Values and Behaviours guide sent to all staff with March payslips, should meet all the basic requirements under these important areas.

Peer Review of ECT

The recent peer review of the electro convulsive therapy (ECT) clinic went really well with the review team saying they were extremely impressed with the facilities, paperwork and the Team. Well done to Lead ECT Nurse Mandy Tate and everyone in the ECT Team.

Sports and Social

Congratulations to Helena Baker, Community Learning Disability Nurse, overall winner of the local Great NHS Bake Off, who also won in the Sponge Cake and Cupcake categories. Neonatal Nurse Practitioner Cheryl Burtwell won the Loaf Cake category and Pauline Cordon from EMH won in the Fruit Cake category. Well done to everyone who entered and thank you to Mandy Blackler and Rosie Oliver for organising this on behalf of the Celebrations Group.

Key Points Arising from the Trust Executive Committee

The Trust Executive Committee (TEC) – comprising Executive Directors, Clinical Directors, Heads of Clinical Service and Associate Directors – meets every Monday. The following key issues have been discussed at recent meetings:

14th April
- Safer Staffing – Board Part Two – Received
- Cost Improvement Programme (CIP) Allocation - Approved
- Chief Inspector of Hospitals (CIH) Visit Update – Received
- Our Better Hospitals Project Highlight Report – Received

21st April
n/a Bank Holiday

28th April
- Emergency Preparedness, Response & Resilience Annual Report 2013-14 - Approved
- Interests, Gifts, Hospitality Policy – Approved
- Statutory and Named Officer Roles – Approved
- Business Case for Contractual Redundancies – The Hub – Approved

5th May
n/a Bank Holiday

12th May
- CIH visit planning – Received
- Terms of Reference (TOR) for Culture, Health & Wellbeing Committee – Approved

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Karen Baker
Chief Executive Officer
21st May 2014

Enc D

Isle of Wight NHS Trust Board Performance Report 2014/15

April 14

Isle of Wight NHS Trust

Title	**Isle of Wight NHS Trust Board Performance Report 2014/15**				
Sponsoring Executive Director	Chris Palmer (Executive Director of Finance) Tel: 534462 email: Chris.Palmer@iow.nhs.uk				
Author(s)	Iain Hendey (Assistant Director of Performance Information and Decision Support) Tel: 822099 ext 5352 email: Iain.Hendey@iow.nhs.uk				
Purpose	To update the Trust Board regarding progress against key performance measures and highlight risks and the management of these risks.				
Action required by the Board:	**Receive**		**X**	**Approve**	
Previously considered by (state date):					
Trust Executive Committee			Mental Health Act Scrutiny Committee		
Audit and Corporate Risk Committee			Nominations Committee (Shadow)		
Charitable Funds Committee			Quality & Clinical Performance Committee		21/05/2014
Finance, Investment & Workforce Committee		21/05/2014	Remuneration Committee		
Foundation Trust Programme Board					
Please add any other committees below as needed					
Other (please state)					
Staff, stakeholder, patient and public engagement:					
Executive Summary:					
This paper sets out the key performance indicators by which the Trust is measuring its performance in 2013/14. A more detailed executive summary of this report is set out on page 2.					
For following sections – please indicate as appropriate:					
Trust Goal ***(see key)***	Quality, Resilience,Productivity & Workforce				
Critical Success Factors ***(see key)***	CSF1, CSF2, CSF6, CSF7, CSF9				
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***					
Assurance Level ***(shown on BAF)***	☐ Red		☐ Amber		☐ Green
Legal implications, regulatory and consultation requirements	None				

Date: Thursday 22nd May **Completed by: Iain Hendey**

Isle of Wight NHS Trust Board Performance Report 2014/15

April 14

Executive Summary

We have made a number of changes to the Trust Board Performance Report for April with further changes planned over the next couple of months. Currently the most notable changes in the report are in relation to the balanced scorecard. You will note that we have realigned our suite of Key Performance Indicators to the CQC Key Lines of Enquiry (KLOE). The next stage is to complete a review of KPIs to ensure that we have the right measures to provide the board with necessary assurance that the Trust is Safe, Effective, Caring, Responsive and Well Led.

Safe:

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 are in place to support improvements in this area.

Responsive:

RTT Non Admitted was below target in April, a number of specialties did not meet the target bringing the overall performance for the Trust below 95%. A range of actions are planned to address this issue including additional outpatient clinics and the appointment of locums in challenged specialties.

Symptomatic Breast referrals seen within 2 weeks failed the 93% standard for April - The Breast Care team are trying to ensure patients initial appointment is made within the first 7 days and proactively managing patients who cancel in an attempt to keep breaches to a minimum.

The 62 day cancer screening target also failed although this was just 1 patient whose breach was as a result of a declined appointment.

CPA patients receiving a formal review within 12 month of discharge - the poor performance against this target is thought to be due to a data recording issue, this should be rectified with the roll out of PARIS and reports are currently being developed to improve the quality of the data that informs this KPI.

Well Led:

The total pay bill for April including variable hours is £9.88m, in excess of the plan of £9.65m. The number of FTEs in post is also currently below plan by 21 FTE. 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 decreased slightly again during April (3.90%) but remains above the 3% plan. Specific problem areas are being identified for local investigation and are challenged at directorate performance review meetings.

At the end of April the Trust is reporting a surplus of £130k against the actual planned financial position of £132k. The adjusted retained surplus shows £132k also £2k below plan. The Continuity of Service Risk Rating is 4.

The Cost Improvement Programme showed an overachievement in April of £109k against the target of £484k. However, of this, only £277k was achieved recurrently and therefore the focus remains on the delivery of recurrent savings.

Caring:

Patient Satisfaction: Complaints were up in April in comparison to March and exceeded the planned 10% reduction target against the 2013/14 baseline for the year to date although achieving a 10% reduction on the equivalent month. Compliments, in the form of letters and cards of thanks, were down with respect to March. As one of the CQUIN goals for this year, relocation to main reception to provide a higher profile presence is currently underway.

Effective:

Theatre Utilisation. Day surgery utilisation is above plan, at 83.66%, but Main Theatres experienced difficulties during April with only 78% utilisation. This dip was mainly in ENT, Urology, Maxillo-facial and Trauma & Orthopaedic surgeries. There were a high number (17) of cancelled operations although most (14) were rebooked.

Isle of Wight NHS Trust Board Performance Report 2014/15

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Balanced Scorecard - Aligned to 'Key Line of Enquiry' (KLOEs)

Isle of Wight NHS Trust

Safe

GRR ref		Area	Annual Target	Actual Performance		YTD	Month Trend
	Patients that develop a grade 4 pressure ulcer	TW	12	5	Apr-14	5	↗
	Reduction across all grades of pressure ulcers (25% on 2013/14 Acute baseline, 50% Community)	TW	203	30	Apr-14	30	↗
	VTE (Assessment for risk of)	AC	>95%	99.5%	Apr-14	99.5%	↘
	MRSA (confirmed MRSA bacteraemia)	AC	0	0	Apr-14	0	↔
14	C.Diff (confirmed Clostridium Difficile infection - stretched target)	AC	4	0	Apr-14	0	↗
	Clinical Incidents (Major) resulting in harm (confirmed & potential, includes falls & PU G4)	TW	50	6	Apr-14	6	↘
	Clinical Incidents (Catastrophic) resulting in harm (confirmed & potential)	TW	9	0	Apr-14	0	↗
	Falls - resulting in significant injury	TW	7	0	Apr-14	0	↔

Effective

	Area	Annual Target	Actual Performance		YTD	Month Trend
Summary Hospital-level Mortality Indicator (SHMI)* Jul-12 - Jun-13	TW	1.00	1.1160	Q3	N/A	↗
Hospital Standardised Mortality Ratio (HSMR) Jul-12 - Jul-13	TW	100	103.47	Q3	N/A	↗
Stroke patients (90% of stay on Stroke Unit)	CM	80%	84%	Feb-14	84%	↘
High risk TIA fully investigated & treated within 24 hours (National 60%)	CM	60%	73%	Feb-14	73%	↘
Cancelled operations on/after day of admission (not rebooked within 28 days)	AC	0	3	Apr-14	3	↘
Delayed Transfer of Care (lost bed days)	TW	N/A	204	Apr-14	204	↘
Number of Ambulance Handover Delays	AM	to be included once data collection verified				
Theatre utilisation	AC	83%	80%	Apr-14	80%	↘

Caring

	Area	Annual Target	Actual Performance		YTD	Month Trend
Patient Satisfaction (Friends & Family test - Inpatient response rate)	AC	30%	26%	Apr-14	26%	↘
Patient Satisfaction (Friends & Family test - A&E response rate)	AC	20%	16%	Apr-14	16%	↗
Mixed Sex Accommodation Breaches	TW	0%	0	Apr-14	0	↔
Formal Complaints	TW	<175	20	Apr-14	20	↘
Compliments received	TW	N/A	173	Apr-14	173	↘

Responsive

		Area	Annual Target	Actual Performance		YTD	Month Trend
1	RTT:% of admitted patients who waited 18 weeks or less	AC	90%	94%	Apr-14	94%	↗
2	RTT: % of non-admitted patients who waited 18 weeks or less	AC	95%	93%	Apr-14	93%	↘
3	RTT % of incomplete pathways within 18 weeks	AC	92%	94%	Apr-14	94%	↘
8b	Symptomatic Breast Referrals Seen <2 weeks*	AC	93%	89%	Apr-14	89%	↘
6b	Cancer Patients receiving subsequent Chemo/Drug <31 days*	AC	98%	100%	Apr-14	100%	↔
6a	Cancer Patients receiving subsequent surgery <31 days*	AC	94%	100%	Apr-14	100%	↔
5a	Cancer Patients treated after screening referral <62 days*	AC	90%	80%	Apr-14	80%	↘
	Cancer Patients treated after consultant upgrade <62 days*	AC	85%	100%	Apr-14	100%	↔
7	Cancer diagnosis to treatment <31 days*	AC	96%	98%	Apr-14	98%	↘
5b	Cancer urgent referral to treatment <62 days*	AC	85%	96%	Apr-14	96%	↗
8a	Cancer patients seen <14 days after urgent GP referral*	AC	93%	95%	Apr-14	95%	↘
	No. Patients waiting > 6 weeks for diagnostics	AC	100	2	Apr-14	2	↘
	%. Patients waiting > 6 weeks for diagnostics	AC	1%	0.17%	Apr-14	0.17%	↘
4	Emergency Care 4 hour Standards	AC	95%	95%	Apr-14	95%	↘
12	Ambulance Category A Calls % < 8 minutes	AM	75%	76%	Mar-14	76%	↗
13	Ambulance Category A Calls % < 19 minutes	AM	95%	96%	Mar-14	97%	↘
9a	% of CPA patients receiving FU contact within 7 days of discharge	MH	95%	95%	Apr-14	95%	
9b	% of CPA patients having formal review within 12 months of discharge	MH	95%	6%	Apr-14	6%	
10	% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	MH	95%	100%	Apr-14	100%	

Well-Led

	Area	Annual Target	Actual Performance		YTD	Month Trend
Total workforce SIP (FTEs)	TW	2,669.0	2,647.7	Apr-14	n/a	↗
Total pay costs (inc flexible working) (£000)	TW	£9,653	£9,186	Apr-14	£9,186	↗
Variable Hours (FTE)	TW	139	141	Apr-14	141	↗
Variable Hours (£000)	TW	£17	£703	Apr-14	£703	↗
Staff sickness absences	TW	3%	3.90%	Apr-14	3.90%	↗
Staff Turnover	TW	5%	0.36%	Apr-14	0.36%	↘
Achievement of financial plan	TW	£1.7m	£130k	Apr-14	£130k	
Underlying performance	TW	1.4m	£130k	Apr-14	£130k	
Net return after financing	TW	0.50%	0.98%	Apr-14	0.98%	
I&E surplus margin net of dividend	TW	=>1%	0.92%	Apr-14	0.92%	
Liquidity ratio days	TW	=>15	24	Apr-14	24	
Continuity of Service Risk Rating	TW	3	4	Apr-14	4	
Capital Expenditure as a % of YTD plan	TW	=>75%	73%	Apr-14	73%	
Quarter end cash balance (days of operating expenses)	TW	=>10	28	Apr-14	28	
Debtors over 90 days as a % of total debtor balance	TW	=<5%	0.0%	Apr-14	0.0%	
Creditors over 90 days as a % of total creditor balance	TW	=<5%	0.17%	Mar-14	0.17%	
Recurring CIP savings achieved	TW	100%	52.11%	Apr-14	52.11%	
Total CIP savings achieved	TW	100%	122.42%	Apr-14	122.42%	

Notes

Delivering or exceeding Target		Improvement on previous month ↗
Underachieving Target		No change to previous month ↔
Failing Target		Deterioration on previous month ↘

Key to Area Code

- TW = Trust Wide
- AC = Acute
- AM = Ambulance
- CM = Community Healthcare
- MH = Mental Health

Sparkline graphs and Year End forecasts will be included as appropriate once further data is collected to calculate developing trends.

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Performance Summary - Acute

Isle of Wight NHS Trust

Performance on a Page - Acute

Safe	Latest data	In month		YTD	
		Target	Actual	Target	Actual
No. of Grade 1&2 Pressure Ulcers	Apr-14		6		6
No. of Grade 3&4 Pressure Ulcers	Apr-14		1		1
VTE	Apr-14	95%	99.5%	95%	99.5%
MRSA	Apr-14	0	0	0	0
C.Diff	Apr-14		0	4	0
No. of Reported SIRI's	Apr-14		2		2

Effective	Latest data	In month		YTD	
		Target	Actual	Target	Actual
Delayed Transfers of Care (lost bed days)	Apr-14	N/A	204	N/A	204
Cancelled operations on/after day of admission (not rebooked within 28 days)	Apr-14	0	3		3

Responsive*	Latest data	In month		YTD	
		Target	Actual	Target	Actual
Emergency Care 4 hour Standards	Apr-14	95%	95.3%	95%	95.3%
RTT Admitted - % within 18 Weeks	Apr-14	90%	93.9%	90%	93.9%
RTT Non Admitted - % within 18 Weeks	Apr-14	95%	92.9%	95%	92.9%
RTT Incomplete - % within 18 Weeks	Apr-14	92%	93.7%	92%	93.7%
No. Patients waiting > 6 weeks for diagnostics	Apr-14	8	2	100	2
%. Patients waiting > 6 weeks for diagnostics	Apr-14	1%	0.17%	1%	0.17%
Cancer 2 wk GP referral to 1st OP	Apr-14	93%	94.9%	93%	94.9%
Breast Symptoms 2 wk GP referral to 1st OP	Apr-14	93%	89.2%	93%	89.2%
31 day second or subsequent (surgery)	Apr-14	94%	100%	94%	100%
31 day second or subsequent (drug)	Apr-14	98%	100%	98%	100%
31 day diagnosis to treatment for all	Apr-14	96%	98.1%	96%	98.1%
62 day referral to treatment from screening	Apr-14	90%	80.0%	90%	80.0%
62 days urgent referral to treatment of all cancers	Apr-14	85%	95.8%	85%	95.8%
Emergency 30 day Readmissions	Apr-14		5.1%		5.1%

Well-Led	Latest data	In month		YTD	
		Target	Actual	Target	Actual
% Sickness Absenteeism					
FTE vs Budget	Apr-14	1,479	1,421	1,479	1,421
Appraisals	Apr-14		2.5%		2.5%
Actual vs Budget (in £'000's)	Apr-14	6,374	6,698	6,374	6,698
CIP (in £'000's)	Apr-14	315	387	315	387

Caring	Latest data	In month		YTD	
		Target	Actual	Target	Actual
F&F Acute - % Response Rate	Apr-14	20%	26.4%	20%	26.4%
F&F Acute - % Recommending	Apr-14	95%	96.6%	95%	96.6%
F&F A&E - % Response Rate	Apr-14	20%	15.9%	20%	15.9%
F&F A&E - % Recommending	Apr-14	95%	93.2%	95%	93.2%
Mixed Sex Accommodation Breaches	Apr-14	0	0	0	0
No. of Complaints	Apr-14		16		16
No. of Concerns	Apr-14		32		32
No. of Compliments	Apr-14	N/A	103	N/A	103

Contracted Activity**	Latest data	In month		YTD	
		Target	Actual	Target	Actual
Emergency Spells	Mar-14	1,269	1,057	14,653	13,405
Elective Spells	Mar-14	682	773	8,251	8,086
Outpatients Attendances	Mar-14	9,735	9,658	117,745	119,127

**Cancer figures for April-14 are provisional*

***The Acute SLA reports a month behind, therefore figures are from March 14.*

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Performance Summary - Community

Isle of Wight NHS Trust

Performance on a Page - Community

Safe	Latest data	In month		YTD	
		Target	Actual	Target	Actual
No. of Grade 1&2 Pressure Ulcers	Apr-14		15		15
No. of Grade 3&4 Pressure Ulcers	Apr-14		9		9
No. of Reported SIRI's	Apr-14		3		3
MRSA	Apr-14	0	0	0	0
C.Diff	Apr-14		0	2	0

Effective	Latest data	In month		YTD	
		Target	Actual	Target	Actual
Stroke patients (90% of stay on Stroke Unit)	Feb-14	80%	84.0%	80%	84.0%
High risk TIA fully investigated & treated within 24 hours (National 60%)	Feb-14	60%	73.0%	60%	73.0%

Responsive	Latest data	In month		YTD	
		Target	Actual	Target	Actual

Well-Led	Latest data	In month		YTD	
		Target	Actual	Target	Actual
% Sickness Absenteeism					
FTE vs Budget	Apr-14	530	521	530	521
Appraisals	Apr-14		13.4%		13.4%
Actual vs Budget (in £'000's)	Apr-14	3,449	3,607	3,449	3,607
CIP (in £'000's)	Apr-14	90	16	90	16

Contracted Activity	Latest data	In month		YTD	
		Target	Actual	Target	Actual
Community Contacts	Mar-14	16,294	17,889	195,533	211,534

Caring	Latest data	In month		YTD	
		Target	Actual	Target	Actual
F&F - % Response Rate	Apr-14	20%	22.3%	20%	22.3%
F&F - % Recommending	Apr-14	95%	100%	95%	100%
No. of Complaints	Apr-14		4		4
No. of Concerns	Apr-14		12		12
No. of Compliments	Apr-14	N/A	64	N/A	64

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Performance Summary - Mental Health

Isle of Wight NHS Trust

Performance on a Page - Mental Health

Safe	Latest data	In month		YTD	
		Target	Actual	Target	Actual

Effective	Latest data	In month		YTD	
		Target	Actual	Target	Actual

Responsive	Latest data	In month		YTD	
		Target	Actual	Target	Actual
% of CPA patients receiving FU contact within 7 days of discharge	Apr-14	95%	95%	95%	95%
% of CPA patients having formal review within 12 months of discharge	Apr-14	95%	6%		6%
% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	Apr-14	95%	100%	95%	100%

Well-Led	Latest data	In month		YTD	
		Target	Actual	Target	Actual
% Sickness Absenteeism	Apr-14	3%	3.88%	3%	3.88%
FTE vs Budget	Apr-14	367	339	367	339
Appraisals	Apr-14		6.4%		6.4%

Activity	Latest data	In month		YTD	
		Target	Actual	Target	Actual
Mental Health Inpatient Activity	Apr-14	N/A	54	N/A	54
Mental Health Outpatient Activity	Apr-14	N/A	397	N/A	397

Caring	Latest data	In month		YTD	
		Target	Actual	Target	Actual

Highlights

- **Emergency Care 4 hour standard performance remains above target**
- **VTE risk assessment continues to achieve national target**
- **No new cases of MRSA or C Difficile**

Lowlights

- **Staff absenteeism due to sickness remains above target**
- **Variable hours significantly above plan**
- **2 x cancer targets underachieved (patient led)**
- **Pressure ulcers above plan**

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Pressure Ulcers

Isle of Wight NHS Trust

Commentary:

General: Numbers are reviewed for both the current and previous month and there may be changes to previous figures once validated. Pressure ulcer figures are also included within the clinical incident reporting, where any change is also reflected.

Hospital acquired:There was 1 x grade 4, 7 x grade 1, 6 x grade 2 and no grade 3 pressure ulcers reported in the hospital during April 2014. These give an overall reduction of 22% not meeting the planned overall reduction of 25% against the previous year baseline although the grade 3 ulcers are achieving the required individual target of 50% reduction (zero for G4).

Explanation of RAG Rating

Red=Any G4 or 2 G3 or 5 any in rolling 3 month period

Amber=1G3 or increase/no change in G2 in rolling 3 month period

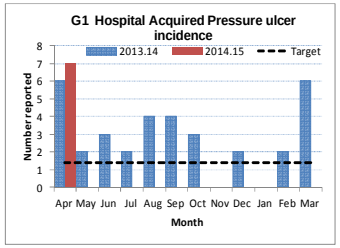
Green=No G3 or G4 and decrease in G2 or 2 or less of any grade (1&2) in rolling 3 month period

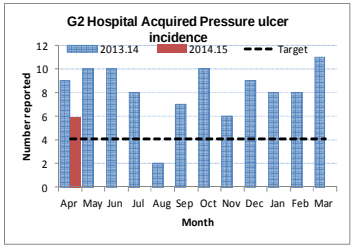
Community acquired: Reducing community acquired pressure ulcers continues to be challenging and this is reflected in the application of 50% target reduction across all grades. Work continues to raise awareness of the causes of pressure ulcers and to involve patients in prevention at home. During April, 4 x grade 1, 9 x grade 2, 2 x grade 3 and 4 x grade 4 pressure ulcers were reported.

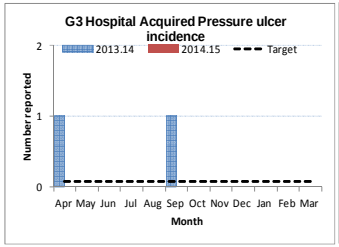
Analysis:

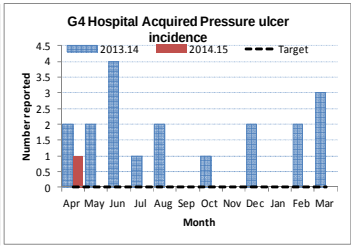
Quality Account Priority 2 & National Safety Thermometer CQUIN schemes

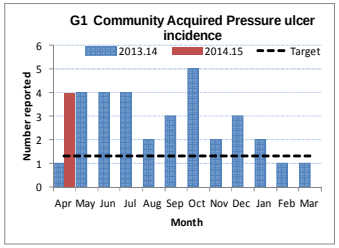
Prevention & Management of Pressure Ulcers

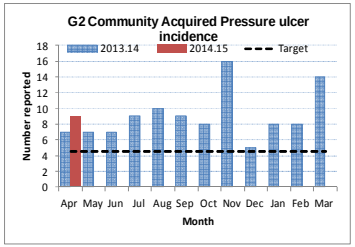


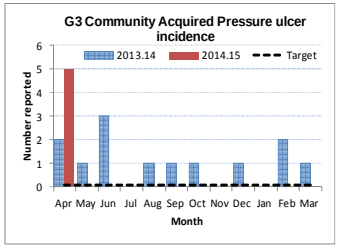


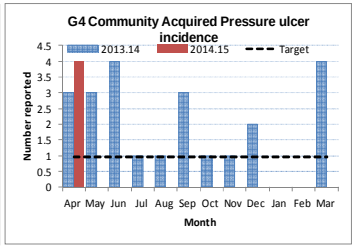












Action Plan:	Person Responsible:	Date:	Status:
Ward care plans are reviewed as part of tissue viability auditing process. Results are being fed back to individual ward areas to support ward improvement. The auditing is widening to include the MUST screening tool. (**M**alnutrion & **U**ndernourishment **S**creening **T**ool)	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	May-14	Continuing
Communication & Engagement have shared the proposed communications plan with commissioners and further plans are in progress for implementation of this along with changes to the Nutrition and Tissue Viability Service	Executive Director of Nursing & Workforce/ Tissue Viability Specialist Nurse	Spring 14	In progress

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Formal Complaints

Commentary:

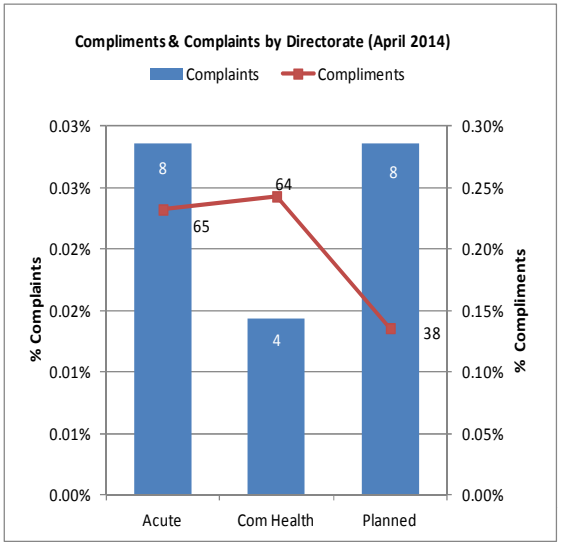
There were 20 formal Trust complaints (0.07% of hospital contacts) received in April 2014 (12 in the previous month) with 173 compliments (0.62% of hospital contacts) recieved by letters and cards of thanks across the same period.

There are approximately 23,000 consultant led contacts each month with a further 5000 contacts with other health professionals.

Across all complaints and concerns in April 2014:
Top areas complained about were:
- General Surgery & Urology (8)
- Emergency Department (5)
- Medical Services (5)

Across all complaints and concerns in April 2014:
Top subjects complained about were:
- Clinical care (20)
- Communication (13)
- Out-patient appointment delay/cancellation (9)

Analysis: Complaints



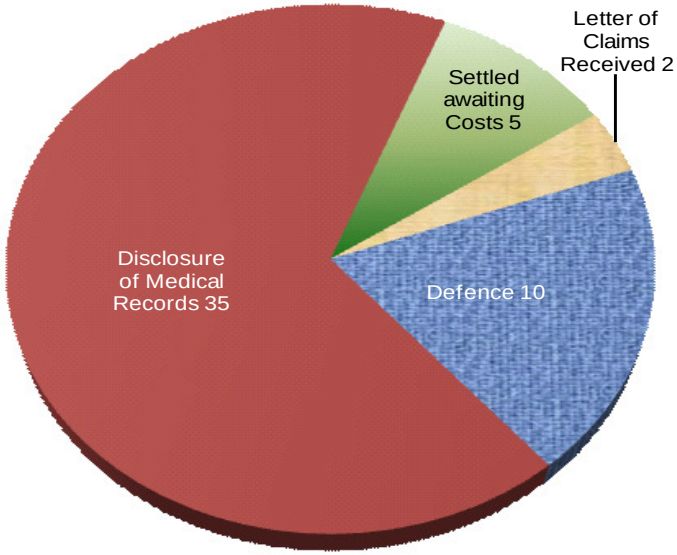
Primary Subject	Mar-14	Apr-14	CHANGE	RAG rating
Clinical Care	11	9	-2	↓
Nursing Care	1	2	1	↑
Staff Attitude	0	3	3	↑
Communication	0	2	2	↑
Outpatient Appointment Delay/ Cancellation	0	1	1	↑
Inpatient Appointment Delay / Cancellation	0	0	0	✓
Admission / Discharge / Transfer Arrangements	0	0	0	✓
Aids and appliances, equipment and premises	0	2	2	↑
Transport	0	0	0	✓
Consent to treatment	0	1	1	↑
Failure to follow agreed procedure	0	0	0	✓
Hotel services (including food)	0	0	0	✓
Patients status/discrimination (e.g. racial, gender)	0	0	0	✓
Privacy & Dignity	0	0	0	✓
Other	0	0	0	✓

Action Plan:	Person Responsible:	Date:	Status:
Following the review of complaints, recommendations have been made relating to complaints management. Resources will be allocated to Clinical Directorates to assist them in owning their complaints and managing them closer to the point of care. Resource to be identified through organisational change.	Executive Director of Nursing & Workforce / Business Manager - Patient Safety; Experience & Clinical Effectiveness	May-14	In progress

Q1 Isle of Wight NHS Trust Claims Dashboard

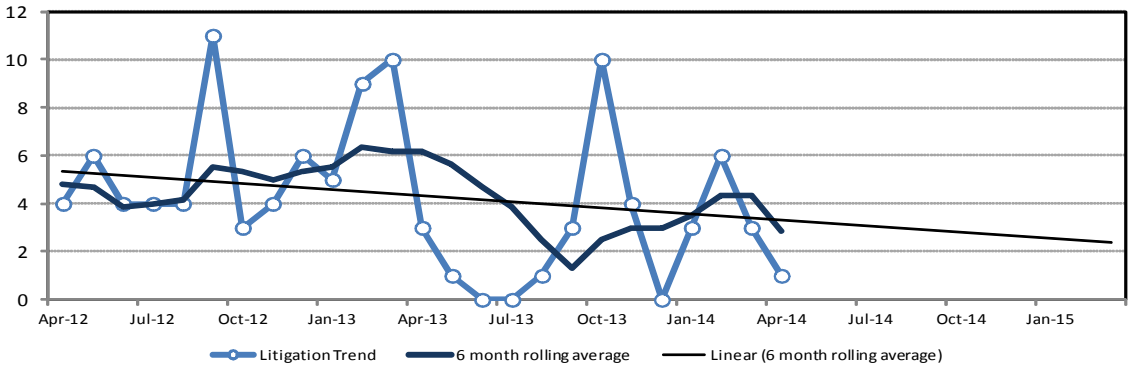
Current number of open claims 52

Number of Open Claims by Category



NPSA Category	Ligigation Received				
	Q1 13/14	Q4 13/14	Q1 14/15	Change	RAG
Access, Appointment, Admission, Transfer, Discharge	2	0	0	0	✓
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	0	0	0	✓
Medication	0	2	0	-2	✓
Implementation of care or ongoing monitoring/review	1	2	0	-2	✓
Treatment, procedure	1	8	1	-7	↓
Total	4	12	1	-11	↓

Litigation Received



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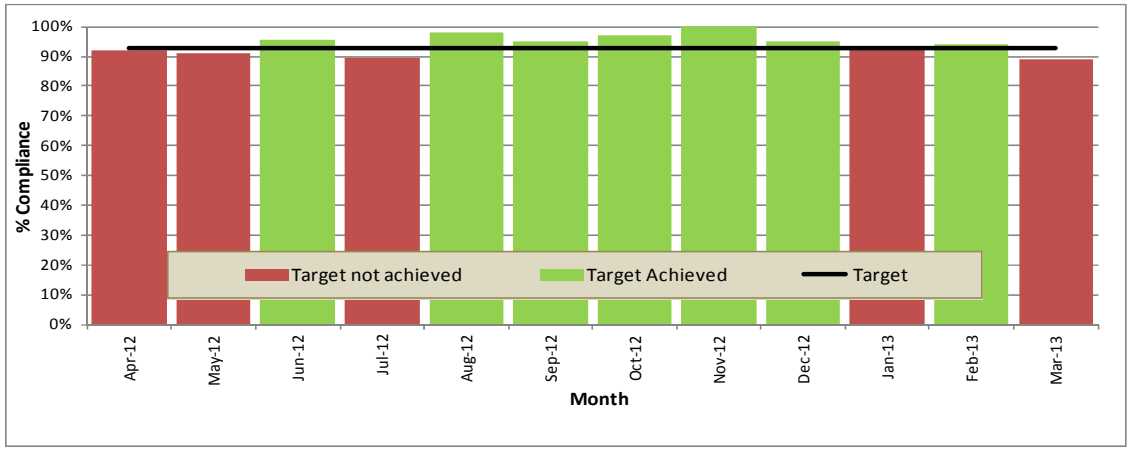
Symptomatic Breast Referrals seen within 2 weeks/Treatment within 2 days of screening referral

Commentary:	**Analysis: Symptomatic Breast Referrals seen within 2 weeks.**
All April figures are still provisional. 27 of the 28 breaches (96%) during April were patient led. **Symptomatic Breast Referrals seen within 2 weeks (93%)** The 8 breaches of this measure were all patient led, resulting in underachievement of the target at 89% during April. The Breast Team, Lead Cancer Nurse and Breast CNS contact the patient if prior warning of cancellation is received to try to prevent a breach occurring. **Treated within 62 days of screening referral (90%)** There was 1 breach which was patient choice as the offer was declined. There were only 5 patients in this category during April and this single breach resulted in underachievement of the target at 80%. The extremely low numbers have an exaggerated effect on the resultant percentages.	

	Person Responsible:	**Date:**	**Status:**
Service reviews continue to ensure that first appointment is within 7 days of referral. This should improve performance in that alternative dates can be offered to enable patients to be seen within the required 2 weeks. Lead Cancer Nurse/Breast Team to continue to contact patients when prior notification of cancellation occurs. NB: Unfortunately we cannot predict DNAs.	Lead Cancer Nurse Breast Care Team /OPARU	May-14	Continuing

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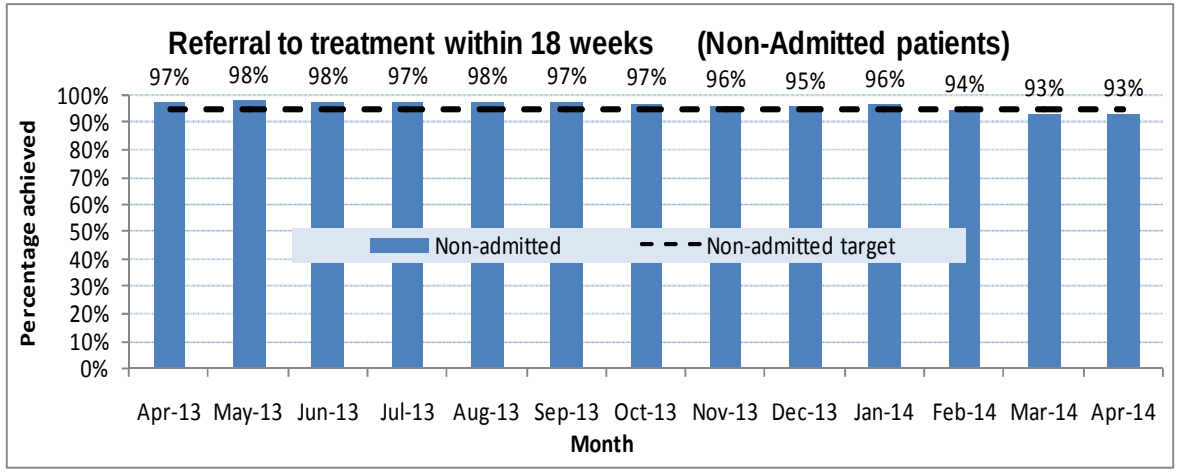
Referral to Treatment Times (RTT)

Commentary:	**Analysis:**
The Trust did not achieve the non-admitted target for services commissioned by the IOW CCG. Significant failure of the target in Trauma and Orthopaedics, Ophthalmology, Oral & Maxillofacial Gastroenterology, Endocrinology, Diabetes, Thoracic, Geriatrics and Elderly Mental Health specialties, and a slightly lower achievement in Pain Management, brought overall Trust achievement below the 95% target.	

Action Plan:	**Person Responsible:**	**Date:**	**Status:**
Appointment of Locums to pick up extra OP appointments in May and June 2014 (Gastroenterology & Respiratory)	General Managers in Acute Directorate	Jun-14	In progress
Additional T&O follow up clinics are being set up to reduce down times after diagnostics & consultant to consultant referrals	General Managers in Acute Directorate	May-14	In progress
T&O Clinics for May/June are being planned with minimal cost option of releasing middle grades from theatres to relocate in OPD where possible, using theatre staff to first assist	General Managers in Acute Directorate	Jun-14	In progress

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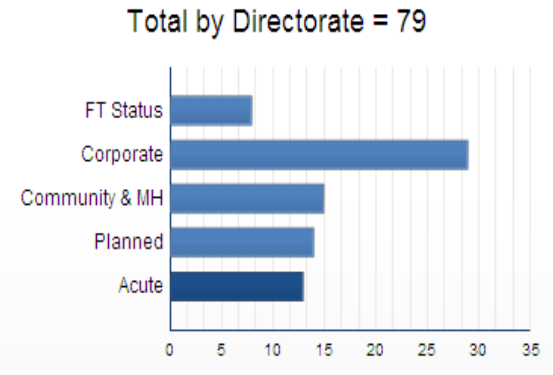
Risk Register -Situation current as at 19/05/2014

Analysis:

This extract from the Risk register dashboard shows the highest rated risks (Rating of 20) across all Directorates and includes both clinical and non-clinical entries. Entries have been sorted according to the length of time on the register and demonstrate the number and percentage of completed actions.



Directorate	Added	Title	Actions	Done	%
PLANND	23/02/2011	Insufficient and inadequate Endoscopy facilities to meet service requirements (BAF 6.10)	7	5	71.4%
PLANND	20/10/2011	Insufficient and inadequate Ophthalmology facilities to meet service requirements (BAF 6.10)	6	4	66.7%
CORPRI	22/11/2011	Mandatory Training	6	4	66.7%
CORPRI	23/01/2012	Fire Compartments - cause and effect of fire alarm system	6	3	50.0%
ACUTE	16/08/2012	Blood sciences out-of-hours staffing (BAF 4.4)	4	3	75.0%
PLANND	24/10/2012	Failing heating/cooling system impacting on service delivery (BAF 2.22)	2	1	50.0%
COMMH	22/11/2012	Low staffing levels within occupational therapy acute team	6	2	33.3%
ACUTE	05/12/2012	Vacant consultant physician posts (BAF 10.73)	3	1	33.3%
CORPRI	26/03/2013	Pressure ulcers	3	0	0.0%
PLANND	23/09/2013	Ophthalmic Casenotes - Poor Condition, Misfiling and Duplication Leading to Potential Clinical Error	4	2	50.0%
ACUTE	21/01/2014	Acquisition of mechanical device for chest compressions	3	2	66.7%
PLANND	30/04/2014	Maternity Theatre inadequate airflow leading to potential infection control risk	-	-	-

Data as at 19/05/2014 Risk Register Dashboard

Commentary

The risk register is reviewed monthly both at Trust Executive Committee/Directorate Boards and relevant Trust Executive sub-committee meetings. All risks on the register have agreed action plans with responsibilities and timescales allocated. The 'Open Risks' dashboard runs from a live feed and is updated daily. All Execs/Associate Directors/Senior Managers have access with full details of all risks, actions and progress available at all times. This report provides a 'snapshot' overview.

Since the last report five new risks have been added to the register, although the table above shows only those with the highest level rating. These are (1) Maternity Theatre Airflow (2) Planned Preventative Maintenance behind schedule (3) Planned Preventative Maintenance recording not registered on MiCAD system (4) Internal Audit on Clinical Audit reflected limited assurance (5) Non-Compliance with MDA Alert MDA010. One risk has been signed off the register - Radio Opaque Line on Pennine NG Tubes.

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Workforce - Key Performance Indicators

Isle of Wight NHS Trust

Measure	Period	Month Target/Plan	Month Actual	In Month Variance	RAG rating	In Month Final RAG Rating	Trend from last month
Workforce FTE	Apr-14	2669	2648	-21			
Workforce Variable FTE	Apr-14	139	141	2			
Workforce Total FTE	Apr-14	2808	2789	-19			
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	Apr-14	£9,653	£9,186	-£467			
In Month Variable Hours	Apr-14	£17	£703	£686			
In Month Total Paybill	Apr-14	£9,669	£9,888	£219			
Year-to Date Paybill*	Apr-14	£9,669	£9,888	£219			
Sickness Absence	**Period**	**Month Target/Plan**	**Month Actual**		**RAG Rating**		
In Month Absence Rate	Apr-14	3%	3.90%				

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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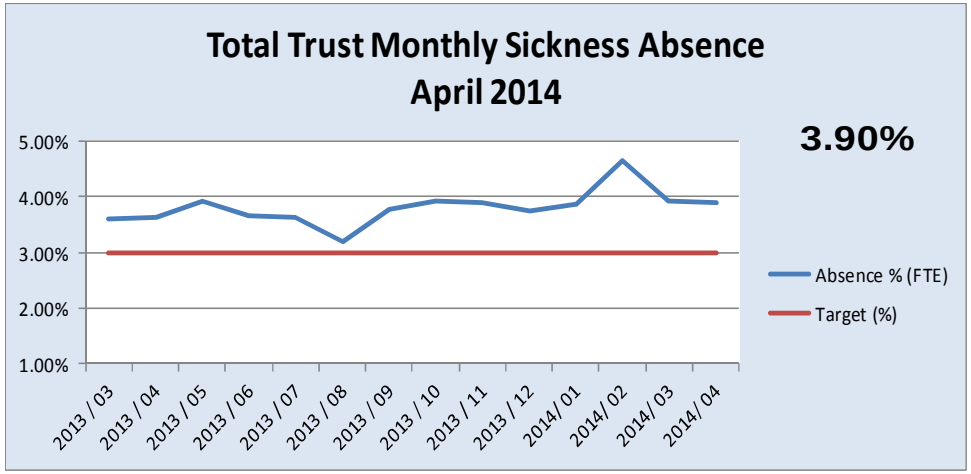
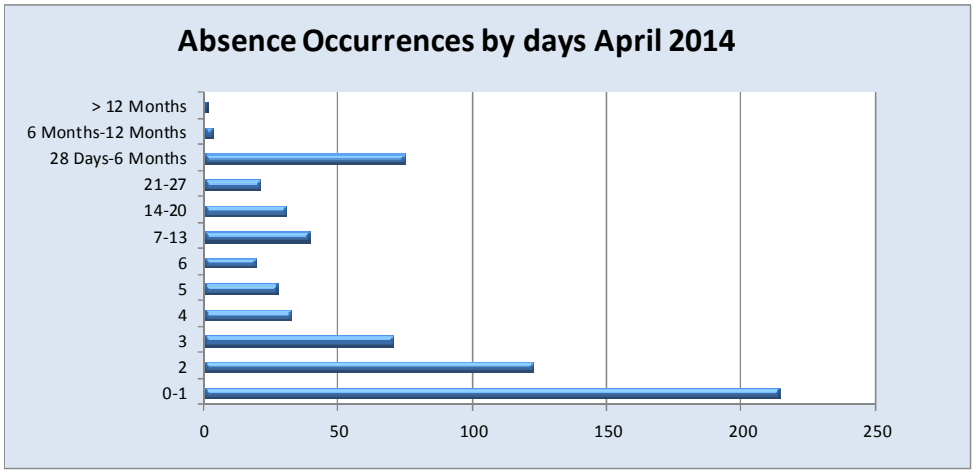
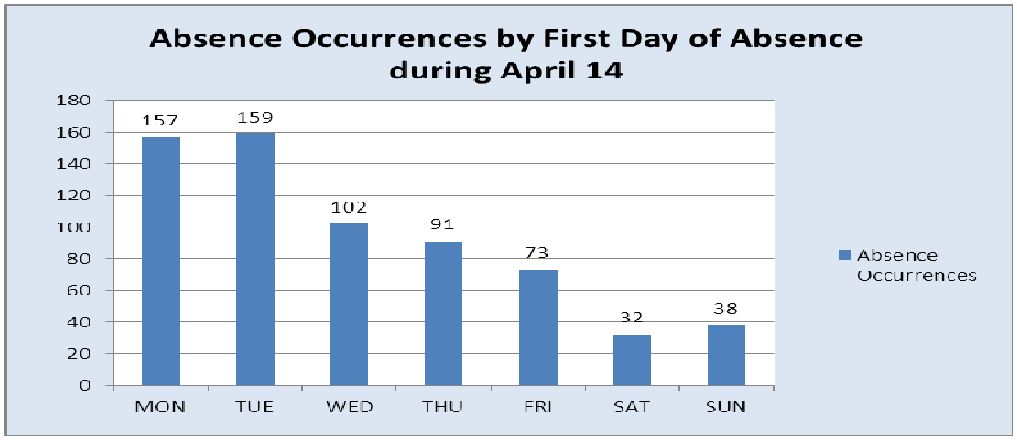
Sickness Absence - Monthly Sickness Absence







Top 10 Absence reasons by FTE Year To Date

Absence Reason
S10 Anxiety/stress/depression/other psychiatric illnesses
S12 Other musculoskeletal problems
S25 Gastrointestinal problems
S13 Cold, Cough, Flu - Influenza
S11 Back Problems
S28 Injury, fracture
S17 Benign and malignant tumours, cancers
S26 Genitourinary & gynaecological disorders
S15 Chest & respiratory problems
S21 Ear, nose, throat (ENT)

Performance Area	Commentary	RAG Rating In Month	RAG Rating YTD	RAG Rating Full Year Forecast
Continuity of Service Risk Rating (CoSRR)	• Overall Rating of 4 after normalisation adjustments.	Green	Green	Green
Summary	• The year end position for the Trust is forecast at an adjusted surplus of **£1,702k**. The M01 position is an adjusted surplus of **£132k** which is a £2k underachievement against a plan of **£134k**.	Green	Green	Green
Cost Improvement Programme (CIP)	• M01 CIPs achieved **£593k** against a plan of **£484k.** The RAG rating is Amber due to the level of non recurrent plans.	Amber	Amber	Green
Working Capital & Treasury	• Cash 'in-hand' and 'at-bank' at Month 1 was **£9,286k.**	Green	Green	Green
Capital	• Total capital spend in April amounted to **£224k** against a planned spend of **£307k.**	Amber	Amber	Green

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Income & Expenditure - Key Highlights - Trust

Isle of Wight NHS Trust

Statement of Comprehensive Income	2014/15 Full Year BUDGET £000s	Apr Budget £000s	Apr Actual £000s	Apr Variance £000s	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s
Gross Employee Benefits	(115,265)	(9,669)	(9,888)	(219)	(9,669)	(9,888)	(219)
Other Operating Costs	(54,862)	(4,008)	(4,034)	(26)	(4,008)	(4,034)	(26)
Revenue from Patient Care Activities	160,335	13,192	13,350	157	13,192	13,350	157
Other Operating Revenue	9,569	907	976	69	907	976	69
OPERATING SURPLUS/(DEFICIT)	(223)	421	403	(19)	421	403	(19)
Investment Revenue	22	1	2	1	1	2	1
Other Gains and Losses	(125)	(1)	(2)	(0)	(1)	(2)	(0)
Finance Costs (including interest on PFIs and Finance Leases)	(48)	(16)	0	16	(16)	0	16
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	(374)	405	403	(2)	405	403	(2)
Dividends Payable on Public Dividend Capital (PDC)	(3,299)	(275)	(275)	0	(275)	(275)	0
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	(3,673)	132	130	(2)	132	130	(2)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR PER ACCOUNTS	(3,673)	132	130	(2)	132	130	(2)

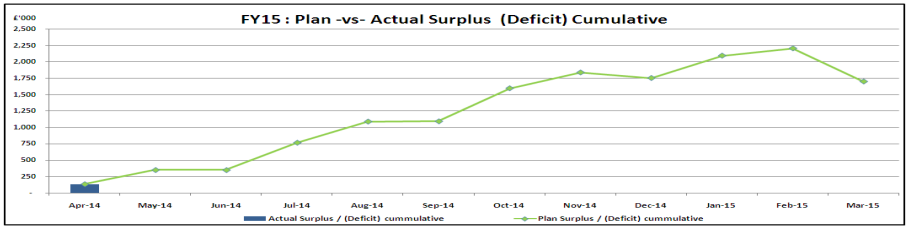
Reported NHS Financial Performance	2014/15 Full Year £000s	Apr Budget £000s	Apr Actual £000s	Apr Variance £000s	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s
Retained surplus/(deficit) for the year	(3,673)	132	130	(2)	132	130	(2)
IFRIC 12 adjustment including impairments	0	0	0	0	0	0	0
Impairments excluding IFRIC12 impairments	5,347	0	0	0	0	0	0
Donated/Government grant assets adjustment (include donation/grant receipts and depreciation of donated/grant funded assets)	28	2	2	0	2	2	0
Adjusted Financial Performance Retained Surplus/(Deficit)	1,702	134	132	(2)	134	132	(2)

Earnings Before Interest, Taxation, Depreciation and Amortisation (EBITDA)	2014/15 Full Year £000s	Apr Budget £000s	Apr Actual £000s	Apr Variance £000s	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s
Retained Surplus / (Deficit) for the Year per Accounts	(3,673)	132	130	(2)	132	130	(2)
Depreciation	6,158	498	504	6	498	504	6
Amortisation	1,302	104	104	0	104	104	0
Impairments (including IFRIC 12 impairments)	5,347	0	0	0	0	0	0
Interest Receivable	(22)	(1)	(2)	(1)	(1)	(2)	(1)
Finance Costs (including interest on PFIs and Finance Leases)	48	16	0	(16)	16	0	(16)
Dividends	3,299	275	275	0	275	275	0
Donated/Government grant assets adjustment (donation income element of SC 380)	(100)	8	8	0	8	8	0
(Gains) / Losses on disposal of assets	125	1	2	0	1	2	0
EBITDA Sub Total	12,484	1,035	1,023	(12)	1,035	1,023	(12)
Restructuring costs	1,500	0	0	0	0	0	0
Normalised EBITDA	13,984	1,035	1,023	(12)	1,035	1,023	(12)

Income - **£226k over plan in month due to**; Patient Related Income overachieved **£75k** due to higher than budget Non PbR Drugs - Acute overachieved £46k due to Beacon, Pharmacy, Private Patients, Biochemistry and Beacon Dermatology offset by underachievement in GP Led activity and no non contracted activity for ICU - Community overachieved **£11k** due to WDC and an accrual for CCG income due to a secondment - Planned overachieved **£20k** due to R&D and Paediatric Medics, the latter of which is higher than expected Deanery income - Corporate **£74k** overachieved due to EMH, Training & Development, WDC income for GP Trainees, Scrap Metal Sales in Estates and NHS Creative offset by underachievement in ferry ticket sales as Wightlink sales have now moved to online booking.

Pay – **£219k overspend in month due to**; Acute overspend **£295k** due to Agency & Bank usage (A&E, Biochemistry, Pathology, general Medics, Pharmacy and MAU totalling **£158k**), Beacon Dermatology (offset by income above), CIP/Vacancy Factor not achieved **£179k** offset by underspend on Appley & St Helens Ward where costs are currently on Whippingham Ward and this will be resolved once the CIP schemes have been fully identified - Community overspend **£90k** due to Agency (Medical Locums **£43k**) and CIP/Vacancy not achieved **£59k** offset by underspends on Health Visitor Band 6 vacancies - Planned overspend **£171k** due to Whippingham Ward (Appley & St Helens costs included as per Acute commentary), Day Surgery use of bank and excess hours and CIP/Vacancy not achieved **£105k** offset by underspends due to vacancies in Breast Care, Maternity Services & Endoscopy - Corporate underspend **£10k** due to overspends in EMH (offset by income as above), Occupational Health and unachieved CIP/Vacancy Factor **£33k** offset by underspends due to vacancies in Finance, Nursing & Workforce, Chief Operating Officer, Strategic & Commercial and Trust Admin - Reserves underspend **£327k** not utilised.

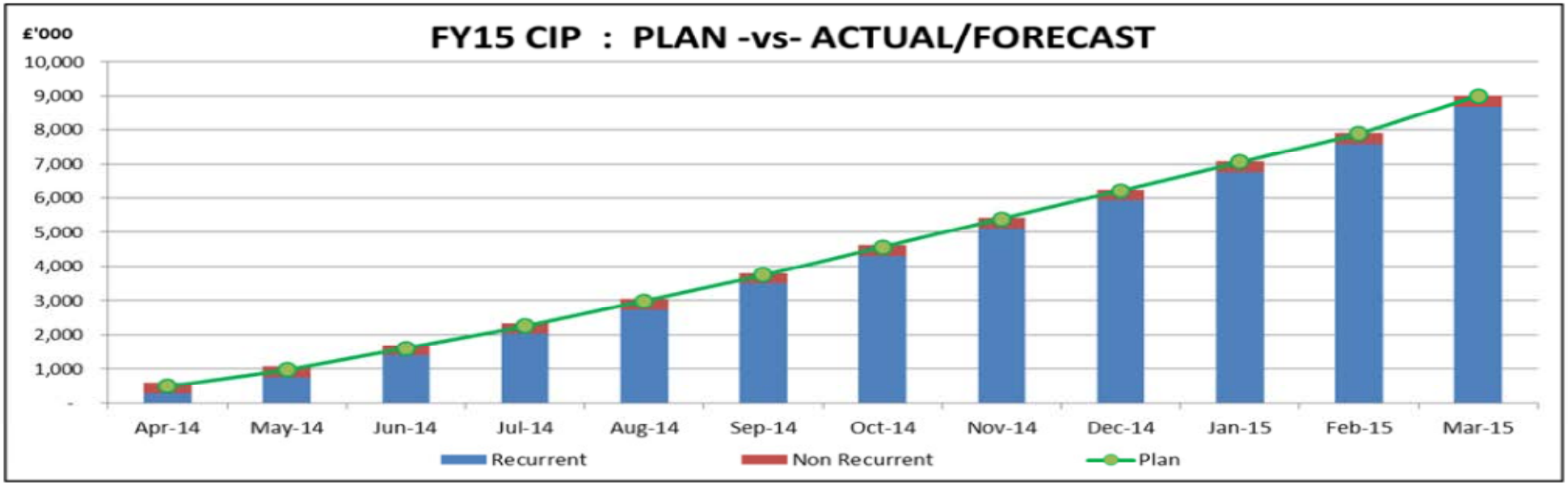
Non Pay – **£26k overspend in month due to**; Acute underspend **£7k** due to overspends in Beacon Dermatology & Pass Through Costs (offset by income above), Ambulance, Chemo Drugs and Respiratory Services offset by underspends in GP Led Beacon, Biochemistry and overachievemnt of CIP **£20k** - Community overspend **£57k** due to Travel & Subsistence, Wheelchairs, Continence, OT Recharge error to be corrected in M02 and underachievement of CIP **£19k** - Planned underspend **£70k** due to overspends in R&D, Clinical Allergy, Paediatrics & Paediatrics Outpatients, St Helens, Alverstone/Luccombe, Maternity Services, Endoscopy and Mottistone offset by overachivement of CIP **£177k** - Corporate overspend **£27k** due to overspends in EMH (offset by income as above), Strategic & Commercial and Trust Admin CIP not achieved **£27k** offset by underspends in Finance (ferry tickets offset by underachived income as above and depreciation on owned assets) and Nursing & Workforce - Reserves overspend **£11k** due to Non PbR Drugs (offset by income as above).



	Month			YTD			FULL YEAR		
Directorates	Plan	Actual	Variance	Plan	Actual - Recurrent	Variance	Plan	Forecast	Variance
ACUTE	217	171	(46)	217	171	(46)	2,992	2,992	0
CHIEF OPERATING OFFICER	2	0	(2)	2	0	(2)	24	24	(0)
COMMUNITY	90	104	14	90	104	14	1,399	1,399	0
FINANCE & PERFORMANCE MANAGEMENT	15	62	47	15	62	47	183	183	0
NURSING & WORKFORCE	1	33	32	1	33	32	631	631	(0)
PLANNED	98	216	118	98	216	118	2,891	2,891	(0)
STRATEGIC & COMMERCIAL	36	0	(36)	36	0	(36)	582	582	(0)
TRUST ADMINISTRATION	25	7	(18)	25	7	(18)	297	297	0
Total	**484**	**593**	**109**	**484**	**593**	**109**	**8,998**	**8,998**	**0**

Commentary:

The CIP plan for M01 is **£484k**. The actual savings totalled **£593k**, an in month overachievement of **£109k**. The year end position is forecasting achievement of **£8,998k** which is on plan and the focus will remain on delivery of recurrent savings.



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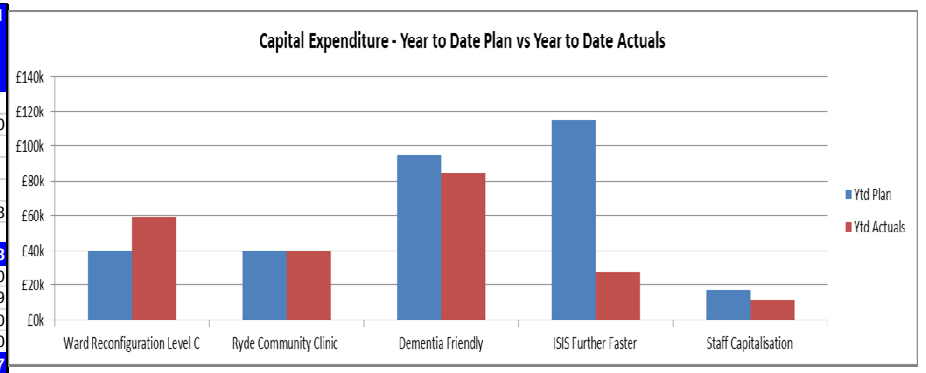
Capital Programme - Capital Schemes

Isle of Wight NHS Trust

Source & Application of Capital Funding	Annual Plan / Budget £'000	YTD Plan	YTD Spend £'000	F'cast to Year End £'000	Full Year £'000	Original Plan £'000
Source of Funds						
Initial CRL	7,500	0			7,500	7,500
Dementia Friendly	0				0	
Pharmacy Matched Funding - NHS Technology for Safer Wards (provisional)	0				0	
CCG Income (Hand Held Devices)	0				0	
Property Sales	648	0			648	648
Cash Surplus						
Anticipated Capital Resource Limit (CRL)	**8,148**	**0**	**0**	**0**	**8,148**	**8,148**
Other charitable donations	100				100	100
Charitable Funds - Dementia	9				9	9
Donated Helipad Income	0				0	0
VAT Recovery	100				100	100
Total Anticipated Funds Available	**8,357**	**0**	**0**	**0**	**8,357**	**8,357**
Application of Funds						
13/14 Schemes Carried Forward						
Backlog high/medium risk & fire safety 13.14	93		0	93	93	93
Replacement of two Main Hospital Passenger Lifts	44		-0	44	44	44
Personal Alarm System for Sevenacres	0		0	-0	0	0
Medical Assessment Unit Extension	2,428		0	2,428	2,428	2,428
Ward Reconfiguration Level C	142	40	59	83	142	142
Ryde Community Clinic	1,225	40	40	1,186	1,225	1,225
Dementia Friendly	192	95	85	107	192	192
ISIS Further Faster	344	115	28	316	344	344
ICU/CCU	2,262		0	2,262	2,262	2,262
Endoscopy Relocation	625		0	625	625	625
Medicine Cabinet Installation (Values tbc from MAU & ICU/CCU)	-73		0	-73	-73	0
Sub-total	**7,283**	**290**	**212**	**7,071**	**7,283**	**7,356**
14/15 Approved Schemes						
Endoscopy Backlog Maintenance	74		0	74	74	0
Call Vision Call Recording Server	27		0	27	27	0
Replacement Outpatient Desk	5		0	5	5	0
Medicine Cabinet Installation	73		0	73	73	0
Sub-total	**179**	**0**	**0**	**179**	**179**	**0**
14/15 Schemes - Awaiting TEC Approval						
Backlog Maintenance	0		0	0	0	0
IM&T (balance)	129		0	129	129	156
RRP (Annual Plan adjusted by £45k to offset Endoscopy Backlog)	455		0	455	455	500
Contingency (Annual Plan adjusted by £28k to offset Endoscopy Backlog)	0		0	0	0	33
Infrastructure (e.g. underground services)	0		0	0	0	
Staff Capitalisation	200	17	12	188	200	200
Upgrade to Medical Gases System	12		0	12	12	12
Unallocated	0		0	0	0	0
Sub-total	**796**	**17**	**12**	**784**	**796**	**901**
Other charitable donations	100		0	100	100	100
Gross Outline Capital Plan	**8,357**	**307**	**224**	**8,133**	**8,357**	**8,357**



Commentary: The initial Capital Resource Limit, plus expected proceeds from property sales and charitable donations, give the Trust a Source of Capital Funds of £8.4M. Capital investments already approved total £7.3M, with the balance still to be approved to be made up of replacement of essential equipment and IT projects. The programme of schemes is underway as planned, although bed pressures are impacting on the Ward Reconfiguration Level C project. Early resolution of these issues is being progressed.

For the property sales, our Commissioners want some assurance around clinical services currently provided at the Gables, and the Department of Health will not approve the disposal until the Commissioners have approved the disposal. The Swanmore Road properties cannot be disposed of until the services have relocated into Ryde Community Clinic, expected by December, and the Department of Health have approved.

Approval has also been given to undertake some essential maintenance within the existing Endoscopy Unit, to ensure that the JAG accreditation can be achieved in July. For the Year to Date position the major variance concerns the ISIS Further Faster poject. This was expected to be completed within the first few months of the year but will now be completed at a later date during 2014/15.

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Monthly statement of Financial Position - April 2014

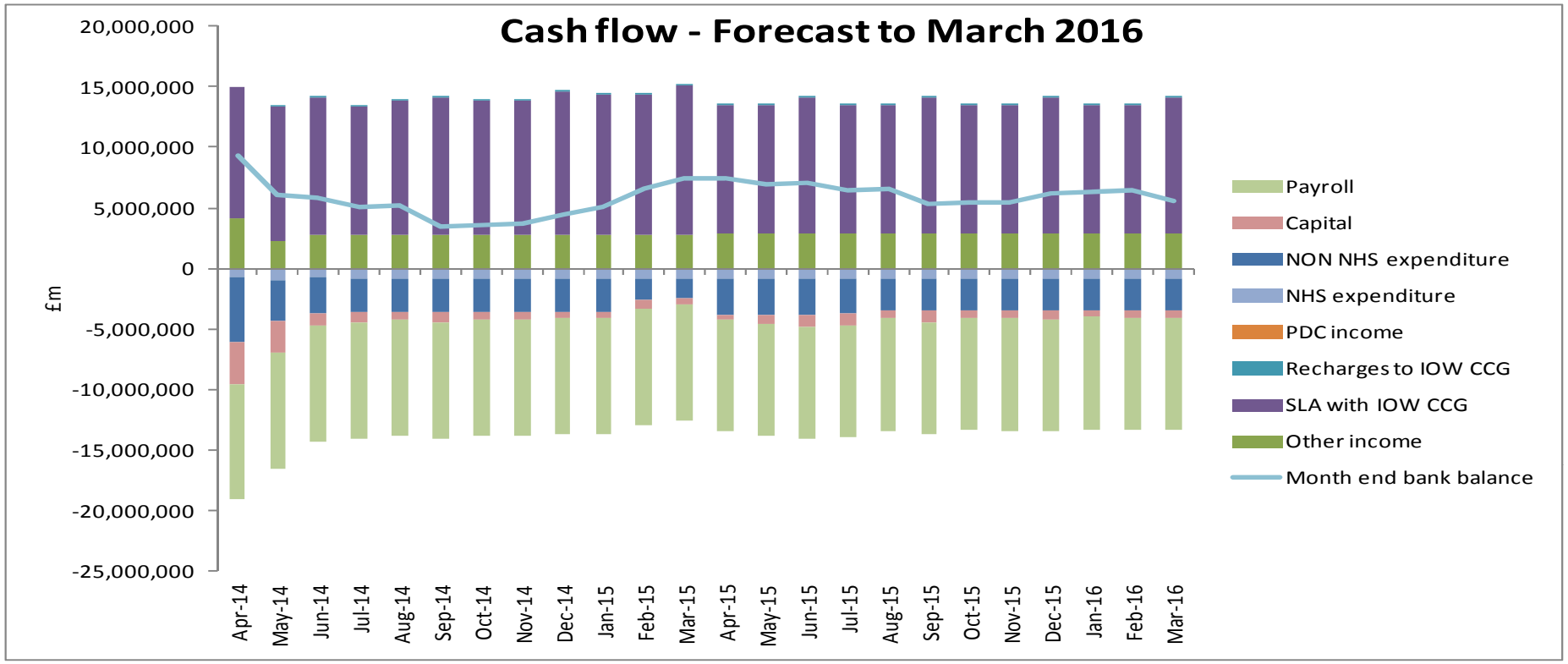
Isle of Wight NHS Trust

	Apr-14	Draft Outturn 2013/14	Month-on-month Movement
PPE	116,219	116,024	195
Accumulated Depreciation	18,927	18,402	525
Net PPE	**97,292**	**97,623**	**(331)**
Intangible Assets	7,743	7,715	28
Intangible Assets Depreciation	3,667	3,563	104
Net Intangible Assets	**4,076**	**4,152**	**(76)**
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	258	277	(19)
Total Other Non-Current Assets	**258**	**277**	**(19)**
Total Non-Current Assets	**101,626**	**102,052**	**(426)**
Cash	9,286	13,358	(4,072)
Accounts Receivable	8,436	7,130	1,306
Inventory	2,492	2,200	292
Investments	0	0	0
Other Current Assets		0	0
Current Assets	**20,214**	**22,688**	**(2,474)**
Total Assets	**121,840**	**124,740**	**(2,900)**
Accounts Payable	17,567	20,596	(3,029)
Accrued Liabilities	0	0	0
Short Term Borrowing	48	0	48
Current Liabilities	**17,615**	**20,596**	**(2,981)**
Non-Current Payables	0	0	0
Non-Current Borrowing	0	48	(48)
Other Liabilities	711	711	0
Long Term Liabilities	**711**	**759**	**(48)**
Total Net Assets/Liabilities	**103,514**	**103,385**	**129**
Taxpayers Equity:			
General Fund	0	0	0
Share Capital	0	0	0
Revaluation Reserve	24,489	24,489	0
Donated Assets Reserve	0	0	0
Government Grants Reserve	0	0	0
Other Reserves	76,550	76,550	0
Retained Earnings incl. In Year	2,475	2,346	129
Total Taxpayers Equity	**103,514**	**103,385**	**129**

Commentary

The main change to the balance sheet from last month relates to the reduction in cash of **c£4m**. This can be attributed to the payment of capital creditors in the first month of the year which has resulted in a reduction in accounts payable.

The increase in stock relates to the timing of drug purchases.



Commentary:

The table above shows the forecast cash flow to March 2016. It shows both the in-flow and out-flow of cash broken down to the constituent elements.
The cash held at the end of last year amounted to **c£13.4m** and this decreased to **c£9.3** as year end creditors, primarily relating to capital, were paid during April . Investment of **£8m** in the short term deposit of the National Loans Fund continued during April and will continue throughout the year whilst cash surpluses allow. This forecast incorporates the reduction in cash outflows relating to the 2014/15 Cost Improvement Programme spread evenly across the year and providing this is delivered, the Trust should have cash surpluses at the year end of **c£7m.**

Isle of Wight NHS Trust Board Performance Report 2014/15

April 14

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	Liquidity ratio (days)
<1.25	1.25	1.75	2.5	Capital servicing capacity (times)

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

GOVERNANCE RISK RATINGS

Isle of Wight NHS Trust

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

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

						Historic Data			Current Data				
Area	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Qtr to Sep-13	Qtr to Dec-13	Qtr to Mar-14	Apr-14	May-14	Jun-14	Qtr to Jun-14	Notes
Access	1	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted		90%	1.0	Yes	Yes	No	Yes			Yes	
	2	Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted		95%	1.0	Yes	Yes	Yes	No			No	
	3	Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway		92%	1.0	Yes	Yes	Yes	Yes			Yes	
	4	A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge		95%	1.0	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	No			No	Urgent GP referral = 96%
			NHS Cancer Screening Service referral	90%									
	6	All cancers: 31-day wait for second or subsequent treatment, comprising:	surgery	94%	1.0	No	Yes	No	Yes			Yes	
			anti-cancer drug treatments	98%									
			radiotherapy	94%									
	7	All cancers: 31-day wait from diagnosis to first treatment		96%	1.0	Yes	Yes	Yes	Yes			Yes	
	8	Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	93%	1.0	No	Yes	Yes	No			No	All urgent referrals = 95%
			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	No	No	No	No			No	Follow up within 7 days of discharge =95%
			Having formal review within 12 months	95%									
	10	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	No	Yes	No	Yes			Yes	
	11	Meeting commitment to serve new psychosis cases by early intervention teams		95%	1.0	Yes	Yes	Yes	Yes			Yes	
	12	Category A call – emergency response within 8 minutes, comprising:	Red 1 calls	75%	1.0	Yes	Yes	Yes					still provisional data
			Red 2 calls	75%	1.0	Yes	Yes	Yes					still provisional data
	13	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	Yes	Yes					still provisional data
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	Yes	Yes	Yes			Yes	
	16	Minimising mental health delayed transfers of care		≤7.5%	1.0	Yes	Yes	No	No			No	
	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					TBC
	20	Data completeness: community services, comprising:	Referral to treatment information	50%	1.0	Yes	Yes	Yes					TBC
			Referral information	50%									
			Treatment activity information	50%									
			TOTAL			**4.0**	**1.0**	**5.0**	**5.0**	**0.0**	**0.0**	**5.0**	
						R	AG	R	R	G	G	R	

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
KLOE	Key Line of Enquiry
KPI	Key Performance Indicator
LOS	Length of stay
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus Aureus (bacterium)
NG	Nasogastric (tube from nose into stomach usually for feeding)
OP	Out Patient (A patient attending for a scheduled appointment)
OPARU	Out Patient Appointments & Records Unit
PAS	Patient Administration System - the main computer recording system used
PATEXP	Patient Experience
PATSAF	Patient Safety
PEO	Patient Experience Officer
PPIs	Proton Pump Inhibitors (Pharmacy term)
PIDS	Performance Information Decision Support (team)
Provisional	Raw data not yet validated to remove permitted exclusions (such as patient choice to delay)
QCE	Quality Clinical Excellence
RCA	Route Cause Analysis
RTT	Referral to Treatment Time
SUS	Secondary Uses Service
TIA	Transient Ischaemic Attack (also known as 'mini-stroke')
TDA	Trust Development Authority
VTE	Venous Thrombo-Embolism
YTD	Year To Date - the cumulative total for the financial year so far

Workforce and Finance terms

CIP	Cost Improvement Programme
CoSRR	Continuity of Service Risk Rating
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

PAPERS TO FOLLOW

ENC E

QCPC MINUTES

PAPERS TO FOLLOW

ENC F

FIWC MINUTES

PAPERS TO FOLLOW

ENC G

ACRC MINUTES

PAPERS TO FOLLOW

ENC H

ACRC RECOMMENDATIONS

Enc I

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 May2014

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	19/05/14	Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee		Foundation Trust Programme Board	
ICT & Integration Committee			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			

Staff, stakeholder, patient and public engagement:

Staff and patients where appropriate are engaged during the walkabout undertaken

Executive Summary:

The attached summary report identifies the number of visits undertaken since the process was implemented in February 2013, and includes the overdue actions that continue to be progressed following the visits undertaken.

At the time of reporting 4 actions remain overdue, 3 of which are green against the directorates revised timescale, and one which whilst red is due to complete prior to the Trust Board Meeting.

To date the visits have primarily been in the clinical settings with a total of 188 actions identified to date.

It is proposed that this action tracker is presented to the Board on a quarterly basis in future.

For following sections – please indicate as appropriate:

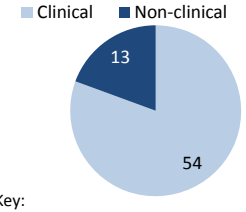
Trust Goal *(see key)*	Quality Goal					
Critical Success Factors *(see key)*	CSF1, CSF2 and CSF10					
Principal Risks ***(please enter applicable BAF references – eg 1.1; 1.6)***	10.75					
Assurance Level ***(shown on BAF)***	Red		Amber		Green	P
Legal implications, regulatory and consultation requirements						

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

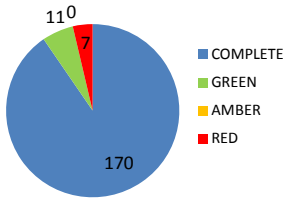
Board Walk Rounds Action Plan Status Report

Trust Overview

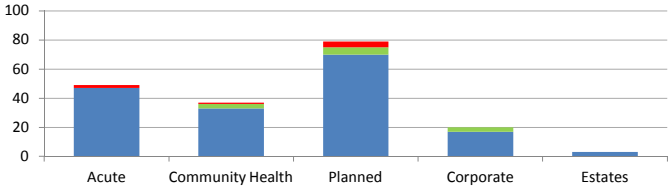
Areas visited



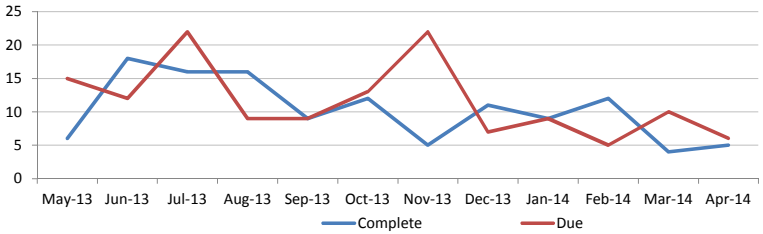
Status of actions



Directorate Profiles



12 month profile from: May-13 to Apr-14



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

Exception Report

No.	Action Reference	Walk Round	Area Visited	Action	Date for completion set by board	Directorate revised date	Status against date set by board	Progress against directorate revised date	Status Comments	Directorate	Responsible
1	AT/002/2013/003	27-Feb-13	ENT	Ensure cleaning of scopes meets standards and consider decontamination of equipment instead	31-Mar-13	31-Jul-14	RED	GREEN	Update 20/05/14 • The Tristel 3 stage wipe system is being used to decontaminate flexible nase endoscopes. This is a nationally approved method and recognised by ENT UK,• Rigid scopes go to HSSU. A meeting is planned with estates to progress the work , Once the new build Endoscopy is completed our flexible scopes will go there for cleaning. (SA)	Planned	Associate Director / General Manager
2	AT/037/2013/006	13-Sep-13	Pathology	Strong support for pathology paperless reporting. Develop plan for the implementation	15-Nov-13	31-Mar-15	RED	GREEN	Update: 20.05.14 As a result of extensive discussions and an understanding of hospital processes, the turning off of paper results is now scheduled to tie in with the roll out of Electronic requesting (Order Communications) which is expected by the the end of this financial year.	Acute	Deputy Director for IM&T
3	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	31-Mar-14	RED	RED	Update 20.05.14 - Works to be completed by 22nd May	Acute	Associate Director Facilities
4	AT/045/2013/001	30-Oct-13	OPARU	Questioning if staffing levels are correct	31-Jan-14	31-Jul-14	RED	GREEN	19.05.14 The review of staffing is complete, but we intend to leave this action open until the float post is in place to ensure we have 'closed the loop'	Planned	OPARU Departmental Manager

Enc J

ISLE OF WIGHT NHS TRUST

FOUNDATION TRUST PROGRAMME BOARD

TUESDAY 22 APRIL 2014 BETWEEN 11:00 – 12:30
LARGE MEETINGS ROOM, PCT HQ, SOUTH BLOCK

NOTES

PRESENT

Karen Baker (Chair)	Sue Wadsworth	Mark Price	Danny Fisher
Peter Taylor	Mark Pugh (from 11.55hrs)		

1. APOLOGIES

Andy Heyes	Alan Sheward	Chris Palmer	Andy Hollebon

IN ATTENDANCE

Andrew Shorkey	Jo Henley (item 6)

Top Key Issues	Subject
043/14	FT Programme Board Annual Report approved
047/14	Membership target of 4000 public members achieved

ACTION

Notes and matters arising from 25 March 2014

038/14 The notes of the meeting were received and accepted as a correct record.

Action Tracker

039/14 437 – the forecast date would be changed to 15 June 2014 to avoid potential confusion with CQC inspection information requirements. **AS**

040/14 453 – AS would liaise with Sarah Morrison to ensure that the Integrated Action Plan would be reviewed by the Executive team on Monday 28 April 2014. **AS**

041/14 458, 459, 463, 464, 465 – Actions could now be closed **AS**

042/14 470 – AS would contact FTN on SW's behalf to obtain presentation material from the NED challenge event. **AS**

Annual Report

043/14 AS advised that the Annual Report was required as part of corporate governance requirements. The report highlighted the work undertaken by the Programme Board and achievements over the last financial year together with members' attendance. With respect to the year ahead, it was agreed that achievement of FT status should be included. Subject to this change, it was agreed that the Annual Report should be submitted to the Audit Committee. **AS** **AS**

Programme Timeline

044/14 Provisional dates had been provided by the TDA with respect to the Quality Summit and Board to Board meeting. The Board to Board meeting would take place in either late August or early September 2014. Trust Board Members would all be available in August. The Trust remained on trajectory for a referral to Monitor in September 2014, subject to a positive outcome from the Chief Inspector of Hospitals' visit in June 2014.

Strategic Direction

045/14 It was agreed that there was a need to undertake further work with respect to communicating the Trust's strategy across the organisation. The material at present was too fragmented and key messages were not being effectively received by staff. It was agreed that KB would work with Emma Topping on the presentation and articulation of the Trust's strategic direction. **KB**

Chief Inspector of Hospitals visit

046/14 MTP provided an update on preparatory work. The CQC had requested a significant amount of information and a first tranche had been submitted on the 17 April 2014 with a second tranche due on 24 April 2014. MTP briefly explained the process applied to assure information prior to submission. MP advised that the regional head of Hospital Inspections, Joyce Frederickson, would be on site on 24 April 2014 as part of the CQC's preparations for the inspection. This would also include visiting potential venues for the CQC's public listening event. Weekly project team meetings were in place and progress updates were being provided to the Trust Executive Committee weekly. PT asked about assurance relating to clinical audits and MTP advised that he and AWS were working with senior managers to improve current arrangements.

Communications and Engagement

Membership Update

047/14 Jo Henley provided an update on progress with membership recruitment. The target of 4000

members in April 2014 had been achieved and further progress was being made. Additional members had been recruited at the recent Giving and Living Fair at the Riverside centre and there were plans to have a stand at Sainsbury's, attend the Women's Institute Conference and at the Walk the Wight launch. MP advised that there was a need to develop additional interim targets and he would review this with AH and Jo Henley. **MP**

Governor Elections

048/14 MP took the members through the options with respect to the timing of the Governor elections. It was agreed that it would not be appropriate to hold elections across the Christmas period and that it was too soon to make a firm decision on timing. This matter would be kept under review.

Programme Management

(i) Integrated Action Plan Status Report

049/14 Foresight 4, Foresight 8 and Foresight 10 could now be closed. The Integrated Action Plan would be reviewed in detail at the Executive Team meeting on 28 April 2014. **AS** **AS**

(ii) Risk Management

050/14 A review of the Cost Improvement Programme was currently underway and R007 relating to performance and finance would be changed to AMBER status. **AS**

(iii) Programme Budget

051/14 AS presented the draft budget for 2014/15 and highlighted that current commitments. The outturn for 2013/14 was being reconciled and would be circulated to Programme Board members. **AS**

Feedback from FTN Events and FT Visits

052/14 MP and David King would be attending an FTN governance event on 1 May 2014.

Any other Business

None.

Future Meetings

The next meeting was scheduled for 11:00-12:30hrs, Tuesday 27 May 2014, Large Meetings Room, South Block.

Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 MAY 2014

Title	FOUNDATION TRUST PROGRAMME UPDATE			
Sponsoring Executive Director	FT Programme Director / Company Secretary			
Author(s)	Programme Manager – Business Planning and Foundation Trust Application			
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		Remunerations & Nominations Committee	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee			
Foundation Trust Programme Board	27-May-14		
Please add any other committees below as needed			
Board Seminar			
Other (please state)			

Staff, stakeholder, patient and public engagement:

A programme of internal and external stakeholder engagement has been initiated and is ongoing to deliver change within the organisation and generate the support required across the locality and health system to deliver a sustainable Foundation Trust. Briefing sessions have been undertaken with Patients Council, the Ambulance service, Isle of Wight County Press and Health and Community Wellbeing Scrutiny Panel. A formal public consultation on becoming an NHS Foundation Trust has been undertaken. A membership recruitment campaign was launched in March 2013.

Executive Summary:

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

The key points covered include:

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

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	5					
Critical Success Factors *(see key)*	10 - Develop our organisational culture, processes and capabilities to be a thriving FT					
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	A 12 week public consultation is required and concluded on 11 January 2013.					

Date: 19 May 2014 **Completed by: Andrew Shorkey**

ISLE OF WIGHT NHS TRUST
NHS TRUST BOARD MEETING WEDNESDAY 28 MAY 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

Work continues to prepare for the Chief Inspector of Hospitals (CIH) inspection. The Care Quality Commission's (CQC) lead inspector, Joyce Fredericks, was hosted for a pre-inspection visit on 24 April 2014 to work through the logistics of the inspection. Detailed work has been undertaken by the internal project team including the co-ordination of in excess of 60 requested meetings, interviews and focus groups. Internal drop-in sessions have been held for staff to give staff the opportunity to raise any issues or obtain clarification in relation to the forthcoming inspection. The internal peer assessment programme has been progressed and is giving valuable insight and feedback to the areas involved. Work to ensure visibility of local information and performance data on wards is nearing completion.

The Trust Development Authority (TDA) has now confirmed a provisional date for the Quality Summit, which takes into consideration the findings of the CIH visit of 6 August 2014. The Quality Summit will involve regulators including a Monitor representative and key stakeholders including the Clinical Commissioning Group and local Authority. The Board to Board meeting between the Trust's Board and the TDA's Board is also provisionally scheduled for 3 September 2014. The Trust remains on trajectory for a referral to Monitor in September 2014. Work continues to deliver the Integrated Business Plan and other products required to support our application. We remain on target to submit our Integrated Business Plan to the TDA on 20 June 2014 to meet the national requirement for submission of 5 year strategic plans. Key milestone dates are outlined below and our current application timeline is attached at Appendix 1.

FT Milestones

Chief Inspector of Hospitals Visit	3 - 6 June 2014
Integrated Business Plan Submission	20 June 2014
Quality Summit	6 August 2014 (provisional)
Board to Board meeting	3 September 2014 (provisional)
TDA Board meeting to approve application to Monitor	18 September 2014

4. Communications and Stakeholder Engagement

Firm focus remains on membership recruitment activity. As at 19 May 2014 the Trust has 4,219 members which is an increase of 172 members since last report therefore steady progress is being made towards the next target of 6,000 members by April 2017 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	1004	500
South Wight	920	500
West and Central Wight	1366	500
Elsewhere ('Off Island')	378	250
Volunteers	551	-
Total	**4,219**	**1750**

As at 19 May 2014 a total of 2,832 staff are shown as members, only staff directly employed by Isle of Wight NHS Trust with permanent contracts longer than 12 months are eligible to become staff members. The reduction from the previous month is due to leavers and we are in the process of uploading starters for the last 3 months alongside letters to all staff with contracts of less than 12 months and all bank staff to encourage them to join as public members. The staff constituencies are:

Constituency	Membership
Administration and Estates Staff	871
Allied Health Professionals Scientists and Technicians	404
Healthcare Assistants and Other Support Staff	553
Medical & Dental	125
Nursing and Midwifery staff	879
Total	**2832**

Current development work includes:

- Preparation of the next edition of the Member's Magazine.
- The next Medicine for Members event is booked for 23rd June 2014 with a focus on dementia. Chris Whittingstall of the Memory Service is presenting and we welcome the attendance of the Alzheimer's Cafe, My Life a Full Life and AgeUKIW.
- A Governor's Development Day is scheduled for 22nd September 2014.
- Booking awareness stands into Island events over the forthcoming months include the Women's Institute (WI) Annual Meeting (May), Isle of Wight Festival (June), Chale Show (August), Scooter Rally (August) and Ryde Catamaran terminal (September). The membership team were present at the launch of the IOW Walking Festival on 3rd May and IOW College Open Day on 13th May.

Data Cleanse

As the medicine for member's invitations are due along with the next member's magazine in June we have requested Capita to undertake a data cleanse and therefore we anticipate a small reduction in membership numbers as a result.

5. Key Risks

Continuation on the current trajectory to achieve referral to Monitor will be dependent on a number of factors: the Trust will require a 'good' or 'outstanding' assessment from the CQC and, thereafter, the provisional scheduling of Quality Summit and Board to Board meetings will need to be confirmed. We continue to test the organisation against the CQCs key lines of enquiry to identify potential weaknesses and are working to ensure meetings with TDA can be scheduled during the summer months.

Following a review of the service improvement programme, the risk relating to the robustness of service improvement plans has matured and work is ongoing to ensure that benefits are achievable within the required timeframe. Service improvement plans are a critical component within the IBP and the identification and configuration of sustainable

schemes to deliver the Trust's strategic objectives is crucial to the delivery of a credible IBP.

No external funding has been identified to date to support FT activities in 2014/15.

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

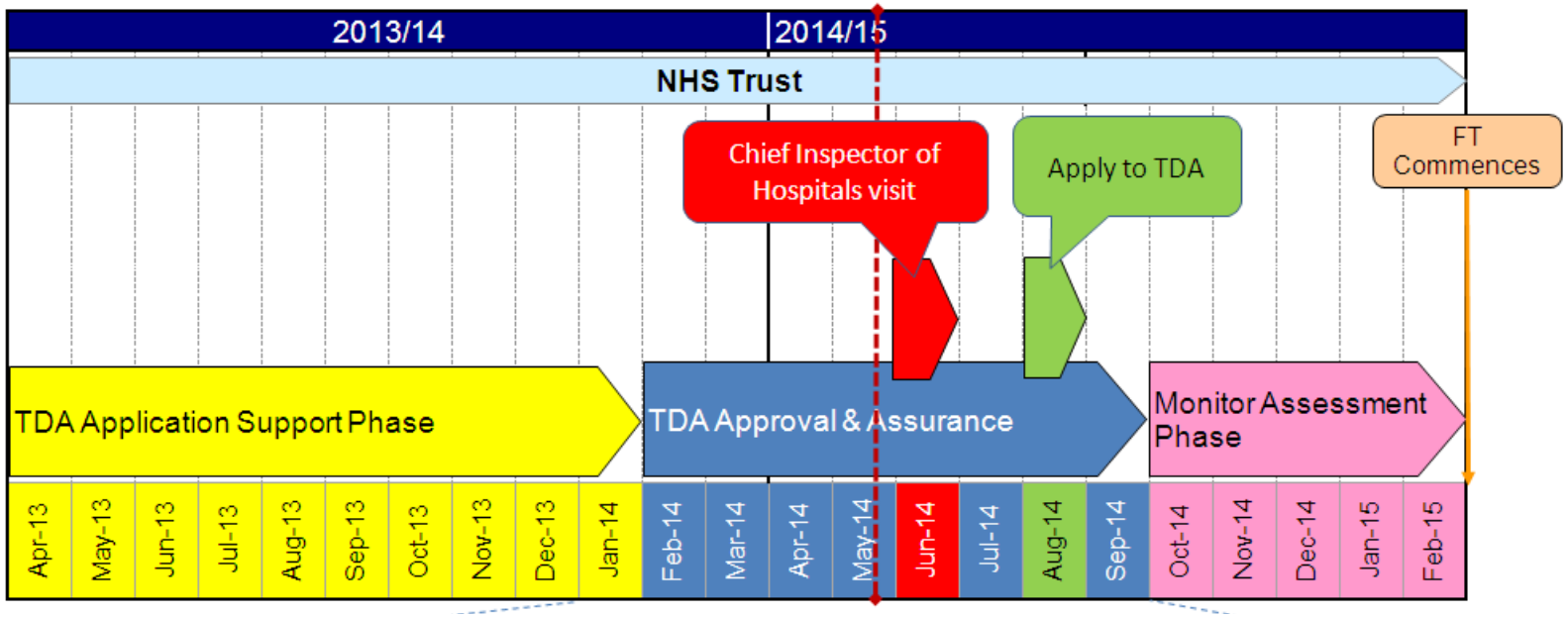
6. **Recommendation**

It is recommended that the Board:

(i) Note this update report

Mark Price
FT Programme Director/Company Secretary
19 May 2014

FT Application Timeline



Isle of Wight NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 21 MAY 2014

Title	Self-certification			
Sponsoring Executive Director	FT Programme Director / Company Secretary			
Author(s)	Programme Manager – Business Planning and Foundation Trust Application			
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		Remuneration & Nominations Committee	
Charitable Funds Committee		Quality & Clinical Performance Committee	21-May-14
Finance, Investment & Workforce Committee	21-May-14		
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			

Staff, stakeholder, patient and public engagement:

Executive Directors, Performance Information for Decision Support (PIDS) and relevant lead officers have been engaged with to develop the assurance process.

Executive Summary:

This paper presents the May 2014 Trust Development Authority (TDA) self-certification return covering April 2014 performance period for approval by Trust Board.

The key points covered include:

- Background to the requirement
- Assurance
- Performance summary and key issues
- Recommendations

For following sections – please indicate as appropriate:

Trust Goal *(see key)*	5					
Critical Success Factors *(see key)*	10 - Develop our organisational culture, processes and capabilities to be a thriving FT					
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	Meeting the requirements of Monitor's *Risk Assessment Framework* is necessary for FT Authorisation.					

Date: 19 May 2014 **Completed by: Andrew Shorkey**

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 April 2014 reporting period, prior to submission to the Trust Development Authority (TDA) in May 2014.

2. Background

Since From August 2012, as part of the Foundation Trust application process the Trust was required to self-certify on a monthly basis against the requirements of the SHA's Single Operating Model (SOM). The Trust Development Authority (TDA) assumed responsibility for oversight of NHS Trusts and FT applications in April 2013 and the oversight arrangements are outlined within its *Accountability Framework for NHS Trust Boards*.

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

In March 2014 the TDA published a revised *Accountability Framework* for 2014/15. There are no fundamental changes with respect to the self-certification requirements. It should be noted, however, that whereas milestones with respect to the 'Timeline toward achievement of FT status' were previously required, the language has now changed and this has been replaced with a requirement for milestones relating to the 'Timeline towards sustainability'. This will initially be the Trust's FT milestones. However, these milestones could be changed following the assessment of the Trust's 5 year strategic plan by the TDA when a sustainability score will be developed and assigned to the Trust.

Access to submission templates for Board Statements and Licence Condition returns were provided via an internet portal by the TDA for 2013/14. No submission arrangements are as yet in place with respect to FT Programme Milestones although progress is monitored monthly via oversight meetings with the TDA. There is no indication that submission arrangements will change for 2014/15.

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

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

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.

4. Performance Summary and Key Issues

Board Statements

1. All 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. All Licence Conditions are marked as compliant. This position is reflected within the draft sample return document (Appendix 1b) and the Licence Condition Assurance Documents (Appendix 3).

Foundation Trust Milestones

3. 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;

(ii) Identify if any Board action is required

Andrew Shorkey
Programme Manager – Business Planning and Foundation Trust Application
19 May 2014

6. Appendices

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

7. Supporting Information

- *Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards,* 31 March 2014
- *Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards,* TDA, 12 April 2013
- *Risk Assessment Framework,* Monitor, 27 August 2013

Z2 - 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 (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 Mark 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 has regard to the NHS Constitution at all times.	Yes			Karen Baker Mark Price
6	All current key risks 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 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			Karen Baker
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 [Governance Risk Rating]; 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	Yes			Mark Price

Z2 - 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 operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes			Karen Baker Alan Sheward

Z2 - 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)	Yes			Mark Price
2	Condition G7 – Registration with the Care Quality Commission	Yes			Mark Price
3	Condition G8 – Patient eligibility and selection criteria	Yes			Alan Sheward
4	Condition P1 – Recording of information	Yes			Chris Palmer
5	Condition P2 – Provision of information	Yes			Chris Palmer
6	Condition P3 – Assurance report on submissions to Monitor	Yes			Chris Palmer
7	Condition P4 – Compliance with the National Tariff	Yes			Chris Palmer
8	Condition P5 – Constructive engagement concerning local tariff modifications	Yes			Chris Palmer
9	Condition C1 – The right of patients to make choices	Yes			Alan Sheward
10	Condition C2 – Competition oversight	Yes			Karen Baker
11	Condition IC1 – Provision of integrated care	Yes			Alan Sheward Mark Pugh

TDA Accountability Framework - Timeline Towards Sustainability 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	
4	Chief Inspector of Hospitals visit	03-Jun-14	On target	
5	Final IBP/LTFM Submission	20-Jun-14	On target	
6	TDA Quality Summit	06-Aug-14	On target	
7	Board to Board meeting with TDA	03-Sep-14	On target	
8	TDA approval to proceed and application to Monitor	18-Sep-14	On target	

Enc M

Isle of Wight NHS
NHS Trust

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 28 MAY 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 May 2014 recommended changes to Assurance RAG ratings.			
Action required by the Board:	**Receive**	X	**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		Foundation Trust Programme Board	
ICT & Integration Committee			
Please add any other committees below as needed			
Board Seminar			
Other (please state)	None		

Staff, stakeholder, patient and public engagement:

None

Executive Summary:

The full 2013/14 BAF document was approved by Board in August 2013, including the high scoring local risks from the Corporate Risk Register, together with associated controls and action plans.

It was agreed that the Board would receive dashboard summaries and exception reports only for the remainder of the year.

The dashboard summary includes summary details of the key changes in ratings: there are no Principal Risks now rated as Red; 5 new Risks have been added since the March 2014 report; and 5 Risks with reduced scores, two of which has since been removed from the Register.

The exception report details FIVE recommended changes to the Board Assurance RAG ratings of Principal Risks: changes from Amber to Green for 1.2, 6.7, 6.8, 7.23 and 8.7.

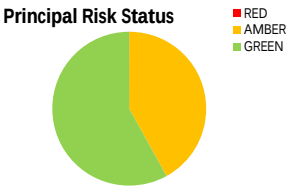
For following sections – please indicate as appropriate:

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

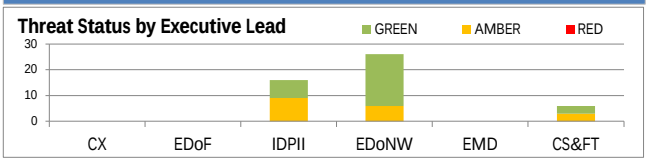
Date: **19 May 2014** **Completed by: Brian Johnston**

BAF Status Report

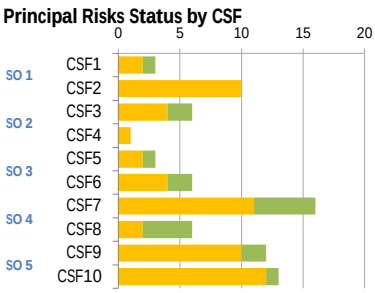
Isle of Wight NHS Trust

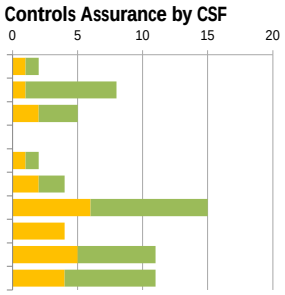


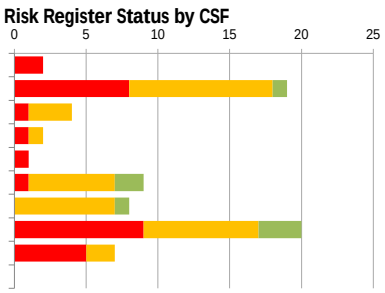
Principal Risks:	76	Aligned Risk Register Risks:	79



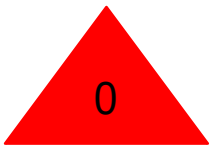
Strategic Objective & Critical Success Factor Status Overview







BAF
Increased Scores



Reduced Scores

Commentary

Principal Risks:
5 Principal Risks are recommended for change from Amber to Green

5 **New Risks, one of which is rated Red:**

Ref.	Directorate	Title
607	Planned	Maternity Theatre (Red)
608	Corporate	Preventative Maintenance schedule
609	Corporate	Recording of Preventative Maintenance
610	Corporate	Clinical Audit 2013/14
611	Corporate	MDA Alert non compliance

Changes to previously notified Risk scores since the last report:
491 Change from Amber to Green
596 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	Assurance Rating Change to
CSF1.2	EDoNW	1.2 There is a failure to understand the root causes of claims (Q36) Executive Director of Nursing and Workforce/ Company Secretary	Amber	Green
CSF6.7	EDoNW	6.7 (4.4) The workforce section of the IBP does not align with the LTFM or activity forecasts, and there are significant material inconsistencies. (O41) Refer also 6.8 Executive Director of Nursing and Workforce	Amber	Green
CSF6.8	EDoNW	6.8 (9.51) The workforce section of the IBP does not align with the LTFM or activity forecasts, and there are significant material inconsistencies. (O41) Refer also 6.7 Executive Director of Nursing and Workforce	Amber	Green
CSF7.23	EDoF; EDoNW	7.23 (2.16) There is little evidence of innovation at the Trust (Q42) Executive Director of Nursing and Workforce/ Executive Medical Director	Amber	Green
CSF8.7	EDoF	8.7 (6.11) Information and reporting infrastructure not able to support improved productivity Executive Director of Finance	Amber	Green
CSF5 514 - 1	EDONW	RISK DUE TO BED CAPACITY PROBLEMS (BAF 2.22 & 6.12)	20	16
CSF9 596 - 1	EDONW	SAFEGUARDING CHILDREN TRAINING: LEVEL 2	20	12
CSF2 598 - 1	EDONW	INTEGRATED HUB CALL VISION TELEPHONE RECORDER SERVER	20	16
CSF2 542 - 1	EMD	REHAB/SUPPORTIVE CARE KITCHEN IN STATE OF DISREPAIR	6	2
CSF8 491 - 1	EMD	FAILING PIT SYSTEM	12	4

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 positive experience of care **Exec Sponsor: Executive Director of Nursing and Workforce**										
Critical Success Factor CSF1 **Lead: Executive Director of Nursing and Workforce** **Improve the experience and satisfaction of our patients, their carers, our partners and staff** **Links to CQC Regulations: 9, 12, 17, 19, 21, 22, 23**						**MEASURES:** **Improved patient and staff survey results** **Complaints/concerns from patients/carers and staff** **Compliments from patients/carers and staff** **CQC inspection / Trust inspection outcomes** **Culture, Health and Wellbeing strategy objectives achieved** **No service disruption occurs if Major incident or Business Continuity Plans are invoked** **Friends and Family test results** **Staff Friends and Family test results**			**TARGETS:** **Patient and staff survey results for 14/15 show better outcomes than results for 13/14** **Patient care complaints reduced by 20%** **All CQC key domains/essential standards met** **All services provided 365 days per year** **Increased patient involvement evidenced** **Achieve 25% response rate in patients friends and family test results by March 2015** **Achieve 25% response rate in staff friends and family test results by March 2015** **Greater alignment between patient and staff satisfaction**	
1.2 There is a failure to understand the root causes of claims (Q36) Executive Director of Nursing and Workforce/ Company Secretary	**4**			Clinicians advised of outcomes of claims and agree recommendations and action plans Claims information relating to individual consultants used for appraisal purposes Qualitative and quantitative reports produced from Datix. Exec sign off Consultant level information on complaints and claims is available The Trust learns from experience and can evidence how improvements have been sustained over time There is an aggregated understanding of incidents, complaints and claims	Claims reports to Board Quarterly G&A reports to TEC and Directorate Boards	Claims trend reports to Board (bi - monthly)	**Green**			Quality and Clinical Governance committee to review options for reviewing complaints and claims numbers / trends by individual consultant **Sarah Johnston/Brian Johnston** Update October 2012: Developing system for trending claims by consultant wef 1/4/12 for reporting x2 per annum to the Trust Board. First report April 2013 Update June 2013: Trending claims by consultant is underway and first reports should be available soon Update September 2013: First draft report produced for EMD to review. Some issues around the ability to maintain these reports without access to ex-PCT claims data. This is currently under review with the NHSLA and the legacy management team at the DH. Update November 2013: Quarterly claims reports to board now include trends on claims by consultant and this will continue **Update May 2014:** Trends by consultant continue to be reported. NHSLA extranet will in future provide details of settled claims, root causes and lessons to be learned . **Action complete** **Recommend change of assurance rating to Green**
Principal Objective 3: RESILIENCE - Build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private and voluntary/ third sectors **Exec Sponsor: Chief Executive**										
Critical success factor CSF6 **Lead: FT Programme Director** **Develop our quality governance and financial management systems and processes to deliver performance that exceeds the standards set down for Foundation Trusts** **Links to CQC Regulations: 10, 15, 16**						**MEASURES:** **FT Milestones** **CQC Inspection outcomes** **CIPs/savings plans** **LTFM** **Board Governance**				**TARGETS:** **Integrated Business Plan and LTFM refresh to be submitted by end June 2014** **CQC inspection outcome of either outstanding or good rating** **Satisfactory 'Board to Board'**
6.7 *(4.4)* The workforce section of the IBP does not align with the LTFM or activity forecasts, and there are significant material inconsistencies. (O41) Refer also 6.8 Executive Director of Nursing and Workforce	**6**			The workforce section of the IBP is fully aligned to the Long Term Financial Model (LTFM): 1. The workforce section of the IBP is fully aligned and consistent with the LTFM 2. There is alignment between capacity, workforce, financial impact/consequences and quality 3.Changes in both workforce numbers and skills have been mapped/identified with programmes/plans in place to support/address as appropriate and quality impact assessed. IBP is fully aligned	Workforce Strategy/Plan Phased monitoring Trust's IBP and LTFM	Board Performance report Workforce project reports	**Green**			Establish and implement five year workforce plan **Alan Sheward/Mark Elmore** Update February 2013: TOR for workforce committee established. Workforce group to report to programme board. Update June 2013: All working successfully. **Action complete.** Change of assurance rating to Green approved June 2013 Update October 2013: Workforce action plan being prepared. **Change of assurance rating from Green to Amber approved October 2013** Update December 2013: Within IBP the Workforce Plan of numbers is aligned between workforce activity and finance. Developing a work plan which will be agreed by Workforce Delivery Group. Update February 2014: Feedback from TDA echoes concerns. Review underway. Update April 2014: (*ME)* Current IBP is fully aligned finance/activity/ workforce. Potential change of assurance to Green. **Update May 2014:** IBP is fully aligned. **Action complete** **Recommend change of assurance rating to green**
6.8 *(9.51)* The workforce section of the IBP does not align with the LTFM or activity forecasts, and there are significant material inconsistencies. (O41) Refer also 6.7 Executive Director of Nursing and Workforce	**6**			The workforce section of the IBP is fully aligned to the Long Term Financial Model (LTFM): 1. The workforce section of the IBP is fully aligned and consistent with the LTFM 2. There is alignment between capacity, workforce, financial impact/consequences and quality 3.Changes in both workforce numbers and skills have been mapped/identified with programmes/plans in place to support/address as appropriate and quality impact assessed.	Workforce Strategy/Plan Phased monitoring Trust's IBP and LTFM FIMs return Board performance Report PMO Project Report	Board Performance report Final draft IBP to Board 30/1/13	**Green**			Strategic workforce Project and working group in place. Feedback for 5 yr plan incorporated into IBP and Strategy document produced. **Alan Sheward/Mark Pugh** Update November 2012: Chapter 8/workforce strategy completed. Subject to feedback the strategy will be on the agenda for board approval on 28th November. Change of assurance rating to Green approved January 2013 Update October 2013: Action plan to follow **Change of assurance rating from Green to Amber approved October 2013** Update December 2013: Progress made and final alignment with IBP submission in 2014. Update March 2014: IBP workforce section agreed at Finance, Investment and Workforce Committee **Update May 2014:** IBP fully aligned. **Action complete** **Recommend change of assurance rating to Green**

Principal Risks (What could prevent this objective being achieved?)	Initial RS	Mid year RS	End of Year RS	Controls in Place (What controls/systems do we have in place to assist in securing delivery of the objective?)	Assurances on Controls (Where can the board gain evidence that our controls/ systems on which we are placing reliance, are effective)	Positive Assurance to Board (Actual evidence that our controls/systems are effective and the objective is being achieved)	Assurance Level	Gaps in Control (Where we are failing to put controls/ systems in place)	Gaps in Assurance (Where we are failing to provide evidence that our controls/ systems are effective)	Action Plan to Address Gaps in Controls/Assurances Performance management and monitoring committee: Trust Executive Committee
Principal Objective 4: PRODUCTIVITY - To improve the productivity and efficiency of the Trust, building greater financial sustainability within the local health and social care economy **Exec Sponsor: Executive Director of Finance**										
Critical success factor CSF7 **Leads: Executive Director of Finance, Executive Director of Nursing and Workforce** **Improve value for money and generate our planned surplus whilst maintaining or improving quality** Links to CQC Regulations: 24						MEASURES: *Achievement of revenue financial plan* *Achievement of capital financial plan* *Achievement of cash plan* *Achievement of surplus position* *Achievement of recurrent CIP plan* *Satisfactory Internal & External Audit Reports*				
7.23 *(2.16)* There is little evidence of innovation at the Trust (Q42) Executive Director of Nursing and Workforce/ Executive Medical Director	**5**			The Board drives research, innovation and the development of new practice: 1. The Board has a clear drive to lead an innovative organisation and has a focus on research and collaboration with academic health sciences 2. The Board makes efforts to engage patients and the public in research through initiatives such as 'citizen scientist' etc 3. The Board encourages clinical teams to innovate and ensures that new innovations receive high profile at the Trust 4. Innovation in firmly linked to safety, effective and efficiency.	Board involvement Publications in respect of Trust innovations Awards won demonstrating innovative practice	Trust Board minutes	**Green**			Transformational projects. ENDOSTRAT requested. **Alan Sheward/Mark Pugh** Update October 2013: Action plan to follow **Change of assurance rating from Green to Amber approved October 2013** Update December 2013: Research & Development strategy to Trust Board 01/14. Needs review following new Trust Exec upon appointment. Update March 2014: 2013/14 CQUIN on innovation achieved **Update May 2014:** R&D strategy currently being refreshed. Links with Academic Health Service Network and MLAFL programme are evidence of significant innovation projects. **Recommend change of assurance rating to Green** **Review date: August 2014**
Critical success factor CSF8 **Lead: Interim Director of Planning, IT and Integration** **Develop our support infrastructure to improve the quality and value of the services we provide** Links to CQC Regulations: 9, 11, 17, 21, 23, 24						**MEASURES:** **Delivery of IM&T Strategy** **Delivery of Estates Strategy** **Delivery of Backlog Maintenance Plan**			**TARGETS:** **Capital estate business cases approved by October 2014** **IT business cases approved by October 2014** **Capital programme 80% complete by December 2014**	
8.7 *(6.11)* Information and reporting infrastructure not able to support improved productivity Executive Director of Finance	**12**			PIDS have developed a number of dashboards and other information systems that provide information on improved productivity including AvLOS, Theatre Utilisation, Daycase Rates, DNA Rates, New:fup ratios etc. The newly developed Trust balanced scorecard incorporates a range of key productivity KPIs Recruited more clinical coders Purchase of superior software applications including Qlikview and Simul8	Performance Dashboards Trust Board Performance Reports	Monthly Performance Reports	**Green**			Development plan in place **Chris Palmer/Andy Heyes/Exec Board/Iain Hendey** Update Feb 2013: (IH) Productivity forms part of the Trust Board Performance Report balanced scorecard and key metrics are reported. An Operational Board has also been established and will receive more detailed reporting on productivity metrics. A range of other reports are also made available to support improvements in productivity. Update August 2013: (NF) The PIDS team continue to develop performance reports in line with customer requirements. Directorate performance review packs have recently been revised to ensure a consistent flow of information from Board report. Service level reporting is currently being reviewed. Update October 2013: (IH) Productivity improvement metrics will need to be agreed as part of our planning for 14/15 and beyond, this information will be reflected within the demand/capacity/workforce and LTFM plans. Updated April 2014: (IH) Information and reporting infastructure has been significantly improved following the purchase of superior software applications including Qlikview and Simul8 and the impending data available from the ISIS application. **Recommended change of assurance level to Green (IH)** **Update May 2014: 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
607		PLANND	PATSAF	30/04/14		Maternity Theatre inadequate airflow leading to potential infection control risk	DCOLL	* Prep room inadequate air flow for laying up of instruments or storage of equipment * Dirty utility has inadequate air flow that could lead to contamination through the clean corridor to the delivery rooms * The pressure differentials did not create the correct cascade through delivery suite to maintain a hierarchy of cleanliness	20	20	HIGH	* Currently laying up instruments in theatre. This has to be done in front of the woman which is not good for patient experience. * Labour ward theatre is small and numerous people are required to attend laying up in theatre would mean an increased risk of de sterilisation of equipment * Cat 1 caesarean sections are required to be performed in under 30 minutes again laying up in theatre in a rushed environment a higher risk of de sterilisation of instruments is higher	I	30.04.14 Approved at RMC on 16th April.	3 Action Points: Laying up cabinet temporary measure; Lay up of instruments in theatre; and Renovation of labour ward theatre and improved airflow - Work would take one week in which we would need to potentially move labour ward to Day Theatre.	EDONW
608		CORPRI	PATSAF	30/04/14	01/09/14	PLANNED PREVENTATIVE MAINTENANCE (PPM) IS BEHIND SCHEDULE	SJO	* Preventative maintenance has fallen behind schedule and cannot catch up due to lack of staff. * There is an increased chance that patient applied equipment may become faulty. * Care Quality Commission (CQC) may pick up on this during their visit.	9	9	LOW	* Prioritising workload to ensure least disruption to Wards and to maintain Patient Safety. * Ensuring most critical equipment is being maintained.	A	30.04.14 Approved at RMC on 16.04.14.	5 Action points	EDONW
609		CORPRI	GOVCOM	30/04/14	30/06/14	PLANNED PREVENTATIVE MAINTENANCE RECORDING ON MiCAD SYSTEM	KBO	* Issue of where some records of PPMs undertaken by the department have not electronically registered on the MiCAD system	9	9	LOW	* Estates currently working with the IT Department and MiCAD to resolve this issue.	A	30.04.14 Approved via voting button by RMC.	Working with IT Department and MiCAD to resolve issues	IDPII
610		CORPRI	GOVCOM	30/04/14	31/12/14	INTERNAL AUDIT - CLINICAL AUDIT 2013/14	ASW	* Limited Assurance - See Audit Report for full details. * 10 Recommendations were made	12	12	MOD	* Action Plan in place	A	Monitored by the Audit and Risk Committee.	See Internal Audit Report - April 2014	EDONW
611		CORPRI		30/04/14		NON-COMPLIANCE WITH MDA ALERT MDA010	SJO	* Infusion pumps: GemStar infusion system by Hospira. List nos. 13000, 13100, 13150. * Completion date should have been 03/04/2014	12	12	MOD					EDONW

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CHANGED RISK RATINGS SINCE 17.04.2014

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
514	EB	ACUTE	PATSAF	22/08/12	30/06/14	RISK DUE TO BED CAPACITY PROBLEMS (BAF 2.22 & 6.12)	DMA	* inability to meet national targets□ * Infection control risks□ * Mixed sex ward breaches□ * Patients in inappropriate wards for their care needs	20	16	HIGH	* Patient flow work programme in place□ * constant and ongoing review by Bed Management Team	I	22.04.13 Patient Flow Project commenced awaiting outcomes. (RB). Reviewed at QRPSG 17/04/14 Re-scored to 16. Daily meetings continue at times of pressure. Side rooms remain a problem. Weekly operational meetings established.(RB)	3 areas of work now completed; 1 remains outstanding	EDONM
596	RA	COMMH		21/01/14	31/07/14	SAFEGUARDING CHILDREN TRAINING: LEVEL 2	NT	* Level 2 safeguarding children training currently 53% so below 100% compliance required for 2014/15 as per new Appraisal Policy * There are 1494 staff who need to complete Level 2 in total and only 799 who have * No additional capacity within the small operational safeguarding children team to deliver amount of face to face training required to reach full compliance * Impact of coordinating safeguarding children training for the whole organisation is impacting on day to day role of the safeguarding children admin team	20	12	MOD	* Training monitored by Training Manager Pro 4 on line and compliance reports submitted monthly to the Joint Safeguarding Steering Group * Monthly compliance reports circulated to Modern Matrons * Request made by Executive Lead for Safeguarding for compliance to be broken down by areas to allow for a targeted approach of improvement All of the above identify level of need but do not increase training capacity * Some Level 2 Training Sessions in place (Sessions X 2 Feb 14) with plan to maximise capacity to 80 for one session	I	21.01.14 Approved at RMC on 15.01.14. 28.02.14 Additional dates for full Level 2 Sessions (max 75 per session) have been scheduled for 11.04.14, 16.04.14 and 30.04.14. 3 yearly Level 2 update sessions have been scheduled for 14.03.14, 23.04.14, 07.05.14 and 28.05.14. For Level 3 training the LSCB are now starting to put out level 3 multi agency training events and these have all been posted in E Bulletin. A Safeguarding Newsletter is being developed to be sent out to all trust staff via the payslips. JJ. 08.04.14 Further discussion with Development and Training re: adoption of a Level 2 e-learning programme. Scheduled training dates for Classroom sessions are available but not booked to full capacity. JJ. 15.05.14 Level 2 Safeguarding Training has increased from 53% as at 31.03.14 to 61% as at 14.05.14. Regular full and update sessions available. Ongoing management of high levels of DNAs. JJ. Given the extreme reduced capacity within the safeguarding children team at present I think this is good progress alongside our clinical role.	1 area of work now completed; 3 remain outstanding	EDONM
598		ACUTE	GOVCOM	24/02/14	30/06/14	INTEGRATED HUB CALL VISION TELEPHONE RECORDER SERVER	CS	* Insufficient Storage for Telephone calls received via 999, 111 & SPARRCS lines within Integrated Care HUB	20	16	HIGH	* Currently IT are compressing data to maximise the remaining space on the server, however this has a finite capacity and best advice is that there is less than 6 months recording available.	U	24.02.14 Approved at RMC on 19.02.14. Reviewed 12/05/14 - Business Case re- presented to CIG -.Approved for onward approval at TEC given 12/05/14	4 areas of work now completed; 2 remain outstanding	EDONM
542	INTAUD	COMMH	PATSAF	24/10/12	15/05/14	REHAB/SUPPORTIVE CARE KITCHEN IN STATE OF DISREPAIR	NT	* Failure to achieve compliance with infection control requirements.□ * Failure to comply with H&S standards	15	2	LOW	* Ensure cleanliness measures are strictly upheld.□ * Water heater now repaired.□	A	31.07.13 No further update at this stage. NM. 30.08.13 Still awaiting final North Hospital Redesign. NME. 30.09.13. Still awaiting North Hospital re-design. NME. 28.02.14 No further update. NME. 08.04.14 Works to kitchen now completed. 15.05.14 The works to the Rehab Kitchen have been completed and so this risk can now be closed. The North Hospital Redesign element of this risk will form a separate Corporate Risk. NM.	6 areas of work now completed	EMD
491	IR	COMMH	PATSAF	21/12/11	15/05/14	FAILING PIT SYSTEM	NT	* Staff/patient safety risk.□ * Finance required to replace system.□ * Current technology relies on line of sight.	20	4	LOW	* Battery operated personal alarms have been distributed.□ * Security Nurse tests each PIT Alarm each morning.□ * Should there be a failure the further tests are carried out on the specific area with support from the Estates Department.	A	18.10.13 update from RJ. end of December 13 deadline for new software to be loaded and tested. 31.12.13 Project 75% complete. 12 further wireless nodes to be installed at Sevenacres. Business Case to be developed to secure funding for additional costs. SN. 28.02.14 Integration works expected to commence week commencing 17 March 2014 for a period of two to three days. System should then be up and running and will run parallel with the old system for one week to identify snagging. SN. 31.03.14 Works are currently ongoing to install the remaining antennae necessary to ensure full coverage for the new system - additional loft access is required to enable Navigate to complete the installation works. Loft hatches have been ordered and we are awaiting delivery. Antennae installation expected to be complete by 27th March. Ascom and Pinpoint scheduled to be on site 31st March - 2nd April to complete integration works, commission and test the new system. The new system will run alongside the existing system for approximately one week to enable "soak testing" and for any issues to be identified/resolved. SN. 08.04.14 Integration works carried out as planned. Successful commissioning of system and test period ongoing. No issues to date. SN. 15.05.14 Staff training completed. System fully installed. This risk may now be removed from the Corporate Risk Register. DSE.	4 areas of work now completed	EMD

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