



Trust Board Papers

Isle of Wight NHS Trust

Board Meeting in Public (Part 1)

to be held on

Tuesday 15th December 2015

at

**9.30am - Conference Room, School of Health
Sciences (South Hospital)**

**St. Mary's Hospital, Parkhurst Road,
NEWPORT, Isle of Wight, PO30 5TG**

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



The next meeting in public of the Isle of Wight NHS Trust Board will be held on **Tuesday 15th December 2015** commencing at 9.30am in the Conference Room – School of Health Science Building (South Hospital), 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: Lizzie Peers, Non Executive Financial Advisor; Jessamy Baird, Non-Executive Director	Chair	Receive	Verbal
	1.2	Confirmation that meeting is Quorate <i>No business shall be transacted at a meeting of the Board of Directors unless one-third of the whole number is present including: The Chairman; one Executive Director; and two Non-Executive Directors.</i>	Chair	Receive	Verbal
	1.3	Declarations of Interest	Chair	Receive	Verbal
09:35	2	Minutes of Previous Meetings			
	2.1	To approve the minutes from the meeting of the Isle of Wight NHS Trust Board held on 4th November 2015 and the Schedule of Actions.	Chair	Approve	Enc A
	2.2	Chairman to sign minutes as true and accurate record			
	2.3	Review Schedule of Actions	Chair	Receive	Enc B
09:45	3	Chairman's Update			
	3.1	The Chairman will make a statement about recent activity	Chair	Receive	Verbal
09:50	4	Chief Executive's Update			
	4.1	The Chief Executive will make a statement on recent local, regional and national activity.	CEO	Receive	Enc C
	5	WORKFORCE			
	5.1	Employee Recognition of Achievement Awards	CEO	Receive	Pres
	5.2	Employee of the Month	CEO	Receive	Pres
10:00	6	QUALITY (PATIENT SAFETY, EXPERIENCE & CLINICAL EFFECTIVENESS)			
	6.1	Patient Story	CEO	Receive	Pres
	6.2	Principal Risk Register (Board Assurance Framework)	CS	Receive	Enc D
	6.3	Quality Governance Committee Chair Report	QCPC Chair	Receive	Enc E
	6.4	Quality Improvement Framework Monthly Update	EDN	Approve	Enc F
	6.5	Reports from Serious Incidents Requiring Investigation (SIRIs)	EDN	Receive	Enc G
	7	STRATEGY & PLANNING			
	7.1	Draft Trust Strategy	CEO	Approve	Enc H
	7.2	Information & Communication Technology (ICT) Update	EDTI	Approve	Enc I
	8	PERFORMANCE			
	8.1	Finance, Investment, Information & Workforce Chair Report	FIIWC Chair	Receive	Enc J
	8.2	Performance Report	EDN	Receive	Enc K
	8.3	Winter Plan progress report	COO	Receive	Enc L
	9	GOVERNANCE			
	9.1	Board Self Certification	CS	Approve	Enc M
	9.2	Interim Working Capital Support Facility – update	EDFHR	Approve	Enc N

	9.3	Amendment to Scheme of Delegation derived from the Strategic Partnership Agreement between the Trust, Ryhurst (IOW) Ltd and Wight Life Partnership LLP	CS	Approve	Enc O
	9.5	Amendment to the Standards of Business Conduct Policy	CS	Approve	Enc P
	9.6	Top Key Issues & Risks arising from Sub Committees for raising at Trust Board. Minutes Included: Minutes of the Quality Governance Committee held on 25th November 2015 Assurance Report for Finance, Investment, Information & Workforce Committee held on 24th November 2015 Minutes of the Audit & Corporate Risk Committee held on 10th November 2015	CS	Receive	Enc Q
	10	Any Other Business	Chair		
	11	Questions from the Public	Chair		
	12	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: <i>'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.</i>			
		The items which will be discussed and considered for approval in private due to their confidential nature are:			
		<i>Carbon Energy Fund Update</i>			
		<i>Wightlife Partnership (Informed Client) Update</i>			
		<i>Renewal of the Lease for 18 Barry Way</i>			
		<i>Joint Adult & Child Safeguarding Report</i>			
		<i>Chief Executive's Update on Hot Topics</i>			
		<i>TDA Letter Update</i>			
		<i>Tenders Update</i>			
		<i>Employee Relations Issues</i>			
		<i>Medical Staffing Update by NED lead.</i>			
		<i>Clinical Claims Report</i>			
12:00	13	Date of Next Meeting:			
		The next meeting of the Isle of Wight NHS Trust Board to be held in public is on Wednesday 3rd February 2016 at Ryde Health & Wellbeing Centre, 57 Pellhurst Road, Ryde, Isle of Wight PO33 3DT.			
Following the conclusion of the agenda items in Part 1 of the Trust Board, the Board will now convene as Corporate Trustee					
	1	Board Convened as Corporate Trustee			
	1.1	Annual Accounts & Report of the Isle of Wight NHS Trust Charitable Funds 2014/15	EDFHR	Approve	Enc R

**Minutes of the meeting in Public of the Isle of Wight NHS Trust Board
held on Wednesday 4th November 2015
Conference Room – School of Health Sciences, St Mary's Hospital,
Newport, Isle of Wight**

PRESENT:	Eve Richardson	Trust Chair
	Jessamy Baird	Non-Executive Director
	David King	Non-Executive Director
	Nina Moorman	Non-Executive Director
	Charles Rogers	Non-Executive Director (SID)
	Jane Tabor	Non-Executive Director
	Karen Baker	Chief Executive
	Chris Palmer	Executive Director of Financial & Human Resources
	Mark Pugh	Executive Medical Director
	Alan Sheward	Executive Director of Nursing
<i>Attended from Item 15/T/220</i>	Shaun Stacey	Chief Operating Officer
In Attendance:	Katie Gray	Executive Director of Transformation & Integration
	Mark Price	FT Programme Director & Company Secretary
<i>For item 15/T/222</i>	Andy Hollebon	Head of Communications & Engagement
	Lee Haward	Acting Service Delivery Manager - HUB
<i>For item 15/T/222</i>	Mark Elmore	Deputy Director of Human Resources
<i>For item 15/T/222</i>	Jackie Humphries	Resourcing Manager. Human Resources
<i>For item 15/T/222</i>	Marcia Meaning	Sister, Coronary Care Unit
<i>For item 15/T/222</i>	Antony Nobes	Resourcing Officer, Human Resources
<i>For item 15/T/222</i>	Chris Smith	Clinical Director
<i>For item 15/T/223</i>	Louise Holmberg	Senior Anatomical Pathology Technologist
<i>For item 15/T/223</i>	Helen Tasker	Laboratory Manager
<i>For item 15/T/228</i>	Di Goring	Crisis Response Lead Nurse, Older Persons Nurse Fellow /Dementia Lead
<i>For item 15/T/230</i>	Liz Nials	Senior HR Manager
<i>For item 15/T/233</i>	Keith Morey	Civil Contingencies Manager
Observers:	Linda Fair	Patient Council
	Chris Orchin	Health Watch
	Gary Edgson	Deputy Director of Finance
Minuted by:	Lynn Cave	Board Governance Officer
Members of the Public in attendance:	There were 3 members of the public present as well as a representative from the Isle of Wight County Press	

Minute No.

15/T/216	APOLOGIES FOR ABSENCE, DECLARATIONS OF INTEREST AND CONFIRMATION THAT THE MEETING IS QUORATE
	The Chair welcomed the representatives from Healthwatch and the Patient Council. She also welcomed Gary Edgson who is the new Deputy Director of Finance who would be observing the meeting.
	Apologies for absence were received from Lizzie Peers, Non-Executive Financial Advisor.
	The Chairman announced that the meeting was quorate.
	There were no declarations of interest
15/T/217	MINUTES OF PREVIOUS MEETING
	Minutes of the meeting of the Isle of Wight NHS Trust Board held on 7 th October 2015 were approved.
	Linda Fair, Patient Council, requested that an amendment to the Quality & Clinical

Performance Committee (QCPC) minutes be logged in relation to their min no. 15/Q/200f. She asked that a suggested change of title for the PALS had been made by the Patient Council of Patient Experience Advice and Liaison Service. It was agreed that this would be passed to the QCPC administrator for noting.

Action Note: *Comment on QCPC Minutes: Update QCPC Min no. 15/Q/200f to reflect comments made by Linda Fair, Chair of Patient Council.*

Action: CS

15/T/218

REVIEW OF SCHEDULE OF ACTIONS

The Board received the schedule of actions and the following updates were made:

- a) **TB/146 – Friends & Family Test- Mental Health & TB173 – Friends & Family Test in Community:** The Executive Medical Director advised that a suite of feedback forms were being developed by the Business Units and these would include this area and would be included in the performance matrix. Jessamy Baird advised that examples from other Mental Health Trusts had been provided which would be used in the development of the Mental Health and Community questionnaires. These actions are now closed.
- b) **TB/148 – Provision of Care in Community:** The new Business Units matrix development will include data on this area and will be assessed once the reporting structure is confirmed. It was suggested that this action be closed.

Jessamy Baird suggested that the Action tracker be reviewed and that the Actions be logged in a more succinct manner and summary elements from the minutes not used. The Company Secretary agreed to take this forward.

Action Note: *The Company Secretary to review and update the Action Tracker in line with recommendations from Board.*

Action: CS

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

15/T/219

CHAIR'S UPDATE

The Chair reported that it had been a busy month with meetings with the TDA and NHS England taking place as well as meetings with partner organisations. She confirmed that a Board 2 Board meeting with the CCG would be taking place in December to further discuss the My Life a Full Life strategy. In addition she advised that Cllr Stubbings, Chair of the Health & Wellbeing Board and Mr Metcalfe from the IW Council, had joined the Board at their Seminar to look at ways of working together. She reported that it had been a good meeting and further joint discussions were planned.

She confirmed that a meeting with Healthwatch was planned and that QCPC would be working with Healthwatch to promote the PALS¹ service and to make it more accessible and understandable for patients.

The Chair confirmed that a range of meetings had been planned with the voluntary sector, and a meeting with the Hospice had been arranged with whom the Trust was working closely to promote the Island's End of Life Care Strategy.

She gave congratulations to the Crisis Response and Home Treatment (CRHT) Team who received a formal commendation at the Police District Commander's Awards, held by Hampshire Constabulary, for their part in "Serenity". She stated that this was a pioneering service in which the team had undertaken amazing work.

¹ Patient Advice and Liaison Service

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

15/T/220

CHIEF EXECUTIVE'S UPDATE

The Chief Executive presented the report and highlighted the following:

National:

- i. **Five Year Forward View and the My Life a Full Life programme:** Already making a difference. Public Consultation commencing in January.
- ii. **Parliamentary and Health Service Ombudsman (PHSO) Reports:** The Chief Executive explained that the experience of a specific patient with services at the Trust had been featured in this report and expressed the Trust's apologies to the patient but stressed that this had been an isolated incident.
- iii. **Lord Carter's Review of NHS Costs:** The Trust would be reviewing recommendations and implementing them as applicable.

Local:

- iv. **CQC Inspection Report One Year On:** A summit had taken place to review progress. Considerable progress had been made but still some work to do.
- v. **Medicine for Members Meeting:** Eve Richardson had Chaired the meeting which had been well attended and had featured the Stroke Services.
- vi. **Fire Evacuation Exercise:** A successful exercise had taken place in which 3 fire tenders had been involved.
- vii. **Nurses from the Philippines:** Nurses had arrived and are now deployed on the wards.
- viii. **System Pressures:** Pressures continue. Poppy Ward now reopened with 13 beds which will be increased to 30 once staffing has been arranged. New student nurses and health care assistants have commenced training, and a further cohort of nurses from the Philippines will be joining at the end of the year.
- ix. **Social Services Conference 'View from the Island':** Very successful base for the Island to build on.
- x. **Mrs Gladys Hooper and her hip fracture:** Patient had now gone home and was making good progress.
- xi. **Health Education Wessex SHINE Awards 2015:** Trust had a number of entries in this years awards.
- xii. **Institute of Healthcare Engineering and Estate Management (IHEEM) Conference:** Wightlife Partnership are developing plans for the Island.
- xiii. **CCG Proposal to Close Waiting List:** The Chief Executive advised the Board that there was to be a meeting tomorrow of the CCG Governing Body at which they would be presenting a proposal to close the waiting lists at the Trust for Urology, Trauma & Orthopaedic and General Surgery and request that patients are sent to the mainland for these services. She outlined concerns with this proposal and a press release would be produced. A full discussion took place surrounding the proposal and the potential effects on patient care and patient choice for Island residents. It was agreed that the Chief Executive and Chair would contact the Chief Executive and Chair of the CCG directly to discuss this.

Action Note: Chief Executive and Chair to approach the CCG Chair and Chief Executive to express concern at the proposal and request period of time to demonstrate effectiveness of the winter resilience plan

Action by: CEO/Chair

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

PATIENT EXPERIENCE

15/T/221

PATIENT STORY

The Chief Executive introduced the patient story in which a patient recalled their experience of care under the Urology service.

The Executive Director of Nursing welcomed the story and outlined the actions which had been taken. A discussion took place surrounding the story and the services mentioned within it. The Executive Director of Nursing advised that the outcome of the actions would be followed up by the SEE² Committee and reported to QCPC.

The Isle of Wight NHS Trust Board received the Patient Story

15/T/222

EMPLOYEE RECOGNITION OF ACHIEVEMENT AWARDS

The Chief Executive presented the Employee Recognition of Achievement Awards: This month the nominations were as follows:

Category 2 - Employee Role Model:

- Lee Haward, Acting Service Delivery Manager - HUB

Category 3 – Going the Extra Mile

Team award for their work with the recruitment and deployment of the overseas nurses from the Philippines:

- Mark Elmore, Deputy Director of Human Resources
- Jackie Humphries, Resourcing Manager
- Marcia Meaning, Sister – Coronary Care Unit
- Donna Baker, Clinical Education
- Antony Nobes, Recruitment Assistant
- Natasha White, Recruitment Assistant

The Chief Executive congratulated all recipients on their achievements and advised that as unfortunately Donna and Natasha could not attend today they would be presented with their awards at a later date.

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

15/T/223

EMPLOYEE OF THE MONTH

The Chief Executive presented the Employee of the Month Award:

Employee of the Month – October 2015

- Louise Holmberg, Senior Anatomical Pathology Technologist

The Chief Executive explained that bereaved carers had nominated her for her compassionate care given to their deceased relatives and the support she gives to them.

The Chief Executive congratulated Louise Holmberg on her achievement.

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

15/T/224

QUALITY & CLINICAL PERFORMANCE COMMITTEE CHAIR REPORT

Nina Moorman presented her report and highlighted the following areas as discussed at the meeting held on 28th October 2015.

- Quality Report
- CQUIN³ Qtr 2 report
- Clinical Audit Qtr 2 report.
- NICE⁴ quarterly report
- Clostridium difficile infection (CDI)

² Patient Safety, Experience & Clinical Effectiveness

³ The Commissioning for Quality and Innovation (CQUINs) payments framework

⁴ The National Institute for Health and Care Excellence

The Chair requested that the Committee undertake a regular review of a selection of random complaints and complements, to review trends with partners. Nina Moorman advised that a programme was already in place and advised that the Committee would be working with Healthwatch to move this programme forward.

The Chair stated that this was a good report. The Company Secretary confirmed that a similar report would be provided by the Chair of the Finance, Investment, Information & Workforce Committee (FIWIC) for future meetings.

Action Note: *Company Secretary to arrange regular sub-committee reports from the Chair of FIWIC to be submitted to Board.*

Action by: CS

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

The Board was requested to approve the proposed change in name of the Quality & Clinical Performance Committee to the Quality Governance Committee.

The Isle of Wight NHS Trust Board approved the change of name of the Quality & Clinical Performance Committee to the Quality Governance Committee

15/T/225

QUALITY IMPROVEMENT PLAN (QIP) UPDATE

The Executive Director of Nursing presented the report and gave an overview of the current position. He confirmed that all enforcement and must do actions are now complete; there is 1 outstanding compliance action, linked to safer staffing (Trust is declaring partial compliance to CQC) and 14 should do actions, all due for completion on 31 March 2016. There have been 8 actions signed off since the last update; 5 compliance and 3 must do actions. He confirmed that a letter regarding the current declaration of compliance against outstanding compliance and must do actions have been sent to the Care Quality Commission (CQC).

The Executive Director of Nursing advised that the new Clinical Business Units were confident that they would be able to deliver the outstanding actions. He also proposed that reporting would move from the QIP update paper to a monthly update to Trust Board on the 6 domains within the Quality Improvement Framework (QIF) and that the Trust Executive Committee would pick up monitoring of the QIP by receiving 2 weekly governance and assurance reports covering the 5 themes of the QIP.

The Executive Medical Director queried if this would trigger a revisit by the CQC. The Executive Director of Nursing advised that a visit had been planned but had not occurred, but that the Trust was ready to receive the CQC at any time. He advised that a Trust mock inspection would be undertaken to review the compliant actions.

A discussion took place on a number of specific actions with the Executive Director of Nursing providing assurance to the Board.

It was confirmed that a monthly QIF report would be provided to the Board.

Action Note: *Monthly update on the QIF to be submitted to Part 1 Board commencing 15 December 15*

Action by: EDN

The Board congratulated the Executive Director of Nursing and the team on all their work with the QIP and QIF.

The Isle of Wight NHS Trust Board approved the Quality Improvement Plan Update

15/T/226

REPORT FROM SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRIs)

The Executive Director of Nursing presented the SIRI report and confirmed 4 SIRIs were reported to the Isle of Wight CCG during September 2015:

1. Confidential Information Breach
2. Patient Fall – resulting in serious harm
3. Delay in ambulance attending a call
4. Grade 4 Pressure Ulcer

At the time of writing this report there were: 24 open SIRI's - 9 of which were overdue. During September 2015, and at the time of reporting, the IW CCG closed 4 SIRI cases and another 2 were awaiting their decision regarding closure.

The Chair queried how the lessons learnt were disseminated to staff and had any research been undertaken to assess people's responses. The Executive Medical Director advised that work was being undertaken to assess this.

Jessamy Baird complemented on an improved report but questioned the delays shown. The Executive Director of Nursing advised that the governance process was robust but annual leave was a factor in a number of cases being slightly delayed. He confirmed that now the new Clinical Business Units were in place this would be further reviewed.

The Isle of Wight NHS Trust Board received the report from Serious Incidents Requiring Investigation (SIRIs)

15/T/227

MORTALITY REPORT

The Executive Medical Director presented the report and confirmed that the SHMI⁵ was at the lowest level in 4 years. This means that when benchmarked against other Trusts we are 'average'. This is defined as a patient is no more likely to die in our hospital than in any other. With the Island demographic of elderly residents this is very positive.

He advised that during June and July 15 a Bereavement Survey was conducted and feedback was starting to come back. He confirmed that this would be analysed and staff will be discussing the issues with the families to see what can be done to improve the service.

A discussion took place about patients who died within 24 hours of admission. It was agreed that this should be reviewed to see if these people had made their wishes known in advance.

The Chair stated that more work was needed on meeting the wishes of dying people and their carers and that implementation of the Isle of Wight End of Life Care Strategy working closely with our partners would mean that the Trust will be working more closely with the Hospice and other stakeholders to provide a better experience for people at the end of life. It was agreed to report back on progress being made to meet peoples' wishes.

The Isle of Wight NHS Trust Board received the Mortality Report

WORKFORCE

15/T/228

STAFF STORY

The staff story featured Di Goring who is the recipient of a recent award of the Older Persons Nurse Fellowship. She outlined the aims of the fellowship and how she would be implementing programmes to fulfil these. She is the Dementia Lead for the Trust and has been invited to be a key note speaker a national conference.

The Chair thanked Di Goring for presenting her story and requested that she give an

⁵ Summary Hospital-level Mortality Indicator

update on her work to the Board at Seminar in approximately 6 months.

Action Note: *Company Secretary to arrange for Di Goring to present an update at Seminar in approximately 6 months.*

Action by: CS

The Isle of Wight NHS Trust Board received the Staff Story

15/T/229

AGENCY NURSING RULES

The Executive Director of Nursing presented the report and advised that in line with the Nursing Agency Rules published by the Trust Development Authority on 1st September 2015, all NHS Trusts are required to work to the allocated cap on the use of Agency usage.

He explained that this is a percentage of the overall nursing spend in the majority of areas in the Trust based on 2014/15 outturn. It is unlikely the Trust will be able to work within the 3% cap until additional Registered Nurse recruitment takes place.

The Executive Director of Nursing reminded the Board that in September it had approved a winter resilience plan that improved access for patients to elective and non-elective services. The additional capacity requires additional Registered Nurse Staffing. Allocating Registered Nurses to the additional capacity will exceed the 3% cap. At the point the Trust needed to declare compliance in achieving the 3% the Islands System Resilience Plan had not been agreed. Therefore, an adjustment application has been completed. The Trust is compliant in the recruitment of Agency Nurses through an approved framework.

He confirmed that later in 2015 the TDA will set a price cap for Agency nursing across the UK. This is likely to impact on the willingness of agency nurses to travel to the Island. The Trust has given feedback on the consultation of a price cap. Current Nursing vacancies are being covered by Bank and Agency nurses. There is also a current active nurse recruitment campaign.

The Executive Director of Nursing requested that the Trust Board approves the report and approves the steps taken to manage and monitor Agency Nurse usage across the Trust, and further recommended that a more detailed paper is presented to the FIIRC with weekly monitoring through the Nurse Director Team reporting to the Trust Executive Committee.

Action Note: *Detailed paper to be presented to the Trust FIIRC with weekly monitoring through the Nurse Director Team reporting to the Trust Executive Committee*

Action by: EDN

A discussion took place during which the Executive Director of Nursing addressed members concerns relating to agency usage and the quality of staff provided.

The Isle of Wight NHS Trust Board approved the proposed actions to manage and monitor Agency Nurse usage across the Trust

15/T/230

QUALITY ASSURANCE FRAMEWORK FOR MEDICAL REVALIDATION

The Executive Medical Director advised that medical revalidation is a legal requirement which applies to all licensed doctors listed on the General Medical Council (GMC) register in both the public and independent sectors, and outlined that its purpose is to improve patient care by bringing all licensed doctors into a governed system that prioritises professional development and strengthens personal accountability. He confirmed that medical revalidation is central to how the Trust is meeting its responsibilities to both patients and staff in improving safety and the quality of care.

He confirmed that formal confirmation has been provided to NHS England that the Trust has carried out and submitted an annual organisational audit (AOA) of its

compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

The Isle of Wight NHS Trust Board received the Quality Assurance Framework for Medical Revalidation

STRATEGIC

15/T/231

STRATEGY UPDATE

The Executive Director of Transformation & Integration advised that the development of the strategy was currently being aligned with all aspects of governance including the 'House', and the Board Assurance Framework, and that the draft strategy would be discussed further at the Board Seminar on 10th November.

The Chair confirmed that it was anticipated that the draft strategy would be presented at the Board meeting on 15th December and once agreed as a draft it will be subject to consultation with partner organisations.

Action Plan: *Paper to be submitted to Board for approval following discussion at Seminar in November and December with partners.*

Action by: EDTI

The Isle of Wight NHS Trust Board received the Strategy Update

OPERATIONAL

15/T/232

PERFORMANCE REPORT

The Executive Director of Financial & Human Resources advised that the performance report was being realigned to reflect the introduction of the new Business Units. She presented the performance report giving an overview of the key points.

Highlights:

- 90% of stay on Stroke Unit and High Risk Transient Ischaemic Attack (TIA) fully investigated & treated within 24 hours above target both in month and year to date
- Ambulance Category A Red 1 and Red 2 calls response time <8 minutes and <19 minutes above target
- Mental Health Care Programme Approach (CPA) targets achieved
- All Cancer Targets achieved in September
- No MRSA⁶ cases this year to date

Lowlights - Improvement Needed:

- Clostridium Difficile (C.Diff) - we have now had 14 cases year to date
- Referral To Treatment Time for Admitted, Non-Admitted and Incompletes remains below target
- Staff sickness remains above plan
- Emergency care 4 hour standard below target
- Mental Health Admissions access to Crisis Resolution Home Treatment Team (CRHTT) below target
- Mixed Sex Accommodation below target with 8 breaches in September and 55 breaches year to date
- Workforce costs are in excess of plan
- Theatre Utilisation is below target
- The overall number of formal complaints has increased in September

⁶ Methicillin-resistant Staphylococcus Aureus

compared to previous month.

- The number of grade 4 + ungraded pressure ulcers is above plan.
- Financial Position

A discussion took place and the following points were raised:

- Safer Staffing (page 37)** – Charles Rogers stated that it was important to understand the risks relating to this area and felt that the current reporting tool failed to demonstrate that these were being addressed. The Executive Director of Nursing confirmed that the reporting was currently under review with Human Resources and Finance to provide more detailed data which would populate a refreshed dashboard. He confirmed that this would be monitored by FIWIC and QGC. Jessamy Baird also asked that the data for safer staffing, agency usage and workforce be linked. The Executive Director of Financial & Human Resources confirmed that this would be included within the review.

The Isle of Wight NHS Trust Board received the Performance Report

15/T/233

EMERGENCY PREPAREDNESS ANNUAL REPORT & CORE STANDARDS

The Executive Director of Nursing presented the report and advised that many of the work streams included in the report have required assurance returns to both NHS England South and the National Ambulance Resilient Unit (NARU), with some areas requiring assurance to both. He summarised the key points of the report and advised that the annual NHS Commissioning Board Core Standards assessment was now under way.

He gave an overview of the current position but confirmed that in relation to the Marauding Terrorism and Firearms (MTFA) (firearms response) standards that the high number of red ratings was due to this standard being written for an ambulance service with an MTFA response as part of their Hazardous Area Response Team (HART) capability. The IW Ambulance Service is not funded to have a HART capability, so are unable to meet a number of these standards. Discussions on this have taken place with the IW CCG and NHS England South. This has resulted in NHS England South seeking further clarification from national colleagues with regard to expected standards within funded capability.

The Isle of Wight NHS Trust Board approved the Emergency Preparedness Annual Report & Core Standards

GOVERNANCE

15/T/234

BOARD SELF CERTIFICATION

The Company Secretary presented the monthly update. He confirmed that the Finance, Investment, Information & Workforce Committee (FIWIC) had not reviewed the proposed return due to their workshop but that Quality & Clinical Performance Committee (QCPC) had considered and agreed the self-certification return. He confirmed that Board Statements 'at risk' were the same as at the end of September..

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

15/T/235

BOARD ASSURANCE FRAMEWORK (PRINCIPAL RISK REGISTER)

The Company Secretary presented the BAF and advised that it had been discussed at the October Board Seminar and the amendments highlighted at this meeting had been incorporated within the report. He confirmed that the Audit & Corporate Risk Committee would be undertaking a deep dive into all 6 risks. He outlined work was underway to align the principal risks and the BAF with the agenda.

Jane Tabor asked for clarity on when the Workforce Strategy would be completed. The Executive Director of Financial & Human Resources advised that this would be

late January 2016 with review at Seminar in December and early January.

The Isle of Wight NHS Trust Board received the Board Assurance Framework (Principal Risk Register)

15/T/236

AMENDMENT TO SCHEME OF RESERVATION & DELEGATION

The Company Secretary advised that an amendment was proposed to the Scheme of Reservation & Delegation to delegate the responsibility for overseeing the process for the appointment of External Auditors to the Audit & Corporate Risk Committee (ACRC). He requested that the Board approve the amendment to state that the ACRC has responsibility *'to oversee the appointment of the Trust's External Auditors'*.

The Isle of Wight NHS Trust Board approved the amendment to the Scheme of Reservation & Delegation

15/T/237

TOP KEY ISSUES AND RISKS ARISING FROM SUB COMMITTEES FOR RAISING AT TRUST BOARD

The Company Secretary presented the report and confirmed that in line with requests at the last Board meeting a report by the Chair of the QCPC had been included as a separate item earlier in the agenda. He confirmed that a similar report would be included next month by the Chair of the Finance, Information, Investment & Workforce Committee. He advised that included within this month's report were the minutes from the Quality & Clinical Performance Committee, Mental Health Act Scrutiny Committee and the Turnaround Board.

The following points were highlighted by the Chair of FIWIC and MHASC:

Product Savings: Charles Rogers queried if the potential for product savings was being addressed by the Turnaround Board. The Chief Executive confirmed that this had been discussed and the Executive Director of Nursing and Deputy Director of Nursing were reviewing and reporting on a weekly basis to the Turnaround Board. She confirmed that an update would be included in the December report.

Mental Health Sections Review: Jessamy Baird confirmed that system wide pressures had impacted on the lack of community placements for mental health patients, which had in turn increased the numbers of patients being referred for inpatient care

The Isle of Wight NHS Trust Board received the Top Key Issues and Risks arising from Sub-Committees

15/T/238

BOARD & BOARD SEMINAR DATES FOR 2016/17

The Company Secretary presented the proposed dates for the Board meetings for 2016/17. He advised that the Board Seminar day would be moved from 2nd Tuesday of the month to the 3rd Tuesday of the month. The dates for both Board and Seminar had previously been circulated and discussed.

The Isle of Wight NHS Trust Board approved the Board & Board Seminar dates for 2016/17

15/T/239

QUESTIONS FROM THE PUBLIC

A question was received in writing in advance of the meeting.

- a) **The response to the question was presented by the Executive Director of Nursing.**

Question: What steps have the Board taken, or intends to take to address the culture of denial within the Ambulance Service that was exposed as part of the Health & Care Professions Council (HCPC) committee hearing in order to ensure that similar incidents are addressed far more quickly in the

future?

Response: *Firstly I wanted to thank the member of the public who took the time to write to the Trust. Given the current situation and the potential for Police involvement I will try and address the issues raised in the well-articulated letter we received. I would like to meet with the member of the public and have extended an opportunity to discuss the concerns that have been raised.*

Concerns regarding Stuart Hamilton were first understood in 2003 when he shared a very personal image with a fellow colleague. We believe it was Mr Hamilton's view that he had "forged" a relationship with female members of staff in the Ambulance Service and other parts of the Trust. In doing so it is believed he shared the pictures in a private non-working relationship situation. There was no concern regarding his clinical practice at this time.

At the point Mr Hamilton left the Trust it was established he was a highly manipulative individual. It was latterly recognised that some of his behaviours were regarded as unprofessional. At times he was afforded the benefit of doubt. He was well known in the service for being a "joker" and one that liked to have a "laugh". However, there were still no concerns over his clinical practice.

Although issues were reported, there was, at times, little if any circumstantial evidence which would support a more robust investigation. This resulted in this his behaviours being managed in an informal way. This was sometimes at the request of staff who was involved where there was an understanding that his acts were purely based on a personal relationship with female members of staff in the Trust.

At the time there were concerns over the way Mr Hamilton conducted himself with colleagues little work had been done nationally on acceptable practice in relation to Safeguarding. There was also a lack of development of Safeguarding policies and procedures as well as underdeveloped professional standards. Clearly we are in a very different arena now. We have had a detailed investigation and report that culminated in the Kate Lampard review which has changed the approach taken.

The Isle of Wight NHS Trust Ambulance service have seen strong examples of cases where staff feel able to raise concerns regarding the practice and behaviours of other staff in the service. We are seeing a growing trend in this respect across a number of professions across the NHS. This is because I believe there has been a cultural shift in the professional expectations across the NHS which has been in part due to high profile cases and the development of policies including; Information Governance, Safeguarding Children and Adults policy and procedures. There is a clearer expectation on the link between personal and professional conduct.

- *In the past 2 years the Trust has embarked on developing an open culture of transparency supporting staff to raise concerns.*
- *This includes the Launch in 2012 of the "If you see something say something campaign".*
- *The Trusts worked with staff groups to update and amend the whistle blowing*

policy to a staff raising concerns policy. This gives staff the opportunity to raise concerns without fear in a confidential way.

- In 2014 we launched Listening into Action. This supported staff having a free dialogue with senior members of staff.*
- And in 2015 we have the Quality Improvement Framework which describes moving to a culture where senior managers spend more time on the front line working with staff and being in the shoes of staff.*

All staff receive training in safeguarding annually. Professional regulatory bodies such as the Health & Care Professions Council, the General Medical Council and the Nursing and Midwifery Council have set much stricter requirements on the professional practice of registered professionals. They have also issued guidance on the use of the Internet and Social media.

The issues identified by staff occurred as early as 2003. It is not possible to predict if staff had raised increased concerns then, whether there would have been any impact on patients as many of his activities occurred out of work. There were also no concerns over his clinical practice. Stuart only exhibited these behaviours when he was with a junior member of staff and as the senior clinician he would have been able to “cover up” his actions or bamboozle the other member of staff by claiming the quasi medical nature of his interventions. It was not until the extremely robust audit completed by the Ambulance service that the pattern of behaviour was spotted as it pooled together the cases and looked at them as a whole. His relationships with staff were aimed at personal rather than professional interactions.

I am confident that given changes I’ve outlined and more recent examples of staff raising concerns, we have a Trust that has embraced an openness culture. I am also confident given the leadership in the Ambulance service that where there are professional and personal conduct issues, these are brought to the attention of the individual, HR team and Professional Practice leads. The roles for professional accountability are much clearer in the Trust.

We are clearly disturbed by the findings of the HCPC hearing which took place in September and October and would like to extend an apology to all patients and staff concerned. We have an excellent service on the Island whose reputation has been compromised by the actions of an individual practitioner who has now been struck off.

The Board will continue to monitor and receive (in private) reports on the conduct of its staff. The Board will receive assurance through staff in a formal process, and referrals to the professional bodies that the Staff in the Trust are being dealt with in accordance with professional standards and Trust policy. More importantly the Board is committed to supporting staff who want to raise a concern.

I believe we have evidenced through transparent reporting at this Board and the Boards of Safeguarding Adults and Children that we are an open and honest organisation who seek the views of patients and staff to bring about better care and treatment to the Island people.

The Board undertook a full and detailed discussion on this matter and the Chief Executive confirmed that this matter would be reviewed further at the next Board

Seminar.

Action Note: *The Executive Director of Nursing to provide an update on the issues raised as result of Health & Care Professions Council (HCPC) committee hearing into the conduct of Ambulance Staff member at the Board Seminar on 10th November.*

Action by: EDN

b) Response by the Executive Medical Director to a letter received from a member of the public.

The Executive Medical Director advised the meeting that a letter had been received from a member of the public, to which he had responded directly and he had agreed to raise this matter at Board. He advised that the letter had concerned the ongoing pressure on the hospital in connection with discharging patients into the community. He confirmed that a review of the emergency care pathway was being undertaken to ensure that all actions were maintained and carried forward.

The Chair advised that the Trust was committed to working with our local partners to improve care of our patients. She extended an offer to meet the members of the public who had submitted these letters should they wish to discuss their points with her in more detail.

The Isle of Wight NHS Trust Board received the response to the question from the public

15/T/240

ANY OTHER BUSINESS

- a) **Medicines for Members Event:** The Chair highlighted that this was planned for 16th November, 2pm to 4pm on the topic of Cancer Services and an update on My Life a Full Life

15/T/241

DATE OF NEXT MEETING

The Chair confirmed that the next meeting of the Isle of Wight NHS Trust to be held in public is on **Tuesday 15th December 2015** in the Conference Room – School of Health Science Building, St Mary's Hospital, Newport, Isle of Wight. The Chair asked members to note the change of date of this meeting.

The meeting closed at 12.55pm

Signed.....Chair Date:.....

Enc B

ISLE OF WIGHT TRUST BOARD Pt 1 (Public) - April 15 - March 16

ROLLING SCHEDULE OF ACTIONS TAKEN FROM THE MINUTES

Key to LEAD: Chief Executive (CE) Executive Director of Financial & Human Resources (EDFHR) Executive Director of Transformation & Integration (EDTI) Executive Medical Director (EMD)

Executive Director of Nursing (EDN) Deputy Director of Nursing (DDN) Interim Director of Workforce (IDW) Interim Chief Operating Officer (ICOO)

Foundation Trust Programme Director/Company Secretary (FTPD/CS) Trust Board Administrator (BA) Head of Communication (HOC)

Head of Corporate Governance (HCG) Business Manager for Patient Safety, Experience & Clinical Effectiveness (BMSEE)

Action Associate Director for Community & Mental Health Directorate (AAD-C&MH) Deputy Director of Informatics (DDI)

Non Executive Directors: Eve Richardson (Chair) Charles Rogers (CR) Nina Moorman (NM) David King (DK) Jane Tabor (JT) Jessamy Baird (JB)

Non Executive Financial Advisor: Lizzie Peers (LP)

Date of Meeting	Minute No.	Action No.	Item	Action	Exec Lead	Update	Report Author	Further Action by Other Committee	Due Date	Forecast Date	Progress RAG	Date Closed
28-Jan-15	15/T/016	TB/141	Safer Staffing Funding for Option 4:	The Executive Team would draw up plans and a timeline to identify funding for Option 4. A progress update will be given in the private part of the 4th March Board meeting.	EDN	<p>20/03/15 - 2015/16 cost estimate to be incorporated into budget proposal for 1st April Board meeting.</p> <p>01/04/15 - The Executive Director of Finance advised that work was underway to finalise the cost for 2015/16 but acuity and dependency reviews were not yet concluded.</p> <p>03/06/15 - The Executive Director of Nursing confirmed that work continues to progress this.</p> <p>26/08/15 - Verbal update to be presented at Board</p> <p>02/09/15 - It was confirmed that this would be discussed later in the agenda.</p> <p>29/09/15 - This was discussed in Private Board session as part of the wider financial discussions and the Board agreed to mitigated costs for this year. The action remains open for EDN and DDN to review nursing staffing to look at how we can achieve safer staffing alongside skill mix etc. and how we mitigate the additional cost going forward.</p>	DDN		01-Apr-15	15-Dec-15	Progressing	
01-Jul-15	15/T/150	TB/171	Organisation Business & Financial Sustainability:	The Chief Executive to arrange a seminar including the Board and Lead Clinicians to develop Trust Strategy and Business Plan.	CEO	<p>11/08/15 - Strategy Seminar undertaken. This action is now closed</p> <p>02/09/15 - Jane Tabor advised that the FIWC had yet to receive an outcome on this and asked that it remain open. It was agreed to leave open until 4th November.</p> <p>28/10/15 - Further Seminar sessions on our strategy development planned for 10th November and 2nd December</p> <p>03/12/15 - Strategy discussions have taken place and the draft Trust Strategy is planned to go to December Board meeting. This action is now closed.</p>		FIWC Seminar	02-Sep-15	02-Dec-15	Completed	03-Dec-15
02-Sep-15	15/T/162	TB/172	Future Workforce	The Company Secretary to schedule a discussion on future workforce at a Seminar.	CS			Seminar	16-Feb-16	16-Feb-16	Progressing	

Enc B

Date of Meeting	Minute No.	Action No.	Item	Action	Exec Lead	Update	Report Author	Further Action by Other Committee	Due Date	Forecast Date	Progress RAG	Date Closed
02-Sep-15	15/T/163iii	TB/174	Stroke Targets:	The Executive Medical Director to undertake a deep dive into TIA incidents and present an in depth report to the Board.	EMD	22/10/15 - A deep dive in to TIAs has been scheduled with QCPC at their November meeting. 30/11/15 - The deep dive was discussed, what we are now looking for is an explanation why compared to last year we only manage to screen above the national 65% target for completed screening within 48 hours and not the previously much higher local target of 80%. The Community Service Lead/Lead Clinician for Stroke is scheduled to present this in January 2016 to QGC.		QGC	04-Nov-15	03-Feb-16	Progressing	
02-Sep-15	15/T/163vi	TB/176	Appraisals:	The Chief Executive agreed to ensure that TEC is monitoring and seeking improvements in the level of appraisals.	CEO	28/10/15 - This is scheduled for TEC on 9/11/15 and will be reported back to the Board at the December meeting. 03/12/15 - TEC will be reviewing during December and January and will report back for February Board.		TEC	04-Nov-15	03-Feb-16	Progressing	
07-Oct-15	15/T/202	TB/180	Research & Development:	The Company Secretary to arrange for a discussion at a future Seminar on Research and Development.	CS	07/12/15 - Provisionally arranged for February Seminar.		Seminar	16-Feb-16	16-Feb-16	Progressing	
07-Oct-15	15/T/2111	TB/182	Presentation of Sub Committee Minutes to Board:	The Company Secretary to continue to develop this report and to consider with the Chair moving the agenda item to earlier in the next agenda.	CS	26/10/15 - Work in progress. Relationship between Board and Sub Committees part of FIIWC workshop 27/10/15 01/12/15 - For December Board meeting Chair reports from QGC and FIIWC in appropriate sections of agenda and all other minutes will be in Governance section. This action is now closed.			31-Dec-15	31-Dec-15	Completed	01-Dec-15
04-Nov-15	15/T/127	TB/183	QCPC Minutes	Comment on QCPC Minutes: Update QCPC Min no. 15/Q/200f to reflect comments made by Linda Fair, Chair of Patient Council.	CS	01/12/15 - Comments forwarded to QGC. This action is now closed.		QGC	25-Nov-15	25-Nov-15	Completed	01-Dec-15
04-Nov-15	15/T/128	TB/184	Review Action Tracker	The Company Secretary to review and update the Action Tracker in line with recommendations from Board.	CS	01/12/15 - Action Trackers revised in line with request from Board. This action is now closed			15-Dec-15	15-Dec-15	Completed	01-Dec-15
04-Nov-15	15/T/220xiii	TB/185	CCG Proposal to Close Waiting List	Chief Executive and Chair to approach the CCG Chair and Chief Executive to express concern at the proposal and request period of time to demonstrate effectiveness of the winter resilience plan	CEO/Chair	01/12/15 - CCG agreed to defer the decision whilst undertaking further public engagement. 03/12/15 - Discussions have taken place. This action is now closed			05-Nov-15	03-Feb-16	Completed	03-Dec-15
04-Nov-15	15/T/224	TB/186	Committee Chair Report	Company Secretary to arrange regular sub-committee reports from the Chair of FIIWC to be submitted to Board.	CS	01/12/15 - On agenda for December meeting. This action is now closed.		FIIWC	15-Dec-15	15-Dec-15	Completed	01-Dec-15

Enc B

Date of Meeting	Minute No.	Action No.	Item	Action	Exec Lead	Update	Report Author	Further Action by Other Committee	Due Date	Forecast Date	Progress RAG	Date Closed
04-Nov-15	15/T/225	TB/187	QIF Report	Monthly update on the QIF to be submitted to Part 1 Board commencing 15 December 15	EDN	01/12/15 - On Agenda for December meeting and will be regular item thereafter. This action is now closed.			15-Dec-15	15-Dec-15	Completed	01-Dec-15
04-Nov-15	15/T/228	TB/188	Older Persons Nurse Fellowship Update	Company Secretary to arrange for Di Goring to present an update at Seminar in approximately 6 months.	CS	On Seminar Forward Plan for May 16		Seminar	17-May-16	17-May-16	Progressing	
04-Nov-15	15/T/229	TB/189	Agency Nurse Usage Report	Detailed paper to be presented to the Trust FIIWC with weekly monitoring through the Nurse Director Team reporting to the Trust Executive Committee	EDN	01/12/15 - Going to TEC on bi weekly basis. Detail paper is scheduled to go to FIIWC in January. This action is now closed.		FIIWC TEC	26-Jan-16	26-Jan-16	Completed	01-Dec-15
04-Nov-15	15/T/231	TB/190	Strategic Plan	Paper to be submitted to Board for approval following discussion at Seminar in November and December with partners.	EDTI	01/12/15 - On agenda for December meeting. This action is now closed.		Seminar Board	03-Feb-16	15-Dec-15	Completed	01-Dec-15
04-Nov-15	15/T/239a)	TB/191	Follow up to issues raised by member of public at Board meeting on 4 Nov 15:	The Executive Director of Nursing to provide an update on the issues raised as result of Health & Care Professions Council (HCPC) committee hearing into the conduct of Ambulance Staff member at Board Seminar.	EDN	01/12/15 - On programme for 02/12/15 Seminar. This action is now closed.		Seminar	10-Nov-15	02-Dec-15	Completed	01-Dec-15

**REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 15th DECEMBER 2015**

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	<input checked="" type="checkbox"/>	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, Information & 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. This report covers the period 24 th October to 4 th December 2015.					
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 report covers the following issues:					
National					
<ul style="list-style-type: none"> • Nursing Homes • Industrial Action • New Care Models Programme 					
Local					
<ul style="list-style-type: none"> • My Life a Full Life programme and the Whole Integrated System Redesign • Isle of Wight Council Chief Executive • Engagement • New organisational structure • Recruitment and Retention • Visitors to the Island • Awards • Preparations for winter • Key points arising from the Trust Executive Committee 					
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 – e.g. 1.1; 1.6)	None				
Assurance Level (shown on BAF)	Red	<input type="checkbox"/>	Amber	<input type="checkbox"/>	Green <input type="checkbox"/>
Legal implications, regulatory and consultation requirements	None				
Date: 4 th December 2015 Completed by: Andy Hollebon, Head of Communications					

Chief Executive's Report
covering the period 24th October to 4th December 2015

National

Nursing Homes

The first care quality map and league table for care homes and nursing homes in England has been published. This was undertaken by a private sector company based on recent CQC inspections and suggested that the Isle of Wight is the worst county in England for the number of homes needing improvement. We and other My Life a Full Life partners are doing what we can to support this by working with the managers, staff and owners of residential care and registered nursing homes to help improve the quality of services on the Island.

Industrial Action

Plans were put in place for industrial action by Junior Doctors. In the event the British Medical Association (BMA) announced that, following conciliatory talks with NHS Employers and the Department of Health, the action which was due to begin at 8am on 1 December was suspended. A very small number of patients had appointments rescheduled because of the planned action. The Trust did not have to disrupt any elective (planned) operations.

New Care Models Programme

Representatives from the Island including myself were invited to London to hear former paediatrician, adviser to President Obama and visiting international health fellow at the Kings Fund Professor Don Berwick talk about his hopes and aspirations for the new models of care programme. He mentioned a new publication from the King's Fund called '[Place Based Systems of Care](#)'. It's well worth a read, especially as the Island is mentioned as an emerging model. Whilst looking at that you might find it interesting to read about the [Nuka system of care](#) which Professor Berwick has recommended we and the Hampshire new care models take a look at.

Along with Dorothy Moir, who represents Islanders on the My Life a Full Life Board, I was fortunate enough to be present at 10 Downing Street recently with other representatives from new care models across England. I spoke to the Prime Minister at some length and he was really interested in the level of integration we have in the Island and the impact on our services. He was clearly very supportive of our integration agenda and was focussed on how that can ease the pressure on Acute and Emergency services.

Local

My Life a Full Life programme and the Whole Integrated System Redesign

The My Life a Full Life programme has appointed a new Programme Director following the departure of Suzanne Wixey. Her name is Nicola Longson and she has been working in Derbyshire on a similar integration programme. Nicola brings a wealth of experience and the interview panel were impressed by her passion and commitment to this agenda. We anticipate a start date of 1st March and she has agreed to come to the Island before then if we have key events. We are hoping that Loretta Outhwaite will continue as Interim Programme Director until Nicola joins us.

With money now flowing into the My Life a Full Life programme the work streams are beginning to get underway and the role of Lay Chair for the Whole Integrated System Redesign (WISR) has been publicised with a closing date of 18th December. You can find more details of this important role on the My Life a Full Life website at www.mylifeafulllife.com/wisr.htm. The WISR will seek to get the whole Island involved in determining what the right services are for the Island. It will be very important that our clinical staff (doctors, nurses, allied health professionals and others) are able to engage and take a leading role alongside other care professionals in the process which will last throughout 2016.

The first Joint provider workshop, hosted by the My Life a Full Life programme, was attended by representatives from the voluntary sector, council, housing, police, One Wight Health (the GP federation), care homes and the Trust. There was agreement in the room to work together to break down barriers and start to deliver at pace. The next meeting is set for January.

In the three localities there is a new team working to provide person to person support for individuals and families is already making a difference in areas of the Isle of Wight. Adam Tucker, Steve Johnson and Rich Lloyd are all Local Area Coordinators, appointed following a rigorous selection process involving up to 20 members of the three communities in which they will work - The Bays, West Wight and Ryde.

Isle of Wight Council Chief Executive

Isle of Wight Council have appointed John Metcalfe as their new Chief Executive. He is someone who understands the Island well and as the My Life a Full Life programme develops it will be important to have someone at the Council that we can do business with. Dave Burbage who has worked closely with us over the last few years will continue as Finance Director until he leaves the Council at the end of December and we wish him the best for the future.

Engagement

The Trust has supported engagement activities at a variety of events:

- Occupational Therapy Awareness Week
- Self Care Week
- Free My Life A Full Life Health and Wellbeing Event on 19th November at West Wight Sports Centre organised by Community Action IW
- 'Baby Roadshow – Bump and Beyond' at the Riverside Centre, organised by the Public Health Team. It is hoped that this roadshow will be rolled out to the South Wight & North East localities.

New organisational structure

At the beginning of November we implemented a new organisational structure. The new Operations Division with new Clinical Business Units (CBUs) supported by the Chief Operating Officers team lead by Chief Operating Officer, Shaun Stacey and the Safety, Effectiveness and Experience (SEE) team led by the Executive Director of Nursing, Alan Sheward. The new structure presents exciting opportunities and we must make the most of them as part of our efforts to cope with the demands placed on the NHS and our aspirations to integrate as part of the '[My Life a Full Life](#)' initiative.

I am pleased to welcome Oliver Cramer into the role of Deputy Medical Director. This is an important role which strengthens the medical leadership of our services.

Recruitment and Retention

A further nine nurses have joined us from the Philippines and 10 student nurses, supported by Health Education Wessex, have started with the Trust. As the largest employer on the Island we have an important role to play and often home grown talent is the best. Our NHS Careers Fair aimed at students who attend Secondary School on the Isle of Wight was a great success, with over 300 people attending the event on Saturday 21 November and some really good feedback:



- *"Thanks for a brilliant careers fair"*
- *"Really interesting event, thank you. Such enthusiastic staff. My 14-year old son engaged with it all – especially appreciated the chance to get hands-on with resuscitation, intubation, etc"*
- *"Extremely impressed with the stallholders/stalls, which helped my granddaughter understand which subjects she will need to pursue her career as a medic. She was very excited and motivated."*

The next careers fair is being organised for 16 April 2016.

Visitors

During the last six weeks the Island has been visited by:

- Fiona Driscoll from the [Academic Health Science Network](#) to explore how they can help us to develop our services to match and exceed the best in Wessex.
- the Care Quality Commission to discuss how they can support the Island to improve.
- the Programme Director for [Dorset's 'Better Together'](#) programme who talked about how they approached the development of their system review which was clinically led and used nationally available data to benchmark services. The session provided a useful insight into the arrangements we need to put in place for the forthcoming Whole Integrated System Redesign (WISR) for the Island, which is scheduled to start in January.
- the [Trust Development Authority](#) (TDA) and the NHS Emergency Care Intensive Support Team (ECIST) to do a stock take of how we treat patients requiring our Emergency services in order to help us to improve this element of our system.

Awards

A team of mental health nurses from the Trust have been recognised for their pioneering work with police to support highly vulnerable people through the Operation Serenity project in awards organised by Hampshire & IW Constabulary.



Congratulations to Rob Andrews and Charlise Cuthbert who were finalists for the 2015 [Thames Valley and Wessex Leadership Recognition Awards](#). The Leadership Recognition Awards are a celebration of the achievements and successes of valued and hardworking leaders. Rob was been nominated as Development Champion of the Year and Charlise as Innovator of the Year.

Well done to Becky Hepworth, who received her Queen's Nursing Institute (QNI) award and represented the Trust at the Hospice Awards where the Earl Mountbatten Hospice, the Trust and Kissy Puppy won an award.



Congratulations to our Pharmacy Team and Pinnacle Health Partnership LLP who came second in the Primary Care Innovation category of the Health Service Journal Awards.

Finally many congratulations to staff in the Isle of Wight Renal and Dialysis Unit which was recognised with the presentation of the Patients' Choice Award at the Portsmouth Hospitals NHS Trust 'Best People Awards 2015'.

Preparations for winter

Poppy Unit which includes a second floor called Daffodil Unit at Solent Grange is now fully open as part of our increased capacity to cope with winter pressures. The Unit is separate from the nursing home, staffed by NHS staff and registered separately with the Care Quality Commission.

As part of raising awareness of the need to prepare for winter the Trust has been involved in a multi agency effort to inform Islanders by:

- increasing awareness of when antibiotics are appropriate for use
- highlighting the involvement of a nurse from the Island in the nation Stay Well This Winter campaign
- involved well known Islanders Mark King, lead singer with the band Level 42 and IW Radio Breakfast show presenter Paul Topping in the flu vaccination campaign.
- Distributing 5,000 copies of the Age UK IW booklet 'Wrapped up for winter' across the Island.



Key Points Arising from the Trust Executive Committee

The Trust Executive Committee (TEC) – comprising Executive Directors, and Clinical Business Unit representatives meets every Monday. The following key issues have been discussed at recent meetings:

26th October 2015

- Operational Performance Finance
- 7 Day Working
- Agency Nurses - Approved

2nd November 2015

- Carbon Energy Fund – Endorsed to go to Trust Board
- Performance Report Emergency Preparedness Annual Report & Core Standards 2015 – Endorsed to go to Trust Board
- Quality Assurance Framework for Medical Revalidation – Endorsed to go to Trust Board

9th November 2015

- Poppy Unit Criteria – Approved
- Contracting Timetable 2016/17 - Approved

16th November 2015

- Cancer Operational Policy – Approved
- Renewal of lease for 18 Barry Way – Endorsed to go to Trust Board
- Development of Site Masterplan – Approved

23rd November 2015

- Procurement services business case - Discussed
- Weekly agency services update and formalisation of agency cap - Discussed
- Winter resilience improvement plan - Discussed

30th November 2015

- Redundancy Severance Payments discussed
- Proposed Local Agreement for Theatres approved
- Medical Staffing Vacancies – approved urgent action

Karen Baker
Chief Executive Officer
4th December 2015

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th December 2015

Title	Principal Risk Register (formerly BAF)			
Sponsoring Executive Director	Mark Price, Company Secretary and Foundation Trust Programme Director			
Author(s)	Lucie Johnson, Head of Corporate Governance			
Purpose	<p>The Principal Risk Register, summarises the Principal Risks currently identified in relation to the Trust, setting out the identified controls, assurances and actions to mitigate the risk further.</p> <p>The purpose is to highlight to the Trust Board those risks that are of greatest concern, due to their potential impact on the Trusts ability to achieve its strategic objectives.</p>			
Action required by the Board:	Receive	√	Approve	√
Previously considered by (state date):				
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee		
Trust Executive Committee				
Audit and Corporate Risk Committee				
Charitable Funds Committee				
Finance, Investment, Information & Workforce Committee				
Mental Health Act Scrutiny Committee				
Remuneration & Nominations Committee				
Quality Governance Committee				
Foundation Trust Programme Board				
Please add any other committees below as needed				
Board Seminar				
Other (please state)				
Staff, stakeholder, patient and public engagement:				
The review of the Principal Risk Register is undertaken on a monthly basis as part of the Executive Team monthly Governance Review.				
Executive Summary & Analysis:				
<p>The Trust has 7 Principal Risks identified:-</p> <ol style="list-style-type: none"> 1. Human Resources 2. Financial Resources 3. Strategy and Planning 4. Quality and Harm 				

5. Culture
6. Local Health and Social Care Economy Resilience
7. Information, Communication, Technology

The 7th risk was identified at the November Board Seminar session, and as such will be populated further once the Executive Led ICT Committee is meeting.

A number of Board papers submitted for the meeting today will provide a level of assurance regarding specific risks.

Recommendation to the Board:

1. Note the Principal Risks currently logged in the Principal Risk Register, and confirm and challenge as appropriate.
2. Seek assurance that the Principal Risks are being mitigated effectively through supplementary reports submitted to the Trust Board.
3. Where assurance is limited request further action to mitigate the risks.

Attached Appendices & Background papers

Isle of Wight Trust Principal Risk Register – Dec 2015

For following sections – please indicate as appropriate:

Trust Goals & Priorities	All
Principal Risks (BAF)	This report is the Principal Risk Register
Legal implications, regulatory and consultation requirements	NHSLA

Date: 1-12-15

Completed by: Lucie Johnson, Head of Corporate Governance

Isle of Wight NHS Trust BAF (Principle Risk)

Strategic Goal	Risk area	Risk Description	Current Risk Score	Original risk score	Target risk score	Controls in place <i>(what is currently in place to prevent the risk for occurring or reduce its impact if it does)</i>	Lead	Assurance mechanism in place <i>(how do we know how well we are performing in managing this risk)</i>	Update	Actions required	Deadline
Skilled and Capable Staff	Human Resources	If the Trust is unable to attract, recruit and retain sufficient staff of the right quality and skillset then it will be unable to meet demand	16 (Likely x Major)	16		1)Senior HR leads have specific responsibilities within the HR team: 1 postholder has focus on Medical staffing requirements, 1 postholder has focus on other staff groups 2) HR are reaching out via recruitment fairs, university visits and fairs, international recruitment campaigns (Phillipines) and links with local education 3) Values based interviews introduced 4) Proactive staff bank team in place 5) Master vendor in place for medical locums	Chris Palmer	1)Medical recruitment reported regularly to TEC and in FIIWC reports 2) 21 Phillipino nurses already in situ (50 offers made - 29 to arrive 2016) 3) Senior roles now appointed using values based recruitment principles 4) Increased fill rates 5) All appointments through Master Vendor therefore compliant with Framework supply	1)EDOFHR has completed 1:1's with all HR and Occupational Health staff. 2) Senior HR team working to new portfolios 3) Deployment of overseas nurses has commenced. 4) Scoping of Master Vendor for Nurses and AHPs has commenced 5) Scoping has commenced to improve Employee Assistance Programme (Counselling support)	1) Refresh the 2014/15 (5 year) Human Resources Strategy. 2) Introduce HR Management Group (Exec led) 3) Review HR Dashboard reporting 4) Roll out of values based recruitment 5) Undertake further career fairs and promotion of NHS careers through volunteer opportunities	1) Draft for presentation at December FIIWC and formal approval February 2016 2)Initial meeting December 2015 with roll out including CBUs from January 2016 3) Through scoping meeting December 2015 4) By April 2016 5) Booked for April 2016

Cost Effective Sustainable Services	Financial Resources	If the Trust is unable to manage within the revenue and capital financial resources it receives then it may become financially unsustainable. (working towards the £4.6 million deficit plan)	16 (Likely x Major)	16		1) Weekly Clinical Directorate Performance meetings in place (COO led). 2) Capital Investment Group in place to manage delivery of Capital Resource Limit. 3) Weekly Scrutiny programme in place for all recruitment. 4) Turnaround Board in place with CIP delivery now picked up through "Thrifty Thursday" and "Corporate Wednesday" budget review meetings to close CIP gap for 2015/16. 5)Monthly Finance Deep Dive meetings in place for whole budget review 6) Interim Revolving Working Capital Facility set up (Cash) for £2.3m to mitigate forecast shortfall	Chris Palmer	1) Monthly TEC, FIIWC, Board and TDA reporting. 2)Financial reports included within Performance Reviews	The FIIWC reporting format has been revised to reflect the "Flow of Resources". The Month 7 Financial Performance Report incorporating income and expenditure, capital, cash, activity delivery, contract status, investments, CIP delivery and risks to achievement will be presented at the December Board meeting to update Board members in relation to this risk	1) Ensure closure of the remaining CIP gap of £2.4m (Month 7) 2) Ensure allocation of the capital resources subject to property sales 3) Ensure delivery of activity to underpin the income assumptions in the budget 4) Apply for ITFF (Cash) in excess of IRWCF to mitigate forecast shortfall £1.7m (March 2016)	1) 31st March 2016 2) 31st January 2016 3) 31st March 2016 4) 31st December 2015
Quality Care for Everyone, Every Time	Strategy & Planning	If our Trust Strategy is not robust and embedded then staff will be unable to create effective service plans.	16 (Likely x Major)	16		1) Plan in place to accelerate devleopment of the Trust Strategic Plan	Katie Gray	Key milestones to plan development reviewed fortnightly by the Executive team	Trust Board strategy sesions held on the 11th August, 8th September and 14th October to define and refine the strategy statement and identify prioritised projects. Further session on the 10th November and the 2nd December. Draft Strategy submitted for presentation to the Trust Board on the 15th December 2015	1) Produce Trust Strategic Plan including explicit links with My Life a Full Life	Draft to Trust Board 15th Dec 2015

Excellent Patient Care	Quality /Harm	If the Trusts quality governance processes are not robust and embedded then the Trust may not be able to maintain adequate patient safety, patient experience and clinical effectiveness.	16 (Likely x Major)	16		NED led Assurance Committee in place 2) SEE confirm and challenge committee underpinned by operational groups in place 3) SEE Team in place. 4) QIP delivery group, QIF steering group.	Alan Sheward	1) Quality Reporting to SEE, QCPC, Board and CCG 2) quarterly governance meeting with CQC 3) QGAF self assessment	A Quality Improvement Framework report, will be presented to the Board on the 15th December 2015 to update Board members more fully in relation to this risk. The QGAF score is currently 5.5.	1) Revise Clinical Governance arrangements 2) Complete actions identified through QGAF self assessment. 3) Role out of QIF through staff briefings.	1) 1st January 2016 2) as per action plan as this is a rolling review process 3) Imminently
A Positive Experience for Patients, Service Users and Staff	Culture	If the Trusts culture does not reflect our core values then we will be unable to deliver our vision and priorities	16 (Likely x Major)	16		1) 5 staff survey collaborative groups had been set up in February 2015 to commence work on addressing cultural issues, these 5 groups have now been merged into a new Staff Experience Group, which has a robust Terms of Reference in place.	Katie Gray	1) Suite of KPI's in place, with progress being reported to Katie Gray on a monthly basis, and through FIIWC	1) Staff survey group presented achievements to date to TEC in September as part of a proposal to form a Staff Experience Group. Formation of the Staff Experience Group and Terms of Reference agreed at TEC.	1) Close down of staff survey group with project completion reports. 2) Annual staff survey analysis guidance to inform next staff survey report response.	18th December 2015

Working with others to keep improving our services	Local Health and Social Care Economy Resilience	If there is insufficient resilience in the local health and social care economy then we will be unable to deliver safe effective and financially viable care.	20 (Certain x Major)	20		1) System resilience Strategic Group 2) System resilience Operational Group. 3) New Models of Care - Vanguard being delivered through the My Life a Full Life Programme.	Karen Baker	1) Minutes from SSRG to TEC	1) Refreshed and revised Terms of Reference in place for both the System Resilience Strategic Group and the System Resilience Operational Group. 2) Work on-going with the Local Government to describe and finalise governance arrangements across the breadth of services on the Island	1) Internal review of processes. 2) Closer and more regular work with Commissioners and system lead and system review of priorities including funding. 3) Action plan to be developed 4) Whole Island System Review being undertaken as part of My Life a Full Life 5) Refresh of admissions and discharge team. 6) System discussion facilitated by the LGA to define governance structures for the MLAFL and HWBB.	1) End of October. 2) Commenced 3) End of October 4) March 2017 5) December 2015 6) 29th October
Cost Effective Sustainable Services	ICT	If the Trust is unable to deliver against the ICT Strategy, then there will be a negative impact on quality, Income, Performance, Information Governance Compliance and Staff morale	20 (Likely x Catastrophic)	20			Katie Gray		A paper is being presented at the Trust Board meeting on the 15th December 2015 regarding ICT, and will provide further information in relation to this risk.	Executive Led ICT Committee (task and finish) to be coordinated who will determine the controls, assurances and further actions required to mitigate this risk.	

ALL UPDATED CP
8/12/15

ALL UPDATED CP
8/12/15

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th December 2015

Title	Report from Chair of Quality Governance Committee		
Sponsoring Executive Director	Nina Moorman, Chair of Quality Governance Committee		
Author(s)	Nina Moorman, Chair of Quality Governance Committee		
Purpose	To receive the report of the Quality Governance Committee		
Action required by the Board:	Receive	X	Approve
Previously considered by (state date and outcome):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Quality Governance Committee	25/11/15		
Remuneration & Nominations Committee			
Foundation Trust Programme Board			
Turnaround Board			
Please add any other committees below as needed			
Staff, stakeholder, patient and public engagement:			
Not applicable			
Executive Summary:			
<p>The Chair of the Quality Governance Committee will report on the following areas as discussed at the meeting held on 25th November 2015.</p> <p>Concerns about:</p> <ul style="list-style-type: none"> • Vacant clinical posts • Lack of IT equipment and software for Community Nurses • Urology service • Management of complaints • Patient feedback <p>Progress with:</p> <ul style="list-style-type: none"> • Falls • Nutrition 			

- Pressure ulcers
- C Diff
- 7 Day working

To note:

Change to membership

Recommendation to the Trust Board:

The Board is recommended to receive the report by the Chair of the Quality Governance Committee

Attached Appendices & Background papers

None

For following sections – please indicate as appropriate:

Trust Goals & Priorities

Principal Risks (BAF)

Legal implications, regulatory and consultation requirements

Date: 4th December 2015

Completed by: Chair of the Quality Governance Committee

Quality Governance Committee
Report for Board 15th December 2015

This report is based on the committee meeting of November 25th 2015

Vacant clinical posts

Concerns were raised about the impact on patient care of the Trust's difficulty in recruiting clinical staff – Consultant medical staff, junior doctors, nurses and allied health professionals. We have no evidence that complaints or incidents are caused by staff vacancies but are aware of the stress on existing staff to provide an adequate service. I have requested this is added to the risk register and referred our concerns to FIIIWC.

Urology

This service has come to our attention because of capacity issues causing poor performance against treatment targets, recent complaints and a SRI: we are also an outlier in the use of catheters. A quality review will be undertaken by the EDN and CD for surgery and report to QGC.

Falls

The number has fallen slightly and a falls lead has been appointed who is introducing a quality improvement initiative to try and address this issue within the hospital: the community already has an effective falls prevention programme. We will continue to monitor the situation

Nutrition

I am pleased to report the appointment of a clinical nurse specialist in nutrition who will lead on all aspect of good nutrition across the Trust. We have asked for an overview of her work programme in January.

Pressure ulcers

We had a presentation from the lead nurses for South Wight and N East Wight. South has been running a 12 month collaborative piece of work since July 2015 and has demonstrated an impressive improvement in the numbers and severity of pressure ulcers – no grade 3 or 4 for the past 20 weeks. They are working closely with individuals, groups and care homes on prevention. The other localities are adopting the methodology pioneered by South so patient s across the island will benefit. The biggest problem they have encountered is lack of access to electronic records or communication – all nursing records in the community are on paper.

Clostridium Difficile infections

I am pleased to report no cases in November and the first faecal transplant has taken place.

Patient feedback

The committee feels there is still a patchy and inadequate amount of routinely collected patient feedback. Some services do survey their patients, but opportunities to collect data on a range of platforms across the Trust would make it easier to identify areas that require further scrutiny or support, and would also allow complaints and incidents to be set in the context of usual experience. We review this quarterly.

Complaints

There has been an increase in complaints but the committee were more concerned with the length of time it takes to resolve complaints, coupled with the recent Healthwatch report that complainants are not always satisfied with the response. We have requested more detailed information which sets the numbers against total patient numbers, and aligned to service areas. We await the outcome of the collaborative work led by the EDN with Healthwatch and the Patient's Council and will review quarterly.

7 Day service

There is a 3 year rolling programme to introduce National 7 day working clinical standards within the NHS and we are currently in year 2. The Trust has agreed with commissioners that 4 standards will be achieved this year as part of the CQUINS programme. The committee will review progress in routine monitoring reports.

Membership of the Committee

I attended the Quality governance summit with the new CBUs and it was agreed that in future the operational leads would attend SEE and the Clinical Directors would attend QGC.

Dr Nina Moorman

Chair of the Clinical Governance Committee

Dec 3rd 2015

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th DECEMBER 2015

Title	Quality Improvement Framework Update for the period ending 30 th November 15		
Sponsoring Executive Director	Alan Sheward, Executive Director of Nursing		
Author(s)	Alan Sheward, EDoN, Mandy Blackler, Clinical Effectiveness Lead		
Purpose	To receive		
Action required by the Board:	Receive	X	Approve
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Trust Executive Committee			
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality Governance Committee			
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Staff working within each of the quality improvement projects identified within this paper have been consulted and asked to provide updates on progress within each area			
Executive Summary & Analysis:			
<p>The Quality Improvement Framework (QIF) is an overarching document that draws together all the initiatives that are currently underway to improve quality of care. The QIF has six clearly defined domains for supporting the delivery of quality improvement. These are:</p> <ul style="list-style-type: none"> • Leadership visibility • Reluctance to simplify measurement • Deference to expertise • Accountability (reward/address bad behaviours) • Deep engagement of staff/share the learning • Teamwork <p>This paper details the projects that are currently underway within each of these domains, with indicative plans for further actions that are scheduled to take place for which the background work is currently underway.</p>			

Recommendation to the Board:

1. The Trust Board receive this as assurance against the actions being taken to improve the quality of care for patients by completing the actions listed
2. The Trust Board endorse reporting through QGC on a monthly basis, with a recommendation that quarterly reports come through Trust Board.

Trust Goals & Priorities

Goals aligned:

- Excellent patient care
- Working with others to keep improving our services
- Positive experience for patients, service users and staff
- Skilled and capable staff
- Cost effective, sustainable services

Priorities aligned:

- Prevent avoidable harm
- Make the service the best it can be
- Improve what people think of their care
- Improve how staff feel about work
- All staff continue to develop
- Design services to deliver best practice within our resources

Principal Risks (BAF)

Culture

Legal implications, regulatory and consultation requirements**Date:** 01.12.15**Completed by:** Alan Sheward, Mandy Blackler

Quality Improvement Framework (QIF) Update

1st December 2015

1. BACKGROUND

1.1 The Quality Improvement Framework (QIF) is an overarching document that draws together all the initiatives that are currently underway to improve quality of care. It provides a framework for delivery of these initiatives that will ultimately result in quality improvements for our patients and describes our approach to quality. The QIF was approved at Trust Board in September and replaces the Long Term Quality Plan. At its core – the QIF describes “the way we do things round here” reflecting the essence of a QI and continuous improvement culture.

1.2 The QIF describes various methodologies for quality improvement; the Plan, Do, Study, Act (PDSA) cycle which will be used for smaller scale projects; and Quality Improvement Collaboratives which still utilise PDSA but will be used for larger scale projects that may take over a year to complete. We are currently fortunate to have a Quality Improvement Practitioner in post until March 2016 who is taking forward some key areas of this work.

1.3 The Trust Board have requested updates on progress against the six domains described within the QIF

2. UPDATE ON PROGRESS

2.1 General

The QIF has six clearly defined domains for supporting the delivery of quality improvement. These are:

- Leadership visibility
- Reluctance to simplify measurement
- Deference to expertise
- Accountability (reward/address bad behaviours)
- Deep engagement of staff/share the learning
- Teamwork

Six senior personnel within the organisation have been filmed each discussing a domain and what it means to them. These soundbites will soon be available on the Intranet and Internet sites.

2.2 Domain One: Leadership visibility *Avoiding a disconnected hierarchy*

2.2.1 It is important for our leaders to gain first-hand knowledge of the reality of the front line in order to maintain the correct currency of leadership. To facilitate this, there are currently two initiatives underway:

2.2.2 Board Assurance Visits. There is a programme of activity in place in which Executive Directors and Non-Executive Directors have been allocated areas to visit. To date, three assurance visits have taken place with feedback received.

2.2.3 “In your shoes” is a programme that is designed to work with our patients and staff to understand their day to day experiences of the NHS, and look for ways to improve the quality of our services. It is being embraced within the organisation and leaders are required to work with their teams for half a day, once a month, to really get a feel for what is happening on the front line.

2.2.4 The feedback sheets will be collated and monitored to ensure that these events are taking place, and that any actions arising from these are undertaken. These will help us identify any areas for improvement and also provide evidence of who is undertaking these visits.

2.2.5 Staff will be trained to facilitate “In your shoes” workshops with service users, their carers and staff, to build a shared ambition and gain an understanding of the impact of their interactions.

2.3 Domain Two: Reluctance to Simplify Measurement

2.3.1 We acknowledge the need for transparent measurement and are moving towards the development of quality matrices. The Safety, Experience and Clinical Effectiveness Team have worked with the triumvirate leads of the new Clinical Business Units (CBUs) at a quality summit held on 24th November 2015, to determine core and service specific metrics for monitoring and management of quality within the CBUs going forward.

2.3.2 We will be utilising a number of quality improvement methodologies on our quality improvement journey in order to simplify measurement, which will include:

- Plan Do Study Act (PDSA)
- Microsystems coaching
- LEAN

2.3.3 A suite of supporting documents is currently being prepared to support this initiative. Engagement has begun and will continue each month – these will describe how we will engage with staff and monitor outcomes from the QI Projects

2.4 Domain Three: Deference to Expertise

2.4.1 We acknowledge the need to defer to expertise across all areas of our practice. Whilst traditionally we may have considered this to be Doctors, Nurses etc., it is also important to realise that our patients and their relatives can also be experts in their own conditions. When they raise concerns about patient safety we must listen and act.

2.4.2 In recognition of this we are progressing a number of plans to improve the management of complaints and concerns to ensure that our patients are heard and that the lessons learnt

from patient and staff surveys are being addressed and shared

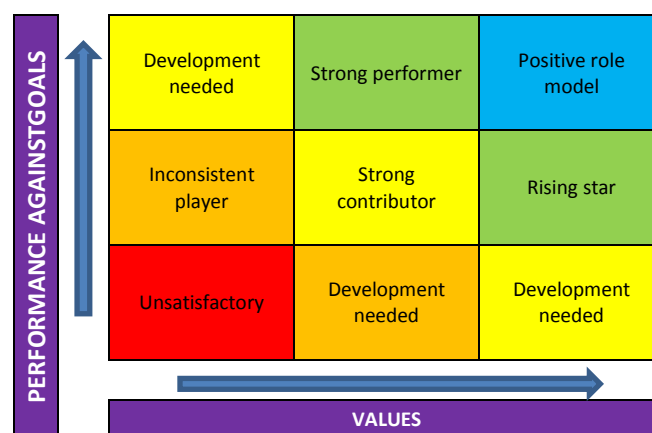
2.4.3 The Patient Experience Steering Group will commence in the New Year chaired by the Deputy Director of Nursing. This group will enable the Trust to develop key work streams by engaging with Trust staff and patients / relatives, to ensure we have clear mechanisms in place to enable us to collect and learn from patient experience feedback.

2.4.4 The group will also ensure that the Trust is providing clear and concise information for patients, carers and visitors, and that patients are fully supported and well communicated with during their journey, thus ensuring a positive experience of our healthcare services.

2.4.5 One of the first priorities will be to develop a robust and clear patient information leaflet process, with high quality information literature being available, as part of the Accessible Information Standard

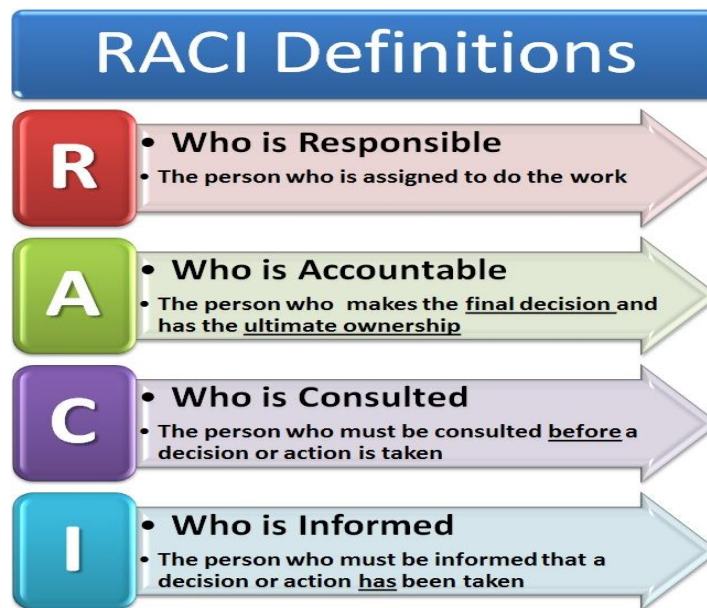
2.5 Domain Four: Accountability (reward/address bad behaviours)

2.5.1 A recent visit to Salford has revealed their method for managing this domain. It involves utilising the GE-McKinsey nine box matrix which offers a systematic approach to determine the contribution framework of members of staff:



2.5.2 Utilisation of this matrix will enable Managers to quickly and easily determine where their staff sit in relation to the core goals and values of the organisation, which will in turn identify those who should be rewarded for their efforts and those that must be managed through the correct policies relevant to the attitudes and behaviours of the individual. 2.5.3 The SEE Team are developing a Standard Operating Procedure for the use of this and it will be rolled out as part of the work of the Quality Improvement Practitioner.

2.5.4 When carrying out projects, we will also be utilising the RACI model to help clarify roles and responsibilities when crossing various departments and areas. This will help us to ensure that every aspect of new projects is covered and there is no duplication. The RACI definitions are:



2.5.5 Protecting our patients from harm remains a top priority, and the National Patient Safety Agency (NPSA) has developed the Incident Decision Tree to assist in managing staff involved in a safety incident. We will formalise its use in the investigation and management of safety incidents involving staff.

2.6 Domain Five: Deep Engagement With Staff/Share the Learning

2.6.1 Listening Into Action: continues to have sponsor group fortnightly meetings where concerns and issues are raised. Often staff will email the sponsors to raise things for the meetings. LiA continues to offer Learning Collaborative style sessions for staff who wish to address issues.

The Lia Lead attends the Trust Executive Committee (TEC) to ensure there is a good flow of communication from Floor to Board and Board to Floor.

Central LiA email box for staff to email issues and ideas.

2.6.2 In order to ensure that our quality improvement journey is robust, a suite of documents including training materials is in development which will facilitate ease of learning and provide insight into mechanisms to embed practice.

2.6.3 10 minute team brief has been introduced across the organisation to ensure that all staff have the chance to attend a briefing session with their Managers to be updated on the latest information. It also affords them the opportunity to ask questions and get feedback.

2.6.4 As a consequence of NHS England's revised Serious Incident Requiring Investigation (SIRI) guidance, and with the agreement of the local CCG, we have been able to utilise a cluster review approach to reviewing serious incidents related primarily to pressure ulcers. This, in addition to the output from recent external RCA training, has resulted in a revised suite of serious incident investigation tools that pay more emphasis to identifying not just the root cause but all contributing factors where lessons can be learnt.

2.7 Domain Six: Teamwork

The overarching Pressure Ulcer Collaborative is a prime example of good teamwork and have been meeting now for the several months on a weekly basis, maintaining an overview of the reporting across hospital and community locality settings.

2.7.1 The Collaborative includes reviewing the granular detail of pressure ulcers on a weekly basis, and seeking assurance from hospital and community teams on how they are addressing the early stages of skin breakdown. Strategic group has been established that places QI at the heart of the acute and community services.

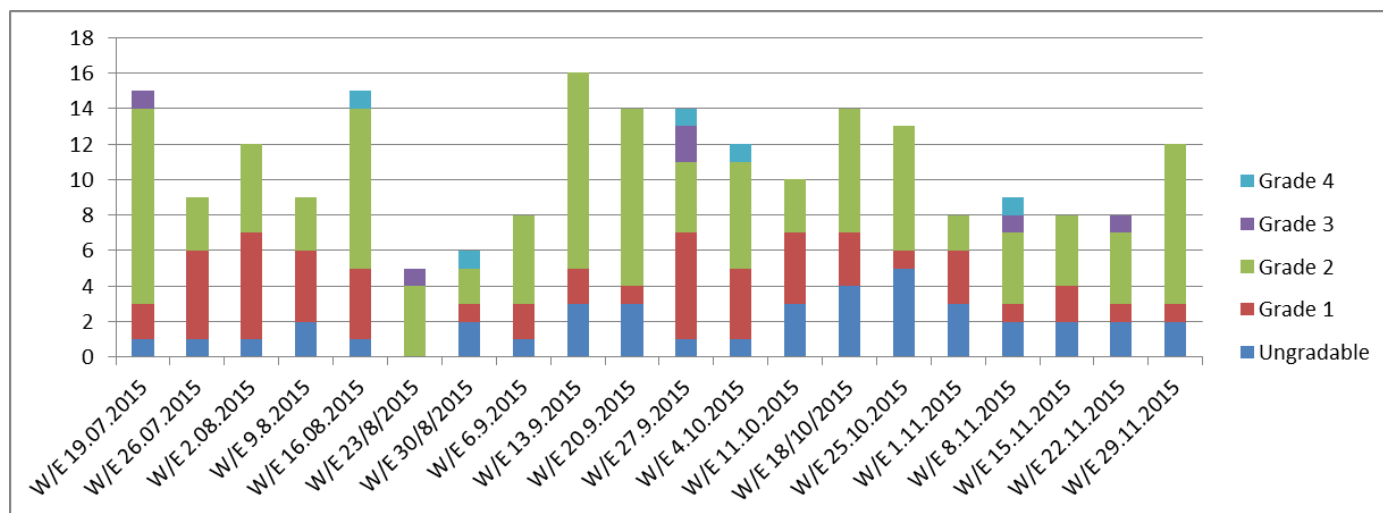
2.7.2 Key themes that have been highlighted relate to recognising overall frailty prior to the breakdown of the patient's skin, partnership with the patient and their relatives or carers in the delivery of the overall plan of care, and escalating concerns from the nursing professionals where the care environment poses a risk to the reduction of the patient's pressure ulcer risk.

Positive outputs from the QI Collaborative include:

- The Pressure Ulcer Prevention Group was established in May 2015 as an operational group for ward sisters and team leaders to attend and review overall progress with pressure ulcer reduction plans across the Trust. This group reports to the SEE Committee monthly.
- Directorates/CBU's now have full oversight of pressure ulcer incident monitoring. The Nutrition and Tissue Viability Service provide quality monitoring reports on a monthly basis, and advice as required to clinical teams.
- The District Nursing teams as part of their weekly governance meetings have a section in which they cluster review serious pressure ulcers, identify key themes, and monitor actions to their completion with the support of the corporate Quality Assurance Lead.
- In addition, a focussed piece of work is being undertaken in the South Wight Locality. This locality is not the highest reporter of pressure ulcers but is the highest reporter of pressure ulcers of the most serious harm (grade 3 and 4). This focus allows a multi-professional approach to be tried out in one locality and then lessons learnt rolled out to the other localities on the Island.
- The CCG has recently supported with non-recurrent funding to the end of March 2016 an additional person into the Nutrition and Tissue Viability Service to help deliver reduction across the Community setting.
- The role of the Community Clinical Educator has recently been recruited to. This post is now pivotal in the roll out of the Community SSKIN bundle in the localities, with the aim of eliminating avoidable pressure ulcers.
- In addition to this, a comprehensive review of the Pressure Ulcer/Tissue Viability Documentation and wound assessment documentation has been undertaken with a view to streamlining its use for nurses in practice.
- Following on from the competency work done with registered nurses, the Nutrition and Tissue Viability Service have developed a competency package for non-registered practitioners. The Medical Assessment Unit in the hospital setting is trialling its implementation and the Community Clinical Educator is implementing this initially within the South Wight Collaborative setting.

2.7.3 This Learning Collaborative demonstrates early intervention can prevent patient moving onto more serious pressure ulcers (Grade 3 & 4). A more proactive style is being adopted.

2.7.4 It is worth noting that the Collaborative work within District Nursing has helped to achieve no Grade 3 or 4 pressure ulcers within the last 19 weeks. The Collaborative work is now extending to focus more attention on reducing the occurrence of Grade 2 pressure ulcers.



Pressure Ulcer reporting by Grade - Data is subjected following review of cases.

2.7.5 In addition to the pressure ulcer collaborative, smaller projects are currently underway to address key quality issues that have been identified. These have involved multidisciplinary collaboration between teams to drive forward quality improvements for our patients.

2.7.6 Falls

A Falls Project has been established to look into falls prevention in the acute setting. Clinical leaders and key stakeholders have been identified and invited to join the project.

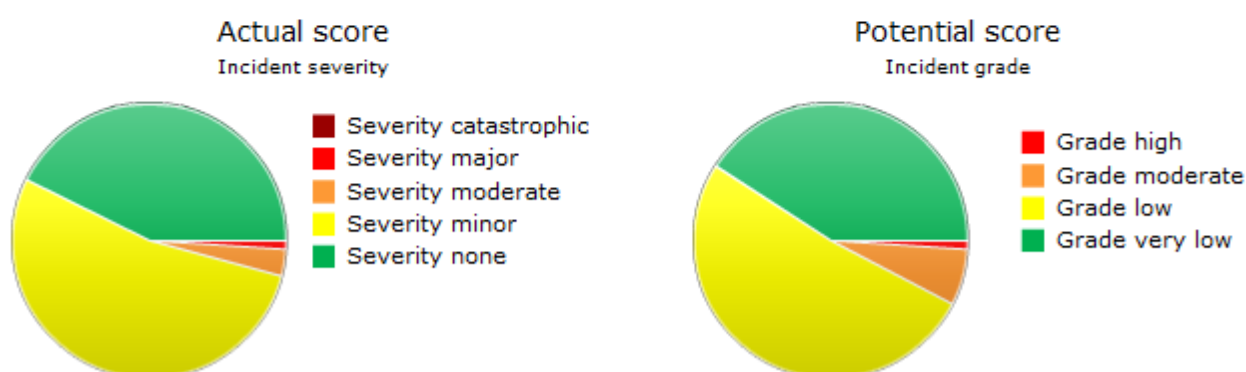
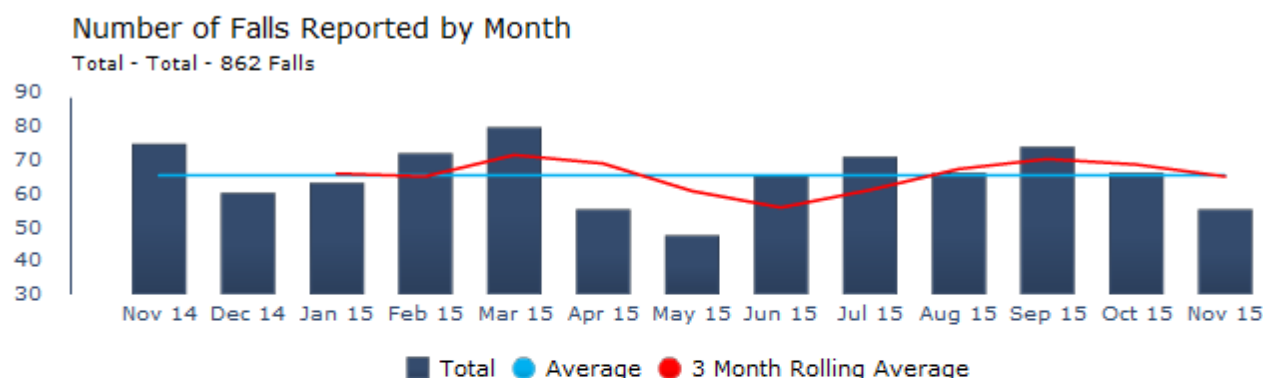
Practice and processes have been established in the community setting which have proven to be successful; therefore they have been adopted from the existing community documentation to fit the acute setting.

FallSafe care bundle principles have been adopted and falls care plans are being reviewed and the new Falls Lead for the acute setting is gaining assurance that the above principles are being adhered to. Falls cluster reviews are currently taking place in the community and these are being rolled out in the acute trust.

Development of a Falls Competency Pack for all clinical staff is in progress by the Quality Improvement Practitioner who will also undertake the associated education and rollout

Baseline data has been collated and can be seen below. It is envisaged that over the coming months we will be able to provide evidence of how this project is progressing.

Select Incident Type



2.7.7 Catheter Care

It has been identified that we have a slightly higher than the national average incidence of catheter insertion, but with lower than national average incidence of infection. This has led to a quality improvement project being established for catheter care. A point prevalence audit has demonstrated the insertion numbers and occurrence of Trial without Catheter (TWOC) rates in a three month period, which give us a baseline to work from.

Point prevalence audit result

Date: 16/10/15

Location: Sample from Acute and Mental Health Unit, St Mary's Hospital IOW NHS Trust.

Number of patients audited = 86 patients in 5 locations (41% of in-patients on that date)

Number of patients with in-dwelling catheters – 23

UC criteria as defined by Epic 3 Guidelines:

UC1: Only use a short term indwelling urethral catheter in patients for whom it is clinically indicated

UC2: Document the clinical indications for catheterisation, date of insertion, expected duration, type of catheter and drainage system and planned date of removal

UC3: Assess and record the reasons for catheterisation every day. Remove catheter when no longer needed

UC7: Catheterisation is an aseptic procedure

UC15: Position the urinary drainage bag below the level of the bladder that prevents contact with the floor

UC16: Do not allow the urinary drainage bag to fill beyond $\frac{3}{4}$ full

The table below indicates if the area is compliant

Department	Number of patients with in-dwelling urinary catheters / possible number of patients in department	Compliance against criteria ; UC1	UC2	UC3	UC7	UC15	UC16
CCU	4/12 patients	Yes	Partial*	Yes	Yes	Yes	Yes
I.C.U	5/5 patients	Yes	Partial*	Yes	Yes	Yes	Yes
Stroke Unit	5/26 patients	Yes	Partial*	Yes	Yes	Yes	Yes
Rehab Unit	4/26 patients	Yes	Partial*	Yes	Yes	Yes	Yes
Mottistone	3/10 patients	Yes	Partial*	Yes	Yes	Yes	Yes
Shackleton	2/7 patients	Yes	Partial*	Yes	Yes	Yes	Yes

- *= Partial compliance due to inconsistent care plan usage and non-documentation for expected duration and planned removal date.

Following this audit, the implementation of the new catheter care plan will ensure compliance of the above

An effective trial of a new care plan has taken place on the Rehabilitation Ward which has now been rolled-out across all inpatient areas in the acute Trust. The associated education regarding careful consideration before insertion is being undertaken by the Quality Improvement Practitioner. Catheter care champions have been identified on each ward.

2.7.8 Nutrition

As part of the organisational change, we received funding for a Clinical Nurse Specialist for Nutrition. The successful applicant took up post on 16th November 2015 and will be focussing on key areas to improve nutritional uptake by our patients. The role will initially encompass getting back to basics and working towards protected mealtimes, educating staff around the importance

of accurate food and fluid charts; nutritional supplements, and the impact of poor nutrition on tissue viability.

3.0 Risks to delivery

3.1 The key risks to delivery are if we do not achieve buy in from staff for all six of the domains within the QIF

3.2 Early discussions with Commissioning colleagues have indicated a willingness to continue with the QIP/QIF CQUIN for next year. There will be resourcing implications in delivering this programme if this CQUIN is not rolled forward for another year.

4.0 Monitoring

4.0 Monitoring and challenge will be through the Quality Governance Committee (QGC) via monthly reports.

5.0 Recommendations

5.1 The Trust Board receive this as assurance against the actions being taken to improve the quality of care for patients by completing the actions listed

5.2 The Trust Board endorse reporting through QGC on a monthly basis, with a recommendation that quarterly reports come through Trust Board.

ALAN SHEWARD

EXECUTIVE DIRECTOR OF NURSING

1st December 2015

REPORT TO THE TRUST BOARD (Part 1 - Public)

15 December 2015

Title	Serious Incidents Requiring Investigation (SIRI) Report		
Sponsoring Executive Director	Alan Sheward, Executive Director of Nursing		
Author(s)	Deborah Matthews, Lead for Patient Safety, Experience & Clinical Effectiveness & Karen Kitcher, Quality Assurance Lead		
Purpose	To provide the Trust Board with information concerning the number of Serious Incidents that Require Investigation (SIRI) formally reported within October, the ongoing number that are yet to be completed and the lessons learnt from investigations recently closed.		
Action required by the Board:	Receive	X	Approve
Previously considered by (state date):			
Quality Governance Committee (QGC)			25 November 2015
Staff, stakeholder, patient and public engagement:			
<p>Following a successful trial of scheduling a presentation & discussion of SIRI findings prior to formal submission of the report to the Isle of Wight Clinical Commissioning Group (CCG) - to ensure lessons learnt are identified and actions for dissemination are agreed, it is proposed going forward to adopt this methodology for the presentation and discussion of all formal SIRI reports. A timetable to support the scheduling of activities and meetings will be drafted by SEE and circulated to key stakeholders at the outset of the formal SIRI notification to a service. The investigation commissioning manager is responsible for working with SEE to ensure any required clinical audit is shaped around the outputs from a SIRI and lessons learnt are heard and understood across the wider organisation.</p>			
Executive Summary:			
<p>This report provides an overview of the Serious Incident Requiring Investigation (SIRI) activity during October 2015.</p> <p>Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive investigation and response.</p> <p>6 SIRIs were reported to the Isle of Wight CCG during October 2015.</p> <ol style="list-style-type: none"> 1. Urology Surgical Incident 2. Safeguarding Vulnerable Adult Allegation 3. Patient Fall – resulting in serious harm 4. Patient Fall - resulting in serious harm 5. Unexpected Death 6. Delayed Diagnosis <p>At the time of writing this report there were: 22 open SIRI's - 6 of which were overdue (1 of these overdue and a further 2 - submitted within time, were with the CCG for consideration of closure).</p> <p>During October 2015, and at the time of reporting, the IW CCG had <u>closed</u> 1 SIRI case and another 2</p>			

were awaiting their decision regarding closure.

LESSONS LEARNT – The lessons learned from the closed SIRI case are detailed within this report

For following sections – please indicate as appropriate:

Trust Goal <i>(see key)</i>	1 & 2					
Critical Success Factors <i>(see key)</i>	CSF2					
Principal Risks <i>(please enter applicable BAF references – e.g. 1.1; 1.6)</i>	2.6					
Assurance Level <i>(shown on BAF)</i>	Red		Amber	X	Green	
Legal implications, regulatory & consultation requirement						

Date: 21 November 2015

Completed by: Deborah Matthews, Lead for SEE

Serious Incident Requiring Investigation (SIRI) Activity Report
For The Patient Safety, Experience and Clinical Effectiveness Committee
(October 2015 data)

(1) **NEW INCIDENTS REPORTED AS SIRIS:** During October 2015 the Trust reported **6** Serious Incidents to the Isle of Wight Clinical Commissioning Group (CCG). Below is a summary of these incidents:

Category/ subject	Under whose care	Summary	Incident Date	Date reported as a SIRI	Date report due to be sent to Commissioners
Surgical Issue	Urology	Rare complication occurred during surgery	24.09.15	05.10.15	30.12.15
Safeguarding	Luccombe Ward	Safeguarding Vulnerable Adult <i>Allegation against a member of staff</i>	14.09.15	07.10.15	31.12.15
Slip, Trip, Fall	Stroke Ward	Patient fall <i>Fractured thigh bone</i>	20.09.15	08.10.15	05.01.16
Slip, Trip, Fall	Stroke ward	Patient fall <i>Fractured upper arm bone</i>	21.09.15	08.10.15	05.01.16
Unexpected Death	Emergency Department	Unexpected death	<ul style="list-style-type: none"> • 16.07.15 (date of death) • 31.07.15 (complaint received) • Aug – meeting with family • Sept – Mortality & Morbidity meeting • 14.10.15 – SIRI decision 	14.10.15	11.01.16
Delayed Diagnosis	General Surgery	Delayed diagnosis <i>Requiring emergency surgery</i>	16.09.15	22.10.15	19.01.16

(1a) **PRESSURE ULCERS** – in line with arrangements under the new SIRI Framework (March 2015), **2** new pressure ulcers were identified and reviewed at a table top review as a “cluster” during October. These were both described as Grade 2 pressure ulcers and were being reviewed to identify any themes/trends relating the acquisition of the pressure ulcers. The pressure ulcer cases clustered were from the following areas: South Wight District Nursing Team and North East District Nursing team.

(2) **CURRENT POSITION:** This table provides the current status of open SIRIs as of 19 November 2015

SIRIs	COMMUNITY & MENTAL HEALTH	HOSPITAL & AMBULANC E	OTHER CORPORATE AREAS	CBU 1	CBU 2	CBU 3	CBU 4	CBU 5	
									CBU = Clinical Business Unit
OVERDUE CASES									1 Surgery, Women's & Children's Health
• With Coroner	0	0	0	0	0	0	0	0	2 Medicine
• With Directorate	0	5	0	0	0	0	0	0	3 Clinical Support, Cancer & Diagnostics
• With Quality team	0	0	0	0	0	0	0	0	4 Ambulance, Urgent Care & Community
• With Execs	0	0	0	0	0	0	0	0	5 Mental Health & Learning Disabilities
• With Commissioner	0	1	0	0	0	0	0	0	
• Returned from Commissioner - further work	0	0	0	0	0	0	0	0	
TOTAL OVERDUE	0	6	0	0	0	0	0	0	
CURRENT CASES									
• With Coroner	0	0	0	0	0	0	0	0	
• With Directorate	3	6	0	1	2	0	0	1	
• With Quality team	0	0	0	0	0	0	0	0	
• With Execs	1	0	0	0	0	0	0	0	
• With Commissioner	2	0	0	0	0	0	0	0	
• Returned from Commissioner - further work	0	0	0	0	0	0	0	0	
TOTAL CURRENT	6	6	0	1	2	0	0	1	
TOTAL NUMBER OF OPEN CASES	6	12	0	1	2	0	0	1	22
how many ongoing SIRIs (auto)									19

(2a) The following overdue SIRI cases are listed below with a brief status of their current position
(at the time of producing this report 19 November 2015):

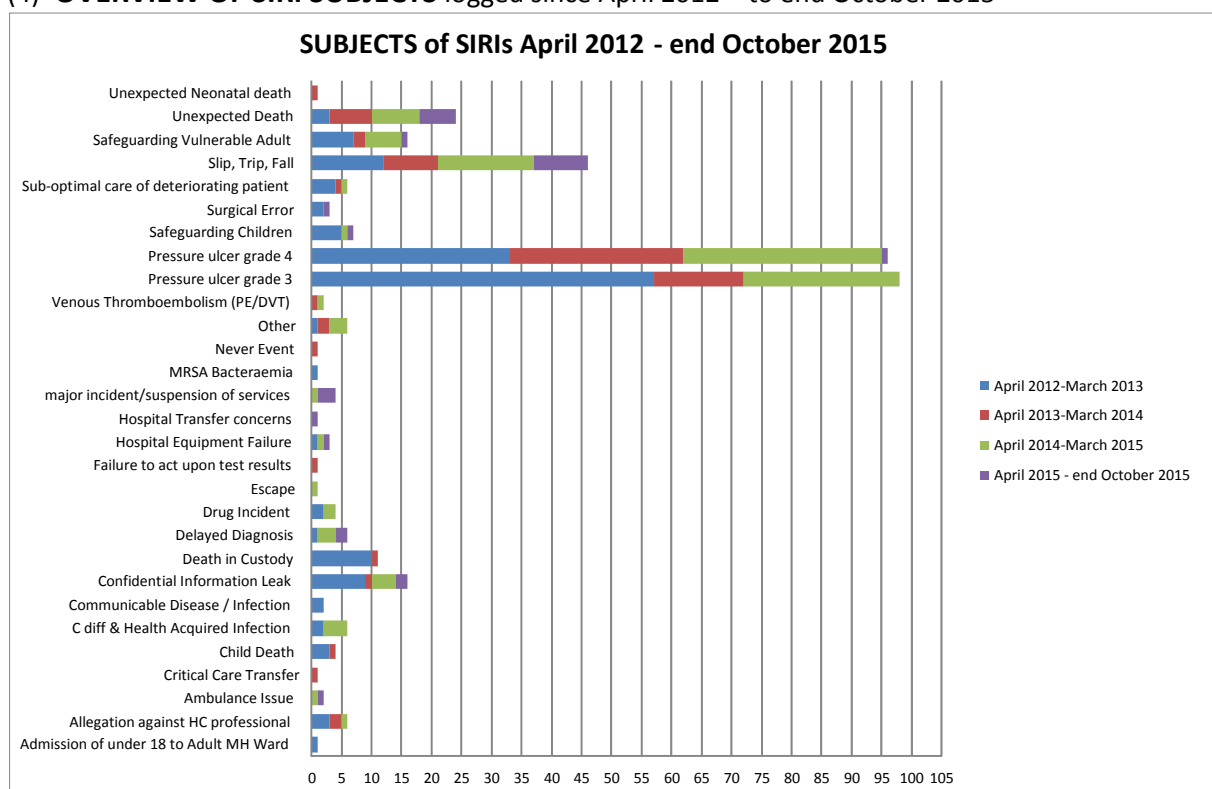
DESCRIPTION	Directorate/ Speciality	Incident Date	Reported as SIRI	Date to be submitted to CCG	CURRENT STATUS
Unexpected Death	General Surgery; <i>Hospital & Ambulance Directorate (HAD)</i>	07.05.15	21.05.15	14.08.15	09.11.15 - agreement from Exec Medical Director for report to be submitted ahead of the meeting; as per agreement, action plan started - sent to MP to approve and finalise so it can be submitted to CCG
Delay in Treatment	Oncology; <i>HAD</i>	05.06.15/ 30.06.15	15.07.15	08.10.15	13.11.15 - update requested, with a timeframe for when completion expected (anticipated being a further two weeks).
Unexpected Death	Emergency Department/ Mental Health; <i>HAD</i>	06.08.15	12.08.15	04.11.15	17.11.15 - IO confirmed investigation complete; waiting for action plan to be finalised.
Internal Major Incident	Bed Management/ Trust-wide; <i>HAD</i>	12.08.15	13.08.15	05.11.15	03.11.15 – incident wash-up meeting notes required to secure closure of case), sought from CD.
Patient Fall	Mottistone Suite; <i>HAD</i>	15.08.15	25.08.15	18.11.15	17.11.15 - report expected in this week. Delay due to need for IO to meet with patient's relative as requested to discuss incident & additional time to capture questions relative wanted answering.

(3) CLOSED SIRI CASES

During October 2015, and at the time of reporting, the IW Clinical Commissioning Group had closed **1** SIRI case. Listed below are the lessons learned from those closed SIRI cases:

Directorate	Subject	Summary	Lessons Learned
Hospital & Ambulance Directorate	Black Alert	<p>Patients requiring admission in ED greater than beds available, no pending discharges. Black alert and internal incident declared.</p> <p><i>Out of time when submitted to CCG (first presentation)</i></p>	<p>The IW Clinical Commissioning Group met with the Trust recently; the CCG have agreed to work with the Trust and other agencies to draw up plans to address the system-wide lack of capacity.</p> <p>The black alert case, reported on 09 July 2015, was reported due to ongoing and sustained pressure on Emergency Department, coupled with the difficulty in finding appropriate onward care in the community. NHS England has recently confirmed that other Trust's in Wessex do not routinely report black alerts as SIRIs, unless it results in ward closures or a specific patient safety incident. Neither of these categories applied in this case.</p>

(4) OVERVIEW OF SIRI SUBJECTS logged since April 2012 – to end October 2015



The first joint Commissioning and Trust bi-monthly meeting took place in September. Terms of reference were agreed and shared in last month's report. The group is due to meet again at the end of November, when the following topics will be covered:

- Commissioners' feedback on recently reviewed SIRI cases, including 2 cases where closure was declined, with requests for additional information.
- Review of Level 1 and 2 SIRI documentation/paperwork
- Update on clustering of pressure ulcers and slips, trips, falls (cluster report currently in draft)

Prepared by:

Karen Kitcher, Quality Assurance Lead & Deborah Matthews, Lead for Patient Safety, Experience & Clinical Effectiveness – 20 November 2015

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th December 2015

Title	Draft Trust Strategy		
Sponsoring Executive Director	Katie Gray, Executive Director of Transformation and Integration		
Author(s)	Katie Gray, Executive Director of Transformation and Integration		
Purpose	To approve the draft strategy for consultation with patients, carers, people and staff for return to Trust Board for approval on February 3 rd 2016		
Action required by the Board:	Receive		Approve X
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Trust Executive Committee	7/12/15 14/12/15		
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality Governance Committee			
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar	8/9/15, 13/10/15, 10/11/15, 2/12/15		
Other (please state) Trust Leadership Meeting	11/8/15		
Staff, stakeholder, patient and public engagement:			
Staff and stakeholder engagement to take place following approval			
Executive Summary & Analysis:			
One year on from the publication of the NHS Five Year Forward View ¹ and recognising the success of My Life a Full Life ² in attracting development funding, we have taken the opportunity to review our current strategy, "Beyond Boundaries".			

¹The NHS Five Year Forward View was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care

² My Life a Full Life is collaboration between Isle of Wight NHS Trust, Isle of Wight Council, NHS Isle of Wight Clinical Commissioning Group and the Voluntary Sector on the Isle of Wight. The aim is to change the face of health and social care on the Island, helping people live life to the full

Our purpose in doing this is to ensure we are concentrating on the right strategic priorities and are in tune with the strategic direction set out by our Commissioners.

As a result of this, we will be prepared to maximise the potential impact of the opportunities My Life a Full Life will present to the entire health, social care and housing system.

Our strategy must consider our Quality Improvement Framework and how the elements of the Framework will support the delivery of our strategic priorities. Our Quality Improvement Framework is used as the basis to drive the organisation's vision, values and strategic objectives.

We have already captured our Vision, Values, Goals and Priorities using the concept of "The House" which is rooted in and supported by Our Values. "The House" is recognised by many staff as the way we say who we are and what we stand for.

In reviewing our strategy, we have considered how "The House" continues to guide and inspire us – Our Vision sets our ambition, Our Values underpin everything we do, Our Goals are shared and understood across our whole organisation, Our Priorities set our course and the Quality Improvement Framework is the vehicle for delivering sustainable services.

Over the past three months, we have undertaken an examination of the factors impacting on and influencing the delivery of good quality, safe, sustainable, efficient and effective services to people and we understand the factors limiting or inhibiting the delivery of these.

As a result of the work we have done, we can now state our strategic direction like this - **Working "Beyond Boundaries" to be the preferred choice for sustainable integrated care**

We have defined our strategic priorities, the things we will do, as follows: -

1. Align sustainable services to the needs of our patients, carers and people who use our services by
 - a. Designing efficient and effective treatment and care pathways
 - b. Maximising the person's experience
 - c. Providing 24/7 community services for the range of people with mental health needs
 - d. Providing services across the seven days of the week
2. Become a centre of excellence for the care of older people
3. Provide excellent end of life care
4. Become excellent in the provision of dementia services

And we have stated what our strategic enablers, what we will put in place, are: -

1. A workforce embracing integration
2. Efficient processes with minimum waste
3. An IT Infrastructure and Processes geared to enabling effective delivery and support, aligned with My Life priorities

Following approval of the draft strategy at Trust Board on December 15th 2015, we will communicate and engage with colleagues, partners and the public. We will deploy engagement processes that have been used to good effect in the recent past and will use these as opportunities to take further feedback on our strategic priorities. It will be the role of all leaders in the organisation to support the deployment of the strategy in their areas of influence and control and this will be driven by the Quality Improvement Framework approach.

We will then return to Trust Board on February 3rd with a final version of the strategy in order to seek approval to proceed.

Recommendation to the Board:

To approve the draft strategy for consultation with patients, carers, people and staff for return to Trust Board for approval on February 3rd 2016

Attached Appendices & Background papers

Strategy document

For following sections – please indicate as appropriate:

Trust Goals & Priorities	All trust goals
Principal Risks (BAF)	Strategy and Planning, Local health and social care economy resilience
Legal implications, regulatory and consultation requirements	
Date 8/12/15	Completed by: Katie Gray, Executive Director of Transformation and Integration

Draft Trust Strategy

**Working “Beyond Boundaries” to be the preferred choice for
sustainable integrated care**

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1. EXECUTIVE SUMMARY

One year on from the publication of the NHS Five Year Forward View ¹and recognising the success of My Life a Full Life ²in attracting development funding, we have taken the opportunity to review our current strategy, “Beyond Boundaries”.

Our purpose in doing this is to ensure we are concentrating on the right strategic priorities and are in tune with the strategic direction set out by our Commissioners.

As a result of this, we will be prepared to maximise the potential impact of the opportunities My Life a Full Life will present to the entire health, social care and housing system.

Our strategy must consider our Quality Improvement Framework and how the elements of the Framework will support the delivery of our strategic priorities. Our Quality Improvement Framework is used as the basis to drive the organisation’s vision, values and strategic objectives.

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Over the past three months, we have undertaken an examination of the factors impacting on and influencing the delivery of good quality, safe, sustainable, efficient and effective services to people and we understand the factors limiting or inhibiting the delivery of these.

As a result of the work we have done, we can now state our strategic direction like this -
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We will then return to Trust Board on February 3rd with a final version of the strategy in order to seek approval to proceed.

2. INTRODUCTION

The drivers for reviewing our strategy

Our strategy, “Beyond Boundaries” was revalidated in early 2014. One year on from the publication of the NHS Five Year Forward view and the success of My Life a Full Life in attracting development funding, we have taken the opportunity to review “Beyond Boundaries”.

We need to ensure we are ready to embrace the opportunities that My Life a Full Life will bring to the wider health, social care and housing systems, so we need to be sure we are concentrating on the right strategic priorities.

Some of the considerations informing the review of our strategy are:-

- The NHS Five Year Forward View and the acceleration of the My Life a Full Life Programme
- The potential to work with partners in the public, private, third and voluntary sectors in the delivery of services and in providing the functions that support them
- The “Requires Improvement” assessment of our 2014 CQC inspection and our responses to that
- The Isle of Wight Clinical Commissioning Strategy and the commissioning intentions of other commissioners
- The complexity in our service and care models
- Meeting increasing demand within the constraints of the system
- The requirement for both clinical and financial sustainability to be present in all our plans for the future
- The need for resilient services that are provided for our island community
- The recruitment challenges we face as a result of our geography
- The lack of standardisation in the core processes that deliver and support our services
- The opportunities for improving the quality of our services that are presented by deploying new ways of working
- Our under-utilised, ageing and dispersed estate that does not fully support the needs of our services and people

- Our costs and spending are higher than our anticipated income

In summary, in order to meet the needs and expectations of our island population, we need to think and work differently and be innovative in our approach to delivering sustainable services.

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3. BACKGROUND

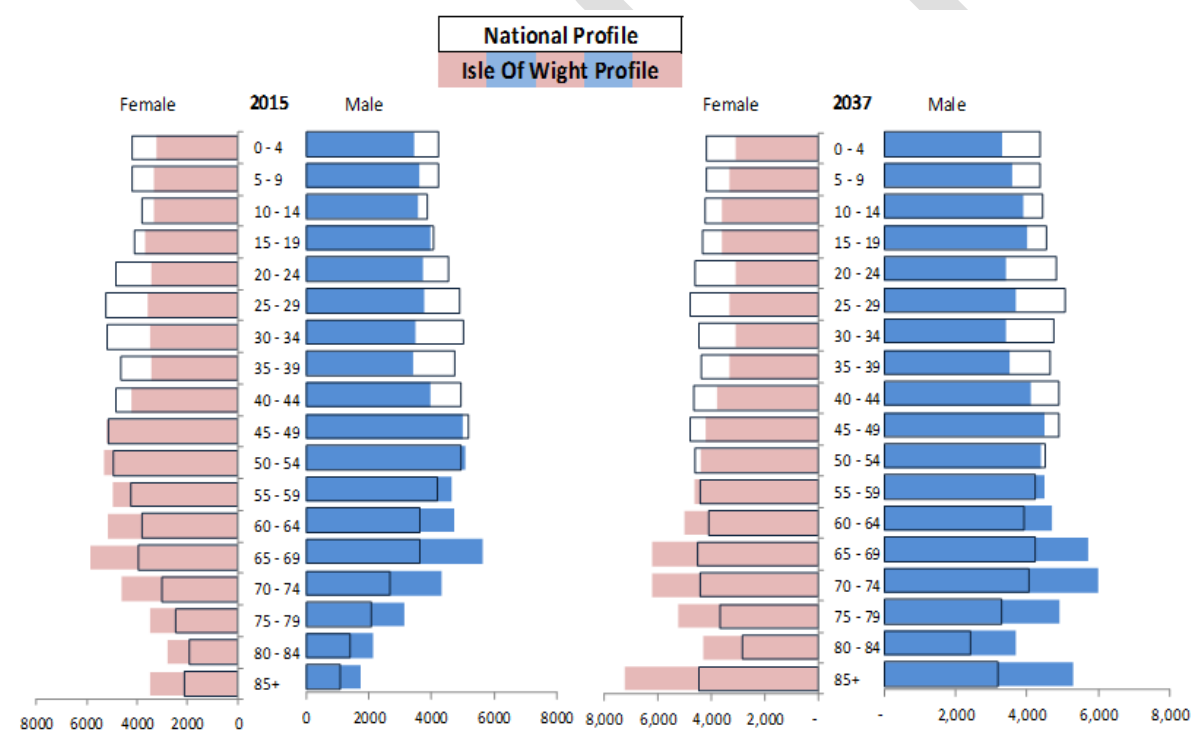
Who we serve

The static population of the island is one of the oldest in the country with over 65s expected to increase by 47% and account for 36% of the total population by 2037 (vs England 24%)

Currently we have 50% more people over the age of 65 compared to the England average and in 20 years we predict we will still have significantly more people over the age of 65 compared to the England average. At the same time, compared to the national average, we have fewer under 50s.

These factors influence the type of care we need to deliver and who we can call upon to deliver it.

Isle of Wight Population Profile Versus National Average



The Isle of Wight ranks among the 40% most deprived local authorities in England, with 20% of our 16,000 children living in poverty. Earnings are lower than the national average, there is higher than average long term unemployment and there is low GCSE attainment.

Deprivation is reflected in worse than average rates for smoking, alcohol consumption and obesity and there are worse than average early deaths from cancer, diabetes prevalence and incidence of malignant melanoma.

Local health needs are skewed towards illnesses associated with age and frailty. The over-65s have 2 or more chronic conditions, and the majority of over-75s have 3 or more chronic conditions.

Who we are

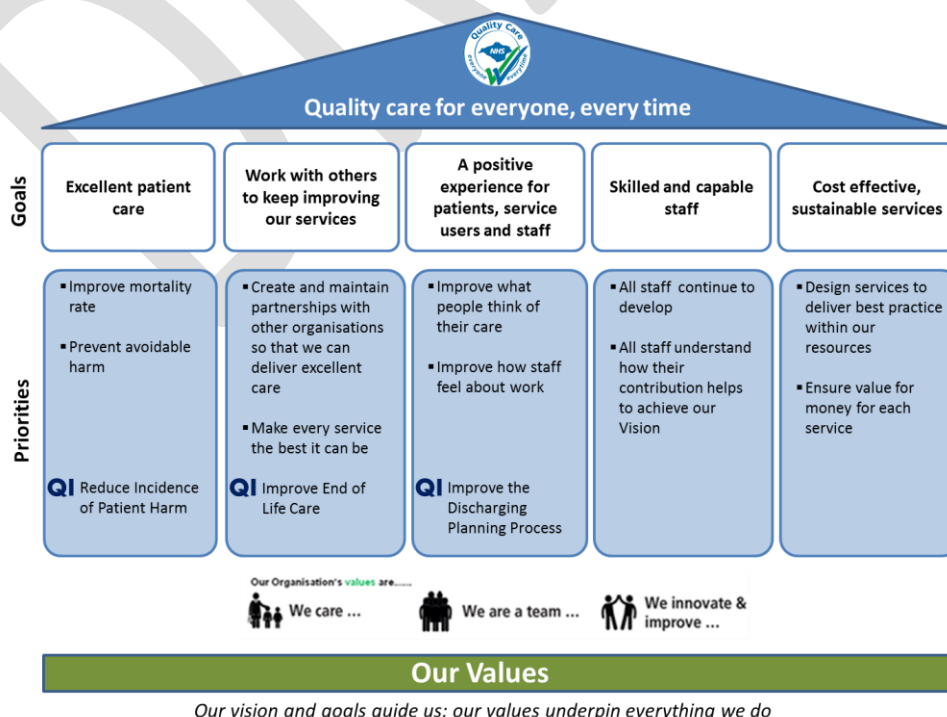
The Isle of Wight NHS Trust is an integrated acute, community, mental health and ambulance provider.

Our workforce of around 3,000 colleagues delivers and supports our services and as a by-product of our complexity and integrated set-up, our island population and visitors receive care that is delivered across traditional professional boundaries.

Our clinical, care and support services are designed, delivered and managed by colleagues in five clinical business units and our support and other services are delivered by a variety of corporate and infrastructure functions.

Our colleagues are committed to delivering our Vision of Quality care for everyone, every time and we are supported in the delivery of our Vision by our Values – We Care, We Are a Team and We Innovate & Improve. Our Values guide us in the delivery of our Vision, they define who we are and they have helped us determine the outcome of this review of our strategic direction.

In 2015, we designed “The House” which captures our Vision, our Values, our Goals, our Priorities and our Quality Priorities. The House is a vehicle for communicating and discussing these core elements of our Trust within our organisation. It also helps us inform our partners and service users about who we are and what we stand for.



Our Goals

Excellent Patient Care: To achieve the highest quality standards of care for all our patients and service users through the safe delivery of treatments. This will be borne out by our patients and services users enjoying a good personal experience of their interactions with us and in the outcomes of the services delivered to individuals and their families

Work with others to keep improving our services: To deliver the Trust's clinical and support strategies and build resilience into our services through the use of effective partnerships with other providers from the statutory, voluntary, commercial and third sectors

A positive experience for patients, service users and staff: To build feedback mechanisms to allow us to listen to our patients, carers and people who use our services about how those services are delivered and how we are performing on delivering them. To build effective platforms and relationships for dialogue between colleagues and partners so that we can recognise opportunities for quality improvement and identify potential roadblocks to achieving them

Cost effective sustainable services: To improve productivity and efficiency within the Trust, working with partners creating financial sustainability and maintaining cost effectiveness

Skilled and Capable staff: To develop our staff, our culture and our workforce competencies in order that we can implement our Vision of Quality Care for Everyone, Every Time

Quality is the golden thread that runs through each of our Goals and the Quality Improvement Framework is the primary enabler for driving change across our organisation.

Our Quality Improvement Framework is used as the basis to drive the organisation's Vision and Strategic Objectives and in line with our Values, has our patients, carers and people who use our services at the centre of what we do.

4. HOW WE REVIEWED OUR STRATEGIC DIRECTION

In a series of group sessions that involved approximately 70 colleagues and partners, we looked at the factors that will positively influence the delivery of our strategy. We also examined factors that might risk or inhibit that delivery.

This enabled us to identify the Responses and Mitigations to these which, in turn, helped us decide our strategic priorities.

Impacts, Influences, Limitations and Inhibitors	Responses and Mitigations
Capacity to deliver	Be clear about priorities, "Stop Doing", Leaders as facilitators of capacity, Empower decision making, Fill vacancies
Commitment to deliver	Do what we say we will do, Coaching, Support, Engagement, Performance management, Be consistent and focused, Monitoring and Governance
Capability and skills to deliver	Knowing what you have got and valuing it, Doing the right thing, Develop leaders, Develop the organisation, Manage performance, Recruit the right people, Retain the right people – Job Design, Enable people to leave with head held high
Understanding our services	Triangulation of Information, Benchmark appropriately
Commissioning strategy and commissioning intentions	Working in partnership, responding to changing need, being open to new approaches, evidencing the delivery to commitment
Patient, carer and people who use services expectations	Engage, Communicate, User Groups, Be honest, Consult, Ongoing conversation, Learn the Lessons, Give clear messages, Realism
Financial constraint	Think "What can we do differently" Coaching, Challenging, "Forget the Rules"
Not being bold enough	Innovation, Stretch people's boundaries, Empowerment, Kill negativity
A risk averse culture	Punish failure rather than reward trying, PDSA, Effective Risk Management
Inability to change	PDSA, Small changes + more small changes = large change, Empowerment, Leading by example
Apathy – reasons not to do something	Leadership, Engagement, Performance Management
Lack of effective leadership and lack of willingness to hold people to account	Mentoring, Coaching, Leadership Development Role modelling from the top.

As a result of the work we did, we were able to refine our aims and to state our strategic direction, quite simple, like this - **Working “Beyond Boundaries” to be the preferred choice for sustainable integrated care**

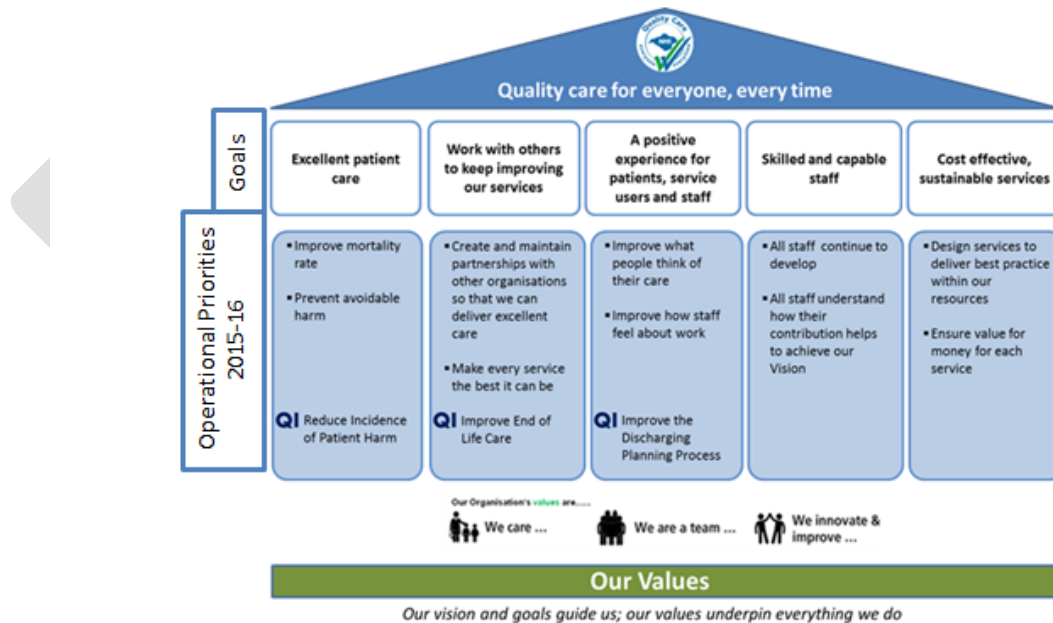
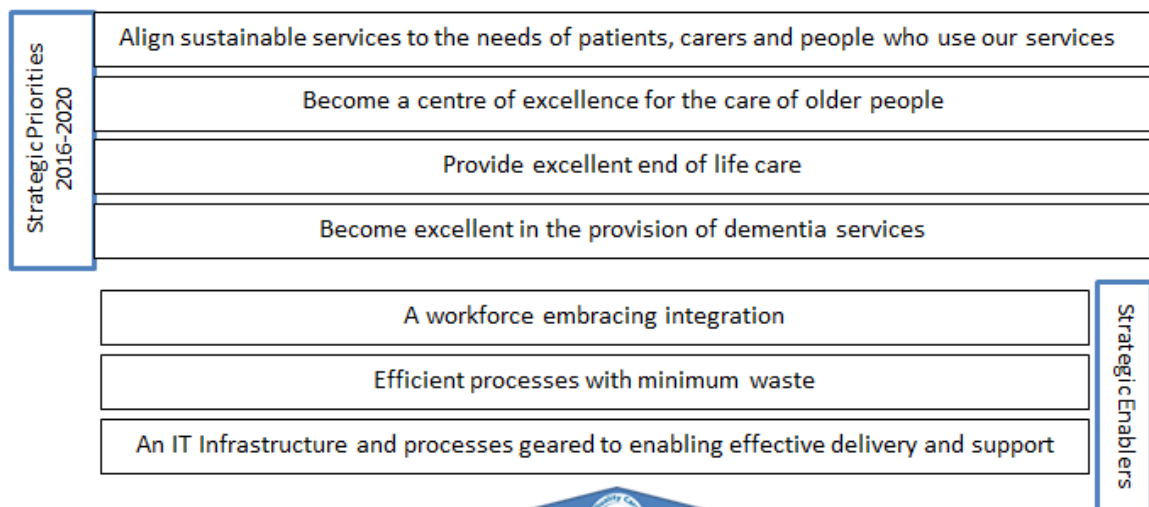
We were then ready to state our strategic priorities and the strategic enablers that will support their delivery.

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5. BRINGING IT ALL TOGETHER ³



Working “Beyond Boundaries to be the preferred choice for sustainable integrated care



³ A graphical representation of how “The House” and our strategic priorities and enablers fit with My Life a Full Life

6. Our Strategic Priorities – what we will do

1. *Align sustainable services to the needs of our patients, carers and people who use our services*

What are we trying to accomplish?

To gain a clear understanding of the services we offer in terms of quality of delivery, value for money, return on investment, and comparison with competitors. This will enable informed decision-making about how we respond to the needs of our people. Work being undertaken in the My Life a Full Life Programme, in the shape of the Whole Island Service Redesign (WISR) will inform this piece of work.

Implications and considerations

- We need to be ready to quickly assess and refine the recommendations from this work in order that we maximise the potential benefits of service redesign
- Time must be prioritised to consult with colleagues, our staff and the public in order that proposals are explored in open forums where considerations can be explored fully
- Change management support must be provided for colleagues in order that change is effected with maximum involvement of our expert staff and minimum disruption to the public and the range of people we serve

1a. *Design efficient and effective treatment and care pathways*

What are we trying to accomplish?

To design treatment and care pathways that enable efficient and effective treatment. To be able to predict when we might deviate from that and to have mechanisms in place to prevent this. To blur traditional professional boundaries and design innovative ways to deliver treatment and care pathways.

Implications and considerations

- We must be open to researching best practice and embracing care pathway elements that have already been proven to delivery good quality, effective and person centred services elsewhere
- Innovation and trying new things will be encouraged so openness to change and to embracing new ways to deliver sustainable care and treatment will be required. People must be ready to embrace new ways of working and be ready to try things that haven't been tried elsewhere
- Change management mechanisms will be deployed to support existing service users though the changes that will result in pathway redesign
- HR processes will need to be nimble and innovative in order to support new and revised role descriptions for colleagues and to support colleagues through periods of change

1b. Maximise the person's experience

What are we trying to accomplish?

To use feedback from patients, carers and people who use services, as well as from staff engagement and different data sources to design high quality, sustainable, integrated services, ensuring we are an excellent and trusted provider of integrated, patient/person-focused services that are locally and globally admired.

Implications and considerations

- We will adopt digital tools in order to get feedback from people who use our services and this will require investment in training, communication and, potentially, in handling real-time feedback
- It will be important to develop a mechanism for evaluating feedback that is easy to maintain and quick to determine trends
- Public engagement and education and support for people, patients and carers who use our range of services will be required in order to maximise the benefit of receiving feedback

1c. Provide 24/7 community services for the range of people with mental health needs

What are we trying to accomplish?

For mental health services to have parity of esteem with other services and to develop the change in culture to support that. To provide a 24/7 single-point-of-access service that will respond to people in distress and will signpost them to appropriate services in the community, no matter the provider - statutory, voluntary or private sector. Urgent assessments will be carried out by qualified professionals and appropriate care plans will be prepared so people have to tell their story only once. This will be supported with integrated IT that enables these stories to be shared.

Implications and considerations

- Out of hours working investments and safeguards will be required
- 'Trusted assessment' status will require respect across professional boundaries to be strong and mutually supportive. This requires investment in change management programmes and team building considerations

1d. Provide services across the seven days of the week

What are we trying to accomplish?

To use our facilities to deliver more of the routine work we currently carry out across the seven days of the week. To offer routine services at weekends and at different times to improve the use of resources and offer more choice to our patients and people who use our services.

Implications and considerations

- We will build on the survey of national guidelines for the delivery of 24/7 services undertaken during 2015

- There will be a consideration of how we can gauge quality, sustainability, performance and access to services so we can demonstrate the effectiveness of our services for patients treated at weekends and evenings
- As part of the Whole Integrated System Redesign (WISR) public consultation, we will gauge the public appetite for this

2. Become a centre of excellence for the care of older people

What are we trying to accomplish?

The Isle of Wight has a higher than average proportion of older people and a priority will be to focus services on the care and support of older people with our range of partners and become an age friendly Island. We will deliver a centre of excellence on the Island where with our partners, the care and support of older people is at the core of all of our adult services. We will support a centre of excellence where the experience of older people's care and support will inform future best practice locally and nationally.

Implications and considerations

- We will build on current best practice in existing centres of excellence for the care of older people
- We will consider how quality measurements can be devised across all services so that they take special account of the range of needs of older people
- Considerations of older people will be part of all structural and cosmetic changes and improvements to our estate
- Joint training and education programmes with our partners will be needed to support the range of needs of older people, carers, care navigators and volunteers
- Identify and implement preventative steps to support the most vulnerable to stay safe and encourage people to live well for longer

3. Provide Excellent End of Life Care

What are we trying to accomplish?

Working with our partners to help those with advanced, progressive and incurable illness, to live as well as possible until they die, regardless of their age or diagnosis and to avoid unwanted hospital admissions. To support people, patients and their carers through the prevention and relief of suffering by early identification and assessment, effective treatment of pain and other symptoms, and the provision of psychological, spiritual, social and practical support as outlines in the End of Life Care Strategy.⁴

⁴ The End of Life Care Strategy can be viewed here

<http://www.isleofwightccg.nhs.uk/Downloads/Consultations/EoLC%20Draft%20Strategy%20APPENDICES%20for%20Public%20Consultation.pdf>

Implications and considerations

- An approach consistent with an individualised journey within an integrated system of care across health and social care and supported housing and in own homes is required
- Increased public awareness is required about end of life needs, to encourage culture change and to enable good conversations to take place
- Accessibility of information is required to allow informed discussion, recording and planning for the future
- Joint training is required to support and empower staff and carers to give them the confidence to identify and care for those at the end of their lives
- There must be a person-held record, regularly reviewed, easily updated, easily accessed and visible to all who need to see it.

4. Become excellent in the provision of dementia services

What are we trying to accomplish?

To be a leader in dementia care, where communities encourage people with dementia and their carers to seek help and feel supported to go about their daily lives safely and free from stigma. Where people are empowered to have high aspirations and have the confidence to participate in meaningful activities.

Implications and considerations are set out in the Joint Dementia Strategy⁵

- Acknowledgement of population needs on the Island with 1 in 3 over 65 likely to get dementia and to consider across communities the needs of younger people with dementia, people with learning disabilities, people from black and ethnic minority groups, people with alcohol related dementia
- Workforce development with partners and culture change will be required
- Strong links to research to ensure relevance and replicability
- Care planning will include end of life care planning and access to services
- Support for carers and family friends for those alone
- Promote dementia champions and dementia friends
- As a priority, develop creative housing and care and support solutions with partners to meet current and future needs of people with advanced dementia

⁵ The Dementia Strategy can be viewed her <http://dementiaroadmap.info/isleofwight/wp-content/uploads/sites/7/Dementia-Strategy.pdf>

7. Our Strategic Enablers – what we will put in place

1. A workforce embracing integration

What are we trying to accomplish?

To have a flexible workforce that can react to the needs of the whole system. To have a sustainable workforce that is flexible in how it delivers services.

Implications and considerations

- As our services evolve and the ambitions of the My Life a Full Life programme become clearer, ourselves and our partners must be prepared to be open to radical challenge and change in the way we all work together
- Quality improvement, leadership, empowerment, sustainability, effectiveness and efficiency will be key considerations
- We will invest in our staff and will present them with opportunities to develop new skills
- Traditional models of working will be redesigned and teams will be formed and reformed. We need to plan to support our staff and our colleagues through periods of change
- We will maximise the potential of The Team approach
- Team members will come from different professions and will have different skills
- We will create teams from different organisations and must be ready for the challenge of blending different organisational cultures
- We must be ready to deploy measurement systems to monitor and support the quality of service during and after periods of change

2. Efficient processes with minimum waste

What are we trying to accomplish?

To take a targeted approach at identifying and driving out the quality and efficiency benefits associated with standardising processes and optimising process performance. Where possible, to identify current best practice in standard processes and adapt our processes accordingly.

Implications and considerations

- Leadership commitment to an organisation-wide learning program will be required
- Recognising our resource constraints, we firstly placing emphasis where it has most impact on the quality of care and the sustainability of services
- Adopting an approach that aims to drive out inefficiency must be recognised as a cultural shift which must be implemented as an organisation-wide change management initiative
- The time required for our staff and colleagues to participate in learning programmes must be seen as an investment and prioritised as such
- Robust quality and operational measurements must be designed and implemented in order that the impact of changes can be monitored effectively and improvements fed back

3. An IT Infrastructure and processes geared to enabling effective delivery and support, aligned with My Life a Full Life priorities

What are we trying to accomplish?

To deliver a fit-for-purpose IT infrastructure to enable the use of effective IT tools to support key processes. To achieve the ambition to reduce or eliminate the need for paper records. To enable the sharing of information across our health, social care and housing system. To enable cost effective and varied outputs from our IT systems. To develop a culture where IT tools and not paper forms are the norm in clinical environments.

Implications and considerations

- A culture shift is required in order that the implementation of IT tools in the clinical environment are championed by clinicians and where implementation plans are approved and supported by them
- Clinical engagement in the setting of IT priorities will be critical to success
- Quality measurements associated with IT deployment will be required in order to ensure potential quality risks are monitored
- People will be owners of their own data, making choices and having control about their care via IT tools

Consideration has been given to the importance of our Estate as a strategic enabler. It is indeed an enabler of our strategy and is considered separately in a system-wide, island-wide estate strategy as part of My Life a Full Life. This strategy is being developed to include partnership solutions to create new models of care and considers solutions for housing for people with dementia and other priority needs.

8. MAKING IT HAPPEN

Ownership, Oversight and Assurance

Each of the Strategic Priorities will be led by a member of the Executive Team who will be ultimately accountable for delivery. The Chief Executive Officer will have overall responsibility for delivery of the Strategy.

Active management of the implementation and routine monitoring of progress will be will be overseen by Chief Executive and the Executive Team.

A Charter for delivery will be agreed for each Strategic Objective and measures of successful achievement, or key performance indicators (KPIs), will be identified. In this way, there will be transparency of the improvements sought and visibility of how delivery is monitored and managed. As part of consultation, we will seek input and feedback on the proposed sequencing of the delivery of our strategic priorities and the milestones towards delivery.

Assurance to Trust Board will be via exception reporting on progress towards implementation and delivery of the strategic priorities.

Delivery of the strategic priorities will be closely linked to our Board Assurance Framework and scrutiny of delivery and the achievements of agreed milestones will take place at Trust Board Meetings.

Clinical Leadership and Effective Partnering

In committing to our Vision of Quality Care for Everyone Every Time, strong and effective leadership from clinical and non-clinical leaders will be essential to achieving our Strategic Priorities.

Each of the Strategic Priorities will be supported by a Clinical Sponsor who will in turn support the Executive Lead to achieve the right levels of clinical engagement.

Organisational Development

In exploring and understanding the factors limiting or inhibiting the delivery of our Vision, Goals and Priorities, the themes of leadership behaviour, empowerment and performance management emerged as areas for improvement focus.

We will engage our organisation in a Trust-wide development programme that is aimed at developing the behaviours and skills associated with good and effective leadership and working with our My Life a Full Life partners. Leadership competencies will be defined, skills gaps identified and training deployed to develop these skills at all levels in the organisations.

9. APPROVAL, COMMUNICATION & ENGAGEMENT

Approval at Trust Board

This paper describing the elements that make up our draft strategy will be presented at Trust Board on December 15th for Trust Board approval. Following approval, we will begin a series of engagement activities that will provide opportunities for people to offer feedback and discuss the strategy and what it means for them. We will then return to Trust Board on February 3rd with a final version of the strategy in order to seek approval to proceed.

Patient, carer and people Involvement

We are fortunate to have an engaged island population who wants to be involved in how we design and deliver our services. What 'being involved' means can vary – from being made to feel welcome, to being able to share anxieties, to weighing the pros and cons of different forms and delivery of treatment and care.

The involvement of our patients, carers and people who use our services will help validate our Strategic Priorities and our delivery plans over the next 2 to 5 years. We will use our Patient Council and Membership and Health Watch to help us achieve this validation. We will hold open forums in various locations providing the opportunity for people to become familiar with the strategic priorities, to offer feedback, highlight risks and discuss alternatives

Staff involvement

Colleagues are committed to delivering our vision of Quality care for everyone every time and the involvement and engagement of all staff will be required in order to deliver the strategic priorities. Similar to how we will engage with the wider community, we will hold open forums for staff. We will consider if we have missed anything vital to success and we will ensure we have thought of all the potential issues or barriers to success.

We will have discussions at staff meetings where colleagues will be able to consider "What does this mean for me and my team?" and there will be the opportunity for feedback from these meetings to be considered in the wider strategy.

It will be the role of all leaders in the organisation to support the communication and deployment of the strategy in their areas of influence and control.

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th December 2015

Title	Information and Communication Technology (ICT) Update		
Sponsoring Executive Director	Katie Gray, Executive Director of Transformation and Integration		
Author(s)	Paul Dubery, Deputy Director for IM&T		
Purpose	To update Trust Board on the risks and issues associated with ICT. To propose the formation of a Task and Finish Group that will report back to Trust Board with recommendations for future direction		
Action required by the Board:	Receive		Approve X
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Trust Executive Committee	14/12/15		
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality Governance Committee			
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar	10/11/15		
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Consultation with staff will commence when the Task and Finish Group begins work			
Executive Summary & Analysis:			
<u>Executive Summary</u>			
<p>The Information Communication Technology (ICT) Team and what they do The ICT Team is made up of two teams; Information Systems (IS) with 14 members of staff and Information Technology (IT) with 13 members of staff. The IS and IM teams are supported by 3 colleagues who cover project management and project delivery for the entire service.</p> <p>A brief history of growth, achievements and successes In line with other industries and organisations, Isle of Wight NHS Trust is more reliant now than ever on the provision and support of ICT services and products. The Trust's dependency on technology has grown over the last 15 years to a point where there is a critical reliance on the ICT Department to support and maintain the ever expanding infrastructure and kit. This pace of growth and increase in service expectation will continue to grow as the pace continues with National Agendas, for example, the ambition to be Paperless at Point of Care by 2020.</p> <p>From 2011 there have been a series of achievements in the e-Care Logic system known as ISIS. A</p>			

portal has been created that takes data and document feeds from a number of clinical systems in the Trust and the Patient Administration System (PAS). The portal now allows the creation of electronic discharge summaries and Outpatient Clinic Letters which are automatically transmitted to GPs. It presents information about admitted patients onto electronic on the wards and scanning functionality in outpatient areas means paper forms have been replaced with an electronic Decision to Admit process. Nerve Conduction tests and Respiratory tests can be saved into the system removing the need for paper results. Cardiac Technicians can save Echo- Cardiogram results straight into the system and more functionality is in the pipeline.

The Team manages and supports 22 different systems and the infrastructure that supports it.

Risks and Issues

Risks are being faced in four broad areas and it is proposed a Task and Finish Group be formed to investigate these and make a series of proposals to Trust Board at the April Board meeting. The four areas are

- a. Leadership capacity: The leadership team is stretched beyond capacity and day-to-day activities often take precedence over more strategic and planning activities.
- b. Capacity and capability in the team: Increased levels of user support are required as a result of continued ICT deployment and the increasing complexity of many current roles in team means demand outstrips supply. There is a requirement to increase resilience in the team.
- c. Investment in ICT: Due to constraints in funding, advances in systems continue to be implemented without the required additional investment being put into the underlying infrastructure or other supporting resources. So, as system complexity increases, the infrastructure to support it has not. There is an increasing risk of system infrastructure not being able to support the deployed functionality
- d. Clinical engagement in ICT implementation: The continued implementation of the ICT tools to support the rollout of the Electronic Patient Record has, until now, relied on the goodwill of individual clinicians and clinical teams and is not deemed as a “must do” by some clinicians. As a result, implementation is not uniform across the Trust or across processes

Forming a ‘task and finish’ group

A Task and Finish Group will review the following topics and make a series of proposals to Trust Board at the March Board meeting.

- Sustainable approaches to improving leadership capacity including exploring alternative support structures
- Building capacity and capability in the ICT team including considerations of supporting potential future ways of working, for example, a move to seven day services
- Alternative approaches to increasing investment in ICT including consideration of “minimum percentage of revenue” investment intentions, alternative funding models and an exploration of potential opportunities in partnership arrangements
- Improving clinical engagement in the design and implementation of ICT tools including agreeing the timetable towards becoming paperless at the point of care

It is proposed the task and finish group comprise the following:

- Executive Director of Transformation and Integration
- Deputy Director for IM&T
- I.T. Business and Projects Manager
- Information Systems Manager
- Executive Medical Director
- Finance Manager
- A clinical representative from each of Nursing, Medicine and Allied Health Profession

- It is proposed that a Non-executive Director (NED) be appointed to act as an advisor and sounding board to the Task and Finish Group. The Group would then consider, as part of the work of the group how a NED can best be utilised in a future structure.

Recommendation to the Board:

To receive the update.

To approve the formation of a Task and Finish Group that will report back to Trust Board with recommendations for future direction

Attached Appendices & Background papers

Information and Communication (ICT) Update

For following sections – please indicate as appropriate:

Trust Goals & Priorities	All Trust Goals
Principal Risks (BAF)	If the Trust is unable to deliver against the ICT Strategy, then there will be a negative impact on quality, Income, Performance, Information Governance Compliance and Staff morale
Legal implications, regulatory and consultation requirements	

Date: 8/12/15

Completed by: Katie Gray, Executive Director of Transformation and Integration

Information Communication Technology (ICT)

Update for Trust Board

15th December 2015



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1	Executive summary	3
2	The Information Communication Technology (ICT) Team and what they do	5
3	A brief history of growth, achievements and successes	5
4	Risks and issues	6
5	Forming a task and finish group	7

1. Executive Summary

The Information Communication Technology (ICT) Team and what they do

The ICT Team is made up of two teams; Information Systems (IS) with 14 members of staff and Information Technology (IT) with 13 members of staff. The IS and IM teams are supported by 3 colleagues who cover project management and project delivery for the entire service.

A brief history of growth, achievements and successes

In line with other industries and organisations, Isle of Wight NHS Trust is more reliant now than ever on the provision and support of ICT services and products. The Trust's dependency on technology has grown over the last 15 years to a point where there is a critical reliance on the ICT Department to support and maintain the ever expanding infrastructure and kit. This pace of growth and increase in service expectation will continue to grow as the pace continues with National Agendas, for example, the ambition to be Paperless at Point of Care by 2020.

From 2011 there have been a series of achievements in the e-Care Logic system known as ISIS. A portal has been created that takes data and document feeds from a number of clinical systems in the Trust and the Patient Administration System (PAS). The portal now allows the creation of electronic discharge summaries and Outpatient Clinic Letters which are automatically transmitted to GPs. It presents information about admitted patients onto electronic on the wards and scanning functionality in outpatient areas means paper forms have been replaced with an electronic Decision to Admit process. Nerve Conduction tests and Respiratory tests can be saved into the system removing the need for paper results. Cardiac Technicians can save Echo- Cardiogram results straight into the system and more functionality is in the pipeline.

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a. Leadership capacity: The leadership team is stretched beyond capacity and day-to-day activities often take precedence over more strategic and planning activities.

b. Capacity and capability in the team: Increased levels of user support are required as a result of continued ICT deployment and the increasing complexity of many current roles in team means demand outstrips supply. There is a requirement to increase resilience in the team.

c. Investment in ICT: Due to constraints in funding, advances in systems continue to be implemented without the required additional investment being put into the underlying infrastructure or other supporting resources. So, as system complexity increases, the infrastructure to support it has not. There is an increasing risk of system infrastructure not being able to support the deployed functionality

d. Clinical engagement in ICT implementation: The continued implementation of the ICT tools to support the rollout of the Electronic Patient Record has, until now, relied on the goodwill of individual clinicians and clinical teams and is not deemed as a “must do” by some clinicians. As a result, implementation is not uniform across the Trust or across processes

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It is proposed the task and finish group comprise the following:

- Executive Director of Transformation and Integration
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- Information Systems Manager
- Executive Medical Director
- Finance Manager
- A clinical representative from each of Nursing, Medicine and Allied Health Profession
- It is proposed that a Non-executive Director (NED) be appointed to act as an advisor and sounding board to the Task and Finish Group. The Group would then consider, as part of the work of the group how a NED can best be utilised in a future structure.

2. The Information Communication Technology (ICT) Team and what they do

The ICT Team is made up of two teams – Information Systems (IS) with 14 members of staff and Information Technology (IT) with 13 members of staff. The two teams are not co-located. There are also 3 colleagues (2.2 WTE) covering the project management function that looks after project delivery in the two teams.

Together the teams support the hardware (kit and infrastructure) and most clinical information systems, including the Patient Administration Systems (PAS), the Electronic Patient Record (EPR) system called ISIS and the Symphony system in the Emergency Department. The Team also provides all “business as usual” support, including support for the Paris system.¹

A number of systems are not supported by the ICT Team, including the PACS x-ray imaging system, the Telepath Pathology system, the Scorpio system in Endoscopy and the JAC Pharmacy system. These systems are supported in the particular departments by dedicated resources. This non-standard approach to ICT support is one that has evolved over time and has its roots in the once-held view that these clinically-based systems required someone with a clinical background to administer.

3. A brief history of growth, achievements and successes

In line with other industries and organisations, Isle of Wight NHS Trust is more reliant now than ever on the provision and support of ICT services and products.

We were one of the first Trusts to deploy a campus wide Wi-Fi network and with over 900 access points were recognised as having implemented a gold star Wi-Fi service. This has given bedside access to clinical information systems such as PACS (for radiology images) and e- prescribing. This was all implemented in-house without recourse to external support and avoiding costs in the region of £200K at the time.

In 2010, we deployed our first IP phones, replacing the outdated analogue phones with a multifunctional system that has enabled efficiencies and improved phone access.

Our ambulance, pharmacy and EPR solutions have been regarded as national and international reference sites.

Against a backdrop of reducing headcount, there has been a marked increase of 61% in the number of closed helpdesk calls handled in the five years from 2010 to 2015. In 2010, 12464 calls were closed and in 2015, it is projected that 20027 calls will be closed. Bearing in mind the added complexity of the calls as a result of technological advancement, the increase is even more remarkable.

The Trust’s dependency on technology has grown over the last 15 years to a point where there is a critical reliance on the ICT Department to support and maintain the ever expanding infrastructure

¹ The implementation of the Paris system has not, to date, been an implementation project overseen by the ICT Department. Instead, rather unconventionally, it has been implemented by the Community and Mental Health Directorate, as was. The implementation of Paris is in a transition phase and will be implemented by the ICT Team following a due diligence review of the implementation to date.

and kit. This pace of growth and increase in service expectation will continue to grow as the pace continues with National Agendas, for example, the ambition to be paperless at point of care by 2020.

Year	No of servers	No of devices	Wi-Fi	No of IP phones	# systems supported
1999	80	1800	0	0	1
2015	450	2800	Campus wide	80% conversion	10

From 2011 through to 2013, we created a portal by taking data and document feeds from a number of clinical systems in the Trust and the Patient Administration System (PAS). In 2014 we started to widen the portal to create electronic discharge summaries and these, along with the Outpatient Clinic Letters were automatically transmitted to GPs. This e-Care Logic system, known as ISIS, now presents information about admitted patients onto electronic boards (Patient Status at a Glance) on the wards, scanning functionality has been implemented in outpatient areas and paper forms have been replaced with as electronic Decisions to Admit process

Nerve Conduction tests and Respiratory tests can be saved into the system removing the need for paper results. We have enabled Cardiac Technicians to save Echo- Cardiogram results straight into e-CareLogic. The next planned functionality implementation will provide electronic forms for Nurses to capture transitional information about patients (referral forms and checklists) and Allied Health Professions will be able to capture clinical notes relating to Inpatients directly into the system.

The complexity of the ICT service can be judged, to some extent, by the fact that 22 separate systems are managed and supported in the department, a list of which can be seen in Appendix 1.

4. Risks and Issues

a. Leadership capacity

In 2014, the Head of IT vacancy, a senior leadership position in the team, was not filled in an attempt at cost saving. Many of the responsibilities of that role were redistributed in the department and the result now is that the team is stretched beyond capacity at a leadership level and day-to-day activities sometimes take precedence over more strategic and planning activities.

b. Capacity and capability in the team

The increased levels of support are required as a result of continued ICT deployment and the increasing complexity of many current roles in team mean there is a need to recruit staff. In addition, there is a requirement to increase resilience in the team. The approach considered most appropriate is to recruit apprentices who can learn skills on the job while gaining the academic or vocational training required in order to contribute long-term to the team.

c. Investment in ICT

In 2011 a five year capital plan took into account both the need to replace and upgrade infrastructure and deploy new systems and technologies. Due to constraints in funding the plan was

diluted and investments have been limited by the available capital. The result has been that advances in systems continue to be implemented without the required additional investment being put into the underlying infrastructure or other supporting resources. So, as system complexity increases, the infrastructure to support it has not. In addition to network infrastructure replacements, consideration must also be given to server replacement, Windows XP replacement and the provision of and access to devices.

The advances required in order to fulfil the Paperless at the Point of Care 2020 National target bring with them the need for increased support and maintenance and for a robust and dependable infrastructure. The gap between the current status and being able to support “Paperless at the Point of Care” is reflected in the proposed ICT Capital Programme at Appendix 2.

d. Clinical engagement in ICT implementation

The continued implementation of the ICT tools to support the rollout of the Electronic Patient Record relies on clinical teams embracing new ways of working and working with ICT Change Managers to find solutions to challenges. Challenges are inevitable in a transformation project such as this and these challenges are sometimes used as reasons to decline to participate in implementation plans. Implementation until now has relied on the goodwill of individual clinicians and clinical teams and is not deemed as a “must do” by some clinicians.

5. Forming a ‘task and finish’ group

In a recent review of the Trust’s Governance structures and processes, it was proposed that a Task and Finish group be formed to identify the current ICT position in the Trust and agree the required actions to progress the strategic and operational issues.

The Task and Finish Group will review the following topics and make a series of proposals to Trust Board at the March Board meeting.

- Sustainable approaches to improving leadership capacity including exploring alternative support structures
- Building capacity and capability in the ICT team including considerations of supporting potential future ways of working, for example, a move to seven day services
- Alternative approaches to increasing investment in ICT including consideration of “minimum percentage of revenue” investment intentions, alternative funding models and an exploration of potential opportunities in partnership arrangements
- Improving clinical engagement in the design and implementation of ICT tools including agreeing the timetable towards becoming paperless at the point of care

It is proposed the task and finish group comprise the following:

- Executive Director of Transformation and Integration

-
- Deputy Director for IM&T
 - I.T. Business and Projects Manager
 - Information Systems Manager
 - Executive Medical Director
 - Finance Manager
 - A clinical representative from each of Nursing, Medicine and Allied Health Profession
 - It is proposed that a Non-executive Director (NED) be appointed to act as an advisor and sounding board to the Task and Finish Group. The Group would then consider, as part of the work of the group how a NED can best be utilised in a future structure.

Appendix 1 – Systems managed and supported by the ICT Team

System	IM&T Input
PAS CLINiCOM (Minimal Users)	Management, Training, Support, Validation, CDS reporting to SUS
Patient Centre (PAS)	Management, Training, Support, Validation, CDS reporting to SUS
Symphony (A&E)	Management, Training, Support, Validation, CDS reporting to SUS
E-CareLogic (ISIS)	Management, Training, Support, Validation
Paris (BAU)	Management, Training, Support, Validation, CDS reporting to SUS TBC
MedeTrax	Management, Training, Support, Validation
E-Referrals	Training & Support
Vision 360	Training & Support
Summary Care Record	Training & Support
PACS	Training
ARIA (Chemo)	Basic Support / Interface
Docman EDT	Validation
Rhapsody	Monitoring and restarting of Interfaces
Paris Project - New Services	Project, Deployment, Training,
JAC	Interface for Demographics and ATD
Valentia	Interface for demographics and arrivals to Hospital to ISIS
Scorpio	Interface for demographics
Theatre man	Interface for demographics
MedeSoft	Interface for demographics
Telepath	Interface for demographics
EIT	Interface for demographics
CRIS	Interface for demographics
Managed centrally by IM (some with no additional resource)	
Managed elsew here - Interdependancies	

Appendix 2

ICT Capital Programme -

DRAFT				
I M & T Capital plan	2016/17	2017/18	2018/19	2019/20
Docman renewal	£90,000			
ISIS Acute development	£310,500	£468,000	£257,228	£117,228
Total	£400,500	£468,000	£257,228	£117,228
ROLLING REPLACEMENT PLAN				
ISDX Decommission Phase I	£172,500			
Wireless infrastructure upgrade Phase III Clinical	£230,000	£230,000	£220,000	£220,000
Switches + Network Cabs	£322,000	£322,000	£50,000	£50,000
Firewalls	£115,000			
Server refresh	£200,000	£172,500	£250,000	£250,000
Desktops, laptops, carts and batteries	£230,000	£230,000	£230,000	£230,000
TOTAL ROLLING REPLACEMENT	£1,269,500	£954,500	£750,000	£750,000
SYSTEM REPLACEMENTS				
Telepath	£1,000,000			
PAS				£5,000,000
TOTAL SYSTEM REPLACEMENTS	£1,000,000	£0	£0	£5,000,000
OTHER				
Video linking		£150,000		
Vendor Neutral archives			£150,000	
Additional Sostenuto licences	£25,000			
Windows 7 upgrades	£120,000			
Symphony upgrade	£45,000			
TOTAL OTHER COSTS	£190,000	£150,000	£150,000	£0
Total estimated cost for I M & T Capital plan	£2,860,000	£1,572,500	£1,157,228	£5,867,228

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th December 2015

Title	Report from Chair of Finance, Investment, Information & Workforce Committee		
Sponsoring Executive Director	Charles Rogers, Chair of Finance, Investment, Information & Workforce Committee		
Author(s)	Charles Rogers, Chair of Finance, Investment, Information & Workforce Committee		
Purpose	To receive the report on the Finance, Investment, Information & Workforce Committee		
Action required by the Board:	Receive	X	Approve
Previously considered by (state date and outcome):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee	24/11/15		
Mental Health Act Scrutiny Committee			
Quality Governance Committee			
Remuneration & Nominations Committee			
Foundation Trust Programme Board			
Turnaround Board			
<i>Please add any other committees below as needed</i>			
Staff, stakeholder, patient and public engagement:			
Not applicable			
Executive Summary:			
<p>The Chair of Finance, Investment, Information & Workforce Committee will report on the following areas as discussed at the meeting held on 24th November 2015.</p> <ul style="list-style-type: none"> • Human Resources – Sickness Levels and Appraisals • Data Quality/Payment by Results (PbR) – Discharge Summary • Financial – Year End Position and CIP plan 2016/17 • Audit & Governance - Board Self Certification • Revision of Terms of Reference • 			
Recommendation to the Trust Board:			
The Board is recommended to receive the report by the Chair of Finance, Investment, Information & Workforce Committee			
Attached Appendices & Background papers			
None			

For following sections – please indicate as appropriate:

Trust Goals & Priorities	Cost Effective, Sustainable Services; Skilled and Capable Staff
Principal Risks (BAF)	Finance, Workforce, Strategy & Planning
Legal implications, regulatory and consultation requirements	
Date: 4 th December 2015	Completed by: Chair of Finance, Investment, Information & Workforce Committee

DRAFT

FINANCE, INVESTMENT, INFORMATION AND WORKFORCE COMMITTEE
MONTHLY ASSURANCE REPORT TO ISLE OF WIGHT TRUST BOARD: 15th
DECEMBER 2015

A workshop has been held with current Finance, Investment, Information and Workforce Committee (FIWIC) members to discuss the future direction of the Committee following the Well-Led Framework Governance Review carried out by Capsticks and completed in August 2015. It was agreed that in addition to its present responsibilities the Committee should also seek assurance in matters relating to Trust Estate responsibilities. It was also agreed that FIWIC needs to operate at a more strategic level.

Organisation of the meeting has been redesigned to follow a Resources Flowchart designed by Executive Director of Financial & Human Resources.

The main purpose of FIWIC is to provide assurance to the Trust Board on the areas that it covers.

This is the first report to the Trust Board from the Committee in its revised form and follows from items discussed at the FIWIC meeting held on 24th November 2015.

1. Human Resources

The Committee has concerns about the content of some Workforce Performance information provided. Increased levels of sickness and below expected levels of appraisal completion are seen by the Committee as proxy indicators of the strength of leadership in parts of the Trust.

Limited Assurance.

2. Data Quality/Pbr

Discharge Summary. At 16th November there were 492 discharge summaries outstanding. The number has held at around 500 since September. The Committee understands that at this stage this has not caused a loss of income but an improvement in delivery will clearly have a positive qualitative impact.

Limited Assurance.

3. Financial

The Trust is currently forecasting a £4.6m deficit at end of year. The Trust end of year forecast outturn at month 7 is currently expected to be:

- Best Case £4.2m deficit
- Most Likely £7.3m deficit
- Worst Case £9.3m deficit

The Cost Improvement Plan (CIP) gap has reduced to £2.4m although risk of achievement remains.

Limited Assurance.

CIP 2016/2017. The target is an 8% saving against budget allocations. To date 103 schemes have been identified with savings of £1.313m. The committee consider far more needs to be done to identify major projects to deliver savings for next year and note that this limited achievement of CIP project identification at this stage of the year will have an effect on current business planning and the requirement to recover the Trust's deficit position.

Negative Assurance.

Cash is of concern and it will be necessary to apply for a loan from the Department of Health before year end.

4. Audit and Governance

The Committee recommend the approval of the Self Certification return as proposed.

5. Other Items

Revised Terms of Reference to reflect the Committee's conclusions will be presented to the Trust Board for approval. The Committee consider that the present membership remains appropriate.

Charles Rogers
Chair, FIWC
26th November 2015

Paper to be considered by Trust Board at the meeting on 15th December 2015

Title	Trust Board Executive Summary – Performance report (Resources)	
Sponsoring Executive Director	Chris Palmer Executive Director of Financial & Human Resources	
Author(s)	Chris Palmer	
Purpose	To provide an overarching executive summary of the various Resources utilised by the Trust. To provide a summary analysis of the position, risks, opportunities, mitigating actions and level of assurance to be gained.	
This report is for:		
Agreement <input type="checkbox"/> Receive for Assurance <input checked="" type="checkbox"/> For information only <input type="checkbox"/>		
Previously considered by (state date):		
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee
Trust Executive Committee	23 rd November 2015	
FIIWC	24 th November 2015	
Consultation with Staff, stakeholder, patient and public engagement:		
Regular discussions at Finance Meetings, Capital Investment Group Meetings, Weekly Challenge Meetings, Contract Monitoring & Service Reviews, TEC, FIIWC and Trust Board.		
Executive Summary & Analysis:		
Provided in the body of the report.		
Level of Assurance provided to the FIIWC by the report:		
Assurance levels contained against each resource element in the attached report. Overall Assurance rating suggested as Limited. Positive Assurance <input type="checkbox"/> Limited Assurance <input checked="" type="checkbox"/> Negative Assurance <input type="checkbox"/>		
Recommendation to the Committee:		
To receive the Executive Summary report and refer to the more detailed reports as required to gain Assurance and oversight of the Resources utilised by the Trust.		
Attached Appendices & Background papers		
Please refer to the relevant reports included in the agenda.		

Key Trust Strategic Context:	To utilise Resources effectively to underpin Quality Care, For Everyone, Everytime
Principal Risks	Supports mitigation of key risks relating to Cost Effective Sustainable Services (Financial Resources) and Skilled & Capable Staff (Human Resources). Underpins and enables mitigation of risks relating to Strategy & Planning, Culture and Quality by effective use of Resources and appropriate Planning.
Legal implications, regulatory and consultation requirements	The Trust must ensure compliance with Statutory Financial Duties, Workforce Related Regulations and Consultation with Staff, Service Users and Stakeholders.
Date: 18 th November 2015 Completed by: Chris Palmer, Executive Director of Financial & Human Resources	

Isle of Wight NHS Trust
Executive Director of Financial & Human Resources
Report to the Trust Board

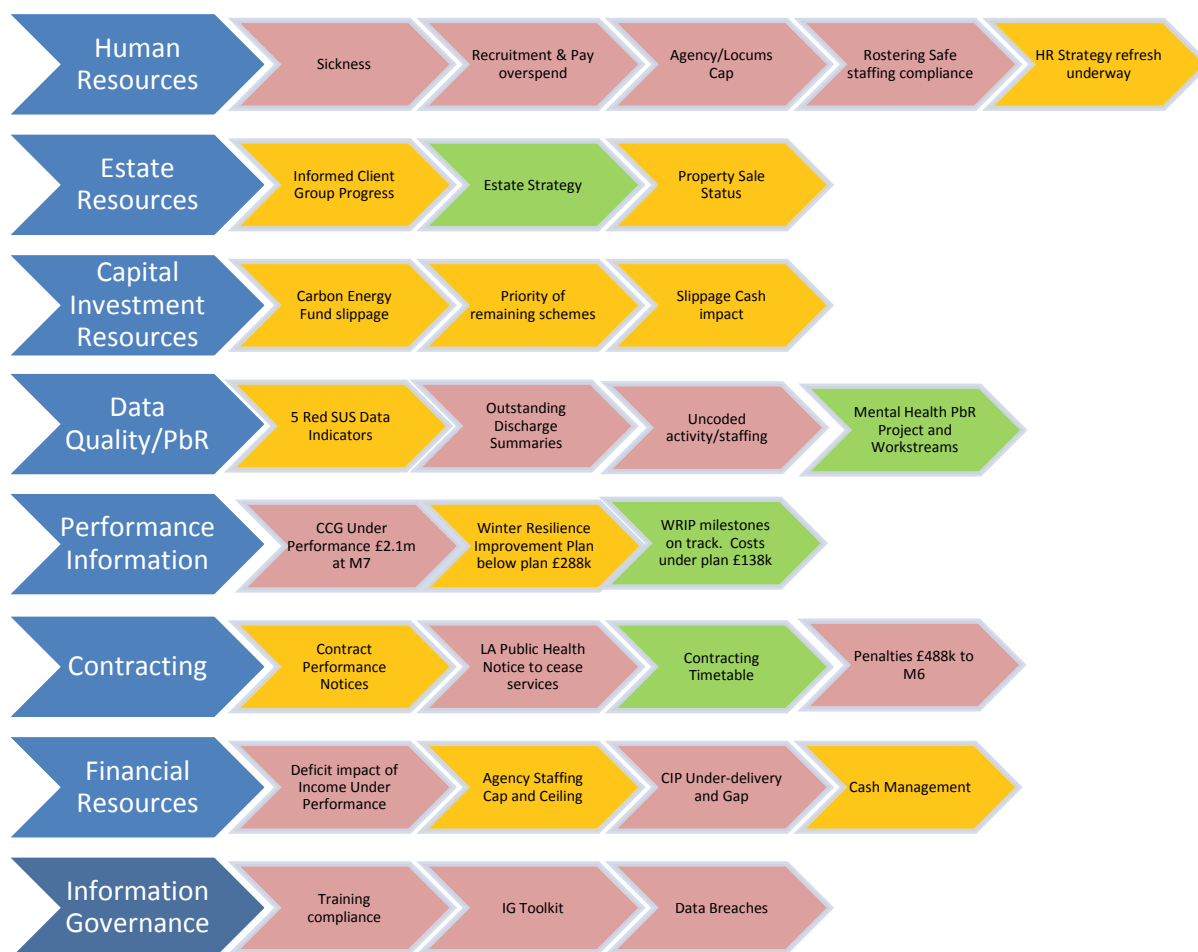
November 2015

PURPOSE OF THE REPORT

To provide an overarching executive summary relating to the various Resources utilised by the Trust. To provide a summary analysis of the status, risks, opportunities, mitigating actions and level of assurance to be gained.

KEY POINTS

Dashboard of Key Points



<p>Commissioning Intentions – Now received from IW CCG and NHS England in accordance with the Contracting Timetable and notice received from Local Authority re Public Health services. Impact of intentions being reviewed for risk and worked into Business Plans for 2016/17. Negotiations will continue with commissioners via the Contracting Process as per the timetable.</p>
<p>Human Resources – Pay Costs in month continue in excess of budget by £231k (£2.6m ytd); Adherence to Agency Cap and Ceiling is being reviewed for associated risks to service delivery and compliance with directive; Sickness rates have increased in month to 4.63% and 4.02% ytd in excess of the 3% target with Anxiety/Stress and Depression remaining the highest factor - internal audit undertaken to identify recommendations where adherence to policy can be improved and to highlight benchmark % of other Trusts (Reasonable Assurance expected). Human Resources Strategy refresh now underway by EDOFHR and team.</p>
<p>Estate Resources – Endoscopy Unit build progressing well, Property Sales relating to Swanmore Road and Gables not yet confirmed. Estate Strategy progressing. Informed Client Group progress is focused on Space Utilisation and Clinical Strategy refresh.</p>
<p>Capital Investment Resources – Committed schemes progressing well and expected to complete within planned timescales; Carbon Energy Fund scheme slippage agreed into 2016/17, Balance of remaining schemes reviewed and confirmed as unavoidable due to risk although timing of completion and payment of costs being reviewed to assist cash flow.</p>
<p>Data Quality/PbR – Mental Health PbR Project Group and Workstreams established and progressing to inform shadow tariff in 2016/17. Red rated data indicators have been reviewed and no major concerns to report. Outstanding discharge summaries 492. Detail by consultant being shared weekly to facilitate improvement. Staffing in clinical coding causing delay in coding – all options being pursued to mitigate.</p>
<p>Performance Information – Activity Under- Performance of £2.1m as at Month 7 due to Black Alert impacting on Income; Winter Resilience Improvement Plan agreed at Board and commenced Month 7 to recover under-performance and improve achievement against required NHS Constitutional targets.</p>
<p>Contracting – Value of penalties £488k at M6 of concern and impacting on financial plan; Contract Performance Notices received for NHS Constitutional targets, EC 4 hour standard and Incomplete RTT; Notice received from Local Authority for some Public Health services from 2016/17. Contracting timetable for 2016/17 now underway.</p>
<p>Financial Resources – In month deficit of £267k in excess of plan by £346k; Year to date deficit of £6.2m against plan of £2.06m deficit. Risk to year end Deficit of £4.6m due to Winter Resilience Improvement Plan costs (expected to be £1.8m) and remaining CIP gap of £2.4m (reduced by £600k in month); Cash risk mitigation being pursued with TDA and DH including formal application for Interim Working Capital Facility Loan £2.3m</p>
<p>Information Governance – Communication has been increased to pursue completion of IG training throughout the organisation and therefore support compliance by end of March 2016.</p>

IMPACT ON GOALS and PRIORITIES: QUALITY/PERFORMANCE/FINANCE

The continued difficulty in securing appropriate Human Resources, both medical staff and Nursing staff has to be carefully managed to mitigate risk to the quality of service delivery, in addition to ensuring this is undertaken within the financial resources agreed. Whilst trying to ensure adherence to National directions in terms of Agency Cap and Ceiling, our ability to continue to deliver patient care and support the Winter Resilience Improvement Plan has to be managed. Discussions are underway with the TDA to try and facilitate exclusion of these costs from the calculations.

The requirement to review the continuation of the remaining capital schemes could potentially detrimentally impact on the quality of services. Quality Impact Assessments have therefore been completed and decisions taken to continue with schemes to mitigate any detrimental impact on Quality or Risk to patients and service provision.

CIP schemes continue to be subject to Quality Impact Assessment reviews, led by the Executive Director of Nursing and Executive Medical Director. These aim to mitigate the potential of schemes being undertaken which are detrimental to patient safety and quality.

Performance against the key national targets is being pursued and improved through the impact of the Winter Resilience Improvement Plan.

Isle of Wight NHS Trust Board Performance Report 2015/16

October 15

Title	Isle of Wight NHS Trust Board Performance Report 2015/16		
Sponsoring Executive Director	Chris Palmer (Executive Director of Financial & Human Resources) Tel: 534462 email: Chris.Palmer@iow.nhs.uk		
Author(s)	Iain Hendey (Deputy Director of Information) 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	25/11/2015
Finance, Information, Investment & Workforce Committee	24/11/2015	Remuneration Committee	
Foundation Trust Programme Board			
<i>Please add any other committees below as needed</i>			
<i>Other (please state)</i>			
Staff, stakeholder, patient and public engagement:			
Executive Summary:			
This paper sets out the key performance indicators by which the Trust is measuring its performance in 2015/16. A more detailed executive summary of this report is set out on page 4.			
<i>For following sections – please indicate as appropriate:</i>			
Trust Goal (see key)	Quality, Resilience, Productivity & Workforce		
Critical Success Factors (see key)	CSF1, CSF2, CSF6, CSF7, CSF9		
Principal Risks (please enter applicable BAF references – eg 1.1; 1.6)			
Assurance Level (shown on BAF)	<input type="checkbox"/> Red	<input type="checkbox"/> Amber	<input type="checkbox"/> Green
Legal implications, regulatory and consultation requirements	None		
Date: Tuesday 24th November 2015			
Completed by: Iain Hendey, Deputy Director of Information			

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

GRR Ref	Safe					Effective					Caring										
	Area	Annual Target	Actual Performance	YTD	Month Trend	Sparkline / Forecast	Area	Annual Target	Actual Performance	YTD	Month Trend	Sparkline / Forecast	Area	Annual Target	Actual Performance	YTD	Month Trend	Sparkline / Forecast			
	Patients that develop a grade 4 pressure ulcer						Summary Hospital-level Mortality Indicator (SHMI) Apr-14 - Mar-15						Patient Satisfaction (Friends & Family test - Total response rate)								
	Patients that develop an ungraded pressure ulcer						Stroke patients (90% of stay on Stroke Unit)						Patient Satisfaction (Friends & Family test - A&E response rate)								
	Reduction across all grades of pressure ulcers (25% on 2014/15 Acute baseline, 50% Community)						High risk TIA fully investigated & treated within 24 hours (National 60%)						Mixed Sex Accommodation Breaches								
	VTE (Assessment for risk of)						Cancelled Operations on/after day of admission						Formal Complaints								
	MRSA (confirmed MRSA bacteraemia)						Cancelled operations on/after day of admission (not rebooked within 28 days) - including those not rebooked at the time of reporting						Compliments received								
	C.Diff (confirmed Clostridium Difficile infection - stretched target)						Delayed Transfer of Care (lost bed days)														
	Clinical Incidents (Major) resulting in harm (all reported, actual & potential, includes falls & PU G4)						Number of Ambulance Handover Delays between 1-2 hours														
	Clinical Incidents (Catastrophic) resulting in harm (actual only - as confirmed by investigation)						Theatre utilisation														
	Falls - resulting in significant injury						New Cases of Psychosis by Early Intervention Team														
Responsive					Well-Led					Notes											
1	RTT:% of admitted patients who waited 18 weeks or less - loW CCG	AC	90%	58%	Oct-15	62%		Total Workforce (inc flexible working) (FTE's)	TW	2609.91	2,790.6	Oct-15	N/A	N/A		Delivering or exceeding Target				Improvement on previous month	
2	RTT: % of non-admitted patients who waited 18 weeks or less - loW CCG	AC	95%	94%	Oct-15	95%		Total pay costs (inc flexible working) (£000)	TW	£9,468	£9,729	Oct-15	£66,923	£69,544		Underachieving Target				No change to previous month	
3	RTT % of incomplete pathways within 18 weeks - loW CCG	AC	92%	89%	Oct-15	93%		Total workforce SIP (FTEs)	TW	2496.63	2,628.9	Oct-15	N/A	N/A		Failing Target				Deterioration on previous month	
	RTT:% of admitted patients who waited 18 weeks or less - NHS England	AC	90%	70%	Oct-15	72%		Staff in Post (£000)	TW	£8,859	£8,870	Oct-15	£63,114	£63,543							
	RTT: % of non-admitted patients who waited 18 weeks or less - NHS England	AC	95%	82%	Oct-15	84%		Variable Hours (FTE)	TW	113.3	161.6	Oct-15	870.3	1,117							
	RTT % of incomplete pathways within 18 weeks - NHS England	AC	92%	90%	Oct-15	91%		Variable Hours (£000)	TW	£609	£859	Oct-15	£3,809	£6,001							
	Zero tolerance RTT waits over 52 weeks (Incomplete Return)	AC	0	0	Oct-15	3		Staff sickness absences	TW	3%	4.63%	Oct-15	3%	4.02%							
8b	Symptomatic Breast Referrals Seen <2 weeks*	AC	93%	98.7%	Oct-15	98.3%		Staff Turnover	TW	5%	0.79%	Oct-15	5%	5.02%		<div>Key to Area Code</div> <div>TW = Trust Wide</div> <div>AC = Acute</div> <div>AM = Ambulance</div> <div>CM = Community Healthcare</div> <div>MH = Mental Health</div>					
6b	Cancer patients seen <14 days after urgent GP referral*	AC	93%	95.4%	Oct-15	96.7%		Achievement of financial plan	TW	N/A	£0.3m	Oct-15	(£4.6m)	(£6.2m)							
6a	Cancer Patients receiving subsequent Chemo/Drug <31 days*	AC	98%	100%	Oct-15	100%		Underlying performance	TW	N/A	N/A	Oct-15	(£8.3m)	(£10.8m)							
5a	Cancer Patients receiving subsequent surgery <31 days*	AC	94%	100%	Oct-15	100%		Liquidity ratio days	TW	N/A	N/A	Oct-15	1	1							
	Cancer diagnosis to treatment <31 days*	AC	96%	100.0%	Oct-15	99.0%		Capital Servicing Capacity (times)	TW	N/A	N/A	Oct-15	2	1							
7	Cancer Patients treated after screening referral <62 days*	AC	90%	83%	Oct-15	96.9%		Overall Continuity of Services Risk Rating	TW	N/A	N/A	Oct-15	2	1					<div>Sparkline graphs are included to present the trends over time for Key Performance Indicators</div>		
5b	Cancer Patients treated after consultant upgrade <62 days*	AC	No measured operational standard	No patients	Oct-15	33%		Capital Expenditure as a % of YTD plan	TW	N/A	N/A	Oct-15	=>75%	50%							
8a	Cancer urgent referral to treatment <62 days*	AC	85%	75.0%	Oct-15	82.9%		Quarter end cash balance (days of operating expenses)	TW	N/A	N/A	Oct-15	=>10	10							
	No. Patients waiting > 6 weeks for diagnostics	AC	<100	3	Oct-15	47		Debtors over 90 days as a % of total debtor balance	TW	N/A	N/A	Oct-15	=<5%	4.9%							
	% Patients waiting > 6 weeks for diagnostics	AC	<1%	0.3%	Oct-15	0.7%		Creditors over 90 days as a % of total creditor balance	TW	N/A	N/A	Oct-15	=<5%	1.9%							
4	Emergency Care 4 hour Standards	AC	95%	87%	Oct-15	90%		Recurring CIP savings achieved	TW	N/A	N/A	Oct-15	100%	27.9%							
	Number of patients who have waited over 12 hours in A&E from decision to admit to admission	AC	0	2	Oct-15	28		Total CIP savings achieved	TW	N/A	N/A	Oct-15	100%	63.1%							
12	Ambulance Category A Calls % < 8 minutes	AM	75%	76%	Oct-15	74%															
13	Ambulance Category A Calls % < 19 minutes	AM	95%	96%	Oct-15	95%															
9a	% of CPA patients receiving FU contact within 7 days of discharge	MH	95%	96%	Oct-15	96%															
9b	% of CPA patients having formal review within last 12 months	MH	95%	98.1%	Oct-15	N/A															
10	% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	MH	95%	94.6%	Oct-15	94.9%															
*Cancer figures for October are provisional.																					

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Isle of Wight NHS Trust Board Performance Report 2015/16

October 15

Executive Summary

Safe:

Pressure ulcers: We are currently behind trajectory to reduce all grade pressure ulcers. The Pressure Ulcer report now separates out Ungradable pressure ulcers as a distinct reporting line so that it is clear that these ulcers (which were previously counted as grade 4s) have not yet been assigned a grade and do not automatically mean that this is an incident that has resulted in patient harm. A range of additional measures are being taken with the Pressure ulcer collaborative group overseeing these.

C.diff: there have been 3 further cases during October. We have had 17 cases year to date and our annual target is 7 cases. BioQuell cleaning complete wards by rotation has started and is expected to reduce the number of future cases.

During October there was 1 case of MRSA within the Trust - the first case during this financial year.

Responsive:

Performance against the main 'incomplete' 18wks target was below the required 92% standard due to the high backlog of patients waiting more than 18wks for their treatment.

The Ambulance Service passed all targets. The Ambulance Service passed all targets for the 2nd month in a row. The Service moved to a front loaded model to continue the recovery of the targets for October 2015. We have also continued to implement a number of new first responder schemes which are having an impact upon our ability to achieve. The new CAD implementation project is going well and we hope to see the benefits in Nov/early Dec. We are still seeing some delays in the ED area; however this has shown signs of improvement.

The Emergency Care 4 hours standard was not achieved in October due to ongoing system wide pressures impacting upon flow and bed capacity. The action plan is in place and has been shared with the CCG and TDA, alongside the system resilience winter plan.

The percentage of Mental Health admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs) was below target (94.6% vs. 95%).

Well Led:

The trust as a whole has overspent its pay budget in month (Including reserve entries), by £261k in month and £2.62m year to date. Spending on temporary staffing equated to £859k in month and represents a total cost in year of £6.0m. Trust Headcount at the end of October 15: 3080

The Trust planned for a surplus of £0.079m in October, after adjustments made for normalising items (these include the net costs associated with donated assets).
The reported position is a deficit of £0.267m in the month, an adverse variance of £0.346m against plan.

The cumulative Trust plan was a deficit of £2.060m, after normalising items. The actual position is a cumulative deficit of £6.211m, an adverse variance of £4.151m.

The main variance in month related to under performance against the CCG PbR Contract of £0.382m (£2.146m year to date). In addition to this, there is a £0.160m variance (£0.362m year to date) relating to a phasing issue on the CCG SLA Acute Contract, which will reduce to zero by the end of the financial year.
A benefit of £353k was also realised in month following a balance sheet review. This area will be pursued further during November with a detailed review and analysis aimed at identifying additional financial benefits.

The Trusts planned forecast out-turn deficit has remained at £4.6m with increased risk due to implementation of the system resilience improvement plan. Current directorate performances increases the risk further of delivering this, although efforts are being made to achieve this and contribute to the stretch target. It is actively being managed through performance reviews, monthly finance deep dive meetings for all directorates, Executive Panel scrutiny review of all recruitment requests, and weekly challenge meetings in Hospital & Ambulance Directorate on CIP and budget delivery involving all business managers.

Caring:

The number of complaints increased during October (25) compared to 19 the previous month.

Compliments, in the form of letters and cards of thanks, were lower in October.

Mixed Sex Accommodation - There were 4 mixed sex accommodation breaches during October in a single incident that occurred on CCU. The situation was rectified within 48 hours. Information was given to patients and consent sought, and privacy and dignity maintained through use of screening off patients with curtains.

Effective:

The percentage utilisation of Main Theatre facilities has increased since last month slightly from 66.7% to 67.5% and remains below the 83% target. Day Surgery Unit utilisation has increased during October 2015 (78.4%). Overall we have achieved 72.4% against the 83% target. System wide pressures have continued to impact upon elective bed capacity, leading to a significant reduction in inpatient operations, increasing day case procedures on all lists as the day surgery unit is the only available elective capacity.











During October there were 5 Cancelled operations on/after day of admission not rebooked within 28 days.




Isle of Wight NHS Trust Board Performance Report 2015/16
















October 15




Performance Summary - Hospital










Balanced Scorecard - Hospital




Safe 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Grade 1&2 Pressure Ulcers developing in hospital	Oct-15		34		157	
No. of Grade 3&4 Pressure Ulcers developing in hospital	Oct-15		0		5	
Ungradable Pressure Ulcers - not yet assigned	Oct-15		12		28	
VTE	Oct-15	95%	99.1%	95%	99.2%	
MRSA	Oct-15	0	1	0	1	
C.Diff	Oct-15		2	4	11	
No. of Reported SIRS	Oct-15		4		18	
Physical Assaults against staff	Oct-15		1		16	
Verbal abuse/threats against staff	Oct-15		12		50	

Effective 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Delayed Transfers of Care (lost bed days)	Oct-15	N/A	310	N/A	1,787	
Cancelled operations on/after day of admission (not rebooked within 28 days) - including those not rebooked at the time of reporting	Oct-15	0	5	0	22	

Responsive* 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Emergency Care 4 hour Standards	Oct-15	95%	87.3%	95%	89.7%	
RTT Admitted - % within 18 Weeks (NHS England included)	Oct-15	90%	59.9%	90%	63.4%	
RTT Non Admitted - % within 18 Weeks (NHS England included)	Oct-15	95%	92.5%	95%	93.9%	
RTT Incomplete - % within 18 Weeks (NHS England included)	Oct-15	92%	89.0%	92%	92.1%	
No. Patients waiting > 6 weeks for diagnostics	Oct-15	< 8	3	100	47	
% Patients waiting > 6 weeks for diagnostics	Oct-15	1%	0.29%	1%	0.67%	
Cancer 2 wk GP referral to 1st OP	Oct-15	93%	95.4%	93%	96.7%	
Breast Symptoms 2 wk GP referral to 1st OP	Oct-15	93%	98.7%	93%	98.3%	
31 day second or subsequent (surgery)	Oct-15	94%	100%	94%	100%	
31 day second or subsequent (drug)	Oct-15	98%	100%	98%	100%	
31 day diagnosis to treatment for all cancers	Oct-15	96%	100%	96%	99%	
62 day referral to treatment from screening	Oct-15	90%	83%	90%	97%	
62 days urgent referral to treatment of all cancers	Oct-15	85%	75.0%	85%	82.9%	
Emergency 30 day Readmissions	Oct-15		3.2%		4.0%	

Well-Led 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% Sickness Absenteeism	Oct-15	3%	4.19%	3%	3.67%	
Appraisals	Oct-15		2.0%		25.0%	

Caring 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
FFT Hospital - % Response Rate	Oct-15		37.9%		42.2%	
FFT Hospital - % Recommending	Oct-15	90%	98.6%	90%	96.9%	
FFT A&E - % Response Rate	Oct-15		10.5%		11.2%	
FFT A&E - % Recommending	Oct-15	90%	89.3%	90%	92.4%	
Mixed Sex Accommodation Breaches	Oct-15	0	4	0	59	
No. of Complaints	Oct-15		19		121	
No. of Concerns	Oct-15		74		505	
No. of Compliments	Oct-15	N/A	101	N/A	1412	

Contracted Activity**	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Emergency Spells	Sep-15	1,139	1,034	13,231	6,231	
Elective Spells	Sep-15	716	558	8,588	3,406	
Outpatients Attendances	Sep-15	9,448	10,110	113,378	57,010	

*Cancer figures for October 2015 are provisional

**The Acute Service Level Agreement performance reports a month behind, therefore figures are from September 15.

Emergency Care 4hr standard - The 95% target was not achieved due to the ongoing increased pressure on bed availability. A robust system wide action plan, agreed with the CCG and TDA, is now in place with the aim of improving performance month by month until achieving from February 2016.

RTT performance - The admitted and non admitted targets underperformed due to bed capacity issues; action plans and revised forecasts are in place to address this.

Cancer targets - The 62 day cancer targets were not achieved in October due to higher than normal number of breaches incurred; RCAs are undertaken into each breach and actions implemented to ensure lessons learned are acted upon.










Cancelled operations not rebooked within 28 days - there were 5 operations cancelled and not rebooked within 28days due to system wide pressures.

Sickness absenteeism - This rate has increased slightly since last month and those areas with high sickness levels continue to be actively monitored by the individual managers with HR colleagues, with specific sickness management actions being undertaken as required on an individual basis.

Friends and Family Test - The key cause for concern relates to the waiting time in the department; the feedback, and all the other comments received have been fed back to the service for review.

Mixed Sex Accommodation Breaches - One event impacting upon 4 patients led to these mixed sex breaches; privacy and dignity was maintained during this period.

Balanced Scorecard - Community

Safe 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Grade 1&2 Pressure Ulcers developing in the community	Oct-15		22		182	
No. of Grade 3&4 Pressure Ulcers developing in the community	Oct-15		0		11	
Ungradable Pressure Ulcers - not yet assigned	Oct-15		13		29	
MRSA	Oct-15	0	0	0	0	
C.Diff	Oct-15		1	2	6	
No. of Reported SRI's	Oct-15		2		7	
Physical Assaults against staff	Oct-15		0		0	
Verbal abuse/threats against staff	Oct-15		2		14	

Responsive 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Routine Waiting times	Sep-15		97.2%		97%	

Contracted Activity	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Community Contacts Services with a Plan	Sep-15	17,171	16,967	103,026	102,620	
Community Contacts Services without a Plan	Sep-15	-	319	-	2,388	
Sexual Health	Sep-15	885	949	5,074	5,587	
Other Outpatients	Sep-15	570	803	2,177	2,057	

Safe - Reduction in number of Grade 3&4 Pressure Ulcers developing in the community. Grade 2's are now being clustered by the DN Teams to try to identify any themes/trends which could potentially see them developing into 3 & 4's. With the implementation of the SSKIN bundle, work is ongoing with these to try to reduce the numbers of pressure injuries obtained in other care settings. No new MRSA cases in September 2015. 1 new C.Diff case on the General Rehabilitation Unit in October 2015. This was non-SIRI reportable. All appropriate actions have been taken. 2 SIRIs reported in October 2015.




Responsive - As the Directorate has many diverse services we have given a percentage of patients waiting less than their service maximum waiting time - 97.2% in September 2015 and 97% YTD. Those services regularly breaching targets are monitored with our Commissioners on a monthly basis.


Contracted Activity - Community Services are overperforming against their block contract. Demand and capacity is closely monitored particularly around community nursing and therapy services.





Effective - Stroke patients (90% of stay on stroke unit) above target. High risk TIA fully investigated & treated within 24 hours continue to be maintained and performing above target.

Well Led - Community October sickness rate is 5.62%, 4.47% YTD which is over the Trust's 3% target. Reduction in short term sickness remains a key focus for the Directorate. This is being closely managed via Occupational Health and HR processes. A deep dive into sickness absence has taken place and staff with Bradford scores of 500+ have been identified. Action Plans are in place.

Caring - Community's Friends and Family recommending percentage for September is 87.9% against a target of 90%. Response rates will be re-targeted once services allocated to new Clinical Business Units and areas with recommendation rates below 90% target reviewed. Complaints, concerns and compliments are monitored closely and lessons learned shared through the Directorate Board, Community Quality Group and with the wider Directorate.

Effective 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Stroke patients (90% of stay on Stroke Unit)	Oct-15	80%	83.3%	80%	86.5%	
High risk TIA fully investigated & treated within 24 hours (National 60%)	Oct-15	60%	88.9%	60%	69.1%	

Well-Led 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% Sickness Absenteeism - C Directorate	Oct-15	3%	5.62%	3%	4.47%	
Appraisals	Oct-15		1.4%		29.4%	

Caring 	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
FFT - % Response Rate	Oct-15		4.0%		4.0%	
FFT - % Recommending	Oct-15	90%	87.9%	90%	93.3%	
No. of Complaints	Oct-15		6		13	
No. of Concerns	Oct-15		10		59	
No. of Compliments	Oct-15	N/A	99	N/A	500	

Isle of Wight NHS Trust Board Performance Report 2015/16

October 15

Performance Summary - Mental Health

Balanced Scorecard - Mental Health

Safe	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Reported SRI's	Oct-15		0		3	
Physical Assaults against staff	Oct-15		7		51	
Verbal abuse/threats against staff	Oct-15		16		66	

Effective	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
IAPT – Proportion of people who have completed treatment and moving to recovery	Oct-15	50%	46%	50%	47%	
New Cases of Psychosis by Early Intervention Team	Oct-15	2	1	11	16	

Responsive	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% of CPA patients receiving FU contact within 7 days of discharge	Oct-15	95%	96%	95%	95.6%	
% of CPA patients having formal review within 12 months	Oct-15	95%	98%	95%	96%	
% of MH admissions that had access to Crisis Resolution / Home Treatment Teams (HTTs)	Oct-15	95%	94.6%	95%	95%	
RTT Non Admitted - % within 18 Weeks	Oct-15	95%	99%	95%	99%	
RTT Incomplete - % within 18 Weeks	Oct-15	92%	100%	92%	99%	

Well-Led	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% Sickness Absenteeism	Oct-15	3%	4.92%	3%	4.99%	
Appraisals	Oct-15		2.3%		30.9%	

Activity	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Mental Health Inpatient Activity	Oct-15	N/A	51	N/A	343	
Mental Health Outpatient Activity	Oct-15	N/A	512	N/A	3,600	

Caring	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Complaints	Oct-15		0		9	
No. of Concerns	Oct-15		0		24	
No. of Compliments	Oct-15	N/A	6	N/A	70	
FFT - % Response Rate	Oct-15		0.4%		0.3%	
FFT - % Recommending	Oct-15	90%	93%	90%	86%	

Mental Health RTT

Learning Disabilities – Learning Disability Consultant Led activity . All referrals into service are screened by Multi-Disciplinary Team and if appropriate will be passed to consultant for initial assessment. 18 weeks module is implemented for all Consultant Led activity and RTT waiting times can be reported separately against each LD and ADHD referrals.

Adult Mental Health – All referrals into service are screened by Multi-Disciplinary Team and some patients are identified as requiring initial assessment at consultant led out-patient clinic. 18 weeks pathways are implemented for all patients identified as appropriate for Consultant-led Psychiatrist assessment.

Older Persons Mental Health – All new patients referred to Memory Service are seen in Consultant-led out-patient clinic for assessment, diagnosis and treatment if appropriate. 18 weeks pathway implemented for all new referrals.

CAMHS - All referrals into service are screened by MDT and patient may be identified as requiring initial assessment at consultant led out-patient clinic. 18 weeks pathway implemented for patients identified as appropriate for Consultant-led Psychiatrist assessment.

Safe - 0 SRI reported in October 2015. Incidences of physical/verbal assault are monitored on a monthly basis through the Mental Health Quality Group. Any identified trends are investigated and lessons learned shared with the service and the wider directorate.

Responsive - Annual performance is on target with regards to CPA patients having a 7 day follow up after discharge and a formal review within 12 months. Number of admissions that had access to CRHT has slipped slightly in month but we are achieving YTD target. The redesign of CMHS and implementation of a Single Point of Access within CRHT at Sevenacres will support improved performance against this indicator.

Activity - Mental Health/Learning Disabilities is currently funded on a block contract. We are in the process of working towards payment by results (PBR) and cluster based activity. Cluster activity reports are currently under development.

Well Led -The Mental Health sickness absence rate has increased in October and is above the Trust's target of 3%. Sickness absence rates are due to increased short term sickness together with long term sickness. Reduction in short term sickness remains a key focus for the Business Unit. All sickness absence is being closely managed via Occupational Health and HR processes. A deep dive into sickness absence has taken place and staff with Bradford scores of 500+ have been identified. Action Plans are being put in place.

Effective - IAPT - 50% Target for the proportion of people who have completed treatment and moving to recovery was not met for October 2015, but is improving and we are expecting to meet the Year end target. This is being closely monitored.

Caring - Complaints, concerns and compliments are monitored closely and lessons learned shared through the Directorate Board, MH Quality Group and with the wider Directorate. The Friends and Family recommending percentage for October is 93% against a target of 90%. This will change from the 1st November 2015 as monitoring will be via the business units and the SEE committee.

Isle of Wight NHS Trust Board Performance Report 2015/16

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Performance Summary - Ambulance and 111

Balanced Scorecard - Ambulance & 111

Safe	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Reported SIRI's	Oct-15		0		2	
Physical Assaults against staff	Oct-15		0		0	
Verbal abuse/threats against staff	Oct-15		0		3	

Responsive	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Category A 8 Minute Response Time (Red 1)	Oct-15	75%	79.5%	75%	73.5%	
Category A 8 Minute Response Time (Red 2)	Oct-15	75%	75.4%	75%	74.4%	
Category A 19 Minute Response Time	Oct-15	95%	96.4%	95%	94.7%	
Ambulance re-contact rate following discharge from care by telephone	Oct-15	3%	6.0%	3%	6.5%	
Ambulance re-contact rate following discharge from care at scene	Oct-15	2%	3.5%	2%	3.2%	
Ambulance time to answer call (in seconds) - median	Oct-15	1	1	N/A	N/A	
Ambulance time to answer call (in seconds) - 95th percentile	Oct-15	5	1	N/A	N/A	
Ambulance time to answer call (in seconds) - 99th percentile	Oct-15	14	6	N/A	N/A	
NHS 111 Call abandoned rate	Oct-15	5%	2.0%	5%	1.8%	
NHS 111 All calls to be answered within 60 seconds of the end of the introductory message	Oct-15	95%	96.4%	95%	96.6%	
NHS 111 Where disposition indicates need to pass call to Clinical Advisor this should be achieved by 'Warm Transfer'	Oct-15	95%	97.4%	95%	97.5%	
NHS 111 Where the above is not achieved callers should be called back within 10 mins	Oct-15	100%	26.3%	100%	38.3%	

Contracted Activity	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Calls Answered	Sep-15	2,321	2,185	14,706	13,830	
Hear & Treat / Refer	Sep-15	356	456	2,253	2,622	
See & Treat / Refer	Sep-15	511	447	3,236	2,904	
See, Treat and Convey	Sep-15	1,156	1,123	7,325	7,117	
111 Service	Sep-15	4,227	4,083	28,168	27,635	

Effective	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
Number of Ambulance Handover Delays between 1-2 hours	Oct-15		25		97	

Well-Led	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
% Sickness Absenteeism	Oct-15	3%	7.28%	3%	5.49%	
Appraisals	Oct-15		5.1%		23.0%	

Caring	Latest data	In month		YTD		Sparkline / Forecast
		Target	Actual	Target	Actual	
No. of Complaints	Oct-15		0		1	
No. of Concerns	Oct-15		0		10	
No. of Compliments	Oct-15	N/A	5	N/A	50	

The Ambulance Service passed all targets for the 2nd month in a row. The Service moved to a front loaded model to continue the recovery of the targets for October 2015. We have also continued to implement a number of new first responder schemes which are having an impact upon our ability to achieve. The new CAD implementation project is going well and we hope to see the benefits in Nov/early Dec. We are still seeing some delays in the ED area; however this has shown signs of improvement. We are also seeking to implement a new handover process to gain efficiencies in this area. Due to operational pressures at this time of year, we do continue to struggle to fit in appraisals etc. We hope to recover these in the future months, as we place great value on achieving these targets. Our sickness rates are still at 7.28% which in national comparison is 2-3% lower than other ambulance services.

The 111 Service continues to deliver the best in the country service and is greatly valued by the good user feedback.

Highlights

- 90% of stay on Stroke Unit and High Risk TIA fully investigated & treated within 24 hours above target both in month and year to date
- Ambulance Category A Red 1 and Red 2 calls response time <8 minutes and <19 minutes above target
- Mental Health CPA targets achieved
- % Patients waiting < 6 weeks for diagnostics achieving the target

Lowlights

- Clostridium Difficile (C.Diff) - 17 cases year to date against the plan of 7
- Referral ToTreatment Time - % Incomplete pathways below 92% target
- Staff sickness remains above plan
- Emergency care 4 hour standard remains below target
- Cancer - urgent referral to treatment <62 days and patients treated after screening referral <62 days below target
- Mixed Sex Accommodation below target with 4 breaches in October and 59 breaches year to date
- Workforce costs are in excess of plan
- We had the first case of MRSA this financial year during October
- Financial Position remains a challenge

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 also contribute to the Safety Thermometer and are included within the clinical incident reporting, where any change is also reflected.

Hospital: The Pressure ulcer collaborative continues operate a weekly review of all pressure ulcers that occur in the IW NHS care. This has focussed further attention on this issue and raised awareness and ownership in the directorates. Whilst there has been a rise in the overall reporting, this has been in the area of grade 1 and 2 pressure ulcers mainly. Only two grade 3 pressure ulcers have been reported in the hospital setting since these weekly reviews, and no grade 4 pressure ulcers. There are a number of ungradable pressure ulcers that are still under review, and these will revert to zero once assigned correctly.

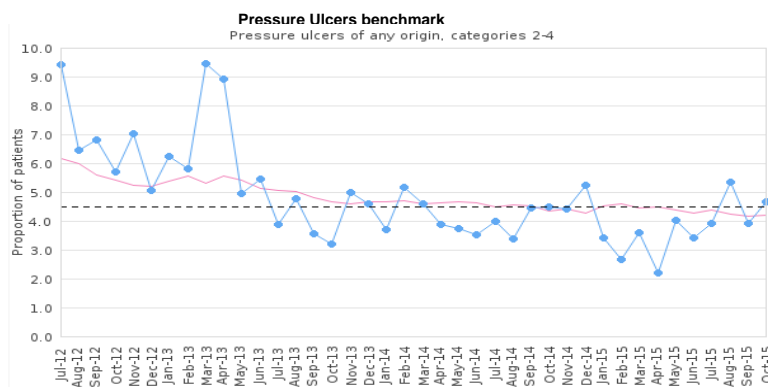
Community: Pressure ulcer development contributes to clinical incident numbers and the higher grades contribute to the numbers of Serious Incidents Requiring Investigation. (SIRIs).

The Clinical Directorates took full responsibility for the management of pressure ulcer incidents in June including approval status and checking for duplicates. This is a move away from overall final responsibility for pressure ulcers incidents sitting with the Nutrition and Tissue Viability Service. Increased awareness is continuing to lead to increased numbers being reported.

The Pressure Ulcer collaborative is also looking at the community and in this setting only two grade 3 pressure ulcers and 1 grade 4 pressure ulcer have been reported during the last 13 weeks. The trend overall is encouraging, and the reviews are now focussing on the root cause analysis and cluster review of grade 2 pressure ulcers as the Trust has set itself the target of reducing the occurrence of this grade of pressure ulcers by 50% in the next year.

The report now separates out Ungradable pressure ulcers as a distinct reporting line so that it is clear that these ulcers (which were previously counted as grade 4s) have not yet been assigned a grade and do not automatically mean that this is an incident that has resulted in patient harm.

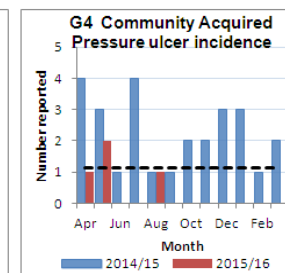
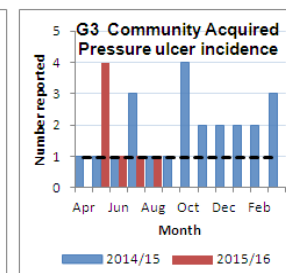
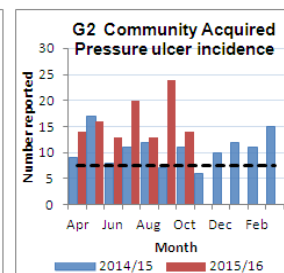
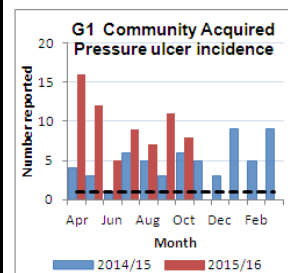
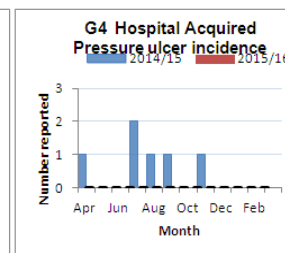
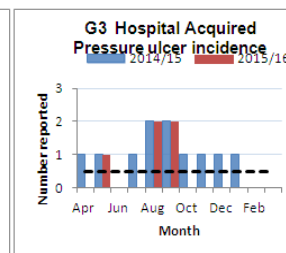
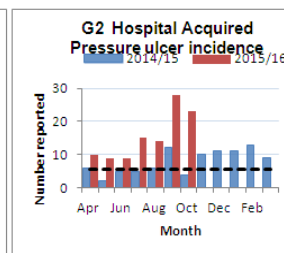
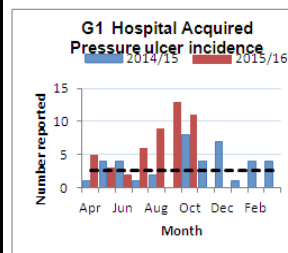
Level 3/4 pressure ulcers are likely to reduce on validation.



The graph shows improving trend. In July the Trust has been below the national average.

Analysis:

Quality Account Priority 2 & National Safety Thermometer CQUIN schemes Prevention & Management of Pressure Ulcers



Action Plan:

- Trust wide Pressure Ulcer Prevention Group continues to meet. .
- Deep dives for each directorate going ahead to look at why expected reductions were not achieved last year.
- Action plans for pressure ulcer reduction have been reviewed and are being amalgamated into a single master plan for coming year.
- Local monthly Tissue Viability and MUST audits are being established by Tissue Viability Service.
- Pressure Ulcer Reporting has been handed to Matrons and Locality leads to supervise to develop local ownership of reporting and understanding the scale of the issue.
- Work is also ongoing to identify where patients are admitted from their home address who have been receiving non NHS care assistance.

Person Responsible:

Clinical directorate leads and Tissue Viability Nurse Specialist

Date:

Oct-15

Status:

Ongoing

Commentary:

Clostridium difficile

There have been 3 cases of Healthcare acquired Clostridium Difficile identified in the Trust during October. This takes our YTD total to 17 cases across 11 patients. Some patients at risk have developed multiple active episodes which may be identified either during a single long admission or across several shorter admissions.

Work continues to raise awareness and highlight actions, including intranet and poster campaigns regarding bowel management with action plans for rapid isolation of suspected cases. The reconfigured Medical Assessment Unit is now in use with increased access to isolation facilities for suspected cases although bed pressures continue to present challenges. Several wards have now undergone the specialist 'BioQuell' intensive cleaning (BioQuell is a gas 'fogging' system used after surface cleansing).

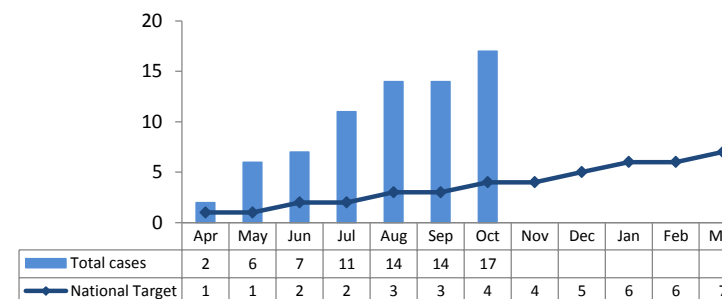
Methicillin-resistant Staphylococcus Aureus (MRSA)

There has been one case of Healthcare acquired MRSA identified in the Trust during October 2015.

Analysis:

Clostridium Difficile infections against national and local targets

Isle of Wight NHS Trust C. Difficile cases (Cumulative)



Isle of Wight NHS Trust

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

Action Plan:

Continued increased education regarding timely sampling of loose stool events and isolation

Person Responsible:

Infection Prevention & Control team with Communications

Date:

Nov-15

Status:

Continuing

Use of increased isolation facilities in reconfigured & refurbished MAAU

Infection Prevention & Control team / Hotel services

Nov-15

Continuing

Use of BioQuell gas fogging intensive cleaning following surface cleaning between patients where isolation has been in place.

Infection Prevention & Control team / Hotel services

Nov-15

Continuing

Commentary:

There were 25 formal Trust complaints received in October 2015 (19 in the previous month) against approximately 52,640 patient contacts (Inpatient episodes, all outpatient, A&E attendances and community and Mental Health contacts), with 222 compliments received by letters and cards of thanks across the same period.

Across all complaints and concerns in October 2015:

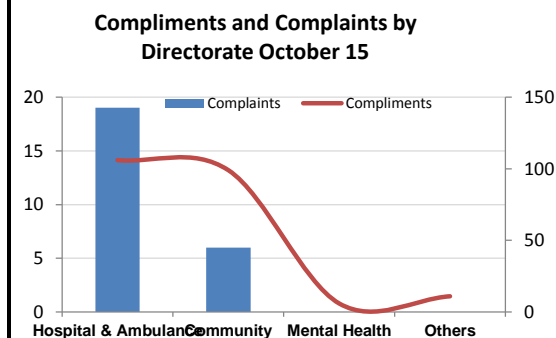
Top 3 subjects complained about were:

- Clinical treatment (26)
- Communication (28)
- Values and Behaviours (Staff) (18)

Top areas complained about were:

- PAAU (10)
- Medical Services (10)
- Emergency Department (6)
- Orthopaedics (6)
- Urology (6)

Analysis: Complaints only



Primary Subject	Sep-15	Oct-15	CHANGE	RAG rating
Access to treatment or drugs	0	1	1	↑
Admissions and discharges	0	2	2	↑
Appointments	1	0	-1	✓
Clinical Treatment	8	15	7	↑
Commissioning	0	0	0	✓
Communication	0	2	2	↑
Consent	0	0	0	✓
End of Life Care	0	0	0	✓
Facilities	0	0	0	✓
Integrated Care	0	0	0	✓
Mortuary	0	0	0	✓
Other (Use with Caution)	1	1	0	→
Privacy, Dignity and Wellbeing	0	0	0	✓
Prescribing	1	1	0	→
Patient Care	3	1	-2	↓
Restraint	0	0	0	✓
Staff numbers	1	0	-1	✓
Trust admin/Policies/Procedures	1	1	0	→
Transport (Ambulances)	0	0	0	✓
Values and Behaviours (Staff)	2	0	-2	✓
Waiting Times	1	1	0	→

Action Plan:

Complaints response times continue to be monitored against the locally agreed 20 day timescale on a weekly basis at TEC.

Person Responsible:

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

Date:

Sep-15

Status:

In progress

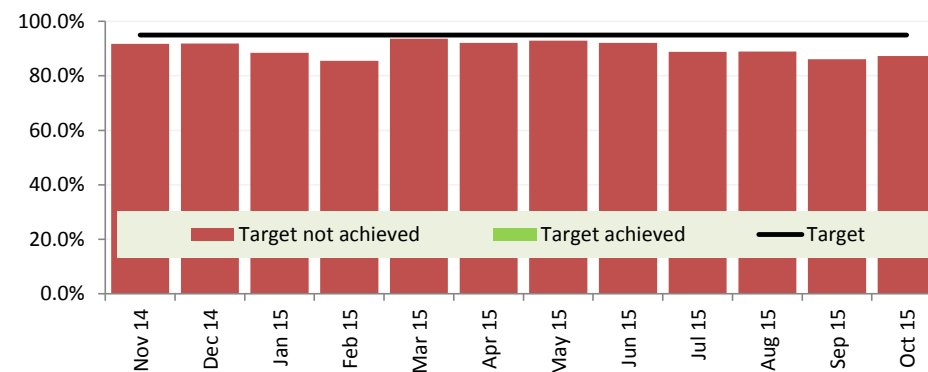
Commentary:

The 95% target was not achieved in October due to ongoing system wide pressures impacting upon flow and bed capacity. The action plan is in place for Emergency Department which has been shared with the CCG and TDA, alongside the system resilience winter plan.

The TDA and Emergency Care Intensive support Team (ECIST) stocktake review of the urgent care pathway on 2/3 November 2015 has identified number of recommendations and actions which will be take forward to support improvement in the Emergency Care Standard.

Analysis:

Emergency Care 4 hours Standard



Action Plan:

Person Responsible:

Date:

Status:

Increase focus on local authority bed situation

System Resilience Group / Exec on call

Nov-15

Ongoing

Daily focus on bed states

Matrons

Nov-15

Ongoing

Revisit of escalation plan

Head of Operations for Business Unit

Nov-15

Ongoing

Implementation of TDA/ECIST stocktake review recommendations and actions

Head of Operations

Dec-15

Planned

Isle of Wight NHS Trust Board Performance Report 2015/16

October 15

Cancer - urgent referral to treatment <62 days and patients treated after screening referral <62 days

Commentary:

All October performance figures are provisional.

62 Day Standard underperformed for September (final uploaded figures)

3 x local breaches 1 x Colorectal

2 x Urology

7 x shared breaches 3 x UHS 1 x Gynaecology

1 x Upper GI

1 x Colorectal

4 x PHT 3 x Urology

1 x Head and Neck

62 Day Standard failed for October (provisional figures not yet confirmed)

11 x local breaches 8 x Urology

1 x Gynaecology

2 x Colorectal

5 x potential tertiary centre shared breaches – not confirmed

62 Day Screening Standard failed for October (provisional figures not yet confirmed)

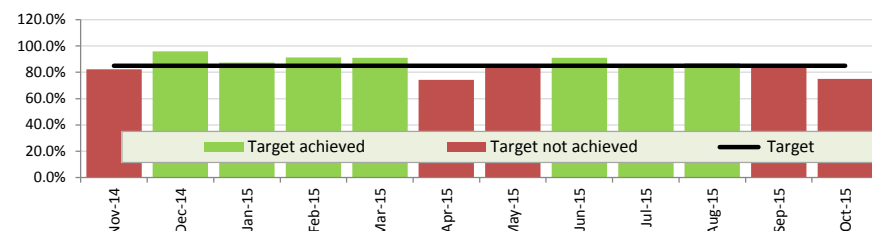
1 x breast screening breach – patient choice

Full breach analysis has been carried out and provided to Performance Lead and General Managers

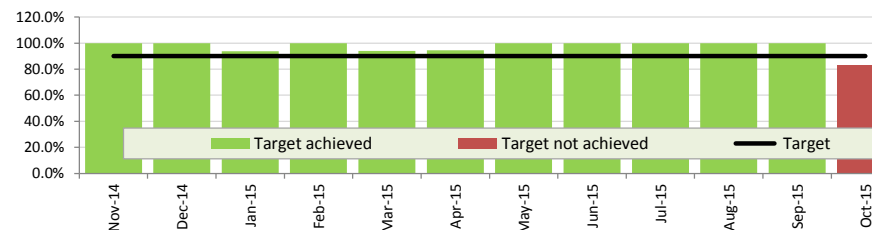
All other Cancer Waiting Times Standards achieved for September and October

Analysis:

Cancer urgent referral to treatment <62 days



Cancer Patients treated after screening referral <62 days



Action Plan:

- All individual breaches continue to be reviewed. Root Cause Analysis is carried out. Analysis of reasons for breaches identified no specific trend. Complex pathways and patient choice were noted.
- Relevant CNSs to be informed by Booking Clerks in OPARU when delay in appointing occurs. This process has been reinforced by the General Manager
- Close scrutiny of patient pathway with notification by Cancer Pathways Admin Team to Cancer CNS, OPARU, Secretaries and General Managers when delays are noted.
- Multi Disciplinary Team to continue to facilitate timely discussions and actions recommended to be followed
- Continue escalation process to highlight potential breaches for actions to be taken for General Managers via twice weekly performance update
- Potential shared breaches to be identified and reported to General Managers via twice weekly information submitted for Access Meeting.
- Outstanding histopathology reports highlighted to Technical Head. Pathology request forms to be marked CaFT (Cancer Fast Track) – This process to be reinforced by the General Managers. Future version of request form to include CaFT box. Outstanding imaging reports highlighted to Diagnostic Imaging twice weekly and ad hoc for MDT meetings

Person Responsible:

Lead Cancer Nurse/CNSs/Cancer Pathways Manager
Operational Managers/MDT Clinicians

Date:

Dec-15

Status:

Continuing

Isle of Wight NHS Trust Board Performance Report 2015/16

October 15

Theatre Utilisation

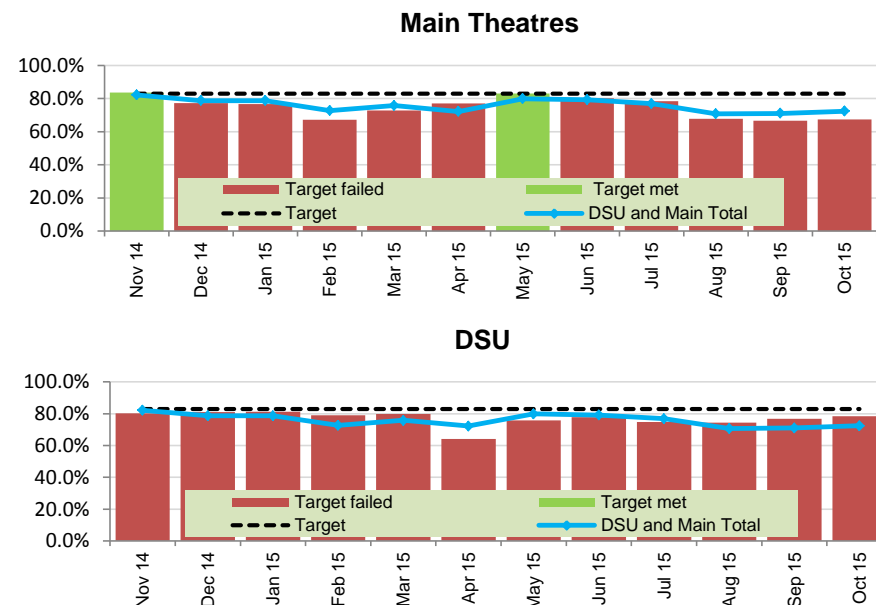
Commentary

The percentage utilisation of Main Theatre facilities has increased since last month slightly from 66.7% to 67.5% and remains below the 83% target. Day Surgery Unit utilisation has increased during October 2015 (78.4%). Overall we have achieved 72.4% against the 83% target.

System wide pressures have continued to impact upon elective bed capacity, leading to a significant reduction in inpatient operations, increasing day case procedures on all lists as the day surgery unit is the only available elective capacity. However, following implementation of the system wide winter resilience plan, elective activity recommenced from 19 October 2015 for surgical specialties, therefore, theatre utilisation will increase in the coming months.

Emergency activity as well as undertaking urgent operations and cancer operations continues to be prioritised.

Analysis:



Action plan

Forecast being reviewed with managers to determine trajectory for managing 18 weeks admitted target following impact of previous cancellations. Weekly assurance meeting to monitor RTT. Review of impact of further cancellation on trajectory

Incident room continues with regular 4 daily bed meetings to ensure all patients in hospital are being managed for appropriate discharge. Continued pressures have meant mainly day case bookings only. Plans commence for ring fencing Orthopaedic beds in October 15, with additional Poppy Ward capacity, and the reopening of Appley ward (both for non elective capacity).

Person Responsible:

Date:

Status:

Head of Performance

Oct-15

Ongoing

Chief Operating Officer

Oct-15

Ongoing

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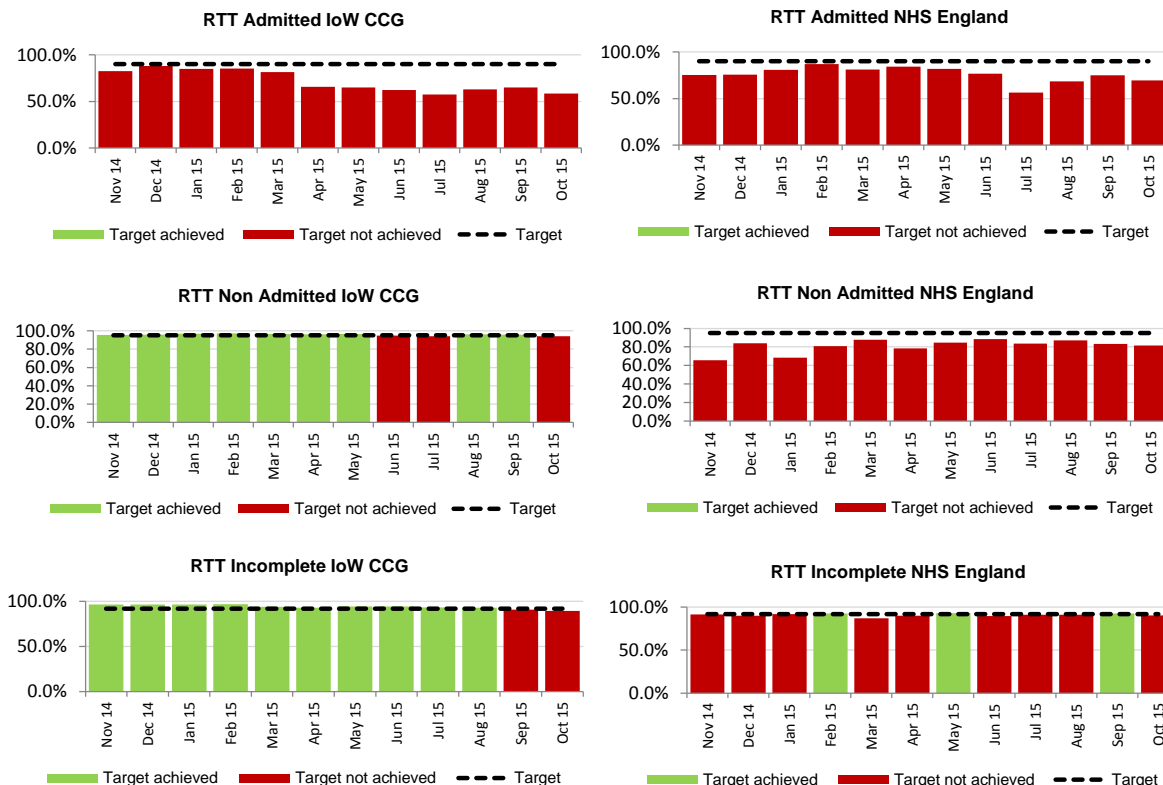
Referral to Treatment Times

Commentary:

Performance against the main 'incomplete' 18wks target underperformed against the required 92% standard due to the high backlog of patients waiting more than 18wks for their treatment.

Undertaking elective activity has reduced significantly during the summer period as system wide pressures have impacted upon available elective bed capacity, and this has led to the waiting list continuing to increase. However, a system wide plan has been agreed and is currently being implemented to secure non elective and elective capacity ensuring all our patients are treated in the right place at the right time. This has enabled elective activity to begin to resume normal levels and, will, over time, improve performance against this key target.

Analysis:



	Person Responsible:	Date:	Status:
Demand and capacity modelling, revised forecast and weekly plan for General Managers to deliver services	Head of PIDS	Oct-15	In progress
Rebooking of cancelled operations alongside booking of waiting list backlog	PAAU Lead/ Clinical Leads	Oct-15	In progress
Development of robust processes and documentation to enable training and awareness of 18 week procedures.	Head of Performance	Oct-15	Ongoing

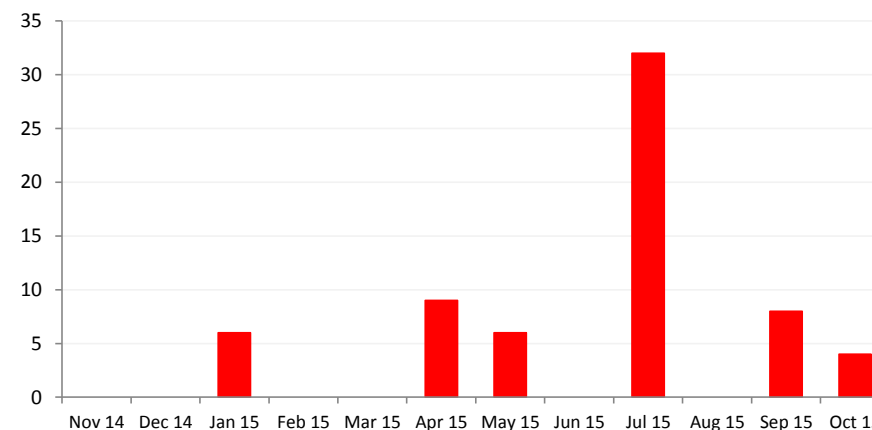
Commentary:

There were 4 mixed sex accommodation breaches during October in a single incident that occurred on CCU. The decision to breach was planned, the breach involved 4 patients in CCU; two patients were moved from the stepdown unit into the CCU acute unit in order to release capacity for other patients. The side room area was already in use for an isolation case and another option could not be found. The situation was rectified within 48 hours. Information was given to patients and consent sought, and privacy and dignity maintained through use of screening off patients with curtains.

There is still a risk of recurrence whilst the current bed occupancy levels and length of patient stay persists. The newly configured MAAU is now in operation and Appley ward has been returned to use, increasing acute beds in the hospital to 217 with a limited number of contingency beds available. However, this does not relieve the pressure from patients fit for discharge that have been unable to move back into the community and the previously successful Poppy Unit project has been re-opened as a step down measure across the winter period.

Analysis:

Mixed Sex Accommodation



Action Plan:

Reopening of Appley ward, Reopening of Poppy Unit.

Reconfiguration and upgrade to MAAU area on ground floor has now opened and is in use.

Person Responsible:

Director of Nursing & Workforce

Director of Nursing & Workforce

Date:

Nov-15

Nov-15

Status:

Completed

Completed

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Benchmarking of Key National Performance Indicators: Summary Report

	National Target	National Performance			IW Performance	IW Rank	IW Status	Data Period
		Best	Worst	Eng				
Emergency Care 4 hour Standards	95%	100%	81%	93.6%	88.0%	158 / 169	Red	Qtr 2 15/16
RTT % of incomplete pathways within 18 weeks	92%	100%	70%	92.2%	90.9%	156 / 182	Amber Red	Sep-15
% Patients waiting > 6 weeks for diagnostic	1%	0%	18%	2.0%	0.1%	54 / 179	Better than national average	Sep-15
Ambulance Category A Calls % < 8 minutes - Red 1	75%	79%	62%	72.9%	78.6%	1 / 11	Green	Sep-15
Ambulance Category A Calls % < 8 minutes - Red 2	75%	76%	59%	68.9%	75.8%	1 / 11	Green	Sep-15
Ambulance Category A Calls % < 8 minutes - Red 1 & Red 2	75%	76%	59%	69.1%	76.0%	1 / 11	Green	Sep-15
Ambulance Category A Calls % < 19 minutes	95%	97%	89%	93.2%	95.2%	3 / 11	Green	Sep-15
Cancer patients seen <14 days after urgent GP referral	93%	100%	71%	93.5%	97.5%	20 / 155	Green	Qtr 2 15/16
Cancer diagnosis to treatment <31 days	96%	100%	88%	97.6%	99.2%	56 / 159	Better than national average	Qtr 2 15/16
Cancer urgent referral to treatment <62 days	85%	100%	0%	82.1%	85.3%	77 / 158	Better than national average	Qtr 2 15/16
Symptomatic Breast Referrals Seen <2 weeks	93%	100%	48%	92.3%	97.9%	17 / 134	Green	Qtr 2 15/16
Cancer Patients receiving subsequent surgery <31 days	94%	100%	70%	95.8%	100.0%	1 / 153	Green	Qtr 2 15/16
Cancer Patients receiving subsequent Chemo/Drug <31 days	98%	100%	96%	99.6%	100.0%	1 / 143	Green	Qtr 2 15/16
Cancer Patients treated after consultant upgrade <62 days	No measured operational standard	100%	0%	88.5%	100.0%	1 / 145	Green	Qtr 2 15/16
Cancer Patients treated after screening referral <62 days	90%	100%	0%	93.8%	100.0%	1 / 146	Green	Qtr 2 15/16

Key:

Better than National Target = Green
Worse than National Target = Red

Top Quartile = Green
Median Range Better than Average = Amber Green
Median Range Worse than Average = Amber Red
Bottom Quartile = Red

Isle of Wight NHS Trust Board Performance Report 2015/16

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Benchmarking of Key National Performance Indicators: IW Performance Compared To Other 'Small Acute Trusts'

Other Small Acute Trusts	National Target	IW	RA3	RA4	RBD	RBT	RBZ	RC1	RC3	RCD	RCF	RCX	RD8	RE9	RFF	RFW	RGR	RJC	RJD	RJF	RJN	RLQ	RLT	RMP	RN7	RNQ	RNZ	RQK	RQX	Data Period
Emergency Care 4 hour Standards	95%	88.0% ₂₆	93.9% ₂₁	96.1% ₁₀	95.7% ₁₃	95.7% ₁₆	96.6% ₈	96.6% ₇	N/A	95.7% ₁₅	96.8% ₆	95.1% ₁₉	95.7% ₁₄	95.8% ₁₁	94.2% ₂₀	96.9% ₄	95.4% ₁₈	97.8% ₁	N/A	97.3% ₃	95.5% ₁₇	88.8% ₂₄	97.8% ₂	89.6% ₂₃	93.4% ₂₂	88.5% ₂₅	96.2% ₉	96.8% ₅	95.7% ₁₂	Qtr 2 15/16
RTT % of incomplete pathways within 18 weeks	92%	90.9% ₂₂	97.8% ₁	88.9% ₂₃	92.8% ₁₉	94.8% ₁₂	95.1% ₁₁	96.6% ₅	N/A	96.0% ₈	92.9% ₁₈	94.5% ₁₄	92.1% ₂₁	96.3% ₆	94.4% ₁₅	N/A	96.9% ₂	94.8% ₁₃	N/A	95.6% ₁₀	93.7% ₁₇	N/A	95.8% ₉	92.2% ₂₀	96.7% ₄	82.4% ₂₄	94.0% ₁₆	96.7% ₃	96.3% ₇	Sep-15
% Patients waiting > 6 weeks for diagnostic	1%	0.1% ₉	0.0% ₇	3.5% ₂₅	0.9% ₁₉	0.3% ₁₂	0.7% ₁₈	0.3% ₁₃	N/A	0.0% ₆	0.0% ₁	0.6% ₁₆	0.6% ₁₇	0.0% ₁	0.2% ₁₀	N/A	0.1% ₈	1.7% ₂₃	N/A	0.3% ₁₄	0.9% ₂₁	0.4% ₁₅	0.0% ₁	0.94% ₂₂	0.0% ₄	3.0% ₂₄	0.3% ₁₁	0.9% ₂₀	0.0% ₅	Sep-15
Cancer patients seen <14 days after urgent GP referral	93%	97.5% ₅	96.3% ₁₁	91.7% ₂₄	87.3% ₂₆	95.6% ₁₅	91.9% ₂₃	93.3% ₂₀	N/A	97.5% ₆	97.8% ₃	97.7% ₄	95.1% ₁₆	97.1% ₈	96.3% ₉	93.4% ₁₉	98.5% ₁	91.1% ₂₅	N/A	94.3% ₁₇	98.5% ₂	95.6% ₁₃	95.8% ₁₂	95.6% ₁₄	94.0% ₁₈	92.7% ₂₂	93.0% ₂₁	97.3% ₇	96.3% ₁₀	Qtr 2 15/16
Cancer diagnosis to treatment <31 days	96%	99.2% ₁₄	99.2% ₁₅	98.4% ₂₁	98.6% ₁₉	99.3% ₁₃	96.3% ₂₆	99.3% ₁₂	N/A	99.6% ₈	100.0% ₁	97.8% ₂₃	99.1% ₁₆	100.0% ₁	98.6% ₂₀	98.8% ₁₇	100.0% ₁	98.1% ₂₂	N/A	97.6% ₂₄	100.0% ₁	96.6% ₂₅	99.4% ₁₁	99.5% ₁₀	99.5% ₉	99.7% ₇	98.7% ₁₈	100.0% ₁	100.0% ₁	Qtr 2 15/16
Cancer urgent referral to treatment <62 days	85%	85.3% ₂₀	76.7% ₂₆	88.7% ₁₁	87.7% ₁₅	92.2% ₁	78.4% ₂₂	90.7% ₆	N/A	88.1% ₁₄	91.5% ₅	77.0% ₂₃	90.5% ₈	83.3% ₂₁	85.7% ₁₉	86.1% ₁₈	88.4% ₁₂	86.1% ₁₇	N/A	88.2% ₁₃	89.8% ₁₀	77.0% ₂₄	92.1% ₂	91.5% ₄	86.6% ₁₆	76.8% ₂₅	90.6% ₇	90.3% ₉	92.1% ₂	Qtr 2 15/16
Breast Cancer Referrals Seen <2 weeks	93%	97.9% ₄	94.0% ₁₈	87.7% ₂₂	69.8% ₂₅	94.7% ₁₃	86.2% ₂₃	94.0% ₁₇	N/A	96.9% ₇	96.2% ₈	94.5% ₁₄	98.3% ₃	N/A	93.4% ₁₉	94.9% ₁₀	98.7% ₁	90.9% ₂₁	N/A	94.9% ₉	94.4% ₁₅	85.7% ₂₄	94.8% ₁₂	97.7% ₅	94.9% ₁₁	98.4% ₂	93.3% ₂₀	94.1% ₁₆	97.4% ₆	Qtr 2 15/16
Cancer Patients receiving subsequent surgery <31 days	94%	100.0% ₁	94.1% ₂₃	100.0% ₁	100.0% ₁	100.0% ₁	90.0% ₂₅	100.0% ₁	N/A	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	N/A	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	N/A	97.4% ₂₂	100.0% ₁	90.9% ₂₄	100.0% ₁	100.0% ₁	100.0% ₁	98.0% ₂₁	100.0% ₁	100.0% ₁	100.0% ₁	Qtr 2 15/16
Cancer Patients receiving subsequent Chemo/Drug <31 days	98%	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	98.9% ₂₅	100.0% ₁	N/A	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	98.0% ₂₆	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	N/A	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	Qtr 2 15/16
Cancer Patients treated after consultant upgrade <62 days	No measured operational standard	100.0% ₁	100.0% ₁	93.4% ₉	88.9% ₁₅	94.5% ₈	90.5% ₁₃	100.0% ₁	N/A	100.0% ₁	86.4% ₁₇	88.9% ₁₅	N/A	N/A	85.0% ₁₉	78.9% ₂₀	90.9% ₁₀	90.8% ₁₂	N/A	86.1% ₁₈	N/A	90.9% ₁₀	100.0% ₁	78.8% ₂₁	100.0% ₁	66.7% ₂₃	70.0% ₂₂	100.0% ₁	89.6% ₁₄	Qtr 2 15/16
Cancer Patients treated after screening referral <62 days	90%	100.0% ₁	93.3% ₁₉	95.8% ₁₂	94.4% ₁₈	95.7% ₁₄	100.0% ₁	92.0% ₂₀	N/A	50.0% ₂₅	100.0% ₁	95.2% ₁₅	95.8% ₁₂	66.7% ₂₄	100.0% ₁	100.0% ₁	94.6% ₁₆	94.6% ₁₇	N/A	100.0% ₁	97.6% ₉	90.9% ₂₂	91.3% ₂₁	N/A	97.6% ₁₀	99.2% ₈	96.8% ₁₁	86.7% ₂₃	100.0% ₁	Qtr 2 15/16

Key: Better than National Target =

Green

Worse than National Target =

Red

Target Not Applicable for Trust =

N/A

Note the large font figure represents the Trusts performance and the small font figure represents the Trust Ranking out of the 28 other small acute trusts

R1F	ISLE OF WIGHT NHS TRUST
RA3	WESTON AREA HEALTH NHS TRUST
RA4	YEOVIL DISTRICT HOSPITAL NHS FOUNDATION TRUST
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST
RC1	BEDFORD HOSPITAL NHS TRUST

RC3	EALING HOSPITAL NHS TRUST
RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST
RCF	AIREDALE NHS FOUNDATION TRUST
RCX	THE QUEEN ELIZABETH HOSPITAL KING'S LYNN NHS TRUST
RD8	MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST
RE9	SOUTH TYNESIDE NHS FOUNDATION TRUST
RFF	BARNSELY HOSPITAL NHS FOUNDATION TRUST

RFW	WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST
RGR	WEST SUFFOLK NHS FOUNDATION TRUST
RJC	SOUTH WARWICKSHIRE GENERAL HOSPITALS NHS TRUST
RJD	MID STAFFORDSHIRE NHS FOUNDATION TRUST
RJF	BURTON HOSPITALS NHS FOUNDATION TRUST
RJN	EAST CHESHIRE NHS TRUST
RLQ	WYE VALLEY NHS TRUST

RLT	GEORGE ELIOT HOSPITAL NHS TRUST
RMP	TAMESIDE HOSPITAL NHS FOUNDATION TRUST
RN7	DARTFORD AND GRAVESHAM NHS TRUST
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST
RNZ	SALISBURY NHS FOUNDATION TRUST
RQK	HINCHINGBROOKE HEALTH CARE NHS TRUST
RQX	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST

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Benchmarking of Key National Performance Indicators: IW Performance Compared To Other Trusts in the 'Wessex Area'

	National Target	IW	R1C	RBD	RD3	RDY	RDZ	RHM	RHU	RN5	RW1	Data Period
Emergency Care 4 hour Standards	95%	88.0% ₉	100.0% ₁	95.7% ₅	95.4% ₆	100.0% ₂	95.7% ₄	90.3% ₈	84.3% ₁₀	91.0% ₇	99.0% ₃	Qtr 2 15/16
RTT % of incomplete pathways within 18 weeks	92%	90.9% ₁₀	100.0% ₁	92.8% ₈	94.1% ₄	97.5% ₃	94.1% ₅	93.2% ₆	92.5% ₉	92.9% ₇	98.0% ₂	Sep-15
% Patients waiting > 6 weeks for diagnostic	1%	0.1% ₄	0.0% ₁	0.9% ₈	1.0% ₉	0.0% ₁	8.2% ₁₀	0.7% ₆	0.6% ₅	0.8% ₇	0.0% ₁	Sep-15
Cancer patients seen <14 days after urgent GP referral*	93%	97.5% ₂	N/A	87.3% ₇	98.7% ₁	N/A	95.1% ₆	96.1% ₅	97.2% ₃	97.1% ₄	N/A	Qtr 2 15/16
Cancer diagnosis to treatment <31 days*	96%	99.2% ₂	N/A	98.6% ₄	99.4% ₁	N/A	96.2% ₇	97.3% ₆	97.8% ₅	98.7% ₃	N/A	Qtr 2 15/16
Cancer urgent referral to treatment <62 days*	85%	85.3% ₄	N/A	87.7% ₁	83.9% ₆	N/A	82.7% ₇	86.8% ₂	86.6% ₃	85.0% ₅	N/A	Qtr 2 15/16
Breast Cancer Referrals Seen <2 weeks*	93%	97.9% ₃	N/A	69.8% ₇	100.0% ₁	N/A	100.0% ₁	93.1% ₆	95.8% ₄	93.5% ₅	N/A	Qtr 2 15/16
Cancer Patients receiving subsequent surgery <31 days*	94%	100.0% ₁	N/A	100.0% ₁	99.1% ₃	N/A	93.3% ₇	96.3% ₅	95.6% ₆	97.7% ₄	N/A	Qtr 2 15/16
Cancer Patients receiving subsequent Chemo/Drug <31 days*	98%	100.0% ₁	N/A	100.0% ₁	100.0% ₁	N/A	100.0% ₁	100.0% ₁	100.0% ₁	100.0% ₁	N/A	Qtr 2 15/16
Cancer Patients treated after consultant upgrade <62 days*	No measured operational standard	100.0% ₁	N/A	88.9% ₃	100.0% ₁	N/A	88.9% ₃	86.0% ₆	84.6% ₇	87.5% ₅	N/A	Qtr 2 15/16
Cancer Patients treated after screening referral <62 days*	90%	100.0% ₁	N/A	94.4% ₅	92.4% ₆	N/A	87.2% ₇	97.6% ₂	94.7% ₄	96.8% ₃	N/A	Qtr 2 15/16

Key: Better than National Target =
Worse than National Target =



Note the large font figure represents the Trusts performance and the small font figure represents the Trust Ranking out of the 10 other trusts in the Wessex area

R1F	Isle Of Wight NHS Trust
R1C	Solent NHS Trust
RBD	Dorset County Hospital NHS Foundation Trust
RD3	Poole Hospital NHS Foundation Trust
RDY	Dorset Healthcare University NHS Foundation Trust
RDZ	The Royal Bournemouth And Christchurch Hospitals NHS Foundation Trust
RHM	University Hospital Southampton NHS Foundation Trust
RHU	Portsmouth Hospitals NHS Trust
RN5	Hampshire Hospitals NHS Foundation Trust
RW1	Southern Health NHS Foundation Trust

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Benchmarking of Key National Performance Indicators: Ambulance Performance

	National Target	IW Performance	RX9	RYC	RRU	RX6	RX7	RYE	RYD	RYF	RYA	RX8	Data Period
Ambulance Category A Calls % < 8 minutes - Red 1	75%	78.6% ₁	70.6% ₈	70.9% ₇	62.2% ₁₁	72.6% ₆	78.4% ₃	68.7% ₁₀	72.7% ₅	75.0% ₄	78.6% ₂	70.1% ₉	Oct-15
Ambulance Category A Calls % < 8 minutes - Red 2	75%	75.8% ₁	66.2% ₉	58.7% ₁₁	62.1% ₁₀	72.6% ₅	74.9% ₃	70.9% ₆	73.2% ₄	68.1% ₈	75.1% ₂	70.4% ₇	Oct-15
Ambulance Category A Calls % < 8 minutes - Red 1 & Red 2	75%	76.0% ₁	66.4% ₉	59.3% ₁₁	62.1% ₁₀	72.6% ₅	75.1% ₃	70.8% ₆	73.2% ₄	68.5% ₈	75.3% ₂	70.4% ₇	Oct-15
Ambulance Category A Calls % < 19 minutes	95%	95.2% ₃	89.6% ₁₀	88.9% ₁₁	92.2% ₈	93.3% ₇	94.6% ₅	93.7% ₆	94.8% ₄	91.5% ₉	96.9% ₁	95.3% ₂	Oct-15

Key: Better than National Target =
Worse than National Target =



RX9	East Midlands Ambulance Service NHS Trust
RYC	East of England Ambulance Service NHS Trust
R1F	Isle of Wight NHS Trust
RRU	London Ambulance Service NHS Trust
RX6	North East Ambulance Service NHS Foundation Trust
RX7	North West Ambulance Service NHS Trust
RYE	South Central Ambulance Service NHS Foundation Trust
RYD	South East Coast Ambulance Service NHS Foundation Trust
RYF	South Western Ambulance Service NHS Foundation Trust
RYA	West Midlands Ambulance Service NHS Foundation Trust
RX8	Yorkshire Ambulance Service NHS Trust

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Data Quality

Commentary:

The information centre carry out an analysis of the quality of provider data submitted to Secondary Uses Service (SUS). They review 3 main data sets - Admitted Patient Care (APC), Outpatients (OP) and Accident & Emergency (A&E).

The latest information is up to September 2015. Overall we now have 5 red rated indicators an improvement from last month when there were 6. Three of the red indicators are in the Admitted Patient Care (APC) Dataset, one in the Outpatient Dataset and one in the A&E Attendances Dataset. Two of the three red indicators in the APC dataset are Primary Diagnosis and the HRG4 (Healthcare Resource Grouping). These are linked as you need the diagnosis to generate the HRG and we believe the issues has been resolved and has been improving month on month within the data but will take time to appear as amber or green. The third red indicator is the NHS number, this was amber las month and we know relates to prisoners.

In the Outpatient dataset there are a large number of records with an invalid or missing Patient Pathway this will be investigated to see if a cause can be identified.

In the A&E dataset there is now only one red indicator relating to the Departure Time. This relatet to patients seen in a A&E clinic and a process has been established to by Information Systems to prompt the department to add the departure time for those patients where it is missing.

Analysis:

Total APC General Episodes: 12,274				Total Outpatient General Episodes: 102,592				Total A&E Attendances 32,738			
Data Item	Invalid Records	Provider % Valid	National % Valid	Data Item	Invalid Records	Provider % Valid	National % Valid	Data Item	Invalid Records	Provider % Valid	National % Valid
NHS Number	175	98.6%	99.2%	NHS Number	411	99.6%	99.4%	NHS Number	578	98.2%	95.2%
Patient Pathway	140	96.2%	61.4%	Patient Pathway	54,551	43.5%	52.7%	Registered GP Practice	25	99.9%	99.6%
Treatment Function	0	100.0%	99.9%	Treatment Function	0	100.0%	99.4%	Postcode	27	99.9%	98.4%
Main Specialty	0	100.0%	99.9%	Main Specialty	0	100.0%	99.1%	Org of Residence	300	99.1%	96.7%
Reg GP Practice	8	99.9%	99.9%	Reg GP Practice	4	100.0%	99.8%	Commissioner	444	98.6%	99.0%
Postcode	87	99.3%	99.8%	Postcode	40	100.0%	99.8%	Attendance Disposal	444	98.6%	98.5%
Org of Residence	11	99.9%	99.4%	Org of Residence	8	100.0%	98.1%	Patient Group	0	100.0%	98.3%
Commissioner	19	99.8%	98.5%	Commissioner	65	99.9%	98.2%	First Investigation	1,162	96.5%	94.8%
Primary Diagnosis	1,576	87.0%	98.4%	First Attendance	0	100.0%	99.5%	First Treatment	2,041	93.8%	93.9%
Primary Procedure	0	100.0%	99.6%	Attendance Indicator	0	100.0%	99.5%	Conclution Time	441	98.7%	98.7%
Ethnic Category	6	100.0%	97.1%	Referral Source	305	99.7%	98.5%	Ethnic Category	0	100.0%	94.3%
Site of Treatment	0	100.0%	96.9%	Referral Rec'd Date	305	99.7%	95.6%	Departure Time	320	99.0%	99.9%
HRG4	1,611	86.7%	98.4%	Attendance Outcome	108	99.9%	97.6%	Department Type	0	100.0%	99.9%
				Priority Type	305	99.7%	96.9%	HRG4	1,297	96.0%	96.1%
				OP Primary Procedure	0	100.0%	98.3%				
				Ethnic Category	50	100.0%	93.8%				
				Site of Treatment	0	100.0%	96.1%				
				HRG4	2	100.0%	97.9%				

Key:

- % valid is equal to or greater than the national rate
- % valid is up to 0.5% below the national rate
- % valid is more than 0.5% below the national rate

Action Plan:

Identify cause and develop corrective actions for Missing / Invalid Patient Pathway Numbers in the OP Dataset

Review of Symphony Data Quality

Person Responsible:

Head of Information / Deputy Director of Information

Date:

Nov-15

Dec-15

Status:

Ongoing

Ongoing

Data Quality - September 2015

Dataset	Measure	IW Performance	National	Threshold			Status	Weighting	Score	Notes
				G	A	R				
APC	Total Invalid Data Items	3	n/a	=<2	>2 =<4	>4	A	2	1.0	Performance relates to the no. of Red rated data items
APC	Valid NHS Number	98.6%	99.2%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	R	1	1.0	
APC	Valid Ethnic Category	100.0%	97.1%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
OP	Total Invalid Data Items	1	n/a	=<2	>2 =<5	>5	G	2	0.0	Performance relates to the no. of Red rated data items
OP	Valid NHS Number	99.6%	99.4%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
OP	Valid Ethnic Category	100.0%	93.8%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Total Invalid Data Items	1	n/a	=<2	>2 =<4	>4	G	2	0.0	Performance relates to the no. of Red rated data items
A&E	Valid NHS Number	98.2%	95.2%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
A&E	Valid Ethnic Category	100.0%	94.3%	> = national rate	< 0.5% below national rate	> 0.5% below national rate	G	1	0.0	
Total				=< 2	2 > =< 4	=> 4	G	12	2.0	

Isle of Wight NHS Trust Board Performance Report 2015/16

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Risk Register - Situation current as at 20/11/2015

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	%
80 Risks by Directorate 		Community & MH	07/12/2009	Increased Demand On Orthotics	10	9	90%
		Hospital & Amb	23/02/2011	Insufficient And Inadequate Endoscopy Facilities To Meet Service Requirements	9	8	89%
		Hospital & Amb	20/10/2011	Insufficient And Inadequate Ophthalmology Facilities To Meet Service Requirements	6	4	67%
		Hospital & Amb	16/08/2012	Blood Sciences Out-Of-Hours Staffing Inadequate	5	4	80%
		Hospital & Amb	22/08/2012	Risk Due To Bed Capacity Problems	5	4	80%
		Community & MH	22/11/2012	Low Staffing Levels Within Occupational Therapy Acute Team	12	8	67%
		Hospital & Amb	05/12/2012	Vacant Consultant Physician Posts	3	1	33%
		Hospital & Amb	22/01/2013	Excessive Nhs Use Of Private Patient Ward Impacting Upon Business Profitability	4	3	75%
		Corporate Services Ris	26/03/2013	Pressure Ulcer Incidences Need Reducing	7	7	100%
		Hospital & Amb	23/09/2013	Ophthalmic Casenotes - Poor Condition, Misfiling And Duplication Leading To Potential Clinical Error	6	2	33%
		Hospital & Amb	21/01/2014	Acquisition Of Mechanical Device For Chest Compressions	5	4	80%
		Hospital & Amb	28/08/2014	Computer Aided Dispatch (CAD) Server And Software Update Required Urgently	6	2	33%
		Corporate Services Ris	28/08/2014	Unsupported Desktop Environment	6	0	0%
		Corporate Services Ris	31/12/2014	Trust Archive Records Storage - Lack Of Capacity	8	2	25%
		Hospital & Amb	19/03/2015	18 Weeks Referral To Treatment - Patient Access Performance Targets Not Achieved	6	3	50%
		Community & MH	19/03/2015	IRIS Staffing Issues	5	2	40%
		Corporate Services Ris	16/04/2015	Risk Of Breach Of Hospital Acquired C'Diff Infection (CDI) Case Objective For 2015/16	4	3	75%
		Corporate Services Ris	21/05/2015	Unsupported And Outdated Edge Infrastructure - Risk Loss Of Access To Network And Clinical Systems	5	0	0%
		Hospital & Amb	27/10/2015	Pathology IT System Tpath	4	0	0%

Data as at 20/11/2015 Risk Register Dashboard

Commentary

Between May and July of 2015, Capsticks Governance Consultancy undertook a review of the Trust Governance arrangements. This review highlighted 8 recommended improvements in relation to the Trusts Risk Management arrangements including recommendation 28. Recommendation 28 was to undertake a risk reconciliation exercise to review all risks and ensure they are appropriate, accurately defined and scored appropriately.

A further recommendation (31) was that the BAF should be comprehensively reviewed and rewritten to ensure it captures the key risks for the 5 year strategy.

Given these two actions and the fact that the Trust had over 700 risks recorded on the various risk registers it was decided that the risk reconciliation exercise would commence with an exercise to formulate a new BAF (Principal Risk Register), followed by a top down review of all recorded risks. In terms of progress, a revised BAF (Principal Risk Register) has been formulated and was approved at the Trust Board meeting on the 7th October. The top down review of risks has commenced at BAF level (301 risks). The Head of Corporate Governance has reviewed these risks and submitted a recommendation papers to the Executive Team for their consideration. A decision has been made in relation to the majority of these risks, but 19 are yet to be determined.

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Workforce - Summary - RAG Rating based on Out-turn position

Paybill				R			Establishment				R			Vacancies				R		
(in £'000)				Month			YTD													
PAY AND WORKFORCE ANALYSIS				Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)	Plan	Actual / Forecast	Variance		Total Funded /less Substantive (In	Recruitment Activity					
Total Hospital and Ambulance Directorate				(5,268)	(5,738)	(469)	(37,359)	(41,013)	(3,654)	2,497	2,629	(132)	Substantive FTE	-	19	232				
Total Community Health Directorate				(2,586)	(2,542)	43	(17,902)	(17,900)	3	113	162	(48)	Temporary Staffing	(2610 less 2629)						
Total Research & Development				(37)	(45)	(8)	(256)	(321)	(65)	2,610	2,791	(181)	Total Funded FTE							
Total EMH				(168)	(209)	(41)	(1,178)	(1,507)	(329)	Summary In post FTE numbers up 31 to 2629 from 2598 in September. Usage of temporary/variable staffing equivalent to 162 FTE in month over commits the workforce revised planned FTE by 181 overall. This is resulting in significant temporary staffing costs and contributing to the trusts overspend. Of the current under establishment, 232.48 FTE posts are currently in the recruitment process, up from 113.42 in September and 165.26 in August.							Summary Net of FTE attributable to the Trust CIP schemes, the establishment gap is 19 FTE. This is significantly less than the 232.48 FTE currently in the recruitment process. Vacancies must be reviewed with this revised under establishment figure and the trusts CIP plan in mind.			
Total F&HR				(310)	(295)	15	(2,145)	(2,100)	45											
Total Nursing				(172)	(174)	(2)	(985)	(965)	21											
Total S&C				(589)	(594)	(5)	(4,158)	(4,243)	(85)											
Total TA				(193)	(208)	(15)	(1,531)	(1,571)	(39)											
SUB TOTAL				(9,323)	(9,805)	(482)	(65,515)	(69,620)	(4,105)											
Total Reserves				(145)	76	220	(1,408)	76	1,484											
PAY TOTAL				(9,468)	(9,729)	(261)	(66,923)	(69,544)	(2,621)								Recruitment activity has been impacted upon by the Organisational restructure, creating new posts. Poppy & Daffodil units have also increased activity.			
Summary The trust as a whole has overspent its pay budget in month (Including reserve entries), by £261k in month and £2.62m year to date. Spending on temporary staffing equated to £859k in month and represents a total cost in year of £6.0m. Trust Headcount at the end of October 15: 3080																				

Isle of Wight NHS Trust Board Performance Report 2015/16

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Workforce - Summary - RAG Rating based on Out-turn position

Sickness R				Overpayment A			Rostering R	
	Plan	Actual / Forecast	Variance		Plan	Actual		
Year to date		3%	4.02%	1.02%	Current Position £ 000	0	88	Adherence to forward rostering policy requirement 15%
In Month		3%	4.63%	1.63%				Units finalising to payroll deadline 96%
								Safe staffing units > 80% staffed (overall) 100%
<p>Summary</p> <p>Sickness absence has increased from 3.85% in Sep 15 to 4.63% in Oct 15. Trust wide highest reason for sickness absence remains Anxiety, Stress & Depression.</p> <p>Estimated Cost of Sickness Absence:</p> <p>Trustwide £311,110</p>				<p>Summary: Increase in repayments have resulted in a £3k decrease in the overpayment figure in month. This figure includes Legacy overpayments not included in Directorate summaries of approximately £5k.</p> <p>The significant majority of overpayments remain due to incorrect or late forms.</p> <p>Underlying factors will include:</p> <ol style="list-style-type: none"> 1. Competing Priorities in units. 2. Lack of understanding regarding potential impacts. 3. Duration of process from completing forms to updating ESR. 			<p>At time of lockdown, multiple costs centres were not locked down. Substantial effort was made to contact areas to get this done as outlined in the rostering policy.</p> <p>This month 10 units were removed from the batch list, an improvement of 16 removed in Sept. These units would not have received enhancements and overtime pay as a result. A new lockdown guide is now available and a screen added to the corporate screen saver to raise awareness.</p> <p>The new organisation build will give opportunity to validate information held allowing specific targeting to appropriate staff.</p> <p>There is still some considerable progress required to achieve compliance with the recently approved rostering policy. The progress seen in July has not been maintained. 65% of safe staffing areas are now rostered 12 weeks in advance from 65% of units in July. Only 2 units have fully approved 8 weeks of future rosters representing 10%, from 20% in July.</p>	

Underlying Causes	Underlying Causes	Underlying Causes
	<p>The significant majority of overpayments are due to incorrect or late forms. Underlying factors will include:</p> <ol style="list-style-type: none"> 1. Competing Priorities in units. 2. Lack of understanding regarding potential impacts. 3. Duration of process from completing forms to submission. 	<ol style="list-style-type: none"> 1. Competing Priorities in units. 2. Lack of understanding regarding potential impacts. 3. Unit managers timesheets not being finalised by their manager preventing unit lockdown. 4. Inadequate cover arrangements for finalising during manager absence. 5. System flaw allowing locked units to be unlocked by staff entering web timesheets
Remedies & Actions	Remedies & Actions	Remedies & Actions
<ol style="list-style-type: none"> 1. Monthly sickness absence meeting with HR/OH/ H&S to review LTS sickness cases to ensure compliance to policy and triangulate OH and Back care referrals and provide follow up advice to managers. 2. OH monitor weekly list of sickness absence of two weeks or more duration and review trends and liaise with HR and H&S on cases that may require additional support. 3. Employee relations reporting is provided on a monthly basis which includes attendance management cases to Trust Exec's and AD's 4. Monitoring within directorates occurs at monthly directorate boards and performance reviews 5. Review of Attendance mgt policy is in progress working across HR and OH. 6. Targeted support provided to on ad hoc basis as requested by departments ie, HSDU session, sickness absence toolkit distribution to pathology. 	<p>Overpayment information sent to directorates on a monthly basis for review and action.</p> <p>Furthermore, ESR self service is currently in the initial phases of a rollout that will empower staff and managers to review and update employment records. A pilot phase for employee self service (ESS) is in action, and will be reviewed for trust wide rollout from Autumn 2015.</p>	<ol style="list-style-type: none"> 1. Importance of finalising and impacts of not doing so to be re-iterated. This will be reinforced by staff who will have had pay implications contacting unit managers. 2. System resolution to be implemented by Allocate. Resolution found in other trusts to be applied here but requires multiple criteria to be adjusted. Allocate are currently investigating the adjustments required for IOW NHS Trust.

Isle of Wight NHS Trust Board Performance Report 2015/16

October 15

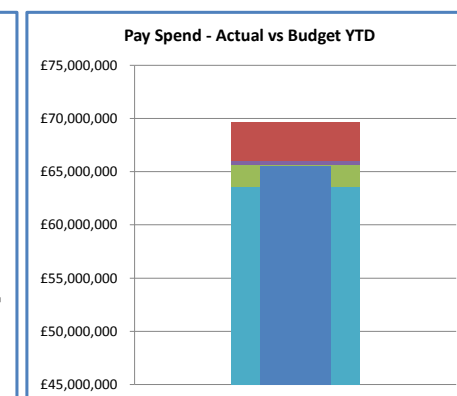
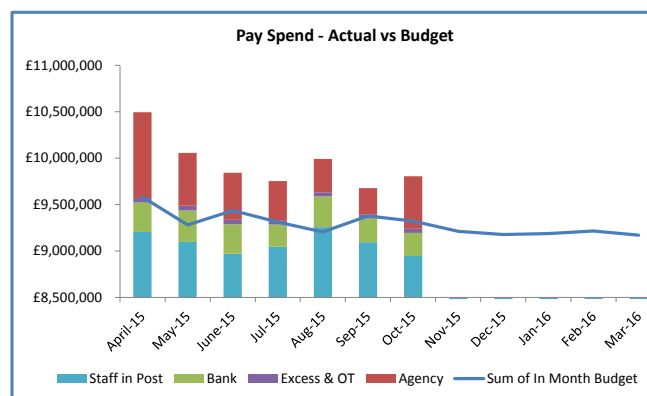
Workforce - Directorate Performance

(in £'000)	Month			YTD		
	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)
PAY AND WORKFORCE ANALYSIS						
Total Hospital and Ambulance Directorate	(5,268)	(5,738)	(469)	(37,359)	(41,013)	(3,654)
Total Community Health Directorate	(2,586)	(2,542)	43	(17,902)	(17,900)	3
Total Research & Development	(37)	(45)	(8)	(256)	(321)	(65)
Total EMH	(168)	(209)	(41)	(1,178)	(1,507)	(329)
Total F&HR	(310)	(295)	15	(2,145)	(2,100)	45
Total Nursing	(172)	(174)	(2)	(985)	(965)	21
Total S&C	(589)	(594)	(5)	(4,158)	(4,243)	(85)
Total TA	(193)	(208)	(15)	(1,531)	(1,571)	(39)
SUB TOTAL	(9,323)	(9,805)	(482)	(65,515)	(69,620)	(4,105)
Total Reserves	(145)	76	220	(1,408)	76	1,484
PAY TOTAL	(9,468)	(9,729)	(261)	(66,923)	(69,544)	(2,621)

Summary

The trust as a whole has overspent its pay budget in month (Including reserve entries), by £261k in month and £2.62m year to date.

Spending on temporary staffing equated to £859k in month and represents a total cost in year of £6.0m.



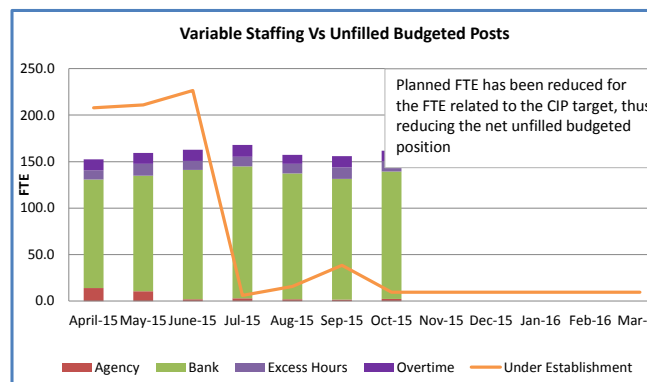
Trust	In Month			
	Plan	Actual	Variance	
Substantive FTE	2,497	2,629	132	-5%
Temporary Staffing	113	162	48	
Total	2,610	2,791	181	-7%

Summary

In post FTE numbers up 31 to 2629 from 2598 in September.

Usage of temporary/variable staffing equivalent to 162 FTE in month over commits the workforce revised planned FTE by 181 overall.

This is resulting in significant temporary staffing costs and contributing to the trusts overspend. Of the current under establishment, 232.48 FTE posts are currently in the recruitment process, up from 113.42 in September and 165.26 in August.



Active Recruitment by Stage in Process	Trustwide				
	June	July	August	Sept	Oct
Awaiting Interview	17.53	19.00	33.07	24.67	27.03
Being Shortlisted	15.73	5.80	18.87	19.56	28.89
Out to Advert	31.00	33.53	15.33	22.67	64.76
Paperwork in HR/ Awaiting Instruction	7.06	17.82	44.47	21.04	66.59
Appointed Awaiting Clearances	19.80	38.16	53.52	25.48	45.21
Total	91.12	114.31	165.26	113.42	232.48

Hospital & Ambulance

	Plan	Year to date	Variance
	£000s	£000s	£000s
Pay	(37,384)	(41,038)	(3,654)
			-9.78%

Summary

Overspends in the paybill for the Hospital & Ambulance directorate are the biggest contributors to the trusts overall adverse position. The directorate has ended month 7 with an overspend of £469k in month, £3.65m YTD.

Spending on temporary staffing amounts to £596k in month up from 355k in September. Higher than planned sickness absence is also contributing to the cost pressures.

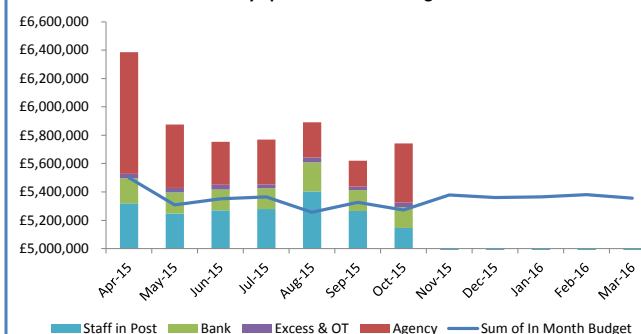
Hospital & Ambulance

	Plan	In Month	Variance	
Substantive FTE	1,391	1,382	(8)	1%
Temporary Staffing		91	91	
Total	1,391	1,474	83	-6%

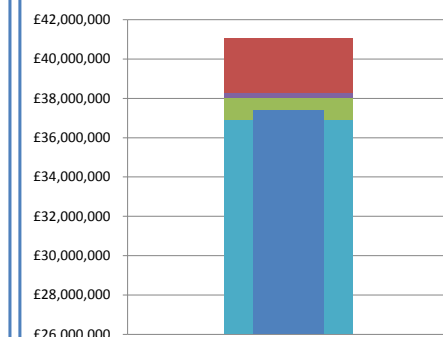
Summary

Adjusting the planned FTE for the CIP target has reduced under established to 8 FTE posts currently vacant from 22 in September. Temporary staffing of 91 FTE results in an over staffing of 83 FTE. Of the net 8 under establishment within the directorate, 139.9 FTE posts are currently in the recruitment process, up from 88.32 in September. Recruitment plans need to be amended to align with the revised FTE expectation taking CIP into consideration.

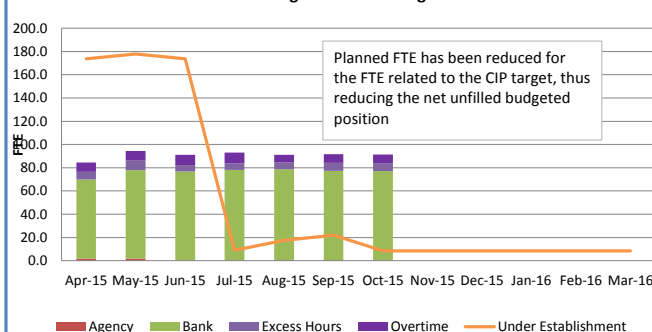
Pay Spend - Actual vs Budget



Pay Spend - Actual vs Budget YTD



Variable Staffing Vs Unfilled Budgeted Posts



Hospital & Ambulance

Active Recruitment by Stage in Process	June	July	August	Sept	Oct
Awaiting Interview	5.00	11.00	28.67	23.67	19.43
Being Shortlisted	7.53	5.80	14.27	15.47	22.20
Out to Advert	14.60	29.13	9.53	22.14	37.22
Paperwork in HR/ Awaiting Instruction	4.64	11.40	27.19	15.44	34.08
Appointed Awaiting Clearances	11.00	25.83	30.13	11.60	26.97
Total	42.77	83.16	109.79	88.32	139.90

Community Health

	Plan £000s	Year to date Actual £000s	Variance £000s	
Pay	(17,902)	(17,900)	3	0.01%

Summary

The Community health directorate is underspent by £3k year to date, and underspent by £43k in month.

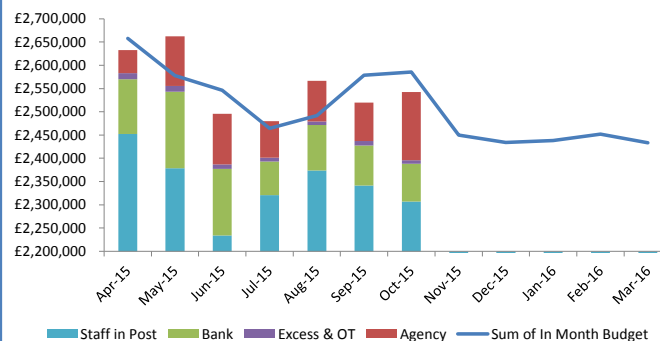
Community Health

	Plan	In Month Actual	Variance	
Substantive FTE	810	756	(53)	7%
Temporary Staffing		58	58	
Total	810	814	5	-1%

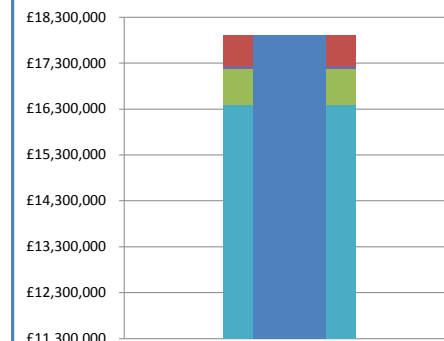
Summary

The Community Health directorate is currently under established by 53 FTE from 69 in September. Underestablishment now equates to 7% of budgeted establishment. Use of temporary staffing in addition to staff in post exceeds revised FTE planned. Of the Net 53 vacant FTE, there are currently 78.29 FTE posts in the process of recruitment, up from 23.16 in September.

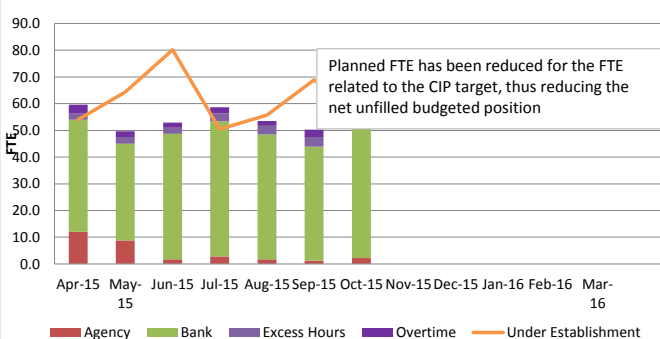
Pay Spend - Actual vs Budget



Pay Spend - Actual vs Budget YTD

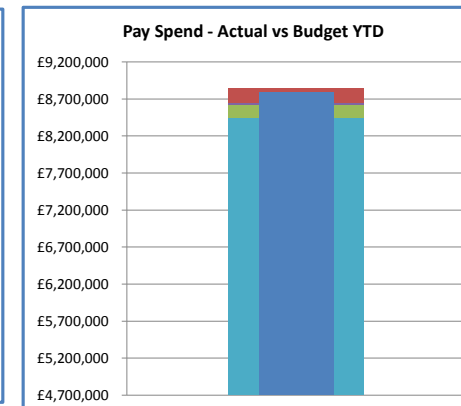
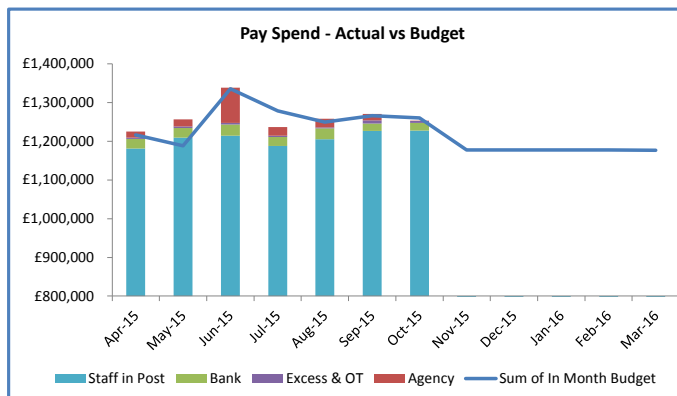


Variable Staffing Vs Unfilled Budgeted Posts

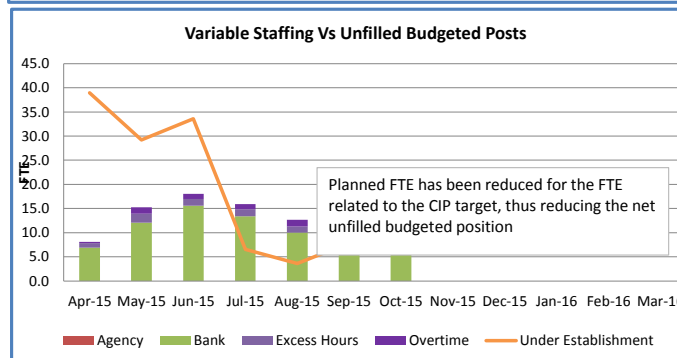


Active Recruitment by Stage in Process	Community & Mental Health				
	June	July	August	Sept	Oct
Awaiting Interview	11.00	8.00	4.40	1.00	7.60
Being Shortlisted	8.20	-	4.60	4.00	6.60
Out to Advert	16.40	4.40	5.80	-	24.94
Paperwork in HR/ Awaiting Instruction	2.10	5.10	15.28	5.28	21.91
Appointed Awaiting Clearances	8.80	10.80	21.56	12.88	17.24
Total	46.50	28.30	51.64	23.16	78.29

Corporate	Year to date		
	Plan £000s	Actual £000s	Variance £000s
Pay	(8,794)	(8,839)	(45) -0.51%
Summary			
The paybill in corporate areas as a whole continues to exceed budget by £45k in month. In month expenditure on temporary staffing has decreased to £26k from £44k in September equating to £386k ytd.			



Corporate	In Month			
	Plan	Actual	Variance	
Substantive FTE	427	421	(6)	1%
Temporary Staffing		12	12	
Total	427	433	6	-1%
Summary				
Corporate areas are under established by 6 FTE. There are 12 FTE temporary staffing with 16.21 roles in the recruitment process.				



Active Recruitment by Stage in Process	Corporate				
	June	July	August	Sept	Oct
Awaiting Interview	1.53	-	-	-	-
Being Shortlisted	-	-	-	0.09	0.09
Out to Advert	-	-	-	0.53	2.60
Paperwork in HR/ Awaiting Instruction	0.32	1.32	2.00	0.32	11.52
Appointed Awaiting Clearances	-	1.53	1.83	1.00	2.00
Total	1.85	2.85	3.83	1.94	16.21

(in £'000)	Month			YTD		
	Budget	Actual	Actual v Budget (+ over / - under)	Budget	Actual	Actual v Budget (+ over / - under)
PAY AND WORKFORCE ANALYSIS						
Total F&HR	(310)	(295)	15	(2,145)	(2,100)	45
Total Nursing	(172)	(174)	(2)	(985)	(965)	21
Total S&C	(589)	(594)	(5)	(4,158)	(4,243)	(85)
Total TA	(193)	(208)	(15)	(1,531)	(1,571)	(39)
Total Corporate	(1,264)	(1,271)	7	(8,819)	(8,878)	(59)

Isle of Wight NHS Trust Board Performance Report 2015/16

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Workforce - Directorate Performance

Research & Development

	Plan	Year to date	Variance
	£000s	£000s	£000s
Pay	(256)	(321)	(65)
			-25.42%

Summary

Research & Development is overspent by £65k year to date, an increase from the £45k over spend in month 6.

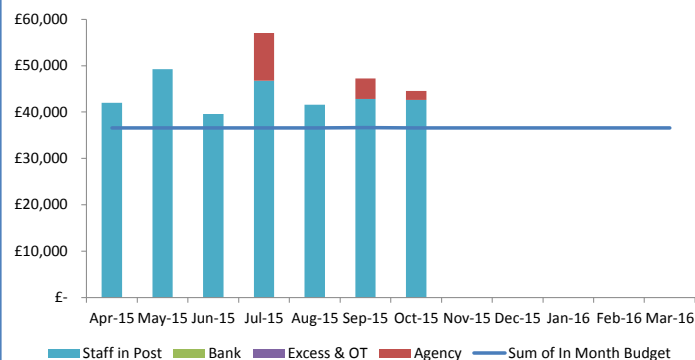
Research & Development

	Plan	In Month	Variance	
		Actual		
Substantive FTE	12	12	(0)	1%
Temporary Staffing		0	0	14%
Total	12	12	(0)	1%

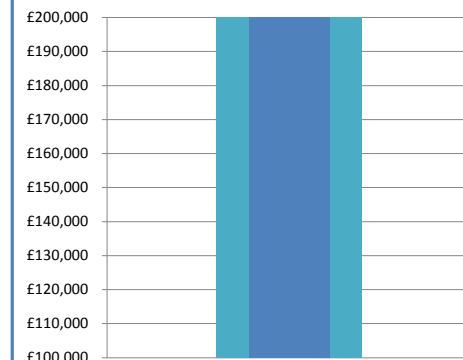
Summary

The directorate is currently close to full establishment and has reported negligible use of temporary staffing.

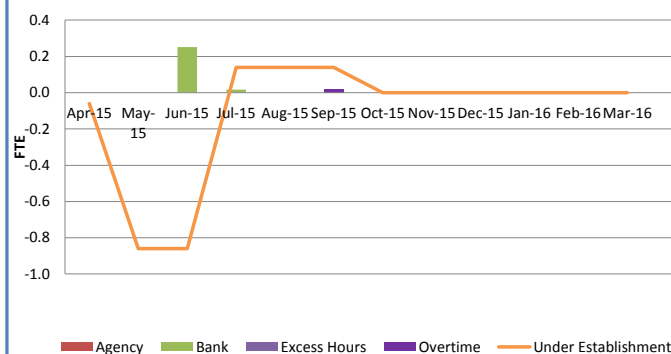
Pay Spend - Actual vs Budget



Pay Spend - Actual vs Budget YTD



Variable Staffing Vs Unfilled Budgeted Posts

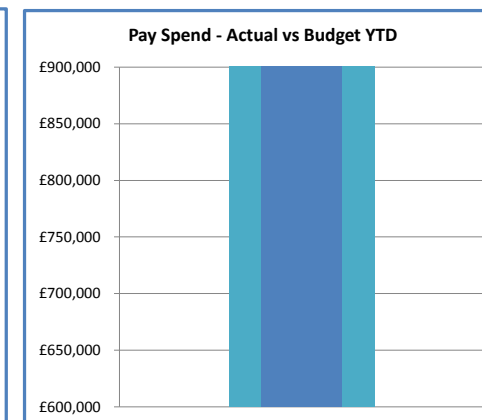
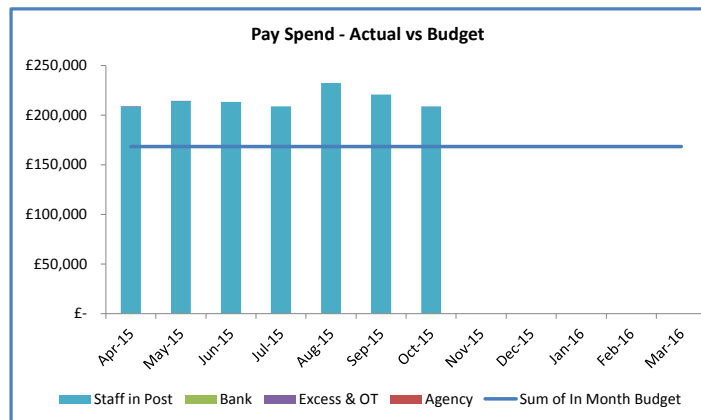


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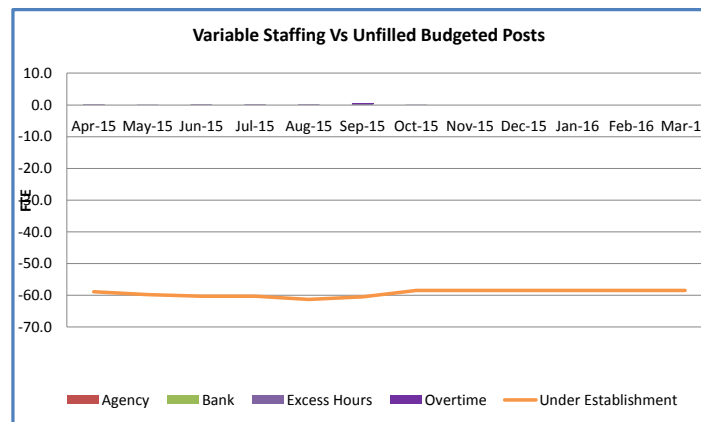
October 15

Workforce - Directorate Performance

EMH	Year to date		
	Plan £000s	Actual £000s	Variance £000s
Pay	(1,178)	(1,507)	(329) -27.96%
Summary			
The payroll in EMH exceeds budget by £329k year to date. Costs incurred should be funded by income.			



EMH	In Month		
	Plan	Actual	Variance
Substantive FTE	0	60.48	60.48
Temporary Staffing		0.45	0.45
Total	0	60.93	60.93
Summary			
The are currently 60.48 FTE employed within EMH. No budgeted establishment is set for EMH.			



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Workforce - Sickness

Increase in Sickness absence in month from 3.85% to 4.63% - above the 3% target. Largest increase on Cough Cold Flu Influenza reason, however Anxiety Stress Depression remains the main reason for sickness absence.

Trust

The Trust's sickness target is 3%

Currently Sickness Absence rate is 4.63% for October 2015

YTD Sickness Absence is 4.02%.

10 Highest areas within Trust

Organisation	Sickness			Headcount
	FTE Days Available	FTE Days Lost	Sickness %	
Fire Safety J62004	30.00	2.00	6.67%	1
Control & Restraint J62000	12.00	0.40	3.33%	1
Clinical Coding J61156	358.40	9.52	2.66%	13
Contracts J61645	120.00	3.00	2.50%	4
Multi Professional Library J62010	68.00	1.68	2.47%	3
Breast Care J61000	82.80	1.80	2.17%	3
Dn Community Matrons J62543	132.80	2.85	2.15%	6
Phlebotomy J61078	310.40	6.32	2.04%	16
Chlamydia Screening J61432	50.00	1.00	2.00%	2
Pre-Op Assessment Unit J61128	528.00	9.84	1.86%	21

Hospital & Ambulance

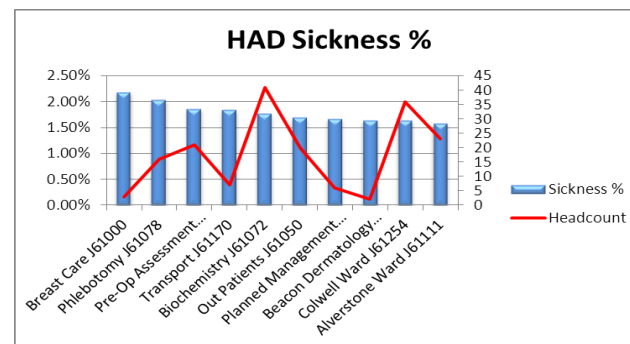
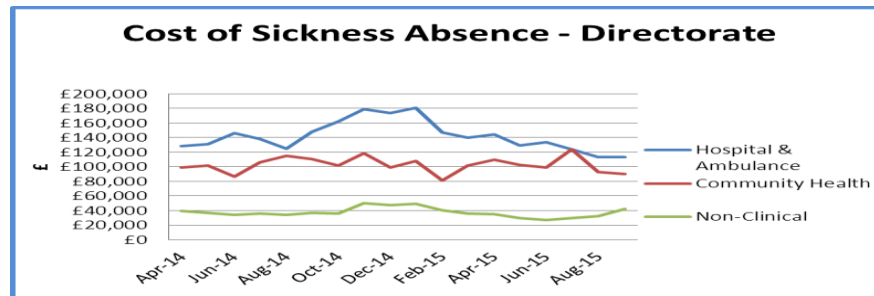
Sickness Absence: 4.60% - Up from 3.76%

YTD Sickness Absence is 3.88%

10 Highest areas within Directorate

Organisation	FTE Days Available	Sickness FTE Days Lost	Sickness %	Headcount
Breast Care J61000	82.80	1.80	2.17%	3
Phlebotomy J61078	310.40	6.32	2.04%	16
Pre-Op Assessment Unit J61128	528.00	9.84	1.86%	21
Transport J61170	202.00	3.73	1.85%	7
Biochemistry J61072	1161.12	20.60	1.77%	41
Out Patients J61050	492.40	8.33	1.69%	20
Planned Management J61040	180.00	3.00	1.67%	6
Beacon Dermatology J61708	47.20	0.77	1.64%	2
Colwell Ward J61254	934.40	15.29	1.64%	36
Alverstone Ward J61111	574.80	9.12	1.59%	23

Absence Reason	Sum of FTE Days Lost							Variance
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	
S10 Anxiety/stress/depression/other psychiatric illnesses	732.85	841.24	704.58	1044.46	690.25	798.08	1119.58	40.28%
S11 Back Problems	337.59	284.48	378.57	390.20	324.69	283.60	295.93	4.35%
S12 Other musculoskeletal problems	302.80	279.37	237.08	317.63	359.69	345.98	539.17	55.84%
S13 Cold, Cough, Flu - Influenza	313.49	251.47	198.45	119.72	133.08	221.25	440.60	99.14%
S25 Gastrointestinal problems	342.90	338.13	485.90	483.44	467.43	428.18	345.06	-19.41%



10 Highest Sickness Reasons - HAD	FTE Days Lost	Sickness %
S10 Anxiety/stress/depression/other psychiatric illnesses	615.20	1.55%
S13 Cold, Cough, Flu - Influenza	227.89	0.57%
S12 Other musculoskeletal problems	225.63	0.57%
S25 Gastrointestinal problems	178.31	0.45%
S11 Back Problems	131.03	0.33%
S26 Genitourinary & gynaecological disorders	130.56	0.33%
S21 Ear, nose, throat (ENT)	101.59	0.26%
S19 Heart, cardiac & circulatory problems	68.33	0.17%
S27 Infectious diseases	35.00	0.09%
S23 Eye problems	34.39	0.09%

Community Health

Sickness Absence: 5.32% - Up from 4.08%

YTD Sickness Absence is **4.69%**

10 Highest areas within Directorate

Organisation	FTE Days Available	Sickness FTE Days Lost	Sickness %	Headcount
Dn Community Matrons J62543	132.80	2.85	2.15%	6
Chlamydia Screening J61432	50.00	1.00	2.00%	2
Adult Mental Health Medics J61831	534.00	9.80	1.84%	19
Ot & Wheelchairs J61537	339.80	5.83	1.71%	14
Integrated Community Equipment Store J62539	60.00	1.00	1.67%	2
Rheumatology Medics J61427	60.00	1.00	1.67%	2
OT Psychiatry Adult J61862	165.20	2.60	1.57%	7
Child & Adolescent MH Medics J61830	51.00	0.80	1.57%	2
Sid Service & Psychology J61814	576.00	8.60	1.49%	22
Arthur Webster Clinic J61389	175.20	2.56	1.46%	7

Corporate

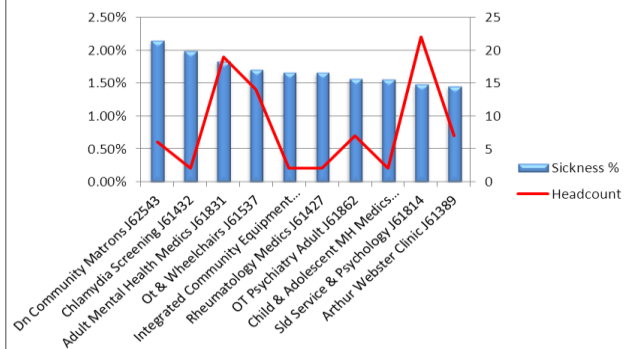
Sickness Absence: 2.09% - Up From 1.76%

YTD Sickness Absence is **1.84%**

10 Highest areas within Directorate

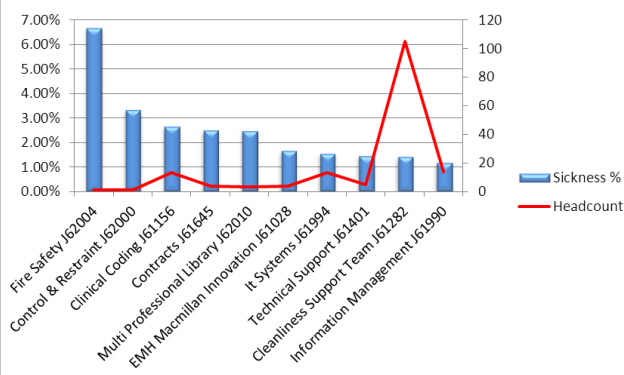
Organisation	FTE Days	Sickness FTE Days Lost	Sickness %	Headcount
Fire Safety J62004	30.00	2.00	6.67%	1
Control & Restraint J62000	12.00	0.40	3.33%	1
Clinical Coding J61156	358.40	9.52	2.66%	13
Contracts J61645	120.00	3.00	2.50%	4
Multi Professional Library J62010	68.00	1.68	2.47%	3
EMH Macmillan Innovation J61028	120.00	2.00	1.67%	4
It Systems J61994	390.00	6.00	1.54%	13
Technical Support J61401	138.00	2.00	1.45%	5
Cleanliness Support Team J61282	2186.20	31.37	1.44%	105
Information Management J61990	384.00	4.60	1.20%	14

Community Sickness %



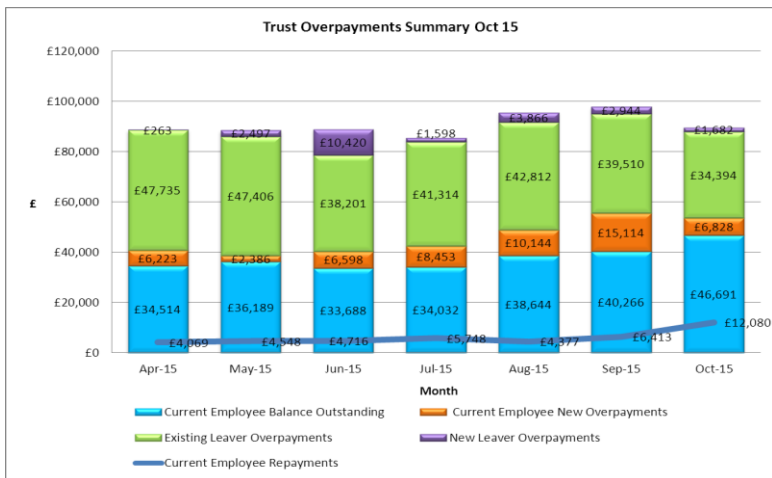
10 Highest Sickness Reasons - Comm	FTE Days Lost	Sickness %
S10 Anxiety/stress/depression/other psychiatric illnesses	329.68	1.33%
S12 Other musculoskeletal problems	267.28	1.08%
S13 Cold, Cough, Flu - Influenza	146.44	0.59%
S11 Back Problems	145.71	0.59%
S25 Gastrointestinal problems	109.93	0.44%
S29 Nervous system disorders	45.71	0.18%
S28 Injury, fracture	44.32	0.18%
S23 Eye problems	41.72	0.17%
S16 Headache / migraine	35.80	0.14%
S15 Chest & respiratory problems	31.40	0.13%

Corporate Sickness %

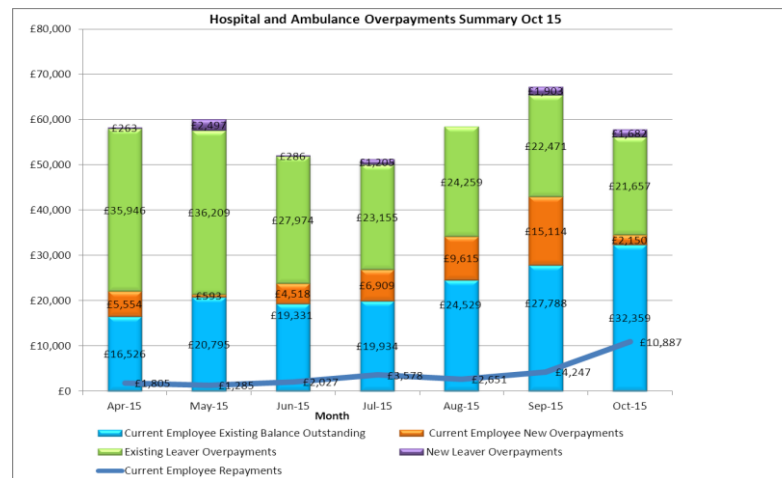


10 Highest Sickness Reasons - Corporate	FTE Days Lost	Sickness %
S10 Anxiety/stress/depression/other psychiatric illnesses	174.71	1.22%
S11 Back Problems	19.20	0.13%
S12 Other musculoskeletal problems	46.27	0.32%
S13 Cold, Cough, Flu - Influenza	66.27	0.46%
S15 Chest & respiratory problems	30.55	0.21%
S16 Headache / migraine	18.51	0.13%
S17 Benign and malignant tumours, cancers	6.20	0.04%
S19 Heart, cardiac & circulatory problems	51.20	0.36%
S21 Ear, nose, throat (ENT)	8.00	0.06%
S22 Dental and oral problems	3.40	0.02%

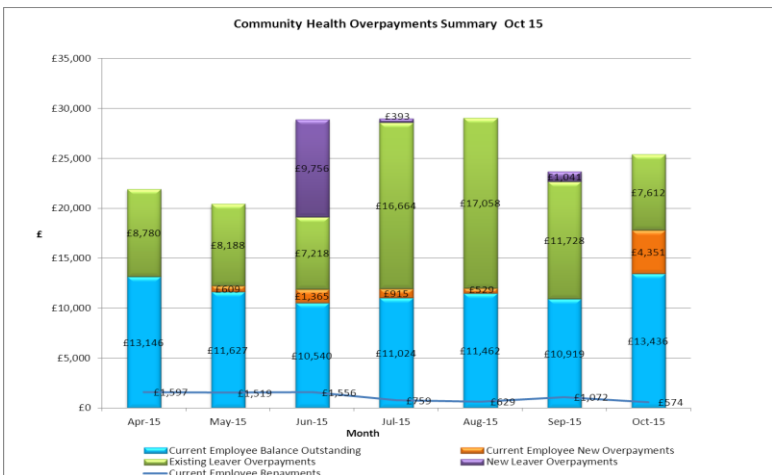
Summary:



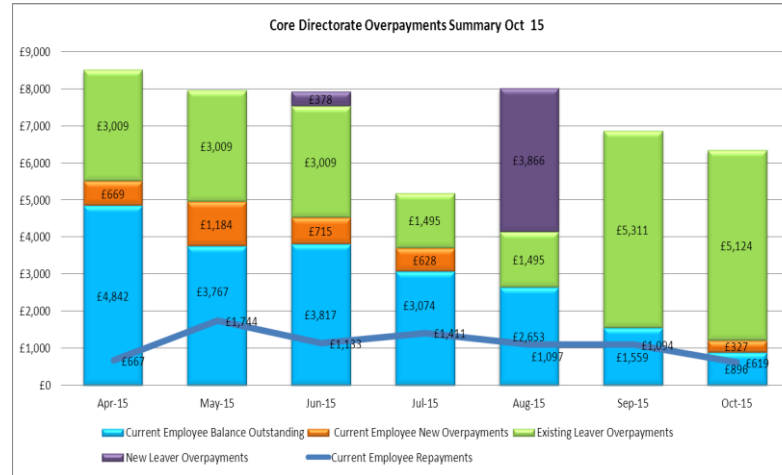
Overpayments have resulted in a decrease in overall overpayment figure in month - due to increase in current employee repayments from HAD.



Overall increase - New Overpayments Current employees increase of £2,150 mainly due to manager information errors



Increase in overall figure due to late change forms from managers.



No new overpayments this month.

Achievement of planned versus actual staffing hours

- The Trust achieved over 80% overall for nurse staffing in In patient areas for both Day and Night and Registered and non-registered staff
- The Registered Nurse hours in the day were 82.8% of planned hours which indicates a red rating with our own rag rating system. Last month we were amber being over 90%. This is due to the additional beds opened on Appley, Poppy and Whippingham, over and above our anticipated template. In order to achieve staffing for these areas we are supplementing our registered nurses with agency but aware we are not able to achieve full establishment.
- By ward there are a 5 areas that have achieved below 80% of staffing requirements this month. We are measuring our actual hours against our planned hours that we have agreed we should be delivering in each area. There will be a discrepancy until these posts are filled. Last month there were 7 areas below 80%.

Site Name	Day				Night				Day		Night	
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
ST MARY'S HOSPITAL	30741.3	25759.92	18864.75	18227.03	14352	14129.79	8660.75	9311.5	83.8%	96.6%	98.5%	107.5%

Risks

- Our high risk is the staffing adequately of all areas to at least 80% and achieving high quality care. The Poppy Unit is now fully open and Whippingham and Appley remain open to contingency beds flexing up and down but not yet consistently achieving the required bed numbers of 22 and 16 respectively.
- An agency cap is introduced for all organisations utilising agency staff. This potentially reduces our ability to use as many staff as we might need going forward, This potentially reduces nurses wanting to travel to the Isle of Wight as there will be no higher payment.
- High sickness in some areas

Actions

- We are monitoring staffing daily to ensure we are managing the risk of low staffing by spreading and minimising risk across all areas.
- We continue to work to fill vacancies through our recruitment and managing areas with highest need first. Our aim is to reduce all vacancy to 10% across all areas, monitoring and managing quality risks via the ward managers and matrons and daily staffing discussions in the hub
- We continue to utilise agency to ensure staffing is adequate in plans to staff contingency beds
- Safer Staffing Café's are continuing quarterly to monitor staffing management by teams.
- The first cohort of overseas nurses have been able to take their exams to move to Registered status. Four staff achieved a full pass, others were mixed and will need to retake some aspects of the exam. This will happen in January and February.
- The second cohort of overseas nurses will arrive on 28th November.

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Monthly actual figures by ward as uploaded on the Unify return

Ward name	Day				Night				Day		Night	
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
SHACKLETON	856.5	654.43	1622.5	1307	294.5	297.75	589	604.5	76.4%	80.6%	101.1%	102.6%
ALVERSTONE WARD	999	826.25	651	621	620	562.75	220	333.25	82.7%	95.4%	90.8%	151.5%
SEAGROVE	1285.3	1150.9	1094	1375.3	619	564.75	620	799.75	89.5%	125.7%	91.2%	129.0%
OSBORNE	1516.5	1400.5	1155	1138.8	620	662.25	589	641.25	92.4%	98.6%	106.8%	108.9%
MOTTISTONE	1095	972.5	397.5	390	620	623	0	0	88.8%	98.1%	100.5%	-
ST HELENS	1019	878.5	856	793.75	620	601	310	300	86.2%	92.7%	96.9%	96.8%
STROKE	1825	1603	1335	1385.3	620	670	620	590	87.8%	103.8%	108.1%	95.2%
REHAB	2013.3	1610.3	1612.5	1313	620	680	616	690	80.0%	81.4%	109.7%	112.0%
WHIPPINGHAM	1828.5	1520.5	1481.5	1373.8	621.25	622.75	620	630	83.2%	92.7%	100.2%	101.6%
COLWELL	1758.7	1420.08	1782	1531.5	620	650	620	620	80.7%	85.9%	104.8%	100.0%
INTENSIVE CARE UNIT	3418.75	2860.01	232.5	272	2007.25	1861.67	157.25	203.25	83.7%	117.0%	92.7%	129.3%
CORONARY CARE UNIT	2468	1887.5	659.5	897.5	1550	1412.45	310	340	76.5%	136.1%	91.1%	109.7%
NEONATAL INTENSIVE CARE UNIT	1219	859.5	418.5	265.75	620	620.75	310	280	70.5%	63.5%	100.1%	90.3%
MEDICAL ASSESSMENT UNIT	2463.5	1994.5	1316.25	1198.5	930	913.75	620	630	81.0%	91.1%	98.3%	101.6%
AFTON	1260	1270.5	1159	904	310	310	620	660	100.8%	78.0%	100.0%	106.5%
PAEDIATRIC WARD	1897.5	1415.7	465	354.58	930	911.25	310	260	74.6%	76.3%	98.0%	83.9%
MATERNITY	1800	1802.5	1110	1209.5	1200	1253	600	620	100.1%	109.0%	104.4%	103.3%
WOODLANDS	621.75	677.25	465	370.5	310	312.67	309.5	309.5	108.9%	79.7%	100.9%	100.0%
LUCCOMBE WARD	1396	955.5	1052	1525.25	620	600	620	800	68.4%	145.0%	96.8%	129.0%

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Previous 6 months data

Previous data indicating where wards dropped below <80% for total day or night hours for that month

Less than 80% fill rate identified for any shift or staff group over a consistent period

- Paediatric ward continue to deliver below 80% of planned hours in the day. Currently there staff shortages through sickness and vacancy and the Ward Manager moves staff as required to cover higher acuity times. The ward is also covering ED to ensure provision of the one front door. This is now being achieved by ensuring 3 staff on nights to enable one staff member to cover the ED area as required. This does mean less staff for the day shift however this is in line with rostering policy.

- Other areas have higher vacancy and/or sickness which are being monitored via safe staffing café's and at local level

	<80% fill rate identified for any shift or staff group					
WARD	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Shackleton						
Ortho Unit/ Alverstone						
Seagrove						
Osborne						
Mottistone						
St Helens						
Stroke						
Rehab						
Whippingham						
Colwell						
Intensive Care Unit						
Coronary Care Unit						
Neonatal Intensive Care Unit						
Medical Assessment Unit						
Afton						
Paediatric Ward						
Maternity						
Woodlands						
Luccombe						

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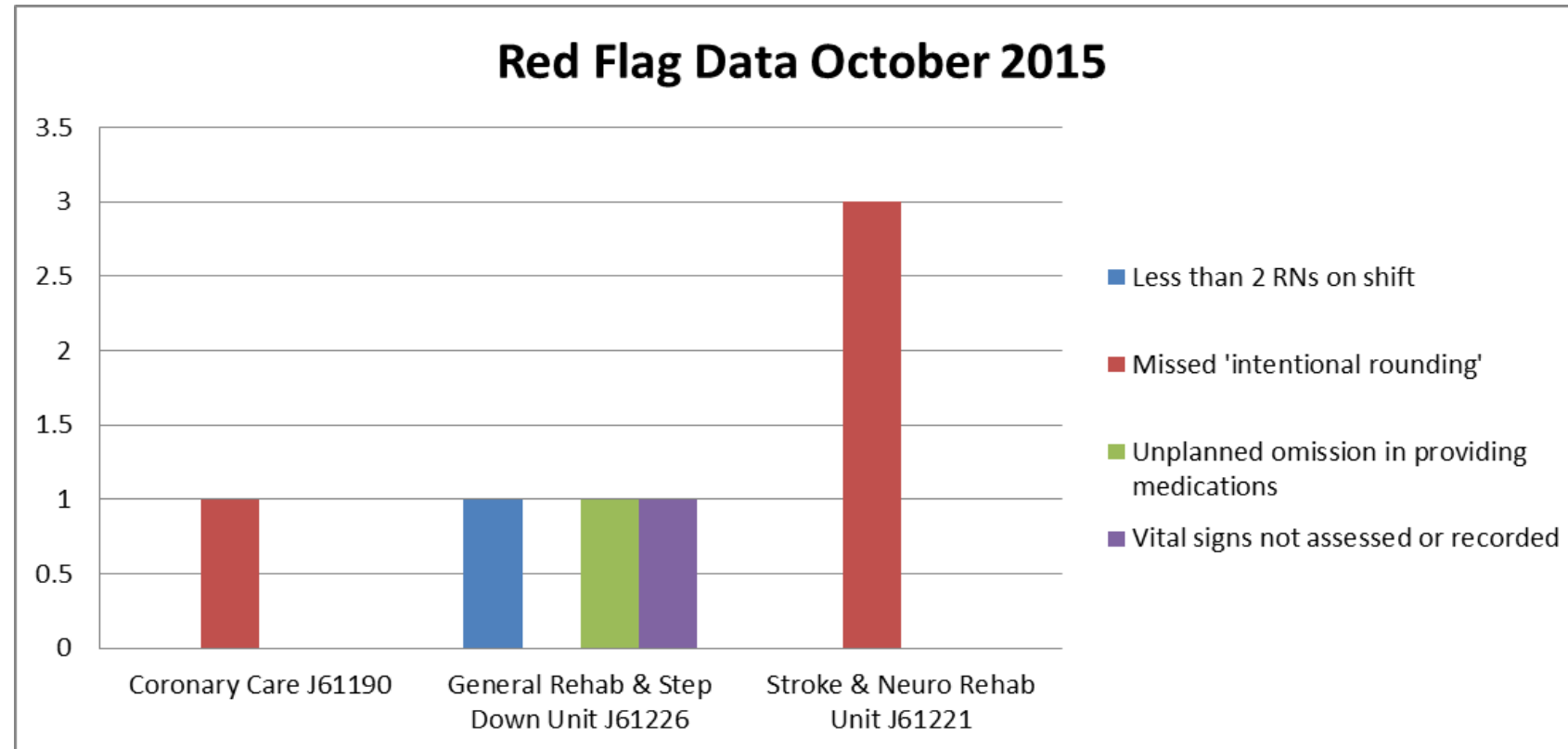
Safer Staffing - Key Quality Indicators

Ward	Day		Night			Key Nursing indicators				COMMENTS
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)		mandatory training %	falls with harm	PU	Complaints	
Shackleton	76.4%	80.6%	101.1%	102.6%		97%	1	0	0	Managing vacancies and sickness . Ward Sister moving staff shifts around, employing existing staff via bank and utilising other bank staff. 1 to 1 staffing has been difficult to maintain.
Ortho Unit/ Alverstone	82.7%	95.4%	90.8%	151.5%		85%	1	0	1	No issues raised
Seagrove	89.5%	125.7%	91.2%	129.0%		76%	0	0	0	No issues rasied
Osborne	92.4%	98.6%	106.8%	108.9%		88.7%	1	0	0	No issues raised
Mottistone	88.8%	98.1%	100.5%	-		79%	0	1	1	Managing sickness long term and short term. Bank HCA to cover some RN shifts.
St Helens	86.2%	92.7%	96.9%	96.8%		75%	0	0	0	No issues raised
Stroke	87.8%	103.8%	108.1%	95.2%		83%	0	0	0	Bank HCA used to fill some RN shfts
Rehab	80.0%	81.4%	109.7%	112.0%		88%	0	0	0	No issues raised
Whippingham	83.2%	92.7%	100.2%	101.6%		68%	4	0	1	No issues raised
Colwell	80.7%	85.9%	104.8%	100.0%		75%	2	0	1	No issues raised
Intensive Care Unit	83.7%	117.0%	92.7%	129.3%		83%	0	0	0	No issues raised
Coronary Care Unit	76.5%	136.1%	91.1%	109.7%		77%	0	0	0	Establishment now up to full compliment. Overseas nurses in HCA banded roles and will move over to Rn planned hours after successful exam results.
Neonatal Intensive Care Unit	70.5%	63.5%	100.1%	90.3%		88%	0	0	0	3 vacancies, Ward Manager working clinically to fill vacancy. Currently advertising for posts
Medical Assessment Unit	81.0%	91.1%	98.3%	101.6%		80%	3	7	0	No issues raised
Afton	100.8%	78.0%	100.0%	106.5%		98%	0	0	0	No issues rasied
Paediatric Ward	74.6%	76.3%	98.0%	83.9%		77%	0	0	0	Managing long term sickness and 3 maternity leaves. No paediatric bank staff available. Ward manager and Matron covering direct care. Unable to provide consistent ED presence.
Maternity	100.1%	109.0%	104.4%	103.3%		83%	0	0	0	No issues raised
Woodlands	108.9%	79.7%	100.9%	100.0%		81%	0	0	0	No issues raised
Luccombe	68.4%	145.0%	96.8%	129.0%		64%	1	0	1	3 Contingency beds remain open. Additional HCA's used fro these beds. Vacancy 2.8wte. Ward Sister providing direct care.
Appley Ward	79.1%	53.3%	89.0%	76.1%			0	0	0	No issues raised
Poppy Unit	21.7%	32.7%	29.0%	53.7%			0	0	0	No issues raised

	95-100% hours achieved
	90- 94.9% hours achieved
	<90% of planned hours achieved
	over achieved planned hours

>75%	0	0	0
70 - 75%	2	2	1
<70%	>2	>2	2

Red Flags are part of the Safer Staffing reporting framework. Red flags can be placed on any shift to capture the impact of shortage of staff. There are 7 key indicators. Less than 2 RN's on a shift is not expected and should be escalated. This will be reviewed as an incident.



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Safer Staffing - Full staffing fill rate by shift

Vlook Early

Sum of RN%

Row Labels	01/10/2015	02/10/2015	03/10/2015	04/10/2015	05/10/2015	06/10/2015	07/10/2015	08/10/2015	09/10/2015	10/10/2015	11/10/2015	12/10/2015	13/10/2015	14/10/2015	15/10/2015	16/10/2015	17/10/2015	18/10/2015	19/10/2015	20/10/2015	21/10/2015	22/10/2015	23/10/2015	24/10/2015	25/10/2015	26/10/2015	27/10/2015	28/10/2015	29/10/2015	30/10/2015	31/10/2015	Grand Total
Afton Ward J61794	100%	100%	100%	100%	100%	150%	100%	150%	100%	100%	100%	100%	100%	150%	100%	100%	100%	150%	100%	100%	150%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	110%
Alverstone Ward J61111	100%	100%	100%	100%	100%	50%	100%	50%	50%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%
Colwell Ward J61254	75%	75%	75%	75%	100%	100%	125%	100%	100%	75%	75%	100%	50%	75%	75%	75%	75%	75%	100%	100%	100%	100%	100%	125%	125%	75%	100%	75%	100%	75%	100%	90%
Coronary Care J61190	80%	100%	100%	100%	80%	100%	60%	80%	60%	80%	100%	100%	80%	60%	80%	80%	80%	80%	100%	100%	100%	100%	80%	100%	100%	80%	80%	80%	80%	80%	80%	86%
General Rehab & Step Down Unit J61226	100%	100%	100%	100%	100%	100%	125%	100%	125%	100%	100%	125%	100%	100%	75%	125%	75%	100%	100%	100%	100%	125%	100%	100%	100%	150%	125%	125%	125%	100%	75%	106%
Intensive Care Unit J61120	114%	100%	100%	86%	114%	100%	86%	86%	100%	86%	100%	86%	100%	86%	86%	100%	100%	86%	100%	100%	114%	100%	114%	100%	86%	100%	114%	100%	100%	86%	71%	97%
MAAU J61231	100%	100%	100%	100%	100%	100%	120%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	120%	100%	100%	100%	100%	100%	100%	80%	100%	80%	100%	99%
Maternity Services J61500	100%	100%	100%	75%	100%	100%	100%	125%	125%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	101%
Mottistone Suite J61090	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Neonatal Intensive Care Unit J61520	100%	67%	67%	67%	100%	33%	100%	100%	67%	67%	67%	67%	100%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	33%	70%
Osborne Ward J61915	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	103%
Paediatric Ward J61372	100%	100%	75%	75%	80%	100%	80%	80%	80%	100%	100%	60%	80%	80%	60%	80%	75%	100%	80%	80%	80%	100%	80%	133%	100%	80%	80%	80%	80%	80%	100%	85%
Poppy Unit J61235	0%	0%	0%	0%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	67%	33%	33%	33%	67%	67%	67%	67%	67%	33%	33%	67%	67%	67%	67%	67%	33%	41%
Seagrove Ward J61916	150%	200%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	150%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	108%
Shackleton J61791	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St Helens Ward J61102	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	102%
Stroke & Neuro Rehab Unit J61221	100%	100%	100%	75%	75%	75%	100%	75%	75%	100%	100%	100%	100%	125%	100%	75%	75%	75%	100%	125%	125%	150%	100%	100%	125%	100%	100%	125%	100%	75%	100%	98%
Whippingham Ward J61101	75%	100%	75%	100%	75%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	150%	75%	100%	100%	75%	125%	100%	50%	100%	100%	75%	100%	100%	100%	75%	94%
Winter Bed Plan Ward J61107	0%	0%	0%	0%	25%	25%	0%	25%	25%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	6%
Woodlands J61913	100%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	200%	100%	200%	100%	100%	100%	200%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	119%
Appley Ward J61250	100%	50%	25%	25%	25%	0%	50%	50%	50%	50%	50%	67%	125%	75%	75%	50%	25%	75%	100%	100%	175%	150%	125%	175%	100%	125%	150%	125%	125%	175%	150%	89%
Luccombe Ward J61112	100%	100%	67%	100%	100%	67%	67%	100%	100%	67%	100%	100%	67%	100%	67%	67%	100%	67%	100%	100%	100%	67%	100%	67%	67%	100%	67%	100%	100%	67%	67%	85%
Grand Total	89%	89%	79%	78%	85%	84%	88%	86%	85%	81%	85%	88%	84%	86%	81%	84%	82%	87%	97%	100%	107%	106%	97%	99%	96%	97%	96%	99%	96%	93%	87%	90%

Vlook Late

Sum of RN%

Row Labels	01/10/2015	02/10/2015	03/10/2015	04/10/2015	05/10/2015	06/10/2015	07/10/2015	08/10/2015	09/10/2015	10/10/2015	11/10/2015	12/10/2015	13/10/2015	14/10/2015	15/10/2015	16/10/2015	17/10/2015	18/10/2015	19/10/2015	20/10/2015	21/10/2015	22/10/2015	23/10/2015	24/10/2015	25/10/2015	26/10/2015	27/10/2015	28/10/2015	29/10/2015	30/10/2015	31/10/2015	Grand Total
Afton Ward J61794	100%	100%	100%	150%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	150%	150%	150%	100%	100%	100%	150%	150%	100%	100%	100%	150%	100%	100%	100%	100%	50%	111%
Alverstone Ward J61111	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%
Colwell Ward J61254	100%	100%	100%	100%	100%	100%	133%	100%	100%	67%	100%	100%	100%	100%	67%	100%	67%	67%	100%	67%	133%	133%	100%	100%	133%	100%	100%	100%	100%	100%	100%	99%
Coronary Care J61190	80%	100%	60%	80%	80%	80%	80%	80%	80%	80%	100%	100%	80%	80%	80%	80%	80%	80%	100%	80%	100%	100%	80%	100%	100%	100%	60%	80%	60%	100%	100%	85%
General Rehab & Step Down Unit J61226	50%	75%	75%	75%	75%	75%	100%	75%	50%	75%	75%	100%	100%	75%	75%	75%	75%	75%	75%	125%	75%	100%	100%	75%	100%	100%	100%	125%	100%	75%	75%	84%
Intensive Care Unit J61120	86%	71%	86%	86%	86%	100%	100%	86%	100%	86%	100%	86%	100%	71%	86%	86%	100%	86%	100%	100%	86%	86%	100%	86%	86%	86%	100%	86%	100%	86%	86%	90%
MAAU J61231	100%	100%	100%	100%	100%	100%	120%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	80%	100%	80%	100%	100%	80%	80%	100%	100%	80%	80%	96%
Maternity Services J61500	100%	100%	100%	100%	100%	100%	100%	125%	100%	100%	100%	100%	100%	100%	100%	100%	100%	125%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	100%	100%	100%	101%
Mottistone Suite J61090	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	105%
Neonatal Intensive Care Unit J61520	100%	100%	100%	100%	100%	150%	150%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	50%	100%	50%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	97%
Osborne Ward J61915	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	105%
Paediatric Ward J61372	100%	100%	100%	100%	100%	75%	75%	75%	75%	133%	133%	75%	100%	100%	50%	100%	100%	100%	75%	100%	75%	100%	75%	100%	100%	75%	75%	75%	75%	75%	100%	89%
Poppy Unit J61235	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	50%	0%	50%	0%	0%	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	0%	50%	50%	0%	24%
Seagrove Ward J61916	100%	100%	150%	150%	100%	100%	100%	100%	100%	100%	150%	100%	150%	100%	100%	100%	100%	100%	100%	100%	0%	150%	100%	100%	100%	200%	100%	100%	100%	100%	100%	108%
Shackleton J61791	100%	200%	100%	100%	200%	100%	100%	100%	200%	200%	100%	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	100%	100%	100%	100%	100%	100%	100%	119%
St Helens Ward J61102	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Stroke & Neuro Rehab Unit J61221	75%	75%	75%	75%	75%	75%	75%	100%	100%	75%	50%	75%	100%	100%	100%	100%	75%	75%	100%	75%	125%	125%	100%	75%	75%	75%	125%	125%	75%	75%	75%	87%
Whippingham Ward J61101	75%	100%	100%	75%	75%	75%	75%	50%	150%	75%	100%	75%	75%	75%	75%	75%	125%	100%	133%	133%	75%	100%	75%	50%	100%	75%	100%	75%	100%	75%	88%	
Winter Bed Plan Ward J61107	0%	0%	0%	33%	0%	33%	0%	33%	33%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	8%
Woodlands J61913	200%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	200%	100%	200%	100%	100%	100%	100%	100%	100%	200%	100%	200%	100%	200%	100%	200%	100%	100%	100%	100%	123%
Appley Ward J61250	33%	67%	33%	0%	0%	33%	33%	33%	0%	67%	33%	67%	33%	33%	100%	33%	33%	100%	133%	133%	167%	200%	167%	233%	133%	167%	233%	167%	167%	233%	200%	99%
Luccombe Ward J61112	100%	67%	67%	67%	67%	67%	67%	67%	67%	33%	33%	67%	67%	67%	67%	100%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	67%	100%	67%	67%	68%	
Grand Total	82%	85%	82%	83%	81%	87%	87%	82%	85%	82%	85%	84%	91%	81%	84%	84%	86%	89%	97%	97%	98%	105%	100%	95%	95%	97%	100%	97%	94%	95%	90%	89%

October 15

Safer Staffing - Full staffing fill rate by shift

Vlook

Night

Sum of RN%

[illegible]

Vlook

Early

Sum of HCA %

Row Labels	01/10/2015	02/10/2015	03/10/2015	04/10/2015	05/10/2015	06/10/2015	07/10/2015	08/10/2015	09/10/2015	10/10/2015	11/10/2015	12/10/2015	13/10/2015	14/10/2015	15/10/2015	16/10/2015	17/10/2015	18/10/2015	19/10/2015	20/10/2015	21/10/2015	22/10/2015	23/10/2015	24/10/2015	25/10/2015	26/10/2015	27/10/2015	28/10/2015	29/10/2015	30/10/2015	31/10/2015	Grand Total	
Afton Ward J61794	50%	100%	100%	50%	50%	50%	100%	50%	100%	100%	100%	100%	50%	100%	100%	50%	100%	50%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	
Alverstone Ward J61111	100%	100%	100%	100%	100%	150%	100%	100%	50%	50%	100%	50%	50%	50%	100%	100%	50%	100%	50%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	89%	
Colwell Ward J61254	100%	100%	100%	100%	80%	100%	80%	80%	100%	80%	100%	100%	80%	80%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	80%	120%	100%	120%	120%	100%	80%	96%
Coronary Care J61190	100%	100%	100%	100%	100%	200%	300%	250%	150%	200%	150%	100%	150%	150%	150%	50%	100%	50%	50%	150%	150%	50%	100%	100%	100%	100%	150%	150%	150%	100%	100%	127%	
General Rehab & Step Down Unit J61226	100%	100%	100%	100%	100%	100%	100%	100%	100%	75%	100%	75%	75%	100%	100%	100%	75%	125%	100%	100%	100%	100%	100%	100%	100%	100%	75%	50%	100%	100%	75%	100%	94%
Intensive Care Unit J61120	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	140%	
MAAU J61231	100%	100%	100%	100%	167%	167%	100%	100%	100%	100%	100%	100%	100%	67%	67%	100%	100%	100%	100%	133%	100%	100%	167%	100%	100%	133%	133%	100%	133%	100%	100%	109%	
Maternity Services J61500	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	150%	150%	100%	100%	100%	150%	100%	50%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	50%	103%
Mottistone Suite J61090	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	
Neonatal Intensive Care Unit J61520	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Osborne Ward J61915	100%	150%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	150%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	150%	100%	100%	103%
Paediatric Ward J61372	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Poppy Unit J61235	0%	0%	0%	0%	0%	0%	50%	50%	25%	0%	25%	50%	50%	50%	50%	25%	50%	0%	50%	75%	25%	25%	50%	75%	50%	50%	50%	50%	50%	25%	50%	75%	35%
Seagrove Ward J61916	150%	150%	150%	100%	150%	150%	100%	100%	100%	100%	100%	100%	100%	150%	50%	150%	150%	100%	150%	150%	100%	50%	50%	150%	100%	100%	100%	150%	100%	150%	100%	150%	118%
Shackleton J61791	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	99%	
St Helens Ward J61102	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	97%	
Stroke & Neuro Rehab Unit J61221	125%	75%	100%	125%	100%	100%	100%	100%	75%	100%	100%	100%	100%	75%	100%	100%	100%	125%	100%	150%	100%	100%	125%	100%	75%	125%	125%	75%	100%	100%	75%	102%	
Whippingham Ward J61101	100%	50%	100%	75%	75%	75%	100%	75%	75%	75%	100%	100%	100%	100%	100%	100%	100%	100%	125%	100%	100%	75%	50%	100%	125%	125%	100%	75%	25%	75%	125%	90%	
Winter Bed Plan Ward J61107	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	
Woodlands J61913	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	0%	100%	0%	100%	0%	100%	100%	100%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	81%
Appley Ward J61250	50%	25%	0%	50%	0%	75%	50%	50%	25%	25%	75%	25%	75%	100%	75%	75%	50%	100%	100%	100%	33%	150%	133%	100%	200%	33%	100%	100%	100%	100%	33%	133%	66%
Luccombe Ward J61112	167%	133%	133%	133%	100%	167%	167%	100%	67%	133%	100%	167%	167%	167%	167%	133%	133%	167%	133%	67%	100%	167%	133%	167%	133%	100%	133%	133%	133%	167%	133%	135%	
Grand Total	87%	80%	87%	86%	80%	94%	94%	87%	78%	81%	92%	85%	85%	89%	91%	87%	87%	96%	100%	104%	88%	94%	100%	106%	102%	98%	100%	96%	98%	92%	102%	92%	

October 15

Safer Staffing - Full staffing fill rate by shift

Late

	01/10/2015	02/10/2015	03/10/2015	04/10/2015	05/10/2015	06/10/2015	07/10/2015	08/10/2015	09/10/2015	10/10/2015	11/10/2015	12/10/2015	13/10/2015	14/10/2015	15/10/2015	16/10/2015	17/10/2015	18/10/2015	19/10/2015	20/10/2015	21/10/2015	22/10/2015	23/10/2015	24/10/2015	25/10/2015	26/10/2015	27/10/2015	28/10/2015	29/10/2015	30/10/2015	31/10/2015	Grand Total	
Row Labels																																	
Afton Ward J61794	50%	50%	50%	50%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	0%	50%	50%	100%	100%	100%	50%	50%	100%	100%	150%	100%	100%	100%	50%	100%	150%	84%	
Alverstone Ward J61111	200%	200%	200%	200%	100%	200%	200%	100%	100%	100%	100%	100%	0%	100%	0%	100%	0%	100%	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	106%	
Colwell Ward J61254	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	67%	33%	100%	100%	100%	100%	100%	133%	100%	100%	67%	100%	67%	100%	133%	100%	100%	67%	100%	95%	
Coronary Care J61190	100%	100%	200%	200%	200%	200%	200%	300%	100%	200%	200%	100%	200%	200%	100%	100%	100%	100%	200%	200%	0%	100%	100%	100%	100%	100%	100%	300%	200%	300%	0%	100%	155%
General Rehab & Step Down Unit J61226	100%	67%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%	100%	133%	100%	100%	100%	100%	133%	100%	133%	67%	67%	67%	100%	100%	100%	98%	
Intensive Care Unit J61120	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	118%	
MAAU J61231	100%	100%	100%	100%	100%	100%	200%	167%	100%	100%	100%	100%	67%	67%	33%	100%	100%	133%	133%	133%	100%	100%	167%	100%	100%	100%	133%	100%	133%	67%	100%	108%	
Maternity Services J61500	100%	100%	100%	100%	67%	100%	67%	100%	100%	67%	67%	100%	100%	100%	100%	100%	33%	67%	100%	100%	67%	67%	100%	100%	67%	67%	67%	67%	67%	67%	33%	100%	83%
Mottistone Suite J61090	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	109%	
Neonatal Intensive Care Unit J61520	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Osborne Ward J61915	100%	100%	100%	100%	100%	150%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	150%	150%	100%	100%	100%	100%	100%	100%	100%	100%	105%	
Paediatric Ward J61372	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Poppy Unit J61235	0%	0%	0%	0%	0%	0%	50%	50%	25%	0%	50%	50%	25%	50%	50%	50%	50%	25%	50%	50%	25%	25%	50%	50%	25%	50%	25%	75%	50%	50			

Night

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Isle of Wight NHS Trust Board Performance Report 2015/16

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Summary - RAG Rating based on Out-turn position

Summary

The Trust is reporting a £0.267m deficit for October 2015, which is an adverse variance of £0.346m against plan. Cumulatively, there is a deficit of £6.211m as at October 2015, an adverse variance of £4.151m against plan.

The main reasons for variance to plan is Hospital & Ambulance Directorate CIP unachievement, the impact of operational pressures and under performance against main commissioner Service Level Agreement.

Continuity of Service Rating			Surplus			Income		
G			R			R		
Year to date	Plan 2	Actual 1	Year to date £k	Plan (2,060)	Actual / Forecast (6,211)	Variance (4,151)	Year to date £k	Plan 98,528
			Year end forecast £k	(4,600)	(4,600)	0	Year end forecast £k	Actual / Forecast 96,772
The planned Continuity of Service Rating (CoSR) to month 7 was a '2'. Unfortunately, as the actual I&E position has deteriorated significantly from plan, to the end of October, the Trust is reporting an overall Continuity of Service Rating of '1'. New Financial Sustainability Risk Ratings have now been officially introduced into monthly monitoring reporting by the TDA (following Monitors lead for FTs in July) and are now incorporated into the Board report. The overall year to date sustainability risk rating shows a variance of 1 against plan.			The Trust planned for a surplus of £0.079m in October, after adjustments made for normalising items (these include the net costs associated with donated assets). The reported position is a deficit of £0.267m in the month, an adverse variance of £0.346m against plan. The cumulative Trust plan was a deficit of £2.060m, after normalising items. The actual position is a cumulative deficit of £6.211m, an adverse variance of £4.151m. The main variance in month related to under performance against the CCG PbR Contract of £0.382m (£2.146m year to date). In addition to this, there is a £0.160m variance (£0.362m year to date) relating to a phasing issue on the CCG SLA Acute Contract, which will reduce to zero by the end of the financial year. A benefit of £353k was also realised in month following a balance sheet review. This area will be pursued further during November with a detailed review and analysis aimed at identifying additional financial benefits. The Trusts planned forecast out-turn deficit has remained at £4.6m with increased risk due to implementation of the system resilience improvement plan. Current directorate performances increases the risk further of delivering this, although efforts are being made to achieve this and contribute to the stretch target. It is actively being managed through performance reviews, monthly finance deep dive meetings for all directorates, Executive Panel scrutiny review of all recruitment requests, and weekly challenge meetings in Hospital & Ambulance Directorate on CIP and budget delivery involving all business managers.			The Trust planned income in October was £14.493m. The actual reported income is £14.497m in month, a favourable variance of £0.004m. The cumulative income plan is £98.528m. The actual position is a cumulative income of £96.772m, an adverse variance of £1.755m. This position includes £2.146m provision for penalties and estimated contract under performance, and £716k adverse variance from delayed investments and cost per case services over and under plan.		

Operating Costs (including directorate income)				CIP				Cash			
R				R				G			
Year to date £k	Plan (83,616)	Actual / Forecast (85,301)	Variance (1,685)	Year to date £k	Plan 4,826	Actual / Forecast 3,049	Variance (1,777)	Year to date £k	Plan 5,069	Actual / Forecast 4,795	Variance (274)
Year end forecast £k	(144,277)	(145,898)	(1,621)	Year end forecast £k	8,500	6,048	(2,452)	Year end forecast £k	1,890	1,890	0
The Trust is reporting a current year overspend against expenditure budget of £1.685m. Including additional costs relating to the Public Dividend Capital Charge the adjusted overspend expenditure variance is £1.688m. The current year net operating costs include £12.045m of directorate income. Excluding this income source the total costs amount to £97.346m. In addition to the operating costs, capital charges & finance costs amount to £5.638m.				The in month position for CIP is an achievement of £0.833m against a target of £0.730m, an over achievement of £0.103m. Cumulatively there is an achievement of £3.049m with a target of £4.826m. This is an adverse variance of £1.777m. The current year forecast is an achievement of £6.048m against a target of £8.500m, a shortfall of £2.452m. Plans are being developed through the turnaround programme of work to ensure that this gap is bridged.				The cash balance held at the end of October is c£4.8m which is slightly less than the £5m expected. The increase in the Operating Surplus/(Deficit) from the planned £2k to c£4.5m is more or less offset in cash terms by the underspend in capital expenditure. The movement in other working capital accounts for the other slight difference in the cash balance.			

Capital				Indicators of Forward Financial Risk			
G				G			
Year to date £k	Plan (5,947)	Actual / Forecast (2,969)	Variance (2,978)	Number of indicators breached	Actual 4	Forecast for quarter 4	
Year end forecast £k	(8,180)	(7,430)	(750)	Number of indicators	12	12	
Strategic Capital schemes includes the larger capital projects. The MAU Extension has now been completed and the Endoscopy Relocation scheme is progressing well and expected to complete within the approved timescale. The ICU/CCU project from 2014/15 remains on hold and accounted for in the ledger within Assets Under Construction in 2015/16; no further expenditure on this project has been agreed as yet. The Ward Reconfiguration of Level C has also been put on hold for this financial year meaning an additional £103k has been made available for reallocation. The phasing of the spend of the funding for the Carbon Energy Fund project has also been changed, the consequence of which is a transfer of funds back to Operational Capital of £769k in this financial year.				Indicators breached are: i) Trust financial performance is on plan ii) Capital expenditure <75% of plan for the year iii) Trusts CIP schemes on plan			

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Continuity of Service Risk Rating

The planned Continuity of Service Rating (CoSR) to month 7 was a '2'. Unfortunately, as the actual I&E position has deteriorated significantly from plan, to the end of October, the Trust is reporting an overall Continuity of Service Rating of '1'. New Financial Sustainability Risk Ratings have now been officially introduced into monthly monitoring reporting by the TDA (following Monitors lead for FTs in July) and are now incorporated into the Board report. The overall year to date sustainability risk rating shows a variance of 1 against plan.

Year To Date	Plan Rating	Actual Rating	Variance
Continuity of Service Risk Ratings			
Liquidity Ratio	1	1	0
Capital Servicing Capacity (Times)	2	1	(1)
Continuity of Services Risk Rating for Trust	2	1	(1)
Financial Sustainability Risk Ratings from M6 (based on original Plan submission)			
I&E Margin Rating	1	1	0
I&E Margin Variance from Plan	3	1	(2)
Overall Financial Sustainability Risk Rating	2	1	(1)

Financial Criteria	Weight %		Metric to be scored	Definition	Rating categories			
					4	3	2	1
Liquidity Ratio	1	50%	Liquid Ratio (days)	$\frac{\text{Working capital balance} \times 360}{\text{Annual operating expenses}}$	0.0	-7.0	-14.0	<-14
Capital Servicing Capacity Ratio	1	50%	Capital servicing capacity (time)	$\frac{\text{Revenue available for capital service}}{\text{Annual debt service}}$	2.5x	1.75x	1.25x	<1.25x
Additional Monitor Risk Ratings								
Underlying Performance	1	25%	I&E Margin (%)	Adjusted $\frac{\text{Financial Performance Retained Surpl}}{\text{Income}}$	>1%	0% to 1%	0% to -1%	<-1%
Variance from Plan	1	25%	Variance in I&E Margin as % of Plan	$\frac{\text{Variance in I\&E Margin}}{\text{Income}}$	>0%	0% to -1%	-1% to -2%	<-2%

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Surplus

The Trust planned for a surplus of £0.079m in October, after adjustments made for normalising items (these include the net costs associated with donated assets). The reported position is a deficit of £0.267m in the month, an adverse variance of £0.346m against plan.

The cumulative Trust plan was a deficit of £2.060m, after normalising items. The actual position is a cumulative deficit of £6.211m, an adverse variance of £4.151m.

The main variance in month related to under performance against the CCG PbR Contract of £0.382m (£2.146m year to date). In addition to this, there is a £0.160m variance (£0.362m year to date) relating to a phasing issue on the CCG SLA Acute Contract, which will reduce to zero by the end of the financial year.

A benefit of £353k was also realised in month following a balance sheet review. This area will be pursued further during November with a detailed review and analysis aimed at identifying additional financial benefits.

The Trusts planned forecast out-turn deficit has remained at £4.6m with increased risk due to implementation of the system resilience improvement plan. Current directorate performances increases the risk further of delivering this, although efforts are being made to achieve this and contribute to the stretch target. It is actively being managed through performance reviews, monthly finance deep dive meetings for all directorates, Executive Panel scrutiny review of all recruitment requests, and weekly challenge meetings in Hospital & Ambulance Directorate on CIP and budget delivery involving all business managers.

	Base Budget Plan £000s	Plan £000s	In month Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
Surplus / (Deficit)	(4,600)	79	(267)	(346)	(2,060)	(6,211)	(4,151)	(4,600)	(4,600)	0

The Category A income under recovery relates to under performance against CCG PbR contracted activity (£2.146m) plus delayed investments and cost per case services that are over or under plan. These delays are offset by a corresponding balance in reserves of £716k (£451k IoW CCG, £265k NHSE).

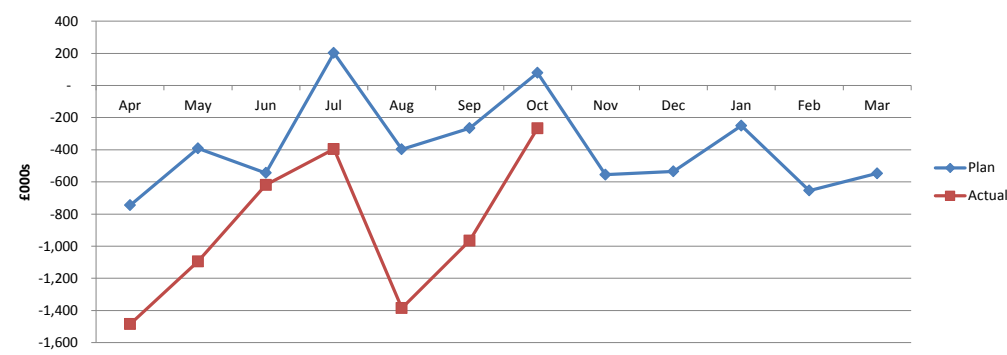
Operating costs include considerable over spends in Hospital & Ambulance directorate. These relate to unachievement of CIP requirements, and additional costs in respect of operational pressures and black alert status which are being addressed through contract discussions with commissioners.

The current trajectory year end forecasts from directorates are a deficit of £6.7m. Further actions and new CIP schemes are being progressed to return the Trust to its predicted position of £4.6m.

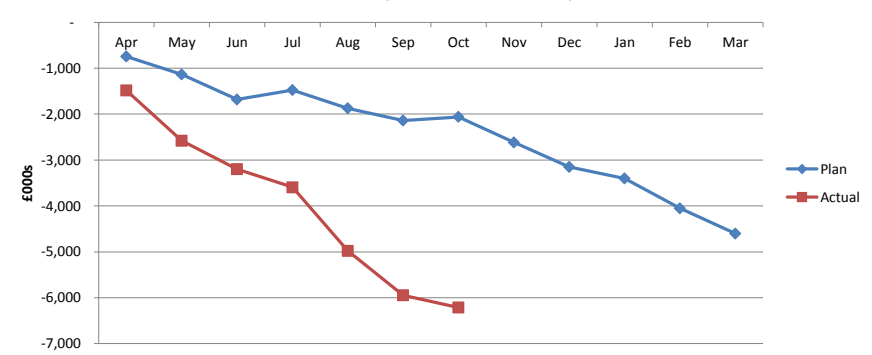
The current Full Year Plan budgets differ from the Base Budget Plan due to directorates movement of CIP targets between Pay, Non Pay and Income as savings plans are developed.

	Base Budget Plan £000s	Plan £000s	In month Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
Income	166,836	14,493	14,497	4	98,528	96,772	(1,755)	168,259	169,927	1,669
Pay	(114,151)	(9,468)	(9,729)	(261)	(66,923)	(69,544)	(2,621)	(114,854)	(115,542)	(687)
Non Pay	(47,147)	(4,112)	(4,211)	(99)	(28,030)	(27,802)	228	(47,996)	(48,974)	(979)
EBITDA	5,538	914	557	(356)	3,575	(573)	(4,149)	5,408	5,411	3
Depreciation & Amortisation	(6,531)	(540)	(530)	9	(3,572)	(3,551)	21	(6,401)	(6,380)	21
PDC	(3,625)	(302)	(302)	1	(2,115)	(2,115)	0	(3,625)	(3,625)	0
Impairment	0	0	0	0	0	0	0	0	0	0
Profit/(Loss) on Asset Disposal	0	0	0	0	0	(30)	(30)	0	(30)	(30)
Interest Receivable/(Payable)	0	0	1	1	0	8	8	0	8	8
Bank Charges	(8)	(1)	(1)	0	(5)	(3)	2	(8)	(6)	2
RETAINED SURPLUS / (DEFICIT)	(4,626)	71	(274)	(346)	(2,116)	(6,265)	(4,149)	(4,626)	(4,623)	2
Receipt of Charitable Donations for Asset Acquisition	(70)	0	0	0	0	0	0	(70)	(70)	0
Impairment	0	0	0	0	0	0	0	0	0	0
Depreciation - Donated Assets	96	8	8	(0)	56	54	(2)	96	94	(2)
REVISED RETAINED SURPLUS / (DEFICIT)	(4,600)	79	(267)	(346)	(2,060)	(6,211)	(4,151)	(4,600)	(4,600)	0

Surplus / (Deficit) by Month



Cumulative Surplus / (Deficit) by Month



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Income

The Trust planned income in October was £14.493m. The actual reported income is £14.497m in month, a favourable variance of £0.004m.

The cumulative income plan is £98.528m. The actual position is a cumulative income of £96.772m, an adverse variance of £1.755m.

This position includes £2.146m provision for penalties and estimated contract under performance, and £716k adverse variance from delayed investments and cost per case services over and under plan.

	Base Budget Plan £000s	Plan £000s	In month Actual £000s	Variance £000s	Plan £000s	Year to date Actual £000s	Variance £000s	Plan £000s	Full Year Forecast £000s	Variance £000s
Surplus / (Deficit)	166,836	14,493	14,497	4	98,528	96,772	(1,755)	168,259	169,927	1,669

The NHS Isle of Wight CCG position year to date has an estimate of £2.146m for cumulative under performance against the PbR contract. This is sub divided as £2.063m under performance on Elective and Outpatient activity, and £0.083m under performance on Non Elective activity.

Movement in month of £0.382m relates to under performance ahead of commencement of the System Resilience Improvement Plan.

This position will improve for the remainder of the year following implementation of the System Resilience Improvement Plan.

There are also contract services that have yet to commence and cost per case services over and under plan (£451k), but is offset by a corresponding balance in revenue reserves. The year end forecast is for this funding source to be drawn in full. An equal entry has been made in the Trusts expenditure reserve position to negate this impact.

The year end position assumes that income will be received as per plan.

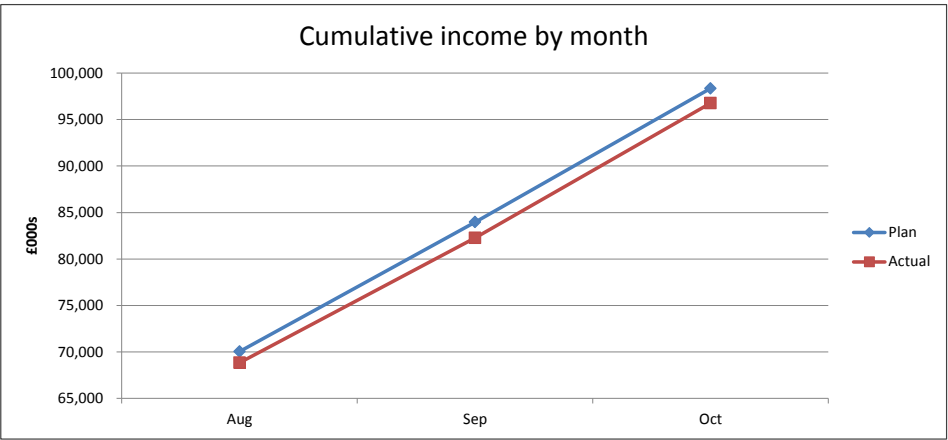
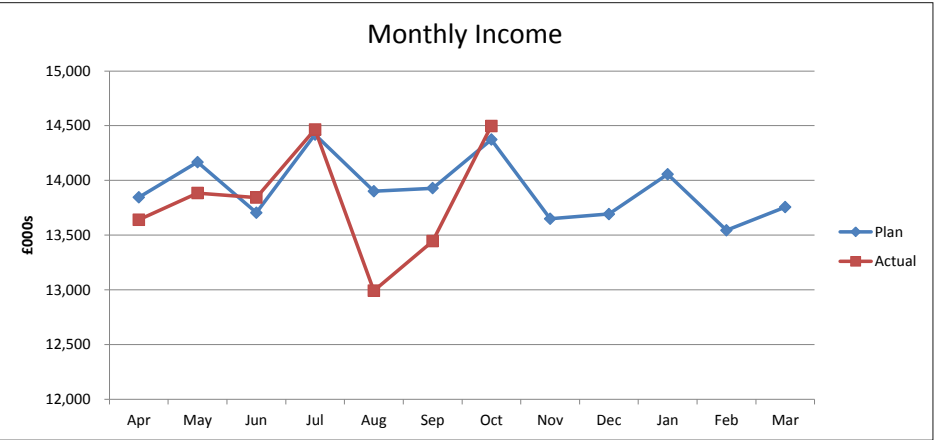
NHS England variance relates to

i) under performance against Non PbR excluded drugs (£264k), which is offset by a reduction in costs within Hospital & Ambulance Directorate

ii) over performance against service contract at an estimated £146k to date.

IoW Council variance relates to over performance against contract.

Income	Base Budget Plan £000s	Plan £000s	In month Actual £000s	Variance £000s	Plan £000s	Year to date Actual £000s	Variance £000s	Plan £000s	Full Year Forecast £000s	Variance £000s
NHS Isle of Wight CCG	132,668	11,347	11,122	(225)	77,510	75,147	(2,363)	133,408	135,349	1,940
NHS England	11,142	933	857	(76)	6,504	6,386	(119)	11,142	10,794	(349)
Isle of Wight Council	1,748	261	267	5	1,829	1,867	38	3,135	3,179	44
Commissioning Support Unit	320	27	25	(1)	187	187	(0)	320	323	3
Non Contractual Activity	1,575	146	144	(2)	1,100	1,095	(6)	1,575	1,569	(6)
Southampton University Hospitals FT	105	9	7	(2)	61	47	(14)	105	81	(24)
Other directorate income - Patient Care Activities	8,686	574	535	(39)	3,579	3,594	15	4,371	4,371	0
Income from Patient Care Activities	156,244	13,297	12,956	(340)	90,771	88,322	(2,448)	154,057	155,665	1,609
Other directorate income - Other Operating Revenue	10,592	1,197	1,541	344	7,757	8,450	693	14,202	14,262	60
TOTAL INCOME	166,836	14,493	14,497	4	98,528	96,772	(1,755)	168,259	169,927	1,669



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Directorate Performance

	In month			Year to date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	765	792	27	5,319	5,387	68	114
Pay	(5,268)	(5,738)	(469)	(37,359)	(41,013)	(3,654)	(3,830)
Non Pay	(2,160)	(2,245)	(85)	(15,353)	(15,668)	(315)	(1,029)
TOTAL	(6,663)	(7,191)	(527)	(47,393)	(51,294)	(3,902)	(4,745)

Hospital & Ambulance's overspend is mainly due to unachieved CIP but the forecast outturn has improved by £582k. This is due to a reduction in winter ward costs £105k, Winter Plan costs be accounted for outside of the directorate £217k, and an increase in delivered CIP £253k CIP/Turnaround meetings are being re-established weekly again, to focus on CIP delivery and maintaining the forecast

	In month			Year to date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	162	168	5	963	1,094	131	177
Pay	(2,586)	(2,542)	43	(17,902)	(17,900)	3	(22)
Non Pay	(415)	(426)	(11)	(2,537)	(2,544)	(7)	(37)
TOTAL	(2,839)	(2,801)	38	(19,476)	(19,350)	126	118

The monthly position has underspent in month due to confirmation of additional income from the CCG to support the Anti-Psychotic drugs £26k and income received from the Local Authority to support the development of PARIS. Redundancy payment materialise in month, and this costs was supported by income from the LA of £19k.
The year-end forecast assumes CCG volume growth funding for both MPTT and continence. Both areas are currently underfunded
Medical staffing continue to overspend due to recruitment difficulties

	In month			Year to date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	37	46	9	258	347	90	(94)
Pay	(37)	(45)	(8)	(256)	(321)	(65)	118
Non Pay	(0)	(2)	(1)	(1)	(25)	(24)	(23)
TOTAL	0	0	(0)	1	1	0	(0)

This budget will report a break even position as all costs are offset by income.

	In month			Year to date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	168	231	63	1,178	1,641	463	(378)
Pay	(168)	(209)	(41)	(1,178)	(1,507)	(329)	512
Non Pay	0	(22)	(22)	0	(134)	(134)	(134)
TOTAL	0	(0)	(0)	0	(0)	(0)	(0)

This budget will report a break even position as all costs are recharged.

	In month			Year to date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	18	27	9	123	160	37	6
Pay	(310)	(295)	15	(2,145)	(2,100)	45	74
Non Pay	(217)	(201)	16	(1,451)	(1,378)	74	104
TOTAL	(509)	(470)	39	(3,474)	(3,318)	156	184

At month 7, Finance & Performance Management has reported a year to date underspend of £156k, a increase from £116k at month 6. This directorate has been impacted by the movement of Human Resources from the Nursing Directorate, into its reporting structure, and this was reflected in a movement on the Mth 5 to Mth 6 position and yearend forecast.
The main impact relates to the Human Resources unachieved CIP, £54k ytd and forecasting £73k full year. Although a plan had been identified, recurring delivery was dependant on FYE of removing 2 managerial posts, however only 1 has been identified for action. Other minor underspends are supporting the position, notably £18k from NHS Supply chain discounts and a £15k underspend on the corporately held stationary contract.
Despite the issues mentioned earlier, the combined yearend forecast remains good, anticipating an underspend of £184k overall.

	In month			Year to date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	1	0	(1)	8	7	(1)	(12)
Pay	(172)	(174)	(2)	(985)	(965)	21	18
Non Pay	(34)	(37)	(3)	(307)	(294)	12	2
TOTAL	(205)	(210)	(6)	(1,284)	(1,252)	32	8

The Nursing directorate's position has been impacted by the movement of Human Resources to the Finance Directorate and this is reflected in the movement in the year to date position and yearend forecast.
Within the ytd underspend £32k there is an overachievement of £5k CIP. However it should be noted that 75% of the CIP achieved ytd relates to Non Recurring items, notably vacancies which are being held subject to the completion of the Clinical Organisational change, when a review of the Nursing Directorates resources will take place. Similarly the ytd underspend on non pay is expected to reduce with the expectation that the replacement budget for beds will be fully utilized.
The service is forecasting an overall underspend of £8k for yearend.

	In month			Year to date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	422	666	245	2,942	3,099	157	74
Pay	(589)	(594)	(5)	(4,158)	(4,243)	(85)	(184)
Non Pay	(763)	(955)	(192)	(5,227)	(5,205)	22	118
TOTAL	(930)	(883)	47	(6,442)	(6,349)	94	8

Strategic and Commercial planning directorate reported an improved in month underspend against budget of £47k. The large variances between underspend on non pay and underachievement on income relates to the NHS Creative yearend forecast, however it should be noted that NHS Creative are continuing to produce a forecast to meet the target within the business plan agreed at TEC. Residences continue to be underspent due to the high occupancy levels within the on site accommodation. The main issue for the directorate continues to be unachieved CIP with a yearend forecast of underachievement of £139k, however non recurring savings have resulted in an overachievement to plan of £26k ytd. Of the total CIP plan £220k relates to Hotel services. A new manager started in August. It is planned that current budget managers will offer support to this area to achieve their target.

	In month			Year to date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	35	39	4	159	202	43	95
Pay	(193)	(208)	(15)	(1,531)	(1,571)	(39)	(38)
Non Pay	(369)	(358)	12	(2,366)	(2,334)	32	(15)
TOTAL	(528)	(527)	1	(3,738)	(3,702)	35	41

Trust Administration reported an overall underspend of £1k in month. Pay continues to be impacted by an unfunded End of Life post and a solution for this will need to be found.
Year to date £8k of unachieved CIP is being masked by various underspends elsewhere in the directorate. My Life a Full Life shows current and projected overspends and overachievement on pay and income, which balance out overall. Having factored in the impact of the organisational changes, the yearend forecast has improved by a further £20k to £41k overall, mainly relating to a 2 day a week Executive secondment to support the development of the Vanguard project for the Island.

	In month			Year to date			Forecast
	Plan	Actual	Variance	Plan	Actual	Variance	Variance
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Income	163	107	(56)	387	107	(280)	64
Pay	(145)	76	220	(1,408)	76	1,484	2,665
Non Pay	(153)	34	188	(788)	(219)	569	35
TOTAL	(135)	217	352	(1,810)	(37)	1,773	2,764

The variance to date relates to:
i) commissioners contract variations on delayed investments and cost per case services that are over or under plan, but is offset by a corresponding balance in income (£716k favourable)
ii) slippage on reserves for which funding had been committed (£1,419k favourable)
iii) impact of changed CCG SLA Contract activity phasing to date (£362k adverse)

The Trust is reporting a current year overspend against expenditure budget of £1.685m. Including additional costs relating to the Public Dividend Capital Charge the adjusted overspend expenditure variance is £1.688m.

The current year net operating costs include £12.045m of directorate income. Excluding this income source the total costs amount to £97.346m. In addition to the operating costs, capital charges & finance costs amount to £5.638m.

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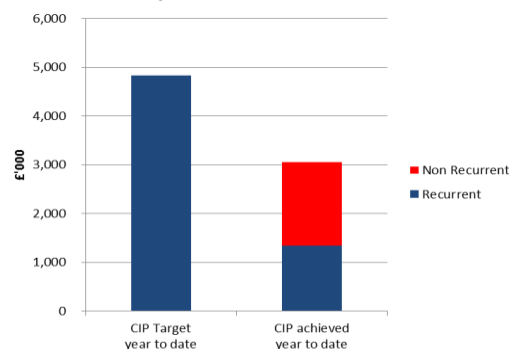
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Directorate Performance

The in month position for CIP is an achievement of £0.833m against a target of £0.730m, an over achievement of £0.103m. Cumulatively there is an achievement of £3.049m with a target of £4.826m. This is an adverse variance of £1.777m.

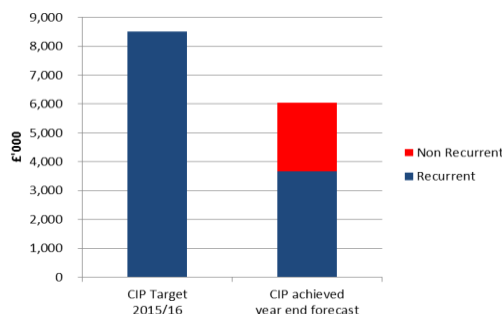
The current year forecast is an achievement of £6.048m against a target of £8.500m, a shortfall of £2.452m. Plans are being developed through the turnaround programme of work to ensure that this gap is bridged.

CIP position - Year to date



Directorate	CIP Target year to date £'000	Recurrent achieved year to date	Non Recurrent achieved year to date	CIP achieved year to date £'000	Over / (Under) Target year to date £'000
Hospital and Ambulance	3,359	704	341	1,046	(2,314)
Community and Mental Health	690	164	494	658	(32)
Finance and Performance	142	163	517	680	538
Nursing and Workforce	124	37	60	98	(27)
Strategic and Commercial	401	227	234	461	60
Trust Administration	109	51	56	107	(2)
Grand Total	4,826	1,346	1,703	3,049	(1,777)

CIP position - Year end forecast



Directorate	CIP Target 2015/16 £'000	Recurrent achieved forecast year end	Non Recurrent achieved forecast year end	CIP achieved year end forecast £'000	Over / (Under) Target forecast £'000
Hospital and Ambulance	5,917	2,281	374	2,655	(3,262)
Community and Mental Health	1,216	458	757	1,215	(1)
Finance and Performance	250	281	873	1,154	904
Nursing and Workforce	219	103	86	189	(30)
Strategic and Commercial	706	409	234	643	(63)
Trust Administration	192	136	56	192	0
Grand Total	8,500	3,669	2,379	6,048	(2,452)

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Cash

Isle of Wight
NHS Trust

The cash balance held at the end of October is c£4.8m which is slightly less than the £5m expected. The increase in the Operating Surplus/(Deficit) from the planned £2k to c£4.5m is more or less offset in cash terms by the underspend in capital expenditure. The movement in other working capital accounts for the other slight difference in the cash balance.

	Plan £000s	Year to date Actual £000s	Variance £000s
Cash Balance	5,069	4,795	(274)

	Plan £000s	Year to date Actual £000s	Variance £000s
Operating Surplus/(Deficit)	(2)	(4,158)	(4,156)
Depreciation and Amortisation	3,737	3,551	(186)
Impairments and Reversals	0	0	0
Gains /(Losses) on foreign exchange	0	0	0
Donated Assets - non-cash	0	0	0
Government Granted Assets received, credited to revenue but non-cash	0	0	0
PFI/Finance Lease Interest Paid	0	0	0
Interest Paid	(12)	0	12
Dividend (Paid)/Refunded	(1,813)	(1,813)	0
Release of PFI/Deferred Credit	0	0	0
Movement in Inventories	0	381	381
Movement in Receivables	500	(686)	(1,186)
Movement in Other Current Assets	0	0	0
Movement in Trade and Other Payables	3,626	4,224	598
Movement in Other Current Liabilities	0	0	0
Provisions Utilised	(40)	(112)	(72)
Movement in Non Cash Provisions	0	(218)	(218)
Cashflow from Operating Activities	5,996	1,169	(4,827)
Cashflow from Investing Activities	0	0	0
Interest Received	14	18	4
Capital Expenditure - PPE	(9,086)	(5,183)	3,903
Capital Expenditure - Intangibles	(610)	(8)	602
(Payments) for Investments with DH	0	0	0
(Payments) for Other Financial Assets	0	0	0
(Payments) for Financial Assets (LIFT)	0	0	0
Proceeds of disposal of assets held for sale (PPE)	0	0	0
Proceeds of disposal of assets held for sale (Intangible)	0	0	0
Proceeds from Disposal of Investment with DH	0	0	0
Proceeds from Disposal of Other Financial Assets	0	0	0
Proceeds from the disposal of Financial Assets (LIFT)	0	0	0
Loans Made in Respect of LIFT	0	0	0
Loans Repaid in Respect of LIFT	0	0	0
Rental Revenue	0	0	0

	Plan £000s	Full Year Forecast Actual £000s	Variance £000s
Cash Balance	1,890	1,890	0

	Plan £000s	Full Year Forecast Actual £000s	Variance £000s
Operating Surplus/(Deficit)	(1,001)	(994)	7
Depreciation and Amortisation	6,531	6,389	(142)
Impairments and Reversals	0	0	0
Gains /(Losses) on foreign exchange	0	0	0
Donated Assets - non-cash	(70)	(70)	0
Government Granted Assets received, credited to revenue but non-cash	0	0	0
PFI/Finance Lease Interest Paid	0	0	0
Interest Paid	(27)	(24)	3
Dividend (Paid)/Refunded	(3,625)	(3,625)	0
Release of PFI/Deferred Credit	0	0	0
Movement in Inventories	(228)	802	1,030
Movement in Receivables	1,000	894	(106)
Movement in Other Current Assets	0	0	0
Movement in Trade and Other Payables	2,997	(2,560)	(5,557)
Movement in Other Current Liabilities	0	0	0
Provisions Utilised	(330)	(330)	0
Movement in Non Cash Provisions	0	0	0
Cashflow from Operating Activities	5,247	482	(4,765)
Cashflow from Investing Activities	0	0	0
Interest Received	24	24	0
Capital Expenditure	(11,244)	(9,308)	1,936
Capital Expenditure - Intangibles	(837)	(308)	529
(Payments) for Investments with DH	0	0	0
(Payments) for Other Financial Assets	0	0	0
(Payments) for Financial Assets (LIFT)	0	0	0
Proceeds of disposal of assets held for sale (PPE)	0	0	0
Proceeds of disposal of assets held for sale (Intangible)	0	0	0
Proceeds from Disposal of Investment with DH	0	0	0
Proceeds from Disposal of Other Financial Assets	0	0	0
Proceeds from the disposal of Financial Assets (LIFT)	0	0	0
Loans Made in Respect of LIFT	0	0	0
Loans Repaid in Respect of LIFT	0	0	0
Rental Revenue	0	0	0

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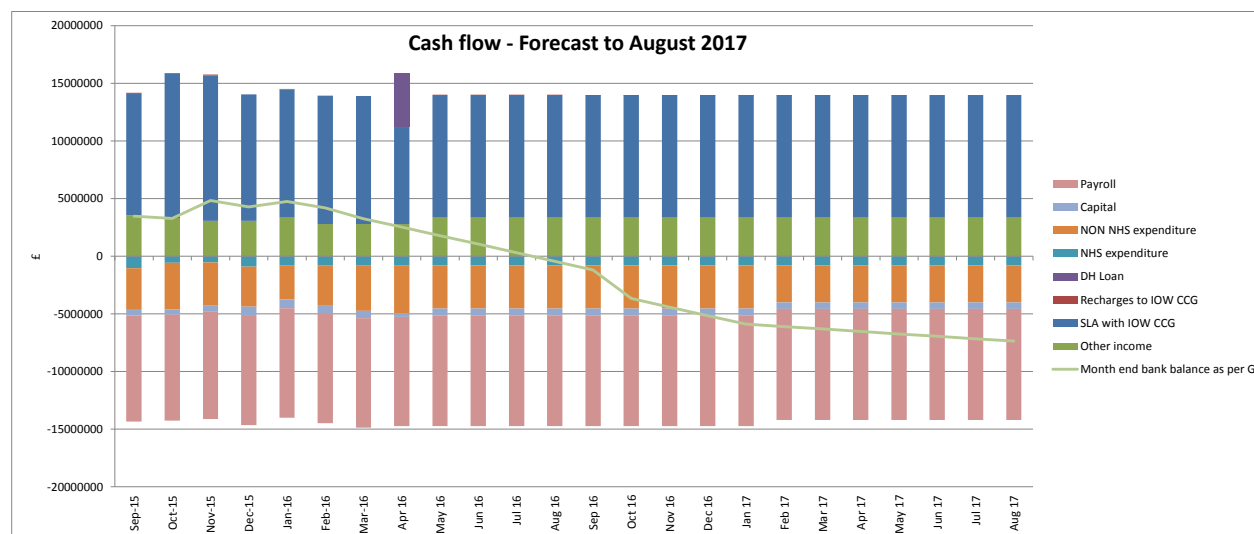
Cash

	Plan £000s	Year to date Actual £000s	Variance £000s
Cashflow from Investing Activities	(9,682)	(5,173)	4,509
Cash Flows from Financing Activities	(3,686)	(4,004)	318
New Temporary PDC Issued in year to date for liquidity purposes	0	0	0
Anticipated Repayment for Temporary PDC (enter month of repayment below)	0	0	0
Revolving Working Capital Support Facility Accessed	0	0	0
Revolving Working Capital Support Facility Repaid	0	0	0
New Public Dividend Capital received in year: PDC Capital	0	0	0
New Public Dividend Capital received in year: PDC Revenue	0	0	0
Public Dividend Capital repaid in year: PDC Capital	0	0	0
Public Dividend Capital repaid in year: PDC Revenue	0	0	0
Loans received from DH - New Capital Investment Loans	0	0	0
Loans received from DH - FT Liquidity Loans	0	0	0
Loans received from DH - Revenue Support Loans	0	0	0
Loans Received - London RE:FIT loans (London Trusts only)	0	0	0
Other Loans Received	0	0	0
Loans repaid to DH - Capital Investment Loans Repayment of Principal	0	0	0
Loans repaid to DH - FT Liquidity Loans Repayment of Principal	0	0	0
Loans repaid to DH - Revenue Support Loans Repayment of Principal	0	0	0
Capital Element of Finance Leases	(44)	0	44
Other Loans Repaid	0	0	0
Other Capital Receipts	0	0	0
Cash transferred to NHS Foundation Trusts	0	0	0
Capital grants and other capital receipts (excluding donated/government granted cash receipts)	0	0	0
Cashflow from Financing Activities	(44)	0	44
Net increase/decrease in cash	(3,730)	(4,004)	362
Opening Cash Balance	8,799	8,799	0
Opening Balance Adjustment	0	0	0
Restated Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	8,799	8,799	0
Effect of Exchange Rate Changes in the Balance of Cash Held in Foreign Currencies	0	0	0
Closing Cash Balance	5,069	4,795	(274)

The cash balance of c£4.8m held at the end of October is just £274k less than planned. Primarily, this is because the increase in the reported deficit of c£4.5m is offset by the reduced cash spent on capital of circa the same amount (£5.2m against the original planned spend of £9.7m). The small variation in the cash balance can therefore be attributable to the net movement in other working capital.

	Plan £000s	Full Year Forecast Actual £000s	Variance £000s
Cashflow from Investing Activities	(12,057)	(9,592)	2,465
Cash Flows from Financing Activities	(6,810)	(9,110)	(2,300)
New Temporary PDC Issued in year to date for liquidity purposes	0	0	0
Anticipated Repayment for Temporary PDC (enter month of repayment below)	0	0	0
Revolving Working Capital Support Facility Accessed	0	2,300	(2,300)
Revolving Working Capital Support Facility Repaid	0	0	0
New Public Dividend Capital received in year: PDC Capital	0	0	0
New Public Dividend Capital received in year: PDC Revenue	0	0	0
Public Dividend Capital repaid in year: PDC Capital	0	0	0
Public Dividend Capital repaid in year: PDC Revenue	0	0	0
Loans received from DH - New Capital Investment Loans	0	0	0
Loans received from DH - FT Liquidity Loans	0	0	0
Loans received from DH - Revenue Support Loans	0	0	0
Loans Received - London RE:FIT loans (London Trusts only)	0	0	0
Other Loans Received	0	0	0
Loans repaid to DH - Capital Investment Loans Repayment of Principal	0	0	0
Loans repaid to DH - FT Liquidity Loans Repayment of Principal	0	0	0
Loans repaid to DH - Revenue Support Loans Repayment of Principal	0	0	0
Capital Element of Finance Leases	(99)	(99)	0
Other Loans Repaid	0	0	0
Other Capital Receipts	0	0	0
Cash transferred to NHS Foundation Trusts	0	0	0
Capital grants and other capital receipts (excluding donated/government granted cash rec	0	0	0
Cashflow from Financing Activities	(99)	2,201	(2,300)
Net increase/decrease in cash	(6,909)	(6,909)	(4,600)
Opening Cash Balance	8,799	8,799	0
Opening Balance Adjustment	0	0	0
Restated Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	8,799	8,799	0
Effect of Exchange Rate Changes in the Balance of Cash Held in Foreign Currencies	0	0	0
Closing Cash Balance	1,890	1,890	0

The forecast cash balance held at 31st March 2016 is still expected to be £1.89m and is based on the expectation that organisations will hold a minimum of balance equivalent to 2 days operating costs which, in the Trust's case would equate to c£1m. The c£1.9m is therefore ahead of the requirement but will provide a small buffer for unmitigated risks in the financial position if these were to materialise. It remains likely that should the financial position continue to deteriorate and CIPs do not deliver, a level of cash support will be required before the year-end. Forecast cash flow as shown in the graph below includes additional support from the IWCCG of c£1.3m in September and October with repayment being made in March 2016. It is now likely that only the Trust's stretch target figure of £2.3m will be available from the DH as cash support (as opposed to the full £4.6m which represents 10 days operating costs), although indications from the TDA would indicate that they will be supportive should the need arise for an increase in this sum. The forecast cash flow is currently being definitively substantiated to ensure any application is completed in time for submission in the month the requisition is or may be required.



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Statement of Financial Position

The Trust Balance Sheet is produced on a monthly basis, and reflects changes in asset values, as well as movements in liabilities.

	1st April 2015	Year to Date			Notes
	£k	Plan £k	Actual £k	Variance £k	
Property, Plant and Equipment	107,504	109,931	106,861	(3,070)	
Intangible Assets	3,495	2,814	2,778	(36)	
Investment Property	0	0	0	0	
Other Financial Assets	0	0	0	0	
Trade and Other Receivables	340	224	226	2	
Non Current Assets	111,339	112,969	109,865	(3,104)	
Inventories	2,303	1,728	1,921	193	
Trade and Other Receivables	7,604	6,948	8,404	1,456	
Other Financial Assets	0	0	0	0	
Other Current Assets	0	0	0	0	
Cash and Cash Equivalents	8,799	5,069	4,795	(274)	
Sub Total Current Assets	18,706	13,745	15,120	1,375	
Non-Current Assets Held For Sale	0	0	497	497	
Current Assets	18,706	13,745	15,617	1,872	
Trade and Other Payables	(18,694)	(19,338)	(20,996)	(1,658)	
Other Liabilities	0	0	0	0	
Provisions	(643)	(334)	(313)	21	
Borrowings	0	0	0	0	
Other Financial Liabilities	0	0	0	0	
Liabilities arising from PFIs / Finance Leases	0	(76)	0	76	
DH Working Capital Loan - FT Liquidity	0	0	0	0	
DH Working Capital Loan - Revenue Support	0	0	0	0	
DH Capital Loan	0	0	0	0	
Current Liabilities	(19,337)	(19,748)	(21,309)	(1,561)	
Trade and Other Payables	0	0	0	0	
Other Liabilities	0	0	0	0	
Provisions	0	0	0	0	
Borrowings	0	0	0	0	
Other Financial Liabilities	0	0	0	0	
Liabilities arising from PFIs/Finance Leases	0	(933)	0	933	
DH Working Capital Loan - FT Liquidity	0	0	0	0	
DH Working Capital Loan - Revenue Support	0	0	0	0	
DH Capital Loan	0	0	0	0	
Non-Current Liabilities	0	(933)	0	933	
TOTAL ASSETS EMPLOYED	110,708	106,033	104,173	(1,860)	
FINANCED BY:					
Public Dividend Capital	6,762	6,762	6,762	0	
Retained Earnings Reserve	69,520	65,062	63,361	(1,701)	
Revaluation Reserve	34,426	34,209	34,050	(159)	
Other Reserves	0	0	0	0	
TOTAL TAXPAYERS EQUITY	110,708	106,033	104,173	(1,860)	

The reduced asset values of c£3.m are attributable to the less than planned year-to-date spend on capital items. The movement in working capital, mainly the increase in receivables offset by the increase in payables, is more than the planned level at month 7. This is mainly because the plan was based on figures before the final outcome for 2014/15 were confirmed but also that the payables figure include the money owed back to the IWCCG for their support paid during September and October. Assets Held for Sale relates to the properties in Swanmore Road, the sale of which may now go ahead before the year-end as advice from the DH has been received.

	Full Year		Variance	Notes
	Plan £k	Forecast £k		
Property, Plant and Equipment	114,042	114,042	0	
Intangible Assets	2,451	2,451	0	
Investment Property	0	0	0	
Other Financial Assets	0	0	0	
Trade and Other Receivables	150	150	0	
Non Current Assets	116,643	116,643	0	
Inventories	1,500	1,500	0	
Trade and Other Receivables	6,930	6,930	0	
Other Financial Assets	0	0	0	
Other Current Assets	0	0	0	
Cash and Cash Equivalents	1,890	1,890	0	
Sub Total Current Assets	10,320	10,320	0	
Non-Current Assets Held For Sale	0	0	0	
Current Assets	10,320	10,320	0	
Trade and Other Payables	(17,993)	(15,693)	2,300	
Other Liabilities	0	0	0	
Provisions	(448)	(448)	0	
Borrowings	0	(2,300)	(2,300)	
Other Financial Liabilities	0	0	0	
Liabilities arising from PFIs / Finance Leases	0	0	0	
DH Working Capital Loan - FT Liquidity	0	0	0	
DH Working Capital Loan - Revenue Support	0	0	0	
DH Capital Loan	0	0	0	
Current Liabilities	(18,441)	(18,441)	0	
Trade and Other Payables	0	0	0	
Other Liabilities	0	0	0	
Provisions	0	0	0	
Borrowings	0	0	0	
Other Financial Liabilities	0	0	0	
Liabilities arising from PFIs/Finance Leases	(933)	(933)	0	
DH Working Capital Loan - FT Liquidity	0	0	0	
DH Working Capital Loan - Revenue Support	0	0	0	
DH Capital Loan	0	0	0	
Non-Current Liabilities	(933)	(933)	0	
TOTAL ASSETS EMPLOYED	107,589	107,589	0	
FINANCED BY:				
Public Dividend Capital	6,762	6,762	0	
Retained Earnings Reserve	62,406	62,406	0	
Revaluation Reserve	38,421	38,421	0	
Other Reserves	0	0	0	
TOTAL TAXPAYERS EQUITY	107,589	107,589	0	

The overall balance sheet is currently forecast to be as planned at year end.

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Capital

The initial source of funds for 2015/16 was £8.18M, this included expected property sales of £750k which were delayed from 2014/15. The property sales are no longer expected to materialise in 2015/16 and in the unlikely event that the sales do complete, in line with the current Trust Development Authority expectations, the Board would then decide how to utilise the cash received.

Year to Date	Plan	Actual	Variance
	£k	£k	£k
Strategic Capital	2,888	2,313	575
Operational Capital	3,059	657	2,402
Total	5,947	2,969	2,978

Strategic Capital schemes includes the larger capital projects.

The MAU Extension has now been completed and the Endoscopy Relocation scheme is progressing well and expected to complete within the approved timescale. The ICU/CCU project from 2014/15 remains on hold and accounted for in the ledger within Assets Under Construction in 2015/16; no further expenditure on this project has been agreed as yet. The Ward Reconfiguration of Level C has also been put on hold for this financial year meaning an additional £103k has been made available for reallocation. The phasing of the spend of the funding for the Carbon Energy Fund project has also been changed, the consequence of which is a transfer of funds back to Operational Capital of £769k in this financial year.

Year End Forecast	Plan	Forecast	Variance
	£k	£k	£k
Strategic Capital	4,233	3,362	871
Operational Capital	3,947	4,069	(121)
Total	8,180	7,430	750

Operational Capital - Projects from 2014/15 carried forward into 2015/16 are the Ambulance CAD Upgrade (Equipment RRP) and the Sevenacres AntiClimb Roofing Installation (Estates Scheme), the latter of which is now complete.

The Upgrade to the MRI (Equipment RRP) was completed in mid September. The variance against plan on the MRI Upgrade - Finance Lease is due to the delay on the completion of the project, will be resolved in November at which point the lease commences and the asset will be added to the Trust's asset register at the full £1.057m.

Following slippage on the Level C Ward Reconfiguration and Carbon Energy Fund Projects, funding was approved at September's Capital Investment Group meeting to upgrade the Adastra server for Ambulance and Beacon (£37k Equipment RRP), and for the bids for a Poccclerator interface for Pathology and Hand dryers for on- site public toilets (£48k and £24k respectively - Other) . Further bids have also been approved at the October meeting. These included the refurbishment of Sevenacres showers (£134k Estates Schemes), the Computer Aided Job Evaluation System for HR (£5k Other), Switch and Cabinets Upgrade (£70k IM&T RRP) and an increase of £11k to the Frontline Ambulance Business Case (Equipment RRP). In November an increase of £40k to the Switch and Cabinet Upgrade business case was approved. These bids have been included in the full year forecast figures below.

Strategic Capital	Year to Date			Full Year			Risk Rating
	Plan	Actual	Variance	Plan	Forecast	Variance	
Source of Funds	£k	£k	£k	£k	£k	£k	
Strategic Funds C/F			0			0	
External Funding			0			0	
Capital Investment Loans			0			0	
Operational Capital	0	0	0	4,233	4,233	0	
Donated Capital			0			0	
	0	0	0	4,233	4,233	0	
Application of Funds							
Strategic Capital Schemes							
MAU Extension	588	647	59	588	588	0	G
Ward Reconfiguration Level C	50	0	50	103	0	103	R
Endoscopy Relocation	1,650	1,665	15	2,774	2,774	0	G
Carbon Energy Fund	600	0	600	769	0	769	A
ICU/CCU	0	0	0	0	0	0	G
	2,888	2,313	575	4,233	3,362	871	

Operational Capital	Year to Date			Full Year			Risk Rating
	Plan	Actual	Variance	Plan	Forecast	Variance	
Source of Funds	£k	£k	£k	£k	£k	£k	
Depreciation	2,514	2,514	(0)	6,134	6,134	0	
Property Sales	0	0	0	750	0	750	
Donated Funds	0	0	0	70	70	0	
Other	0	0	0	1,226	1,226	0	
Transfer to Strategic Capital	(2,888)	(2,888)	0	(4,233)	(4,233)	0	
	(374)	(374)	(0)	3,947	3,197	750	
Application of Funds							
Operational Schemes							
Estates Schemes	323	87	236	534	681	(147)	G
IM&T RRP	500	0	500	500	273	227	G
MRI Upgrade - Finance Lease	1,057	0	1,057	1,057	1,057	0	G
Equipment RRP	782	423	359	882	1,086	(204)	G
Estates Staff Capitalisation	105	90	15	180	180	0	G
Contingency/Unallocated	250	0	250	555	178	377	G
Donated Assets	0	0	0	70	70	0	G
PARIS Implementation	42	42	(0)	169	169	0	G
Other (Non RRP, Equipment)	0	14	(14)	0	375	(375)	G
	3,059	657	2,402	3,947	4,069	(122)	

NB - Please note the Year to Date and Full Year Plan figures are as per FIMS Return and not Capital Plan

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Year End Forecast Summary Position

	Year to date cumulative Actual as at 31 October 2015			Total year end position Forecast as at 31 March 2016			Reported year end position last month			Change
	Plan £000's	Actual £000's	Variance £000's	Plan £000's	Forecast £000's	Variance £000's	Plan £000's	Forecast £000's	Variance £000's	
EXPENDITURE										
Clinical Directorates										
Hospital and Ambulance	(47,393)	(51,294)	(3,902)	(80,591)	(85,335)	(4,745)	(80,745)	(86,073)	(5,327)	583
Community Health	(19,476)	(19,350)	126	(34,707)	(34,589)	118	(33,475)	(33,483)	(8)	126
Research & Development	1	1	0	1	1	(0)	1	2	1	(1)
Earl Mountbatten Hospice	0	(0)	(0)	0	(0)	(0)	0	0	0	(0)
Subtotal	(66,868)	(70,643)	(3,775)	(115,297)	(119,923)	(4,626)	(114,220)	(119,554)	(5,334)	708
Corporate Directorate										
Finance & Performance Management	(3,474)	(3,318)	156	(5,794)	(5,610)	184	(5,835)	(5,692)	142	42
Nursing	(1,284)	(1,252)	32	(2,355)	(2,347)	8	(2,299)	(2,295)	4	4
Strategic & Commercial	(6,442)	(6,349)	94	(11,271)	(11,263)	8	(11,250)	(11,242)	8	0
Trust Administration	(3,738)	(3,702)	35	(6,279)	(6,237)	41	(6,331)	(6,352)	(21)	62
Subtotal	(14,938)	(14,621)	317	(25,699)	(25,457)	241	(25,715)	(25,581)	134	108
OTHER										
Capital Charges	(5,686)	(5,696)	(9)	(10,026)	(10,035)	(9)	(10,026)	(10,045)	(19)	10
Finance Costs	(5)	4	9	(8)	1	9	(8)	0	8	1
Reserves	(1,810)	(37)	1,773	(3,282)	(668)	2,613	(3,223)	(486)	2,736	(123)
EXPENDITURE TOTAL	(89,307)	(90,992)	(1,686)	(154,311)	(156,083)	(1,772)	(153,191)	(155,666)	(2,475)	703
INCOME										
NHS Isle of Wight CCG	77,510	75,147	(2,363)	133,408	133,350	(58)	132,288	132,240	(48)	(10)
NHS England	6,504	6,386	(119)	11,142	10,794	(349)	11,142	10,885	(257)	(91)
Isle of Wight Council	1,829	1,867	38	3,135	3,179	44	3,135	3,179	44	(0)
Commissioning Support Unit	187	187	(0)	320	323	3	320	325	5	(2)
Non Contractual Activity	1,100	1,095	(6)	1,575	1,569	(6)	1,575	1,572	(3)	(2)
Southampton University Hospitals FT	61	47	(14)	105	81	(24)	105	81	(24)	0
INCOME TOTAL	87,191	84,728	(2,463)	149,686	149,296	(390)	148,565	148,281	(285)	(105)
RETAINED SURPLUS / (DEFICIT)	(2,116)	(6,265)	(4,149)	(4,626)	(6,787)	(2,162)	(4,626)	(7,386)	(2,760)	598
Impairment and donated assets	56	54	(2)	26	24	(2)	26	24	(2)	(0)
ADJUSTED RETAINED SURPLUS / (DEFICIT)	(2,060)	(6,211)	(4,151)	(4,600)	(6,764)	(2,164)	(4,600)	(7,362)	(2,762)	598

Isle of Wight NHS Trust Board Performance Report 2015/16

October 15

Year End Forecast Summary Position

CUMULATIVE

RISKS

	Mitigation opportunity against risk			
Impact of System Resilience Improvement Plan	Recruitment rather than agency use	(1,800)	(1,800)	G
Redundancy costs from organisational restructure	Redeployment within organisation	(160)	(160)	A
Non contractual activity income reduction		(76)	(76)	A
Continued agency usage at M1-M7 levels	System Resilience Improvement Plan	(493)	(493)	A

Subtotal Risks

	0	(2,529)	(2,529)	
TOTAL - ASSUMING ALL RISKS MATERIALISE	(4,600)	(9,293)	(4,693)	

OPPORTUNITIES

Organisational restructure (current year)	122	122	A
Redeployments from organisational restructure	160	160	A
Agency usage reduced	493	493	A
Direct engagement medical workforce VAT savings	200	200	G
Corporate Back office - increase to 10% savings	100	100	R
Pursuing CCG for reimbursement of Winter Pressures SRG	231	231	A
Procurement	-	-	
Strategic & Commercial	63	63	A
Car parking	-	-	R
Theatre closing	-	-	R
Stroke / Rehabilitation merge	-	-	R
Review of investments from Trust Reserves	-	-	G
Review of balance sheet	300	300	A
Impact of Turnaround Strategy	3,025	3,025	R

Subtotal Opportunities

	0	4,693	4,693	
TOTAL - ASSUMING ALL RISKS AND OPPORTUNITIES	(4,600)	(4,600)	0	

(1,800)	(1,800)	0
(709)	(709)	549
(89)	(89)	13
(685)	(685)	192
0	(3,283)	754
(4,600)	(10,645)	1,351
205	205	(83)
504	504	(344)
685	685	(192)
200	200	0
100	100	0
231	231	0
-	-	0
250	250	(187)
100	100	(100)
57	57	(57)
0	-	0
-	-	0
-	-	300
3,713	3,713	(688)
0	6,045	(1,351)
(4,600)	(4,600)	0

Risk adjusted

Best	(4,197)
Most Likely	(7,263)
Worst	(9,293)

Isle of Wight NHS Trust Board Performance Report 2015/16

October 15

Year End Forecast Summary Position

		Risk Rating		
		Best	Most Likely	Worst
FOT		(6,764)	(6,764)	(6,764)
OPPORTUNITIES				
Organisational restructure (current year)	50%	122	61	
Redeployments from organisational restructure	50%	160	80	
Agency usage reduced	50%	493	247	
Direct engagement medical workforce VAT savings	100%	200	200	
Corporate Back office - increase to 10% savings	25%	100	25	
Pursuing CCG for reimbursement of Winter Pressures SRG	50%	231	116	
Procurement			0	
Strategic & Commercial	50%	63	32	
Car parking		0	0	
Theatre closing			0	
Stroke / Rehabilitation merge		0	0	
Review of investments from Trust Reserves			0	
Review of balance sheet	50%	300	150	
Impact of Turnaround Strategy	25%	3,025	756	
Total Opportunities		4,693	1,665	0
RISKS				
Impact of System Resilience Improvement Plan	100%	(1,800.0)	(1,800)	(1,800)
Redundancy costs from organisational restructure	50%	(80.0)	(80)	(160)
Non contractual activity income reduction	50%		(38)	(76)
Continued agency usage at M1-M7 levels	50%	(247)	(247)	(493)
Total Risks		(2,127)	(2,165)	(2,529)
Grand Total		(4,197)	(7,263)	(9,293)

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'.

See 'Notes' for further detail of each of the below indicators

See Notes for further detail of each of the below indicators						Historic Data			Current Data				Notes
Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Q4 2014/15	Q1 2015/16	Q2 2015/16	Oct	Nov	Dec	Q3 2015/16		
Access	1	Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted		90%	1.0	No	No	No	No			No	
	2	Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted		95%	1.0	No	No	No	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	No	No			No	
	4	A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge		95%	1.0	No	No	No	No			No	
	5	All cancers: 62-day wait for first treatment from:	Urgent GP referral for suspected cancer	85%	1.0	Yes	No	No	No			No	
			NHS Cancer Screening Service referral	90%									
	6	All cancers: 31-day wait for second or subsequent treatment, comprising:	surgery	94%	1.0	Yes	Yes	Yes	Yes			Yes	
			anti-cancer drug treatments	98%									
			radiotherapy	94%									
	7	All cancers: 31-day wait from diagnosis to first treatment		96%	1.0	Yes	Yes	Yes	Yes			Yes	
	8	Cancer: two week wait from referral to date first seen, comprising:	All urgent referrals (cancer suspected)	93%	1.0	Yes	Yes	Yes	Yes			Yes	
			For symptomatic breast patients (cancer not initially suspected)	93%									
	9	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within seven days of discharge	95%	1.0	No	No	Yes	Yes			Yes	
			Having formal review within 12 months	95%									
	10	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	Yes	No	No	No			No	
	11	Meeting commitment to serve new psychosis cases by early intervention teams		95%	1.0	Yes	Yes	Yes	Yes			Yes	
12	Category A call – emergency response within 8 minutes, comprising:	Red 1 calls	75%	1.0	Yes	No	No	Yes			Yes		
		Red 2 calls	75%	1.0	Yes	No	No	Yes			Yes		
13	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	Yes	No	No	Yes			Yes		
14	Early intervention in Psychosis (EIP): People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral		50%	1.0	-	-	-	-			-		
15	Improving access to psychological therapies (IAPT)	People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	1.0	-	No	No	No			No		
		People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	1.0	-	Yes	Yes	Yes			Yes		
Outcomes	16	Is the Trust below the de minimus	12	1.0	Yes	Yes	No	No			No		
		Is the Trust below the YTD ceiling	1		No	No	No	No			No		
	17	Minimising mental health delayed transfers of care		≤7.5%	1.0	No	No	No	No			No	
	18	Mental health data completeness: identifiers		97%	1.0	Yes	Yes	Yes	Yes			Yes	
	19	Mental health data completeness: outcomes for patients on CPA		50%	1.0	No	Yes	Yes	Yes			Yes	
	20	Certification against compliance with requirements regarding access to health care for people with a learning disability		N/A	1.0	Yes	Yes	Yes	Yes			Yes	
	21	Data completeness: community services, comprising:	Referral to treatment information	50%	1.0	Yes	Yes	Yes	Yes			Yes	
Referral information			50%										
Treatment activity information			50%										
TOTAL					6.0	11.0	12.0	9.0	0.0	0.0	9.0		
					R	R	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
PAAU	Pre-Assessment Unit
PAS	Patient Administration System - the main computer recording system used
PALS	Patient Advice & Liaison Service now renamed but still dealing with complaints/concerns
PATEXP	Patient Experience
PATSAF	Patient Safety
PEO	Patient Experience Officer - updated name for PALS 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	Root 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

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th December 2015

Title	Winter Resilience Monthly Update as at 29 November 2015		
Sponsoring Executive Director	Shaun Stacey, Chief Operating Officer		
Author(s)	Sarah Hayward, Head of Performance		
Purpose	To receive the monthly update on delivery against the Winter Resilience Plan		
Action required by the Board:	Receive	Yes	Approve
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Trust Executive Committee	7 December 2015	To approve the draft Trust Board report subject to minor amendments/additional information	
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality Governance Committee			
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
None due to regular monthly update			
Executive Summary & Analysis:			
<p>The Trust's Winter Resilience Programme is currently delivering interdependent system wide capacity and activity to improve patient flow for our non-elective and elective patients to enable them to receive their treatment in the right place at the right time. This improved patient flow will also contribute to the achievement of key national performance standards including Ambulance, emergency care and referral to treatment.</p> <p>Delivery of this Programme is monitored weekly against activity and financial plans and whilst progress has been made with recommencing elective activity, the non-elective patient flow has not delivered to plan. As a result, trajectories to deliver against national performance standards have been revised to now deliver later than originally intended.</p>			
Recommendation to the Board:			
The Board is recommended to receive this update for information.			

Attached Appendices & Background papers

None

For following sections – please indicate as appropriate:**Trust Goals & Priorities**

Excellent patient care

Working with others to keep improving our services

A positive experience for patients, service users and staff

Principal Risks (BAF)**Legal implications, regulatory and consultation requirements****Date:** 7 December 2015**Completed by:** Sarah Hayward, Head of Performance

TRUST BOARD REPORT
WINTER RESILIENCE MONTHLY UPDATE
November 2015

1. SITUATION

The Trust's Winter Resilience Programme is currently delivering interdependent system wide capacity and activity to improve patient flow for our non elective and elective patients to enable them to receive their treatment in the right place at the right time. This improved patient flow will also contribute to the achievement of key national performance standards including Ambulance, emergency care and referral to treatment.

Delivery of this Programme is monitored weekly against activity and financial plans and whilst progress has been made with recommencing elective activity, the non elective patient flow has not delivered to plan. As a result, trajectories to deliver against national performance standards have been revised to now deliver later than originally intended.

2. BACKGROUND

On 7 October 2015 the Trust Board approved the recommended preferred option to provide additional non elective and elective capacity required to deliver performance for the remainder of the year in emergency and elective care, whilst acknowledging a financial risk of £1.5m.

3. ASSESSMENT

Non Elective and Elective Capacity

The Winter Resilience Programme includes the following provision, with the current status reported against each:

- *acute medical capacity* – Appley Ward has opened;
- *reinstatement of non elective surgical capacity* – Whippingham Ward has returned to its intended use, however, there continues to be some medical activity within this capacity;
- *ringfencing elective capacity* – Alverstone Ward is ring fenced for orthopaedic activity, however, St Helens Ward had a delay in its ringfencing due to medical outliers;
- *opening step down medical capacity off site (including 'safe haven beds')* – Poppy Unit is now fully open, however, there was a delay in licencing reducing its initial available capacity; and,
- *additional flexible capacity to enable unexpected events to be managed as required* – identified contingency beds are currently in use.

Delivering this capacity was structured into projects with key milestones; a fifth project regarding urgent and emergency care has been identified with the milestones to be prioritised from the recommendations following the TDA and ECIP stocktake in the Trust on 2/3 November 2015. Progress against the key milestones as at 29 November 2015 is reported below.

Winter Resilience Programme - Progress against key milestones as at 29 November 2015:

Milestone Narrative	Start Date	End Date	Status
Poppy Unit	25/10/2015	31/03/2016	On target
30 Beds to be opened	25/10/2015	09/11/2015	Complete
Staffing and resources all to be in place	25/10/2015	09/11/2015	Complete
Quality Dashboard monitoring	01/11/2015	31/03/2016	On target
Exit Strategy to be developed	10/11/2015	15/02/2016	On target
Reduction of beds at Poppy Unit	15/02/2016	31/03/2016	On target
Urgent Care Capacity	13/10/2015	30/12/2015	Complete
Operational Issues - Transfer patients as appropriate (medicine to medicine/emergency surgery to surgery)	14/10/2015	20/10/2015	Complete
Operational Issues - Emergency surgical patients to be admitted by MAU until Whippingham Ward beds are available	14/10/2015	20/10/2015	Complete
Operational Issues - Ongoing monitoring of emergency surgical flow through MAU	14/10/2015	20/10/2015	Complete
Support Services - Liase with all support staff	14/10/15	20/10/2015	Complete
Elective Capacity	31/08/2015	11/12/2015	On target
Process Flow Management - Remove bed numbers from bed state - Alverstone	05/10/2015	10/10/2015	Complete
Process Flow Management - Remove bed numbers from bed state - St. Helens	12/10/2015	17/10/2015	Complete
Process Flow Management - Elective Beds Ring Fenced.	18/10/2015	23/10/2015	Complete
Standards/Policies/Protocols - Gain approval & sign off for St. Helen's SOP	21/09/2015	30/11/2015	Behind
Standards/Policies/Protocols - Gain approval & sign off for Alverstone's SOP	17/10/2015	30/11/2015	Behind
Education & Training - Enhanced Recovery on the wards	19/10/2015	01/11/2015	Complete
Sustain - Standards & SOPs Published	01/12/2015	04/12/2015	Not started
Delivering Activity	06/10/2015	04/04/2016	On target
Theatre Scheduling - Request additional working, agree and communicate to all teams	26/10/2015	06/11/2015	Complete
Theatre Scheduling - Create visual display of routine and extra Theatre Lists to monitor maximising booking of each list	19/10/2015	06/11/2015	Complete
PAAU Scheduling - Administration of extra clinics and Anaesthetic Assessments	26/10/2015	27/11/2015	On target
PAAU Scheduling - Review if the extra clinics are meeting the requirements for the additional Theatre Lists	07/12/2015	31/03/2016	On target
Outsourcing - ISTC Patients	16/10/2015	27/11/2015	On target
Information - Review activity levels	19/10/2015	31/03/2016	On target
Finance Reporting - Review rota's and update Finance data template	19/10/2015	31/03/2016	On target

Non Elective Activity

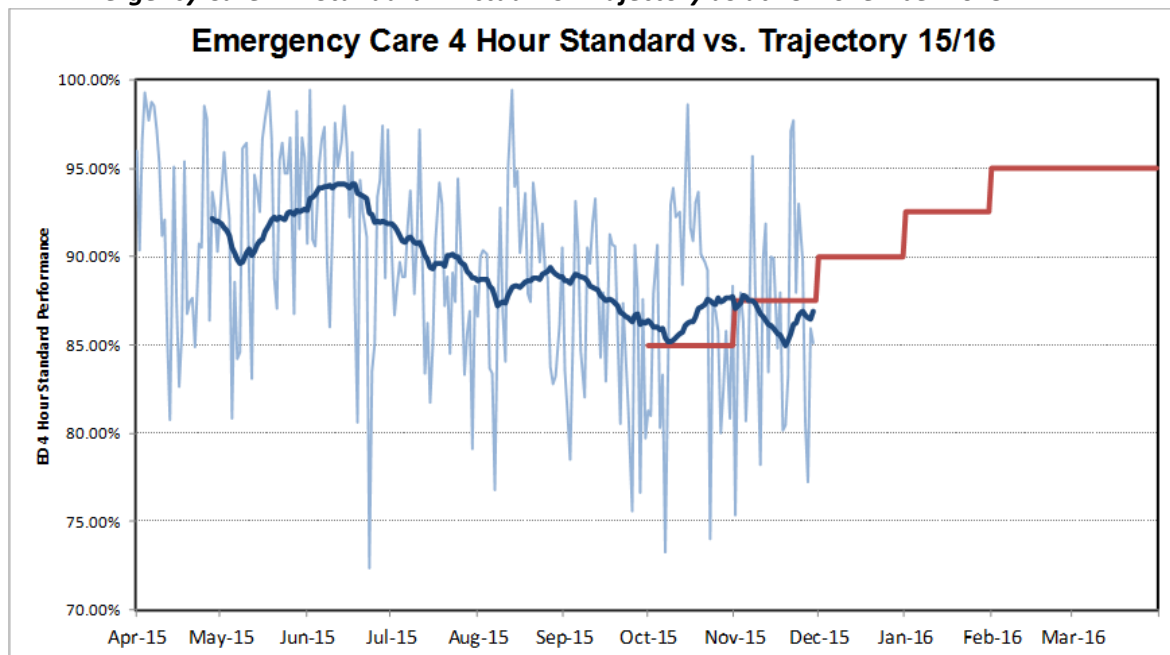
Ambulance - Ambulance performance has achieved against the three key national targets (Red 1 and Red 2, both within 8mins, and 19mins) since September 2015, following three months of under achievement following the implementation of the ambulance front loaded model. It is anticipated this level of performance will continue, however, is dependent on patient flow within the Accident & Emergency Department, and is subject to frailty in the low volume call numbers.

Emergency Care 4hr Standard - The delivery of the above non elective and elective capacity improved the Trust's performance against the Emergency Care 4hr Standard (ECS) initially, however not to the level originally forecast, nor was it sustained, leading to a reduction in performance mid to late November 2015. This was due to the non elective capacity not fully realised alongside the ring fencing of elective capacity, both thereby constricting patient flow. The recent organisational restructure has led to changes in management roles within this service and this has impacted on the ability to deliver improvement at such a time. The greatest impact has been the difficulty in changing the model of working across medicine. The TDA and ECIP advised in 2012 that the trust should introduce an ambulatory model of care to it medical assessment through the front door. It was anticipated at the time of developing the winter plan that the new MAU would encourage this format of working. This has not been the case and making this change has had the most significant impact on the delivery of the standard.

As a result, the original trajectory to achieve the standard at 95% from the end of November 2015 has been revised to now achieve from the end of February 2016. The interim monthly trajectories (87.5% from November 2015 increasing by 2.5% each month until February 2016) are shown below, alongside actual performance year to date (light blue line) and the rolling 21day average (dark blue line).

It is anticipated this will be achieved through the implementation of the TDA and ECIP stocktake recommendations including the ambulatory care model. This performance is subject to patient flow within the hospital and into the community and, as part of the performance monitoring may require further revision.

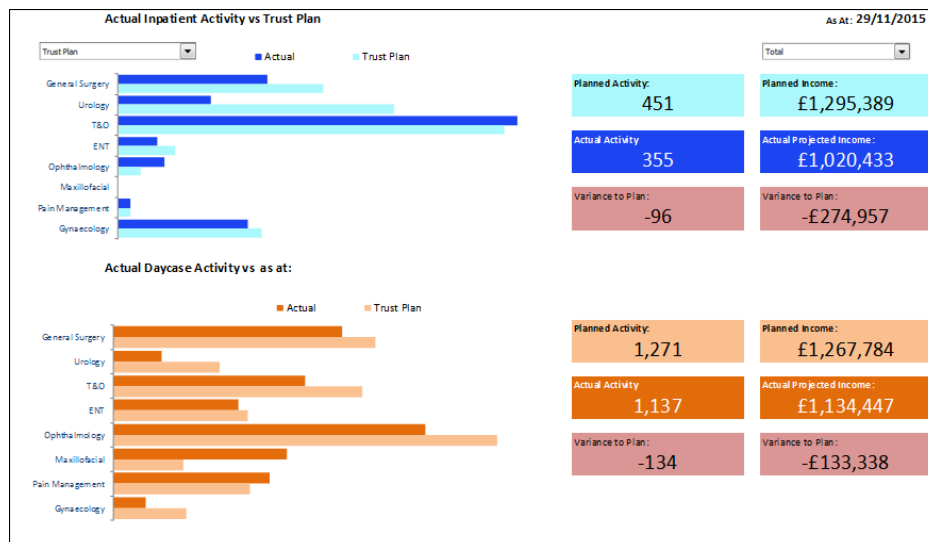
Emergency Care 4hr Standard – Actual vs. Trajectory as at 29 November 2015:



Elective Activity

The Trust Plan to deliver elective admitted activity, following the Summer period where this was very limited due to system wide pressures, commenced on 19 October 2015. The Plan aimed to treat the increasing backlog of patients who had been waiting longer than 18weeks for their operation by the end of March 2016. During the first six weeks, 355 inpatient operations and 1,137 day case operations have been undertaken and, whilst this is below plan, it is good progress for our patients to be able to treated through the ring fencing of the elective capacity. Treatment provided at specialty level and the assumed income from this activity is shown below.

Delivering Admitted Activity Trust Plan (19/10/15-29/11/15)

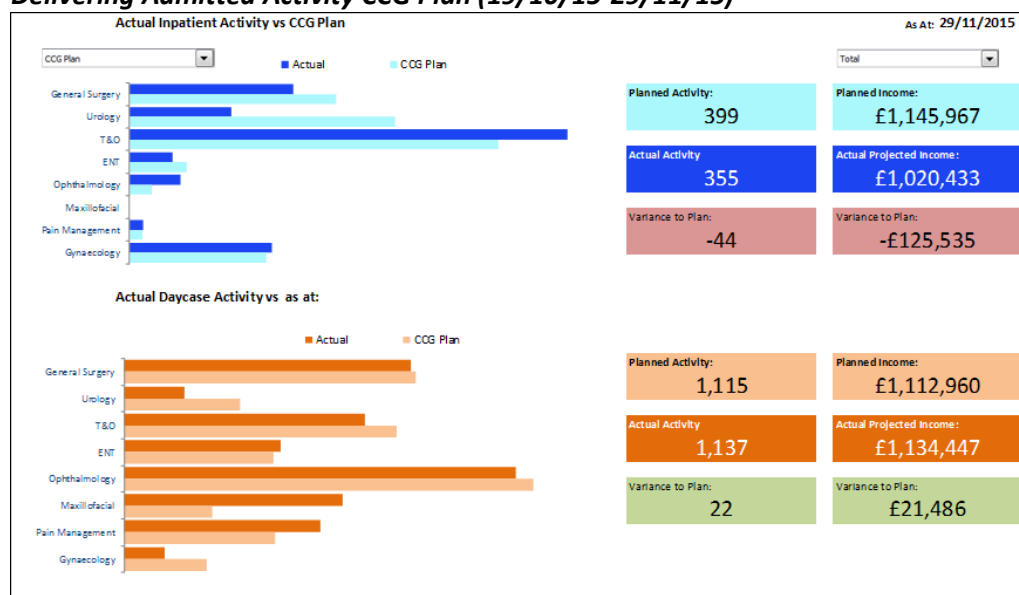


Underperformance against the Trust Plan is due to:

- time taken to mobilise the 'delivering activity' project following Trust Board approval on 7 October 2015 prior to commencing the Plan from 19 October 2015;
- under resourcing in the admissions booking team due to vacancies and sickness leading to short notice booking (ie. On average 5-8days booking ahead);
- short notice booking subsequently leading to scheduling those patients available when contacted and available 'to come in' at short notice, thereby impacting the 'admitted' performance of the incomplete target; and,
- clinician vacancies in main specialties requiring additional activity (general surgery and urology).

The Trust Plan above is the activity required to deliver the Incomplete performance by the end of March 2016. In addition to this Plan, the Clinical Commissioning Group (CCG) developed a Plan to deliver the Incomplete Performance by the end of June 2016; actual performance against this CCG Plan is shown below.

Delivering Admitted Activity CCG Plan (19/10/15-29/11/15)



The impact of this inpatient and day case activity is measured by our performance against the 'admitted' part of the national 'incomplete' standard (the 'non admitted' part measures the outpatient part of the patient's pathway). It was originally planned for the total incomplete target (non admitted plus admitted) to achieve from November 2015, however, underperformance against the Trust Plan has led to this trajectory to now be revised to achieve from March 2016.

It is anticipated this performance will be delivered following recruitment to both clinical and admitted booking team resources, enabling further additional activity to be undertaken and for scheduling to be managed further in advance.

Cancer 62day target – Urgent and suspected cancer activity has increased in urology and combined with the clinician vacancy issues as above, has impacted upon this specialty's contribution to the Trust's ability to achieve the cancer 62day target as originally intended. Therefore, the trajectory has been revised as shown below to achieve this target of 85% from February 2016, allowing Urology sufficient time to address capacity issues within the service and deliver activity as intended.

Revised Cancer 62day Performance Trajectory

	Projected														
	Nov			Dec			Jan			Feb			Mar		
	Less 62	Over 62	%	Less 62	Over 62	%	Less 62	Over 62	%	Less 62	Over 62	%	Less 62	Over 62	%
Breast	6	1	86%	6	1	86%	7	1	88%	4	0	100%	6	1	86%
Lower Gastrointestinal	2	1	67%	2	2	50%	2	2	50%	1	1	50%	2	1	67%
Lung	2	0	100%	2	0	100%	2	0	100%	1	0	100%	2	0	100%
Other	3	2	60%	3	1	75%	3	1	75%	2	1	67%	3	1	75%
Skin	9	0	100%	9	0	100%	10	0	100%	6	0	100%	9	0	100%
Urological (Excluding Testicular)	7	4	64%	7	5	58%	10	5	67%	5	1	83%	7	1	88%
Grand Total	28	9	76%	29	9	76%	34	9	79%	21	3	88%	28	4	88%

Performance against both the Incomplete and 62day Cancer target will be monitored weekly and should a further revision be required, this will be shared with Trust Board.

The Trust Development Authority have recently requested detail on elective activity plans during the Christmas and New Year period including the impact this will have on delivering the Incomplete performance standard, as well as the trajectory to reduce waiting list backlog in 2016; both of these requests are currently being modelled.

All of the revised trajectories will be shared with both the Trust Development Authority and Clinical Commissioning Group, as well as informing recent Contract Performance Notice Remedial Action Plans for A&E, RTT and 62day Cancer performance.

Financial Plan

We are currently seeking formal approval from the CCG for the variance in agency costs following a change in agency rates. Delays in Single Tender Waivers, and the fact that validation to the ledger can only happen on a monthly basis, the weekly reported costs may fluctuate once robust data is available. The overall forecast outturn to deliver the service is showing a trajectory of £96,000 under the cost agreed with the CCG.

Poppy

After 8 weeks, the variance against approved spend is £119k underspent, with a forecast of £36k underspent at 31st March. This current position does not take into account the use of contingency beds or the potential 17 patients in Acute beds at the start of the project when Poppy first opened at 13 beds (~£138k)

Appley Ward

The position is reflecting an underspend in 8 weeks and forecast outturn. However, it is more accurate to assume that this will be absorbed due to the agency premium of backfilling staff from other wards, currently not included in Appley's financials. The forecast takes into account the recent scrutiny to appoint 2.00wte HCAs on fixed term contracts until the end of the financial year, which should reduce the number of RNs on duty and, therefore the use of agency.

Theatres

The project is currently £62k underspent against the plan in 8 weeks, with a forecast of £438k underspent at the end of the financial year, assuming the same level of weekend work will continue. The forecast takes all scrutiny requests into account, on top of the extrapolated forecast, so assumes worst case.

4. RECOMMENDATION

The Board is asked to receive this update for information.

29 November 2015

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th December 2015

Title	Board Self-certification and Licence Conditions		
Sponsoring Executive Director	Mark Price, FT Programme Director / Company Secretary		
Author(s)	Lucie Johnson, Head of Corporate Governance		
Purpose	To Approve		
Action required by the Board:	Receive		Approve X
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Trust Executive Committee			
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee	24.11.15	The FIWIC expressed concern regarding the fact that dates for actions to be completed and statements to change from being at risk continue to be changed. They wish to escalate their concerns to the Trust Board	
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality Governance Committee	25.11.15		
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Not Applicable			
Executive Summary & Analysis:			
<p>The Trust Board is required to self-certify against selected Board Statements and Monitor Licence Conditions as part of the Trust Development Authority's oversight arrangements specified in the Accountability Framework for NHS Trust Boards 2014/15.</p> <p>This attached suite of documents is designed to update the Trust Board in relation to this requirement and includes:-</p> <ol style="list-style-type: none"> 1. The Board Self Certification Report 2. The Trust Self Certification against the Board Statements 3. The Trust Self Certification against the Licence Conditions <p>These documents represent the Trust Development Authority (TDA) self-certification return covering the October 2015 performance period for approval by the Trust Board.</p> <p>The key points covered include:</p>			

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

The Finance, Investment, Information & Workforce Committee considered and agreed the self certification return and have not recommended any amendments

The Quality Governance Committee considered and agreed the self certification return and have not recommended any amendments.

Executive Directors agreed and amended compliance dates on 12.11.15

The following Board Statements remain at risk, 1, 2, 5, 6, 7, 8, 10, 14, from a total of 14 statements

Recommendation to the Board:

The Board is recommended to approve the attached Board Self Certification.

Attached Appendices & Background papers

1. Board Report
2. Board Statements Table
3. Licence Conditions Table

For following sections – please indicate as appropriate:

Trust Goals & Priorities	This suite of documents relates to all Trust Goals
Principal Risks (BAF)	
Legal implications, regulatory and consultation requirements	TDA requirement, although also relates to CQC/IG

Date: 1-12-15

Completed by: Lucie Johnson, Head of Corporate Governance

ISLE OF WIGHT NHS TRUST **SELF-CERTIFICATION**

1. Purpose

To seek approval of the proposed self-certification return for the October 2015 reporting period, prior to submission to the Trust Development Authority (TDA).

2. Background

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*.

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.

The Trust must continue to make monthly self-certified declarations against prescribed Board Statements and Monitor Licence Conditions.

Where non-compliance is identified, an explanation is required together with a forecast date when compliance will be achieved.

3. Assurance

Lead professionals across the Trust have been engaged to ensure the provision of supporting information and the identification of gaps, issues and actions required to provide a sufficient degree of assurance to the Trust Board to enable approval of the self-certification return as an accurate representation of the Trust's current status.

Draft self-certification returns have been considered by the Quality & Clinical Performance 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 a holistic view of the complete self-certification return and feedback from Board sub-committee Chairs.

4. Performance Summary and Key Issues

Board Statements

Board Statements **1, 2, 6** and **14** remain 'at risk' as a consequence of the CQC inspection undertaken in June 2014. Progress continues against the Quality Improvement Plan (QIP) and the Trust remains on trajectory towards declaring full CQC compliance.

Board statements **5** (further assurance needed and challenge by Commissioners) and **8** (Performance against plan this year and the risk to underlying assumptions for 2015/16) have been declared "at risk" following discussion at FIIWC and QCPC and agreed at Board on 1.4.15

Following FIIWC meeting on 26.5.15 Board Statement **7** was proposed "at risk" as it was identified that the Board have not fully considered all potential future risks associated with national drivers and resultant changes in healthcare delivery. At 3rd June Board meeting this was approved.

As a positive trajectory towards improvement had still not been demonstrated with respect to the governance risk rating (GRR), it was previously recommended that Board Statement **10** remains 'at risk', and that the target compliance date be slipped to 31st March 2015. However, this date was still not achieved, was originally moved to 31st May 2015 and following consideration has now been moved forward to 30th September 2015, giving a more realistic date for achievement. This position is reflected within the draft return document (Appendix 1a).

Statement 13 was declared compliant during an Executive review meeting held on the 17.9.15 as a full Board is now in place

Licence Conditions

All Licence Conditions remain marked as compliant. A watching brief should be maintained with respect to condition G7 (Registration with the Care Quality Commission) as it could be put at risk if the QIP is not delivered sufficiently to the satisfaction of the CQC. This position is reflected within the draft return document (Appendix 1b)

5. Recommendations

It is recommended that the Trust Board:

- (i) Consider feedback from Board sub-committee and determine whether any changes to the declarations at 1a and 1b are required;
- (ii) Approve the submission of the TDA self-certification return;
- (iii) Identify if any Board action is required

Lucie Johnson
Head of Corporate Governance

6. Appendices

- 1a – Board Statements
- 1b – Licence Conditions

7. Supporting Information

- *Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards*, 31 March 2014
- *Risk Assessment Framework*, Monitor, 27 August 2013

REPORT TO THE TRUST BOARD (Part 1 - Public)
ON 15th DECEMBER 2015

Title	Interim Working Capital Support Facility – update		
Sponsoring Executive Director	Chris Palmer, Executive Director of Financial & Human Resources		
Author(s)	John Cooper, Interim Head of Financial Accounting		
Purpose	To inform the Trust Board of the change to the Terms and Conditions of the original Interim Revolving Working Capital Support Facility Agreement approved by the Board at the 7 th October 2015 meeting.		
Action required by the Board:	Receive		Approve X
Previously considered by (state date and outcome):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee	29 th September 2015		
Mental Health Act Scrutiny Committee			
Quality & Clinical Performance Committee			
Remuneration & Nominations Committee			
Foundation Trust Programme Board			
Turnaround Board			
Please add any other committees below as needed			
Board Seminar			
Trust Executive Committee			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Executive Summary:			
<p>The original approval to the application for the Interim Working Capital Support Facility was given at the 7th October Board meeting. At the time, the documentation presented was based on the figure of £4.6m. However, it transpired later and in agreement with the TDA that the paperwork should have been based on the Trusts' given stretch target figure of £2.342m. The amended documentation was subsequently issued by the DH but with additional terms and conditions that the Board were required to sign up to. Following clarification 'phone calls with the TDA the updated agreement was duly signed and submitted to the DH on 1st December. This will enable the facility to be accessed and cash drawn in January 2016.</p> <p>Whilst the Board cover sheet detailed and asked for agreement to Schedule 1 – Conditions Precedent of the Agreement (which were the only T&Cs included at the time), the minute from the 7th October meeting states only that the Board “approved the Interim Revolving Working Capital Facility Application”.</p> <p>The following is an extract from Schedule 1 (Conditions Precedent of the Agreement) and Schedule 8 (Additional Terms & Conditions).</p> <p>SCHEDULE 1: AUTHORISATIONS</p> <p>1.1 A copy of a resolution of the board of directors of the Borrower:</p>			

- (A) approving the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;
- (B) authorising a specified person or persons to execute the Finance Documents to which it is a party on its behalf; and
- (C) authorising a specified person or persons, on its behalf, to sign and/or despatch all documents and notices (including, if relevant, any Utilisation Request and) to be signed and/or despatched by it under or in connection with the Finance Documents to which it is a party.
- (D) Confirming the Borrower's undertaking to comply with the Additional Terms and Conditions

1.2 A certificate of an authorised signatory of the Borrower certifying that each copy document relating to it specified in this Schedule 1 and provided to the Lender is correct, complete and in full force and effect as at a date no earlier than the date of this Agreement.

SCHEDULE 8: ADDITIONAL TERMS AND CONDITIONS

1. Surplus/Deficit and Capital Limits

- 1.1. The Lender has set a Surplus/Deficit Limit and/or a Capital Limit for the Borrower in consultation with the relevant Supervisory Body. These Limits reflect the aggregate of Voted Funds available to the Lender at the date of this Agreement.
- 1.2. The Borrower understands and accepts these Limits in the recognition that any net expenditure in excess of the relevant Limit(s) cannot be funded by the Lender based upon the assumptions made by the Lender at the date of this Agreement.
- 1.3. The Borrower undertakes not to put forward any Utilisation Requests on this or any other Facility with the Lender that would result in Limits being exceeded by the Borrower without the explicit agreement of the Lender.
- 1.4. In the event that a utilisation is likely to lead to a Limit being exceeded, the Borrower shall inform the Lender two calendar months before any such utilisation may be submitted.
- 1.5. The Borrower will make no assumptions in any financial planning in relation to any financial support from the Lender beyond financing previously agreed to support the relevant Limit(s).
- 1.6. Limits may be adjusted by the Lender from time to time in consultation with the relevant Supervisory Body.
- 1.7. Performance against Limits will be monitored by the relevant Supervisory Body.
- 1.8. For the avoidance of doubt, as at the date of this Agreement and for the financial year to which this agreement relates, the Surplus/Deficit Limit is (£2,342,000) and the Capital Limit is not applicable.

2. Nursing agency expenditure

- 2.1. The Borrower undertakes to comply with nursing agency spending rules as set out in the letter of 1 September 2015 from David Bennett and Robert Alexander to NHS Foundation Trust and Trust Chief Executives as may be updated from time to time. In particular, the Borrower undertakes to:
 - 2.1.1. Procure all nursing agency staff through approved frameworks unless such action is otherwise authorised by the relevant Supervisory Body.
 - 2.1.2. Implement an annual maximum limit for agency nursing expenditure as a percentage of the total nursing staff budget as set out in the letter of 01 September 2015 or as otherwise notified by the relevant Supervisory Body.
 - 2.1.3. Implement any additional controls as may be required by the relevant Supervisory Body in relation to the planned introduction of price caps.
- 2.2. The Borrower additionally undertakes to Implement the NHS Employers Five High Impact Actions

3. Professional Services Consultancy Spend

- 3.1. The Borrower will not enter into any contract for the procurement of professional consultancy services with a value in excess of £50,000 without the prior approval of the relevant Supervisory Body. The value of multiple contracts issued in respect similar Terms of Reference will be aggregated, as though a single contract had been issued, in respect of the application of this clause.

4. VSM Pay Costs

- 4.1. Where the borrower is authorised as an NHS Foundation Trust, the Borrower will, via the Lender, seek the views of the appropriate Health Minister before making

appointments to Boards/Executive Boards where the proposed annual salary exceeds £142,500.

4.2. Where the borrower is not authorised as an NHS Foundation Trust, the Borrower will, via the Lender, seek the approval of the appropriate Health Minister before making appointments to Boards/Executive Boards where the proposed annual salary exceeds £142,500.

4.3. The Borrower undertakes to implement the requirements in respect of the treatment of "off - payroll" workers included in the letter from David Nicholson to Chairs and Chief Executives of 20th August 2012, or any subsequent guidance issued by the Lender.

4.4. The Borrower shall apply the most recently updated version of standard redundancy terms for NHS staff in England to all newly appointed VSMs except where existing statutory terms take precedence. In addition the Borrower shall apply the most recently updated version of standard redundancy terms for NHS staff in England for existing VSMs where Section 16 is referenced in their contracts of employment.

5. Estate Costs

5.1. The Borrower undertakes to examine the overall running costs of Estates and Facilities against a benchmark group of similar NHS Trusts within 3 months from the date of this Agreement. Where higher than average costs are identified, and there is no valid reason for this, the Borrower will put in place an action plan to reduce these costs to match the agreed benchmark level. DH will need to satisfy itself that the benchmark is reasonable and plan is deliverable.

6. Surplus Land

6.1. The Borrower shall ensure that it has in place an up to date estates strategy covering a period at least 3 years from the date of this Agreement. The estates strategy should be informed by discussions with commissioners about clinical service requirements and consider options for rationalising the estate and releasing surplus land.

6.2. The report required in clause 6.1 shall identify surplus land and potentially surplus land to be released during the period from the date of this Agreement date to 31 March 2020.

6.3. The Borrower shall provide the Lender with a copy of its estate strategy within 6 weeks of the date of this Agreement or at a date otherwise agreed with the Lender. The Lender will need satisfy itself that the strategy is complete and deliverable for this condition to be satisfied.

7. Procure21

7.1. The Borrower will use the P21+ Procurement Framework for all publicly funded capital works, unless otherwise agreed with the relevant Supervisory Body.

7.2. Where the Borrower proposes to use an alternative procurement route, the Borrower will submit a business case to the relevant Supervisory Body for approval demonstrating that an alternative procurement route offers better Value for Money than the P21+ Procurement Framework.

8. Finance and Accounting and Payroll

8.1. The Borrower undertakes to commission NHS Shared Business Services to complete a baseline assessment of the Borrower's finance and accounting and payroll services to assess the benefit of the use, or increased use, of an outsourced service provider. The Borrower will provide full details of the outcome of this assessment to the Lender within 6 Months of the date of this Agreement.

8.2. Where the assessment by NHS Shared Business Services supports the case for the use, or increased use, of an outsourced service provider, the Borrower will undertake an appropriate market testing exercise or use existing Government Framework Agreements to procure an outsourced service provider within a timescale to be agreed with the Lender.

9. Bank Staffing

9.1. The Borrower will undertake an assessment using the appropriate tool kit published on the NHS Centre for Procurement Efficiency to assess the benefit of the use, or increased use of an Outsourced Staff Bank provider. The Borrower commits to provide full details of the outcome of this assessment to the Lender within 6 Months of the date of this Agreement.

9.2. Where an assessment using the appropriate tool kit published on the NHS Centre for Procurement Efficiency supports the case for the use of Outsourced Staff Bank

provider, the Borrower will undertake an appropriate market testing exercise or use an existing Government Framework Agreement to procure an Outsourced Staff Bank provider within a timescale to be agreed with the Lender.

10. Procurement

10.1. The Borrower shall provide third party non-pay spend to the lender in a format specified by the Lender, within 6 months of the date of this Agreement, and at least annually thereafter, on the request of the Lender,

10.2. The Borrower shall test the savings opportunities of increasing usage of the NHS Supply Chain and future editions and/or replacements of the NHS Catalogue within 6 months of the date of this Agreement and at least annually thereafter, on the request of the Lender,

10.3. Any savings identified through the process set out in 10.2 will be pursued by the Borrower. Any identified savings which the Borrower does not intend to pursue must be notified to the Lender along with the reasons for not doing so.

10.4. The Borrower will provide the Lender with current copies of its medical capital equipment asset register, medical equipment maintenance schedule, and capital medical equipment procurement plans within 6 months of the date of this Agreement, and at least annually thereafter on the request of the Lender.

11. Crown Commercial Services ("CCS")

11.1. The Borrower undertakes to test the scope of savings opportunities from CCS within 6 months of the date of this Agreement, subject to appropriate CCS resources being available to support this undertaking. Any savings identified as part of this process which the Borrower does not intend to pursue must be notified to the Lender with the reasons for not doing so.

11.2. The Borrower additionally undertakes to provide details of its relevant requirements in support of all future collaborative procurements including e-auctions.

12. EEA and non-EEA Patient Costs Reporting

12.1. The Borrower undertakes to:

12.1.1. Become a member of the EEA portal and actively report EHIC and S2 patient activity on the portal

12.1.2. Provide an overview of the patient identification, billing and costs recovery systems in place with any planned improvements (for EEA and non-EEA patients)

12.1.3. Participate and collaborate with local/national commissioners in the development of the new "risk sharing" model for non-EEA chargeable patients.

13. On request of the Lender, the Borrower agrees to provide timely information and enable appropriate access to parties acting on behalf of the Lender for the purposes of appropriate tracking and reporting of progress delivering the conditions set out within this Schedule.

Recommendation to the Trust Board:

The Board is asked to note and further agree to the updated Terms and Conditions as listed above.

Attached Appendices & Background papers

Revised Loan Agreement

For following sections – please indicate as appropriate:

Goals	All
Priorities	
QI	

Date: 2nd December 2015 **Completed by:** John Cooper, Interim Head of Financial Accounting

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th December 2015

Title	Amendment to Scheme of Reservation and Delegation derived from the Strategic Partnering Agreement between the Trust, Ryhurst (IOW) Ltd and Wight Life Partnership LLP		
Sponsoring Executive Director	Mark Price, Company Secretary & FT Programme Director		
Author(s)	Mark Price, Company Secretary & FT Programme Director		
Purpose	To approve the Amendment to Scheme of Reservation and Delegation derived from the Strategic Partnership Agreement between the Trust, Ryhurst (IOW) Ltd and Wight Life Partnership LLP		
Action required by the Board:	Receive		Approve X
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Trust Executive Committee			
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality Governance Committee			
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
Executive Summary & Analysis:			
Reference	Delegated to	Authorities/ Duties Delegated	
Clause 12	Karen Baker Charles Rogers	<p>Attendance as members of the Strategic Partnering Board (SPB) at meetings of the SPB. Each member of the SPB shall have individual voting rights and may appoint an alternate for the purposes of one or more meeting of the SPB.</p> <p>Approval of full minutes of and copies of all documents considered at meetings to the SPB.</p> <p>The Strategic Partnership Board (SPB) operates as a forum for open exchange of ideas and enables the parties to the Strategic Partnership Agreement to discuss the Trust's forthcoming accommodation and service delivery requirements and Ryhurst (IOW)</p>	

		Limited's solutions to enable the Trust further its delivery of the key outcomes set out in the Strategic Partnership Agreement
Recommendation to the Board: The Board is recommended to approve the amendment to the scheme.		
Attached Appendices & Background papers		
For following sections – please indicate as appropriate:		
Trust Goals & Priorities		
Principal Risks (BAF)		
Legal implications, regulatory and consultation requirements		
Date: 4 th December 2015		Completed by: Mark Price, Company Secretary & FT Programme Director

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15th December 2015

Title	Standards of Business Conduct, including Registering of Interests, Gifts and Hospitality		
Sponsoring Executive Director	Mark Price, Company Secretary and Foundation Trust Programme Director		
Author(s)	Lucie Johnson, Head of Corporate Governance		
Purpose	The Board are asked to approve the minor amends to this Policy		
Action required by the Board:	Receive		Approve X
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Trust Executive Committee	30-11-15	Approved	
Audit and Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality Governance Committee			
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
<p>This Policy was approved by the Board in October, following extensive consultation, however, following discussion at the Joint Local Negotiating Committee (JLNC) minor amendments were requested highlighted as tracked changes within the attached policy).</p> <p>The slightly amended policy was discussed and approved at TEC on the 30th November 2015</p>			
Executive Summary & Analysis:			
<p>This policy was approved by the Trust Board in October, however, 2 minor amends were requested by the JLNC.</p> <ol style="list-style-type: none"> 1) It was requested that the requirement to include annual earnings relating to private practice be removed from the declaration form. This request is supported. 2) It was requested that it be clarified that not all small gifts must be declared, therefore the following amends have been made to the Policy:- 			

'As with hospitality, there is a need to distinguish between low cost gifts of a conventional type, for example, a box of chocolates, a bunch of flowers or a box of biscuits, compared with more expensive and elaborate gifts such as cash donations, expensive jewellery.

As a Trust the decision was taken to take a pragmatic, risk based, approach to the registering of gifts, whereby low cost gifts where the risks are low do not need to be registered. For example if staff are given a box of chocolates or box of biscuits in gratitude, this need not be registered on the central register. However, where staff are given more expensive or elaborate gifts they are responsible for ensuring these are registered on the central register.

Staff are expected to use their professional judgement in determining which category a gift falls into as there is no specific monetary value which determines whether the gifts falls into the reportable category. However, it is advisable that any gift worth £10 or more be considered for inclusion on the register. Advice can be sought from the Corporate Governance team if required'.

Recommendation to the Board:

The Board are asked to approve these minor amendments

Attached Appendices & Background papers

Associated Policy in full.

For following sections – please indicate as appropriate:

Trust Goals & Priorities	All
Principal Risks (BAF)	
Legal implications, regulatory and consultation requirements	Bribery Act 2010

Date 1-12-15

Completed by: Lucie Johnson, Head of Corporate Governance

FOR PRESENTATION TO TRUST BOARD ON 15th DECEMBER 2015**Top Key Issues and Risks arising from Sub Committees
for raising at Trust Board****Quality Governance Committee Meeting held on 25th November 2015**

	Risks
15/Q/223	IT Issues affecting Community Nursing both Hardware & Software
	Issues
15/Q/228	Complaints process
15/Q/229	7 day service – service level data needed
	Highlights
15/Q/231	Outcomes from Quality Summit and new membership from Clinical Directors of each Clinical Business Unit
15/Q/223	Pressure Ulcer Collaboratives and no Grade 3 and 4 pressure ulcers that have been allocated to the Trust for a 20 week period.
	Approved Documents
15/Q/230	Board Statements and Self Certification

Finance, Investment, Information & Workforce Committee held on 24th November 2015

Min. No.	Top Key Issues & Risks for Raising at TEC & Trust Board
15/F/281	Human Resources Report: The Committee was concerned regarding the content of some Workforce Performance information provided. Increased levels of sickness and below expected levels of appraisal completion are seen by the Committee as proxy indicators of the strength of leadership in parts of the Trust.
15/F/287	Data Quality Report – Discharge Summaries: as at 16 th November 2015 there were 492 discharge summaries outstanding. The number has held around 500 since September. The Committee understands that, at this stage, this has not caused a loss of income but an improvement in delivery will clearly have a positive qualitative impact.
15/F/293	Financial Performance: The Trust is currently forecasting a £4.6m deficit at year end. Cash is of concern and remains at risk both in the short and longer term until a breakeven position is achieved. It will be necessary to apply for a loan from the Department of Health before year end.
15/F/296/297	<p>Financial Plan 2016/17: Lack of assurance on the planning for 2016/17/</p> <p>CIP Plan 2016/17: The target for all services was to identify 8% savings against budget allocations to mitigate risk of under-delivery and build towards recovering the Trust's deficit position. To date 103 schemes have been identified with savings of £1.313m which is significantly off trajectory.</p> <p>The Committee considered that far more needs to be done to identify major projects to deliver savings for next year and note that this limited achievement of CIP project identification at this stage of the year will have an effect on current business planning and the requirement to recover the Trust's deficit position.</p>
15/F/299	Self Certification: The Committee agreed the Self Certification report and recommended it for approval by Board.

Audit & Corporate Risk Committee Meeting held on 10th November 2015

Min. No.	Top Key Issues/Risk
15/A/114	Principal Risk Financial Resources: The Committee was concerned that all directorates needed to take ownership and accountability for their budget and CIPs, with the same standards and cost driving culture being cascaded throughout the organisation.
15/A/115	.Risk Register: The Committee was now more confident that the key risks to the organisation had been captured and that these were being reviewed by the appropriate sub-committees in order to provide assurance.
15/A/116	External Governance Review – Action Plan: The Committee considered that good progress had been made on the actions and that actions should be linked to the relevant sub-committee to monitor and provide assurance to ACRC, as well as being linked to the Internal Audit Plan.
15/A/117	Review of Annual Report & Accounts 2014/15: The Committee recommended that for future reports, the report is slimmed down and aligned to the Corporate Goals and Priorities, with the statutory requirement included.
15/A/120	Draft Internal Audit Plan 2015/16: The Committee agreed the draft plan for the period 1 st August 2015 to 31 st March 2016.

Full Minutes of Meetings

Please note that the full minutes of these meetings are available electronically and have been previously circulated to members.

Trust Board
Convened as
Corporate Trustee
for the following
item

REPORT TO THE TRUST BOARD (Part 1 - Public)

ON 15 DECEMBER 2015

Title	Annual Accounts & Report of the Isle of Wight NHS Trust Charitable Funds 2014/15		
Sponsoring Executive Director	Chris Palmer, Executive Director of Financial & Human Resources		
Author(s)	Katie Parrott, Senior Financial Accountant		
Purpose	As Corporate Trustee, sign Letter of Representation and approve and adopt the Annual Report and Accounts for 2014/15.		
Action required by the Board:	Receive		Approve X
Previously considered by (state date):			
Sub-Committee	Dates Discussed	Key Issues, Concerns and Recommendations from Sub Committee	
Trust Executive Committee			
Audit and Corporate Risk Committee			
Charitable Funds Committee	Nov 2015 via e-mail		
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality Governance Committee			
Foundation Trust Programme Board			
Please add any other committees below as needed			
Board Seminar			
Other (please state)			
Staff, stakeholder, patient and public engagement:			
A representative from the Patient Council was present			
Executive Summary & Analysis:			
<p>The Annual Accounts & Report of the Isle of Wight NHS Trust Charitable Funds were agreed and recommended for adoption to the Corporate Trustee by the Charitable Funds Committee via e-mail voting in November 2015. This will be officially minuted at their meeting on 15 December 2015.</p> <p>The format and content of the Annual Accounts and Report follow the standard published by the Charity Commission and the guidance contained within SORP 2005. The Accounts were subject to an independent examination by our External Auditors during November 2015. The draft Independent Examiner's Report is shown on pages 2 and 3 and will be signed by Ernst & Young once the accounts have been signed by the Corporate Trustee.</p> <p>The Annual Accounts and Report are required to be submitted to the Charity Commission by 31 January 2016.</p> <p>A Letter of Representation for auditors Ernst & Young is also required to be signed.</p>			

Recommendation to the Board:

The Corporate Trustee is asked to:

- Sign the Letter of Representation
- Approve, adopt and sign 3 copies of the Annual Report and Accounts for the Isle of Wight NHS Trust Charitable Funds for 2014/15.

Attached Appendices & Background papers

Letter of Representation

2014/15 Accounts

2014/15 Annual Report

For following sections – please indicate as appropriate:

Trust Goals & Priorities

Goal: Cost effective, sustainable services
Priority: Ensure value for money for each service

Goal: Work with others to keep improving our services
Priority: Make every service the best it can be.

Goal: A positive experience for patients, service users and staff.
Priority: Improve what people think of their care
Improve how staff feel about work

Principal Risks (BAF)

Finance

Legal implications, regulatory and consultation requirements

To be in accordance with Charity Commission regulations

Date: 27/11/2015

Completed by: Katie Parrott, Senior Financial Accountant

St. Mary's Hospital
Newport
Isle of Wight
PO30 5TG
Tel No. (01983) 822099

15 December 2015

Ernst & Young LLP
Apex Plaza
Forbury Road
Reading
RG1E 1Y

Dear Sirs

This representation letter is provided in connection with your examination of the financial statements of Isle of Wight NHS Charitable Funds ("the Charity") for the year ended 31 March 2015. We recognise that obtaining representations from us concerning the information contained in this letter is a significant procedure in enabling you to complete your examination as to whether there are matters to which attention should be drawn to enable a proper understanding of the financial statements to be reached.

We understand that the purpose of your examination of our financial statements is to report whether any matter has come to your attention:

which gives you reasonable cause to believe that in any material respect the requirements:

- ▶ to keep accounting records in accordance with section 130 of the 2011 Act; and
- ▶ to prepare accounts which accord with the accounting records, comply with the accounting requirements of the 2011 Act have not been met; or

to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

We understand that this examination is substantially less than an audit and involves an examination of the accounting records and related data to the extent you considered necessary in the circumstances, and is not designed to identify - nor necessarily be expected to disclose – all fraud, shortages, errors and other irregularities, should any exist.

Accordingly, we make the following representations, which are true to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

A. Financial Statements and Financial Records

1. The Directors of the Trustee consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.
2. We have fulfilled our responsibilities, as set out in the engagement letter, for the preparation of the financial statements in accordance with the Charities SORP and UK Generally Accepted Accounting Practice.
3. We acknowledge, as directors of the Trustee of the Charity, our responsibility for the fair presentation of the financial statements. We believe the financial statements referred to above give a true and fair view of the financial position, financial performance and cash flows of the Charity in accordance with UK GAAP, and are free of material misstatements, including omissions. We have approved the financial statements.
4. The significant accounting policies adopted in the preparation of the financial statements are appropriately described in the financial statements.

B. Fraud

1. We acknowledge that we are responsible for the design, implementation and maintenance of internal controls to prevent and detect fraud.
2. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
3. We have no knowledge of any fraud or suspected fraud involving management or other employees who have a significant role in the Charity's internal controls over financial reporting. In addition, we have no knowledge of any fraud or suspected fraud involving other employees in which the fraud could have a material effect on the financial statements. We have no knowledge of any allegations of financial improprieties, including fraud or suspected fraud, (regardless of the source or form and including without limitation, any allegations by "whistleblowers") which could result in a misstatement of the financial statements or otherwise affect the financial reporting of the Charity.

C. Compliance with Laws and Regulations

1. We have disclosed to you all known actual or suspected noncompliance with laws and regulations whose effects should be considered when preparing the financial statements.

D. Information Provided and Completeness of Information and Transactions

1. We have provided you with:
 - Access to all information of which we are aware that is relevant to the preparation of the financial statements such as records, documentation and other matters.
 - Additional information that you have requested from us for the purpose of the examination and

- Unrestricted access to persons within the entity from whom you determined it necessary to obtain evidence.
2. All material transactions have been recorded in the accounting records and are reflected in the financial statements.
 3. We have made available to you all minutes of the meetings of trustee or subcommittees of trustee (or summaries of actions of recent meetings for which minutes have not yet been prepared) held through the period to the most recent meeting on the following date: 08 September 2015
 4. We confirm the completeness of information provided regarding the identification of related parties. We have disclosed to you the identity of the Charity's related parties and all related party relationships and transactions of which we are aware, including sales, purchases, loans, transfers of assets, liabilities and services, leasing arrangements, guarantees, non-monetary transactions and transactions for no consideration for the period ended, as well as related balances due to or from such parties at the year end. These transactions have been appropriately accounted for and disclosed in the financial statements.
 5. We have disclosed to you, and the Charity has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

E. Liabilities and Contingencies

1. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
2. We have informed you of all outstanding and possible litigation and claims, whether or not they have been discussed with legal advisers.
3. We have recorded and/or disclosed, as appropriate, all liabilities related litigation and claims, both actual and contingent, and have not given any guarantees to third parties.

F. Subsequent Events

1. There have been no events subsequent to period end which require adjustment of or disclosure in the financial statements or notes thereto.

Yours Faithfully,

Chairman

Signed on behalf of the Corporate Trustee

ISLE OF WIGHT NHS TRUST

Isle of Wight NHS Trust Charitable Funds
Annual Report & Accounts

Year Ended: 31st March 2015

Registered Charity No. 1049606

**CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2015**

Reference and Administrative Details

The Charity, Registered Number 1049606, was entered on the Central Register of Charities on 4 October 1995.

Following the transfer of provider services from the Isle of Wight NHS Primary Care Trust to form the Isle of Wight NHS Trust, the Charity now operates as the umbrella charity of the Isle of Wight NHS Trust. Within this umbrella are the individual designated funds that relate to the various wards, departments and special projects within the Trust.

Trustee

With effect from 1 April 2012, the Corporate Trustee changed to the Isle of Wight NHS Trust and is governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011.

The names of those people who served as agents (Trustees) for the Corporate Trustee during the year ended 31 March 2015, as permitted under regulation 16 of the NHS Trusts (Membership and Procedures) Regulations 1990 were as follows:

Danny Fisher	Chairman
Karen Baker	Chief Executive
Christine Palmer	Executive Director of Finance
Dr Mark Pugh	Executive Medical Director
Alan Sheward	Executive Director of Nursing & Workforce
Andrew Heyes	Interim Director of Planning, ICT & Integration (ceased Director role from July 2014)
Katie Gray	Executive Director of Transformation & Integration (from June 2014)
Peter Taylor	Non Executive Director (until June 2014)
Susan Wadsworth	Non Executive Director (until 31 March 2015)
Dr Nina Moorman	Non Executive Director
Charles Rogers	Non Executive Director
David King	Non Executive Director (Designate 1 April – 31 May 2014)
Jessamy Baird	Non Executive Director Designate
Jane Tabor	Non Executive Director (Designate 1 April – 31 May 2014)
Lizzie Peers	Non Executive Financial Adviser (non voting) (from June 2014)

Under a scheme of delegated authority approved by the Corporate Trustee, the Fund Managers have authority to approve all expenditure up to £1,000. Anything above this limit will follow the process defined in the Trust's Standing Financial Instructions.

Mrs Katie Parrott, Senior Financial Accountant, acted as the principal officer overseeing the financial management and accounting for the charitable funds during the year. Mrs Tracey Thompson and Mr Mark Stephens, Assistant Financial Accountants, undertook the day to day duties.

**CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2015**

Structure, Governance and Management

The charity's unrestricted fund was established using the model Declaration of Trust and all funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main charity. Subsequent donations and gifts received by the charity that are attributable to the original funds are added to those fund balances within the existing charity.

The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund and by designating funds the Corporate Trustee respects the wishes of our generous donors to benefit patient care and advance the good health and welfare of patients, carers and staff. The Corporate Trustee has given due consideration to Charity Commission published guidance on the operation of the public benefit requirement.

The charitable funds available for spending are allocated to specialties within the Trust's management structure. Each allocation is managed by use of a designated fund within the general unrestricted fund. For example, there are charitable funds for Respiratory, Coronary Care Unit, Chemotherapy etc., plus funds for numerous wards. This maintains a clear focus on different patients and patient conditions treated at the hospital sites and enables donor wishes to be more easily respected.

Non-Executive Members of the Trust Board are appointed by the Trust Development Authority and Executive members of the Board are subject to recruitment by the Trust Board. Members of the Trust Board are not individual trustees under Charity Law but act as agents on behalf of the Corporate Trustee.

Newly appointed members of the Trust Board are provided with copies of the Corporate Trustee's annual report and accounts, minutes, and information about trusteeship, including Charity Commission booklet CC3, The Essential Trustee.

The Board of the Trust has established a Charitable Funds Strategy, which defines the Key Strategic Aim and Objectives of the Charitable Fund as follows:-

Objectives and Activities during the year

Key Strategic Aim

The Charitable Funds strategy will focus on ensuring utilisation of those funds in an effective and timely way:-

- To ensure that legacies and donations are maximised through Gift Aid and applied in accordance with the donors' wishes, but in line with the charity objectives
- To raise the profile of Charitable Funds using a variety of means such as training events for fund managers and publication of funding decisions in e Bulletin.

**CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2015**

- To promote, develop and implement specific projects through an integrated approach with Fund Managers, Friends of St. Mary's and Healing Arts in order to focus effort and avoid duplication.
- To ensure that there is an Investment/Reserve Policy which maximises income and capital growth while complying with the requirements of Acts of Parliament and Trustee responsibility to minimise risk

Objectives

- invest in the improvement of patient healthcare and welfare through enhancing the environment and services provided by the IOW NHS Trust
- enhance the working lives of staff by supporting the Trust to be an employer of choice.
- make the most effective use of all available charitable funds, ensuring that the funds are spent appropriately
- enhance and not substitute government funding of the core services of the NHS
- maintain effective stewardship and use of the funds in accordance with the donors' wishes. This includes careful consideration and scrutiny towards the purpose of any funds and the nature of fundraising activities to ensure they are aligned to our objectives and strategic direction.

The accounting records and the day-to-day administration of the funds are dealt with by the Finance Department located on the St Mary's Hospital site.

Activities

The Charity's main fund has NHS wide objectives as follows:

"To ensure that legacies and donations are applied in accordance with the donor's wishes, whilst making the maximum contribution to enhancing both patient and staff welfare and amenities."

The Corporate Trustee takes account of the Charity Commission's guidance on public benefit in reviewing the spending plans for each year and in setting or reviewing the guidelines for fund managers who are authorised to spend charitable funds.

Annual Review:

During the year, the funds continued to support a wide range of charitable and health related activities benefiting both patients and staff. In general they are used to purchase the very varied additional goods and services that the NHS is unable to provide. Every effort is made to utilise funds for the charity's purpose.

The ward charitable funds receive many donations specifically given to thank the staff and these are used for training, morale boosting facilities or amenities which strengthen the Trust staff's capacity to serve their patients well.

**CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2015**

The charitable funds also enable staff to attend courses, not funded by the NHS, which will update them on the new ideas and modern techniques in their specialties.

The General Fund receives donations and legacies that can be used for any charitable purpose relating to the NHS. This flexibility has been used to contribute towards other departments/wards purchase additional equipment when their own ward funds are insufficient.

Healing Arts: Isle of Wight

Healing Arts, working as a department of the Trust, provides a comprehensive range of high quality programmes linking the arts with healthcare to bring about recovery from illness, improvements in health, and promoting the well-being of the Trust's patients, staff and the Island community.

Healing Arts is held as a restricted fund within the Isle of Wight NHS Trust's Charitable Funds.

Risk Management

The major risks to which the charity is exposed have been identified and considered. They have been reviewed and systems established to mitigate those risks. These have been carefully considered and there are procedures in place to review the Investment Policy and to ensure that both spending and firm financial commitments remain in line with income.

Partnership Working and Networks

The Isle of Wight NHS Trust is the main beneficiary of the charity and is a related party by virtue of being Corporate Trustee of the charity. By working in partnership with the Trust, the charitable funds are used to best effect. When deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to the main activities, objectives, strategies and plans of the Trust.

We remain indebted to the work of the volunteers of the Isle of Wight Friends of St Mary's, who raise thousands of pounds each year for St Mary's Hospital and also to the many members of staff who give up much of their spare time to fund raise.

Reserves Policy

The Corporate Trustee has agreed that the level of the reserves should be a minimum of £200,000 which is equal to approximately one year's operational costs and estimated annual commitments. The Corporate Trustee can revise this amount at any time according to relevant circumstances.

**CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2015**

Review of Finances, Achievements and Performance

Performance

The net assets of the charitable funds as at 31st March 2015 were £649k, a decrease of £112k from 2014.

The charity continues to rely on donations, legacies and investment income as the main sources of income. Total incoming resources decreased by £126k overall compared to 2014. There was a small decrease in general donations received plus a £124k decrease in legacy income.

Included in the £162k income received during the year, the charity accepted a total of £20k from legacies which were for unrestricted use.

Of the total expenditure, £250k was spent on direct charitable activity across a range of programmes, compared to £234k last year.

Patient Welfare & Amenities

The total spend of £158k represents a vital and valuable contribution to enhancing the provision of clinical care. In addition to numerous smaller items, some larger purchases were made as follows:-

- Improvements to patient kitchen in Laidlaw
- Furniture for NICU relatives room
- Chairs for pulmonary clinic
- Therapy equipment for Respiratory
- AccuVein device for Community Heart Failure
- Complementary therapies for breast care patients

Some funds were also spent on Christmas festivities and gifts for the patients helping to make their stay as enjoyable and comfortable as possible.

The total spend figure also includes £54k funding from the Friends of St Mary's for numerous items including:-

- Microlife Watch Blood pressure monitors for Community Nursing
- Bioquell decontamination machine
- Transfer Monitor for the Emergency department
- Specialist Hydraulic Chairs for the Eye department
- Various smaller items for departments including Occupational Therapy, Speech & Language, Children's Ward, Paediatric Physiotherapy and Discharge Lounge.

**CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2015**

Staff Welfare & Amenities

A total of £16k was spent on smaller items of equipment such as office furniture and IT equipment helping to create efficient working environments for staff. Some funds were also spent on staff functions to benefit staff morale, where donations had been left specifically for this purpose.

Staff Education – Resources & Courses

A total of £64k included a contribution of £46k to Trust wide Further Education Awards plus numerous other ad hoc courses. Funding of £12k was spent on resources such as educational and training materials, all helping to further the knowledge and experience of a wide range of clinical staff.

Investments

Cash is held within the Charities Official Investment Fund (COIF) specifically designed for charities which obtains a competitive investment income return during the year. The interest rate for the period ended 31 March 2015 was 0.45% p.a.

Plans for Future Periods

Mindful of the many changes in the NHS, including efficiency reviews, Payment by Results and new employment contracts, the future direction of the charity will be shaped by changes in the NHS. The reconfiguration of services and the plans for redesigning patient care to meet the needs of the future will influence the priorities for spending charitable funds.

The Corporate Trustee reviews the spending priorities for the charity annually and aligns them with the Trust's corporate objectives and the charity's purpose. The focus for the coming year will cover:–

- improvements to the patient experience
- provide support to staff through Further Education and the Trust Awards Ceremony
- refinements to locality working to promote integrated care
- support Service Transformation

The Corporate Trustee will make every effort to utilise as much of the available funds as possible in furtherance of the charity's objectives.

On behalf of the staff and patients who have benefited from improved services due to donations and legacies, the Corporate Trustee would like to thank all patients, relatives and staff who have made charitable donations.

**CORPORATE TRUSTEE'S REPORT FOR
THE ISLE OF WIGHT NHS TRUST CHARITABLE FUND
AS AT 31 MARCH 2015**

Principal Offices & Advisers

Principal Office

Charitable Funds
Isle of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

Tel: 01983 822099 x 6274

Principal Professional Advisers

Bankers

Barclays Bank PLC
St James Square
Newport
Isle of Wight

Tel: 01983 276130
Contact: Kathy Davis

Independent Examiner

Ernst & Young LLP
Wessex House
19 Threefield Lane
Southampton
SO14 3QB

Tel: 023 8038 2285

Investment Company

COIF Investment Management Ltd
COIF Charity Funds
80 Cheapside
London EC2V 6DZ

Tel: 020 7489 6010

Approved on behalf of the Corporate Trustee:-

Signed

Date

Signed

Date

Statement of Corporate Trustee Responsibilities

The Corporate Trustee is responsible for:

- keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable them to ensure that the accounts comply with requirements in the Charities Act 2011 and those outlined
- establishing and monitoring a system of internal control; and
- establishing arrangements for the prevention and detection of fraud and corruption.

The Corporate Trustee is required under the Charities Act 2011 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 2011. In preparing those accounts, the trustees are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention or detection of fraud and other irregularities

The Corporate Trustee confirms that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages IV to XII attached have been compiled from and are in accordance with the financial records maintained by the trustees.

By Order of the Corporate Trustee

Signed:

Chairman

Date:

Independent examiner's report to the trustees of "Isle of Wight NHS Charitable Funds"

I report on the accounts of the Trust for the year ended 31 March 2015, which are set out on pages 4 to 12.

This report is made solely to the trustees, as a body, in accordance with our engagement letter dated 31 July 2012. The examination has been undertaken so that we might state to the trustees those matters that are required to be stated in an examiner's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the trustees as a body, for this examination, for this report, or for the statements made.

Respective responsibilities of trustees and independent examiner

The charity's trustees are responsible for the preparation of the accounts. The trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed.

It is my responsibility to:

- ▶ examine the accounts under section 145 of the 2011 Act;
- ▶ to follow the procedures laid down in the general Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- ▶ to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

1. which gives me reasonable cause to believe that in any material respect the requirements:
 - ▶ to keep accounting records in accordance with section 130 of the 2011 Act; and
 - ▶ to prepare accounts which accord with the accounting records, comply with the accounting requirements of the 2011 Act

have not been met; or

2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Paul King
For and on behalf of Ernst & Young LLP

CPFA

Ernst & Young LLP
Wessex House
19 Threefield Lane
Southampton
SO14 3QB

XX Month 20XX

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2014-2015

Statement of Financial Activities for the year ended 31 March 2015

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total Funds £000	2013-14 Total Funds £000
Incoming resources						
Incoming resources from generated funds:-						
Voluntary income:						
<i>Donations</i>		128	7	0	135	139
<i>Legacies</i>		20	0	0	20	144
<i>Gift Aid</i>		1	1	0	2	2
Activities for generating funds		0	0	0	0	0
Investment income	6.2	2	0	0	2	2
Incoming resources from charitable activities		0	0	0	0	0
Other incoming resources		3	0	0	3	1
Total incoming resources		154	8	0	162	288
Resources expended						
Costs of generating funds:-						
Costs of generating voluntary income		0	0	0	0	0
Fundraising trading: cost of goods sold & other costs		0	0	0	0	0
Investment management costs		0	0	0	0	0
Charitable activities	3	208	42	0	250	234
Governance Costs	2	24	0	0	24	15
Other resources expended		0	0	0	0	0
Total resources expended		232	42	0	274	249
Net (outgoing)/incoming resources before transfers		(78)	(34)	0	(112)	39
Transfers:-						
Gross transfers between funds	4	0	0	0	0	0
Net (outgoing)/incoming resources before other recognised gains and losses		(78)	(34)	0	(112)	39
Other recognised gains and losses						
Gains on revaluation of fixed assets for charity's own use		0	0	0	0	0
Gains/losses on investment assets		0	0	0	0	0
Actuarial gains/losses on defined benefit pension schemes		0	0	0	0	0
Net Movement in Funds		(78)	(34)	0	(112)	39
Reconciliation of Funds						
Total Funds brought forward		499	262	0	761	722
Total Funds carried forward		421	228	0	649	761

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2014-2015

Balance Sheet as at 31 March 2015

	Notes	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total at 31 March 2015 £000	Total at 31 March 2014 £000
<i>Fixed Assets</i>						
Investments	6.1	385	0	0	385	385
Total Fixed Assets		385	0	0	385	385
<i>Current Assets</i>						
Debtors	7	26	0	0	26	126
Short term investments and deposits		0	0	0	0	0
Cash at bank and in hand		80	229	0	309	311
Total Current Assets		106	229	0	335	437
<i>Liabilities</i>						
Creditors: Amounts falling due within one year	8	70	1	0	71	61
Net Current Assets		36	228	0	264	376
Total Assets less Current Liabilities		421	228	0	649	761
Creditors: Amounts falling due after more than one year		0	0	0	0	0
Total Net Assets		421	228	0	649	761
Funds of the Charity						
Expendable Endowment Funds		0	0	0	0	0
Restricted Income Funds	9.1	0	228	0	228	262
Unrestricted Income Funds	9.3	421	0	0	421	499
Total Funds		421	228	0	649	761

The notes at pages 6 to 12 form part of these accounts.

Signed: _____ Date _____

Designation: _____

Signed: _____ Date _____

Designation: _____

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2014-2015

Notes to the Accounts

1 Accounting Policies

1.1 Accounting Convention

The financial statements have been prepared under the historic cost convention, as modified for the revaluation of certain investments, and in accordance with applicable United Kingdom accounting standards and policies for the NHS approved by the Secretary of State and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued by the Charities Commissioners in 2005.

1.2 Incoming Resources

- a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

- i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- ii) certainty - when there is reasonable certainty that the incoming resource will be received;
- iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.

- b) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3 Resources expended

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

- a) Cost of generating funds
The cost of generating funds are the costs associated with generating income for the funds held on trust.
- b) Grants payable
Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the funds held on trust's charitable objectives to relieve those who are sick. They are accounted for on an accruals basis where the conditions for their payment have been met or where a third party has a reasonable expectation that they will receive the grant. This includes grants paid to NHS bodies.
- c) Support Costs
These are accounted for on an accruals basis and are recharges of appropriate proportions of the costs from the Isle of Wight NHS Trust, apart from the audit fee.

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2014-2015

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is designated in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustees have chosen to earmark for set purposes are designated funds. The major funds held within these categories are disclosed on notes 9.1, 9.2 and 9.3.

1.5 Fixed Assets

The only fixed assets that the Fund has are investment assets.

1.6 Investment Fixed Assets

Investment fixed assets are shown at market value.

- i) Other investment fixed assets are included at trustees' best estimate of market value.

1.7 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.8 Value Added Tax (VAT)

No income is generated by the charity which includes VAT. Purchases made by the charity are subject to VAT. Purchases of a medical nature are liable to zero rated VAT when purchased by the charity and VAT zero rated certificates are sent when ordering these goods.

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2014-2015

2 Allocation of Governance Costs

Governance Costs	2015 Total £000	Allocated to Governance £000	Basis of Apportionment	2014 Total £000
Finance	15	0	see note below	8
Information Technology	3	0	see note below	2
Audit - Internal	2	0		0
Audit - External	3	0		4
Indemnity insurance	1	0	see note below	1
Total	24	0		15

Support costs have all been classed as Governance and have been apportioned across all funds based on 5% of donation total with the remaining balance allocated to General Fund.
As the IOW NHS Trust Charitable Fund is not that substantial, it was not felt appropriate to apportion costs to specific activities.

3 Analysis of Charitable Expenditure

				2015	2014
Activities Undertaken Directly	£000	Grant Funded Activity £000	Support Costs £000	Total £000	Total £000
Patient Welfare & Amenities (incl.equip)	158	0	0	158	188
Staff Welfare & Amenities	16	0	0	16	7
Staff Education & Resources	12	0	0	12	19
Staff Education - Courses	64	0	0	64	20
Total	250	0	0	250	234

4 Details of transfers between funds

Transfer		Reason	Amount	Fund Type
From fund	To fund		£000	
General	Nurses	Top up funding	4.0	Unrestricted
Breast Care	Wig Fund	Creation of new fund	2.5	Unrestricted
Chemotherapy	Wig Fund	Creation of new fund	2.5	Unrestricted

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2014-2015

5 Analysis of Staff Costs

	2015	2014
	Total	Total
	£000	£000
Salaries & wages	11	6
Social security costs	2	1
Other pension costs	2	1
Total	15	8

Average monthly number of employees in the year: **2** **2**

Employees: Senior Financial Accountant and Financial Accountant - both full time members of staff with IOW NHS Trust. A proportion of their time is recharged to the Isle of Wight NHS Trust Charitable Fund. They are both members of the IOW NHS Trust pension scheme. Neither employees had emoluments in excess of £60,000.

6 Analysis of Fixed Asset Investments

	2015	2014
	£000	£000
6.1 Fixed Asset Investments:		
Market value at 31 March	385	385
Less: Disposals at carrying value	0	0
Add: Acquisitions at cost	0	0
Net gain on revaluation	0	0
Market value at 31 March	385	385
Historic cost at 31 March	385	385

Note: These investments are all held with CCLA Investments in a Charities Official Investment Fund (COIF).

6.2 Total gross Income from investments

	2015	2014
	Held in UK	Held in UK
	Total	Total
	£000	£000
COIF Interest	2	2
	2	2

7 Analysis of Current Assets

	2015	2014
	£000	£000
Amounts falling due within one year:		
Amounts due from subsidiary and associated undertakings	0	0
Trade debtors	0	0
Prepayments	0	0
Accrued income	20	97
Other debtors	6	29
Total debtors falling due within one year	26	126

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2014-2015

8 Analysis of Current Liabilities

	2015	2014
	£000	£000
Amounts falling due within one year:		
Loans and overdrafts	0	0
Trade creditors	0	0
Amounts due to subsidiary and associated undertakings	0	0
Other creditors	71	61
Accruals	0	0
Deferred income	0	0
Total creditors falling due within one year	71	61

9 Analysis of Funds

9.1 Restricted Funds

	Balance 31 March 2014 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2015 £000
Material funds						
A Healing Arts	12	0	(4)	0	0	8
B Legacy	9	0	(9)	0	0	0
C Legacy	36	0	(6)	0	0	30
D Legacy	160	0	(3)	0	0	157
E NICU - Barely Born	45	8	(20)	0	0	33
Total	262	8	(42)	0	0	228

9.2 Details of material funds - restricted funds

Name of fund	Description of the nature and purpose of each fund
A Healing Arts	Links arts with healthcare to improve recovery & promote well-being Funds are reserved for maintenance & repairs to existing art works
B Restricted Legacy (Elderly)	Legacy bequeathed for Elderly Services
C Restricted Legacy (Laidlaw)	Legacy bequeathed for Laidlaw Day Hospital
D Restricted Legacy (ITU)	Legacy bequeathed for Intensive Care

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2014-2015

9.3 Unrestricted Funds

	Balance 31 March 2014	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance 31 March 2015	
	£000	£000	£000	£000	£000	£000	
General Fund	224	6	(107)	(4)	0	119	
Designated Funds							
Breast Care	75	7	(10)	(3)	0	69	
Cancer Research	22	0	(3)	0	0	19	
Chapel	3	5	(3)	0	0	5	
Chemotherapy	60	16	(7)	(3)	0	66	
Childrens Ward	6	3	(5)	0	0	4	
Colwell Ward	3	1	0	0	0	4	
Community Heart Failure	3	20	(6)	0	0	17	
Coronary Care Unit	7	2	(1)	0	0	8	
Dr Harms Research Fund	4	2	(1)	0	0	5	
Intensive Therapy Unit	4	1	(3)	0	0	2	
Nurses	0	0	0	4	0	4	
Orthopaedic Department	6	0	(2)	0	0	4	
Post Grad Med Centre	6	0	0	0	0	6	
Respiratory Department	11	18	(11)	0	0	18	
Rheumatology Fund	20	4	(2)	0	0	22	
Stroke Services	9	2	(3)	0	0	8	
Wig Fund	0	0	(2)	5	0	3	
Other funds with movements less than £1000 or balances less than £4000 **	35	14	(13)	(0)	0	36	See Page 12
Friends of St Marys	0	54	(54)	0	0	0	
Roundings	1	(1)	1	1	0	2	
Sub Total	499	154	(232)	(0)	0	421	

The purpose of all Unrestricted funds is to benefit patient and staff welfare including education and training where appropriate.

ISLE OF WIGHT NHS TRUST CHARITABLE FUNDS 2014-2015

9.3 Unrestricted Funds (Continued)

	Balance 31 March 2014	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance 31 March 2015
** Breakdown of other funds with movements less than £1,000 or balances less than £4,000						
	£	£	£	£	£	£
Accident & Emergency	768	750	(38)	0	0	1,481
Afton Ward	1,183	125	(340)	0	0	968
Allergy Research	126	0	0	0	0	126
Alverstone Ward	1,179	0	(80)	0	0	1,099
Ambulance General	1,588	1,553	(5)	0	0	3,135
Appley Ward	3,183	125	(135)	0	0	3,173
Breast Screening Unit	255	66	(233)	0	0	88
Cancer CNS	726	1,881	(94)	0	0	2,513
Cardiac Investigations	161	300	(65)	0	0	396
Childrens Community Fund	1,655	600	(1,770)	0	0	484
Community Fund	90	0	(89)	(1)	0	0
Community Stroke (CSRT)	1,170	948	(1,598)	0	0	519
Diabetic Centre	2,564	1,079	(304)	0	0	3,339
Diagnostic Imaging	398	0	(60)	0	0	338
District Nurses	2,350	500	(1,946)	0	0	904
Dr Al-bahrani Research fund	599	2,474	(2,196)	0	0	878
Dr Magier Research Fund	2,357	0	(396)	0	0	1,961
Endoscopy Unit	1,181	0	0	0	0	1,181
England Fund Sevenacres	377	227	(11)	0	0	592
Helipad	899	252	(538)	0	0	613
Learning Disability Fund	437	125	(6)	0	0	556
Luccombe Ward	342	0	(105)	0	0	237
Maternity	781	741	(395)	0	0	1,127
Medical Assesment Unit	934	420	(21)	0	0	1,333
Ophthalmic Department	1,916	0	(95)	0	0	1,821
Paediatric Diabetes	322	0	(47)	0	0	275
Rehabilitation Unit	2,764	1,167	(1,760)	0	0	2,171
Sevenacres Staff Fund	691	147	(367)	0	0	471
Speech & Language Therapy	100	0	0	0	0	100
St Helens Ward	938	146	(142)	0	0	941
Stoma Care	189	0	(96)	0	0	93
Urology Unit	1,180	257	(13)	0	0	1,424
Whippingham Ward	1,513	57	(338)	0	0	1,232
	34,918	13,938	(13,285)	(1)	0	35,570
Rounded to £000's	35	14	(13)	0	0	36

10 Related Party Transactions

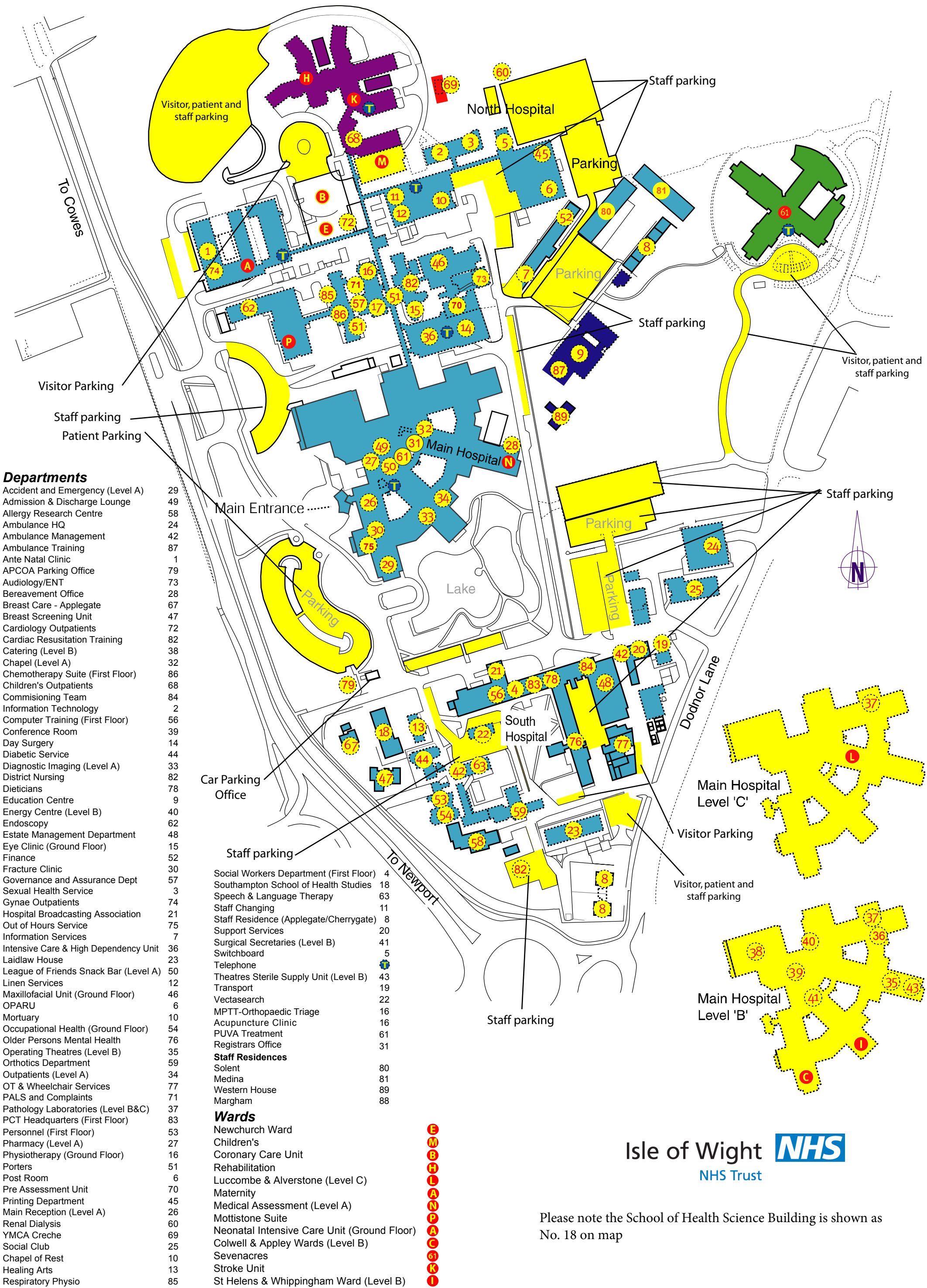
The Isle of Wight NHS Trust as Corporate Trustee receives the majority of the benefit provided by Charitable Funds. However, the individual members have not undertaken any material transactions with the Isle of Wight NHS Trust Charitable Funds during the year.

During the year the staff involved in administering the charity were employed by the Trust and their costs totalling £14,675 were recharged to the charity.

11 Trustees Remuneration & Expenses

The Trustees have received no remuneration or expenses in 2014/15.

St Mary's Hospital





Quality care for everyone, every time

Goals

Excellent patient care

Work with others to keep improving our services

A positive experience for patients, service users and staff

Skilled and capable staff

Cost effective, sustainable services

Priorities

- Improve mortality rate
- Prevent avoidable harm

QI Reduce Incidence of Patient Harm

- Create and maintain partnerships with other organisations so that we can deliver excellent care
- Make every service the best it can be

QI Improve End of Life Care

- Improve what people think of their care
- Improve how staff feel about work

QI Improve the Discharging Planning Process

- All staff continue to develop
- All staff understand how their contribution helps to achieve our Vision

- Design services to deliver best practice within our resources
- Ensure value for money for each service

Our Organisation's **values** are.....



We care ...



We are a team ...



We innovate & improve ...

Our Values

Our vision and goals guide us; our values underpin everything we do